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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 by 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 Psychology Training Program at the Memphis VAMC provides a range of internship training opportunities in mental health programs, clinical health psychology, and clinical neuropsychology. Mental health programs include Mental Health Clinic, inpatient psychiatry, PTSD, family therapy, chemical dependency, polytrauma, emergency services, and group, couples, and individual psychotherapy. Opportunities for training in clinical health psychology include geriatrics and Memory Clinic, medical hypnosis, primary care medicine (Women's Clinic, two primary care clinics on the main campus, two community-based clinics, and in-home care), palliative care, smoking cessation, health coaching, oncology, Behavioral Sleep Clinic, and spinal cord injury. Opportunities for training in neuropsychology include both inpatient and outpatient consultation and evaluation and group intervention.

The Memphis VAMC Psychology Internship Training Program is designed as a one-year, full-time program. Interns typically work 40-50 hours per week. Each intern completes a minimum of 2080 employment hours; however, an individual's specific internship goals may result in an internship that exceeds these minimum requirements. A minimum of 1733 hours must be spent in training opportunities at the Memphis VAMC, while remaining hours may be spent in UT Consortium training settings, in approved didactics, or in research projects. The internship year consists of three four-month major rotations (ranging from 20 to 24 hours per week) in a variety of training environments and three four-month minor rotations (ranging from 8 to 12 hours per week) completed concurrently. Alternatively, interns may opt to take three minor rotations instead of a major and minor rotation during one four-month period. An intern may elect to participate in "add-on" activities (approximately four hours per week) that are available in several training settings and in which participation may require the intern to complete more than a 40-hour work week. Interns participate in the Intern Comprehensive Seminar Series, the Psychotherapy Seminar, the Psychological Assessment Seminar, the Clinical Health Psychology Seminar, and the Cultural Diversity Seminar. Specific rotations may require the intern's participation in

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

Applications Due:
November 6

Match Numbers:
155811 – General Internship (Use if applying to the Clinical Health Psychology or Clinical Psychology Emphasis Areas)
155812 – Clinical Neuropsychology (Use if applying to this Major Area of Study)
additional seminars. Finally, interns carry a small caseload of outpatient individual psychotherapy cases, lead a psychotherapy group throughout the internship year, complete a comprehensive psychological evaluation ("work sample") during the first rotation, and present a case to the Psychology Section staff under the supervision of a staff psychologist.

**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 and gradually transitioning into more independence, where supervision and didactics address more specific and advanced aspects of practice. Interns are expected to enter the year with 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 either inpatient 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 in 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 in patients with known cognitive impairments. Taken together, at least 50% of an intern’s time is spent in Clinical Neuropsychology training.
Program Competencies

Fellows are trained and evaluated in the following competencies:

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.
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.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

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. Demonstrates ability to apply knowledge of functional and dysfunctional behaviors including context.

Supervision (To be completed only by Individual Psychotherapy Supervisor)
- 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.

Application & Selection Procedures

Requirements for Program Entry

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

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

1. Applicants must be U. S. citizens.
2. At the time of application, applicants must be in good standing in an APA- or CPA-accredited clinical, counseling, or combined doctoral program.
3. Applicants must be approved for internship status by graduate program training director.
4. Applicants must have completed a minimum of 550 hours of supervised practicum experience (intervention and assessment) by the time the application is submitted.
5. Applicants must have passed all comprehensive examinations required by their graduate program by the application deadline.
6. Applicants are required to have completed their dissertation proposal prior to the application deadline.
7. Male applicants born after 12/31/1959 must have registered for the draft by age 26.
8. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match results and selection decisions are contingent on passing these screens.

Application Procedures

All applications must be submitted via the online APPIC Application for Psychology Internship (AAPI Online) by the deadline noted above. 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. Invitations to interview will be issued by December 15th. In-person interviews will be scheduled for the following days:

- Monday, January 8th
- Friday, January 12th
- Monday, January 22nd
- Friday, January 26th

Thursday, January 18th will be set aside for telephone interviews for applicants who are unable to participate in an in-person 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.

Prior to beginning the internship year, it will be necessary for applicants selected for the internship training program to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed. During the training year, 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. 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 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 medical center’s patient population and attempts to raise the awareness of the impact of culture on the client/therapist relationship. It meets weekly for a minimum of 8 weeks over the course of the training year, and attendance is required for all interns and fellows. (Coordinator: Karen A. Clark, PhD)

Psychological Assessment Seminar
This seminar will enhance interns’ ability to integrate a range of data from chart review, clinical interview, and a selection of current gold-standard assessment measures in order to complete differential diagnosis, form a case conceptualization, and provide cogent treatment recommendations based on the referral question and informed by review of the literature. Topics covered include objective personality assessments (e.g., MMPI-2), cognitive assessments, symptom validity tests, and assessment issues in specific populations (e.g., geriatrics, inpatient vs. outpatient), and additional topics determined by trainee
interests and needs. The frequency of the seminar is approximately once a week in the beginning of the training year and variable thereafter. Attendance is required for all interns. (Coordinator/Instructor: Eileen Todd, 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 with 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, including an introduction to several EBPs rolled out by the VA. The impact of the therapeutic alliance on the therapist as well as the patient is examined. Participants will share videotapes of their clinical work and participate in group supervision. The seminar is held weekly throughout the year, and attendance is required for all interns. (Coordinators/Instructors: Anne Ayres, PhD, 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
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 interdisciplinary and multidisciplinary medical teams, and clinical treatment for the Veteran. Duties include learning health coaching (communication) techniques, such as those in the TEACH for Success program and Motivational Interviewing, assisting the Health Behavior Coordinator (HBC) in training staff to use these communication styles, presurgical evaluations, and clinical work with patients referred by primary care physicians for assistance with chronic disease management and habit disorders. The trainee will also have limited opportunities to work with LGBT Veterans via evaluation for cross-sex hormone therapy and psychotherapy to assist in adjustment during transition. LGBT program development internally and externally may be included. The trainee should have a strong interest in Health Psychology. This is a major rotation.

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

**Medical Hypnosis**

**General Description**
Training in basic techniques of hypnosis is offered with an emphasis on smoking cessation due to the number of requests for assistance in this area. 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 as an adjunct to the Smoking Cessation rotation and the Health Coaching and Preventive Medicine rotation.

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

**Behavioral Sleep Clinic**

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

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

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

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

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

The services provided by SCI Psychologists include the following:

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

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

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

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

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

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

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

**Potential Training Opportunities**
1. Completing comprehensive palliative care evaluations/interviews;
2. Performing cognitive and mood screenings, mental status exams, and capacity evaluations;
3. Providing therapeutic interventions and education to patients, families, and caregivers, including provision of supportive counseling, brief grief counseling, and bereavement contacts;
4. Developing a knowledge base regarding medical conditions, medication usage (including drug interactions and side effects), other medical/surgical interventions, and associated terminology;
5. Gaining familiarity with psychological, social, cultural, and spiritual issues related to end-of-life care;
6. Assisting patients and families in the transition to hospice status;
7. Providing staff consultation to the interprofessional medical team regarding psychological factors involved in the patients’ overall care and enhancement of team functioning (including brief debriefing/processing meetings after each death on the PCU);
8. Learning to identify and manage the ethical and legal dilemmas facing the psychologist and other clinicians practicing in a medical setting;
9. Assisting with ongoing development of program structure and function;
10. 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. Performing psychological, cognitive, and/or behavioral medicine screenings;
2. Consulting with clinic staff regarding differential diagnosis, treatment planning, and compliance issues;
3. Providing therapeutic interventions to individuals and/or groups;
4. Developing and/or participating in educational groups regarding women’s health issues;
5. Working with physicians, nurses, and other clinic staff to develop programs aimed at enhancing women’s overall health; and
6. Attending clinic conferences, meetings, and other training opportunities.

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

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

**Potential Training Opportunities**
1. Providing same-day assessment of Veteran’s mental health and behavioral health care needs;
2. Referring to specialty services within the medical center;
3. Delivering psychological treatment tailored to the primary care environment;
4. Providing timely “curb-side” consultation;
5. Conducting crisis assessment and intervention;
6. Providing brief evidence based treatments for Chronic PTSD, Depression, and Insomnia; and
7. Contributing to the implementation of Primary Care-Mental Health Integration.
Primary Care Mental Health Integration - Community Based Outpatient Clinic (North Clinic)

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

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

Tobacco Cessation

General Description
This rotation provides training in health coaching, using Motivational Interviewing to assist Veterans in their efforts to quit smoking or using tobacco. This service is in high demand in the VA. Approximately 34% of Veterans smoke, and it is estimated that the percentage is higher for Veterans diagnosed with PTSD (up to 45%). A stepped-care approach to treatment is used, in accordance with the Transtheoretical Model and the Stages of Change, to best meet the needs of the Veteran in his or her current stage of change. Behavioral strategies are used in combination with pharmacological treatment to capitalize on the Veteran’s motivation to quit tobacco. Treatment is offered through groups, individual coaching, telehealth and telephone coaching, as well as hypnosis. 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. Coleading or leading open-ended groups that are both supportive and educational;
4. Providing tobacco cessation on a consultative basis to patients from a variety of subspecialties including cardiology, hematology/oncology, and residential treatment for substance abuse or PTSD;
5. Delivering presentations to residential cohorts at the request of the specialty clinic to address smoking cessation;
6. Utilizing hypnosis (see Medical Hypnosis description);
7. Assisting with organization of events such as health fairs and The Great American Smokeout;
8. Delivering telehealth services; and
9. Attending community outreach activities with your supervisor (e.g., Tennessee Cancer Coalition Tobacco Cessation Committee).

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

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

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

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 and psychiatric and physical illnesses, and the practical implications of patients’ impairments on their functional abilities. Changes in mood or personality are often present in cases referred to our clinic; therefore, personality assessment plays an important role in the services we provide. Using a variety of objective personality assessment techniques (most typically the MMPI-2 or various screening measures for depression, PTSD, and anxiety), neuropsychology assists in the differential diagnosis of psychiatric and neurological disorders impacting emotional and/or cognitive functioning, assesses the effects of brain damage on premorbid personality, and assesses the emotional stress resulting from debilitating neurological disease. Likewise, measurement of effort is important in establishing the validity of neurocognitive performance. As such, careful behavioral observations as well as the administration of formal performance validity measures are an important part of many neurocognitive assessments. Emphasis is placed on the integration of all data sources (i.e., testing, patient interview, qualitative behavioral observations, the report of family members, and extant records including other neurodiagnostic studies) to reach well-reasoned diagnostic impressions and provide practical recommendations to staff, patients, and family members.

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

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

Semmes-Murphey Neurologic and Spine Institute

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

**General Description**

Supervision is provided by Brandon Baughman, PhD, ABPP. His practice is broadly clinical, with the focus primarily on the neuropsychological assessment of adults, although some adolescent cases are available. The practice is primarily outpatient--limited inpatient consultation may be available. Trainees perform comprehensive neuropsychological evaluations and provide consultation to referring practitioners. Trainees may take part in independent neuropsychological evaluations for forensic or disability purposes, chronic pain evaluations, and evaluations of retired NFL litigants. Interns are also encouraged to participate in multidisciplinary brain tumor board, stroke case conference and neurotrauma case conference. Note that availability is limited and this rotation cannot be guaranteed.

**St. Jude Children’s Research Hospital**

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

**General Description**

There are two 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, HIV/AIDS or rare genetic disorders (listed in order of frequency). These clinical populations present with a wide-range of cognitive difficulties (related to disease and/or treatment) affording broad-based training. Supervisors for this rotation include Darcy Rachas, PhD, Andrew Molnar, PhD, Lisa Jacola, PhD and Heather Conklin, PhD. The second rotation involves brief, standardized cognitive screeners for children with sickle cell disease at predetermined developmental time periods. The primary supervisor for this rotation is Darcy Rachas, PhD. Note that availability is limited and this rotation cannot be guaranteed.

**Clinical Psychology Rotations**

**Polytrauma Program**

**General Description**

The intern may engage in a variety of activities in support of the Polytrauma Program, to which Veterans with a suspected Traumatic Brain Injury (TBI) are referred for further assessment. This interdisciplinary team completes a comprehensive assessment, arranges for additional assessment on an individualized basis, and develops integrative treatment plans for those identified as having postconcussive symptoms. Included among these are severely wounded who are referred from military hospitals or from the VA’s polytrauma system of care. The intern will be involved in designing and/or implementing interventions and developing materials to support the mission of the program. This experience is available as a major or minor.

**Potential Training Opportunities**

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

Mental Health Clinic
General Description
The Mental Health Clinic (MHC) is an ambulatory mental health care delivery program that is comparable to a community mental health center. Services offered include both short and long-term individual psychotherapy, group psychotherapy, pharmacotherapy, family therapy, and 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 applicants for psychiatric hospitalization or refer patients for services elsewhere as indicated. A specialized team within the MHC, Admission Intervention Team (AIT), works with patients with serious mental illness to help them function more effectively on an outpatient basis. 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. The director of the Family Therapy Program works closely with the psychotherapy staff, and interns may request supervision from her or may work directly with her as co-therapist;
6. Providing group and individual treatment to assist patients in the management of a wide variety of chronic pain symptoms;
7. Working with the AIT, which specializes in treatment of patients with serious mental illness;
8. Participating in an interdisciplinary BHIP team;
9. Participating in specified program development and/or program evaluation projects;
10. Participating in the weekly Psychotherapy Seminar;
11. Working closely with psychiatrists who provide management of patients’ psychotropic medications, interns have the opportunity to increase their psychopharmacology knowledge base; and
12. Opportunities to supervise practicum students may be available.

**Family Therapy Program**

**General Description**
The Family Therapy Program receives referrals from throughout the medical center and outpatient clinics. The referral problems include marital and family conflicts, sexual disorders, family disruptions due to physical or mental disorders, and family violence. The program is staffed by three social workers with extensive experience in the treatment of couples and families. This training experience is available as a minor rotation during the first two rotations of the training year or as an add-on throughout the year. In their work with couples and families, 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.

**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. Members of the team have been involved in providing debriefing for local and national crises such as the Oklahoma City bombing attack and the September 11th attacks. In providing services, the team uses the best of several models of crisis intervention. The trainee will be able to participate in debriefing experiences with both police and fire personnel. The trainee may participate in peer training experiences for police and fire services personnel. Finally, the trainee has the option of participating in "ride-along" experiences with Memphis Fire Department personnel aboard fire suppression vehicles as well as ambulances.
Potential Training Opportunities

1. Gaining insight into the role of police officers in deescalating mental illness crisis events by exposure to the Memphis CIT Model that emphasizes jail diversion as opposed to criminalization of persons with mental illness;
2. Becoming familiar with the skills most useful for police officers’ interventions with mentally ill persons by participating in didactic and experiential training events for Memphis CIT officers, as well as law enforcement officers from other jurisdictions;
3. Participating in police officer, firefighter, and paramedic debriefings, thereby gaining exposure to the unique stressors these professionals regularly experience;
4. Participating in a ride-along experience with Memphis Police Department CIT Officers to gain insight into the management of behavioral health 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, medicine interns, nursing personnel, recreation therapists, and social workers are available for consultation. Emphasis is placed on interaction and personal involvement with staff and patients.

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; and
7. Identifying available local and national treatment resources, in addition to steps required to initiate placement when indicated.

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 four forensic psychologists and a licensed clinical social worker. Evaluations typically focus on defendants’ competency to stand trial and mental condition at the time of the alleged offense (i.e., “sanity”). The training experience will involve evaluations conducted in 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 major or minor, and occasional evening trips to the jail may be necessary.

Training Staff

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, Society for Behavioral Medicine, and the American Psychosocial Oncology Society.

Timothy Arentsen, PhD

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.

Anne Ayres, PhD

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

Dr. Ayres provides individual, group, and couple therapy through the Mental Health Clinic. She works with patients experiencing a wide variety of problems, including depression, PTSD, and panic and anxiety disorders. She leads a number of groups, including Acceptance and Commitment Therapy, Mindfulness-Based Stress Reduction, and Mindfulness-Based Cognitive Therapy. Her approach to therapy has been influenced by narrative constructivist theory, depth psychology, mindfulness-based approaches, and emotionally focused therapies. Her outside interests include yoga, meditation, music, church activities, and her two small dogs. She holds a faculty appointment in the Department of Psychiatry at the University of Tennessee, Memphis.

Robert Baldwin, PhD

Gallaudet University, 2002 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD Clinical Team/SUD Psychologist;

Prior to joining the staff of the VA Medical Center at Memphis in 2008, Dr. Baldwin worked at the University of Colorado Health Sciences Center (UCHSC). In addition to practicing as a psychologist at the University of Colorado Hospital, he established a mental health clinic to treat individuals who are Deaf or hard-of-hearing and their families. He is fluent in American Sign Language and has specialized training and experience in providing services for individuals who are Deaf or hard-of-hearing. Currently, he works with the PTSD Clinical Treatment Clinic and with Veterans with comorbid substance use disorders. Additionally, he is trained in and leads Mindfulness Based Stress Reduction groups and provides services for Veterans with hearing disorders including tinnitus.

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)!

**Patricia M. Chapman, PsyD**

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

Dr. Champman 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 Healthcare System (PTSD Clinical Team), and Bay Pines VA Healthcare System. Throughout her career she has worked primarily in the area of PTSD and has been trained in multiple EBTs, including CPT, PE, CBT-I, and Seeking Safety. She is been involved in psychology training throughout her career, serving as Practicum Training Director at the Bay Pines VA Healthcare System.

**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 provides overall direction for the Palliative Care Program and provides direct clinical services to patients seen by the Palliative Care Consultation Team. 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 has served as the director of the Psychology Training Program for the past 24 years and holds a faculty appointment in the Department of Psychiatry at the University of Tennessee, Memphis. 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. In addition to her professional duties, she enjoys spending time with her children (Gray and Sally), traveling whenever possible, 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 trying to find time for *Fargo* and *Goliath*.

**Krystin R. Coldwell, PsyD**

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

Dr. Coldwell came to the Memphis VA in January 2013 following serving as a Clinical Psychologist in the
United States Army. She completed both her internship and postdoctoral training in military service, gaining experience in a broad range of inpatient and outpatient clinic settings. Presently, she provides primary care mental health services to women Veterans. The Memphis Women’s Clinic provides brief individual assessment and psychotherapy as well as group psychotherapy and health behavior interventions. Her primary theoretical orientation is cognitive behavioral. In her free time, she enjoys spending time with her family and staying close to her roots by cheering for The Ohio State Buckeyes. She also enjoys cooking, though her efforts yield mixed results.

*Teresa K. Cook, PsyD*

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

Dr. Cook did 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. 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.

**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 recently joined the Mental Health Clinic staff, after completing her postdoctoral fellowship in Clinical Psychology with an emphasis in Evidence Based Treatment at the Memphis VAMC. Prior to this, she completed her internship at the Southwest Consortium in Albuquerque, NM. 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 a strong emphasis on cognitive and behavioral theory. 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 hiking with her husband and dogs.

**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. Previous work environments include Cook County Jail in Chicago and the Federal Prison System. Professional interests include Jungian theory, depth psychology, and alternative spirituality.

**Norman I. Itkowitz, PsyD**

Antioch New England Graduate School, 2000 (Clinical Psychology)  
Licensed Psychologist, Louisiana and Tennessee (Health Service Provider)  
Primary Care Mental Health Integration -- Blue Clinic (SMI)
Dr. Itkowitz joined our staff from the New Orleans VA Medical Center following Hurricane Katrina. He provides services in the medical center’s primary care clinic that focuses specifically on caring for patients with serious mental illness. He completed his internship in Health Psychology at the West Haven VA Medical Center with a focus in chronic pain and cardiology and completed two years of postdoctoral work in PTSD at the New Orleans VA Medical Center with Dr. Jennifer Vasterling. Previously, Dr. Itkowitz was the PTSD-RRT program manager at the Memphis VAMC. His theoretical orientation is primarily cognitive behavioral, but he enjoys working in other modalities as well. He is trained in Prolonged Exposure Therapy (PE) and has served as a national PE Consultant. Additionally he is trained in Cognitive Processing Therapy (CPT) and Cognitive Behavior Therapy for Insomnia (CBT-I), and is currently a national consultant for CBT-I. Along with these duties, he provides training in the Memphis Police Department’s Crisis Intervention Training (CIT) program. In his personal life, he spends the majority of his time with his family. He is active in the local Orthodox Jewish community and loves music and movies. He is a member of APA and ISTSS.

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 member of the National Association of Psychometrists (NAP). Her interest outside of psychology include exercising, spending time with her kids (Jazmine and Preston) and husband Verdo, (pilot in the Memphis Police Department).

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 both Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia. 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).

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.
Alixandra Lyon-Bramhall, PsyD

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

Dr. Lyon-Bramhall joined the psychology staff in 2016 following a generalist internship at the Gulf Coast Veterans Health Care System and a postdoctoral fellowship in Clinical Health Psychology at Memphis VAMC. She works in the Outpatient Spinal Cord Injury Clinic (a primary care clinic for Veterans with SCI), where she provides assessment, individual psychotherapy, and health behavior interventions. She also provides clinical services to Veterans who are participating in outpatient rehabilitation for SCI. Her clinical interests include primary care mental health, chronic pain, sleep disorders, and the interplay of psychological factors and medical conditions. Her personal interests includes traveling, her cats, sleep, anything written by Haruki Murakami, and all things Trek.

Anice R. Modesto, PhD

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

Dr. Modesto provides individual and group therapy through the Outpatient Psychotherapy Clinic in the Mental Health Clinic to a wide variety of clients. Her theoretical orientation can be generally described as eclectic, with CBT and ACT predominating.

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.

Tahere Pourmotabbed, PhD

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

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-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 currently serving on the board of the Memphis Area Psychological Association (MAPA). Professional interests include disability/capacity assessment, medical/health psychology, and end-of-life issues.

Eliyahu P. Reich, PhD
St. John's University, 2009 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD Clinical Team/SUD Psychologist; Preceptor, PTSD Focus Area, Clinical Psychology Fellowship

Dr. Reich first came to the Memphis VAMC during rotations for his clinical internship through the University of Tennessee Professional Psychology Consortium. He went on to complete a postdoctoral fellowship in Clinical Psychology here, with a focus on the research and treatment of PTSD. Now a staff psychologist at the Memphis VAMC, he serves as the liaison between the PTSD and chemical dependency clinics, helping to ensure continuity of care for Veterans with co-occurring PTSD and substance use disorders. His theoretical orientation is primarily cognitive behavioral, and he regularly practices Cognitive Processing Therapy, Prolonged Exposure Therapy, Motivational Enhancement Therapy, and Seeking Safety Therapy.

He also utilizes Collaborative Assessment and Management of Suicidality (CAMS), an evidence-based framework for addressing chronic suicidality. His clinical and research interests focus on integrated treatments for co-morbid PTSD and substance use disorders, with previous research interests in insomnia, anger disorders, and perception. A native of Brooklyn, NY, he has learned to integrate the
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 Education Advisory Committee of SCN and 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—Central 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 and works in the Central Clinic, where she provides primary care mental health services to Veterans. This includes brief individual assessment and psychotherapy as well as group psychotherapy and health behavior interventions. 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.
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.

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.

Linda Summers, PhD

Florida Institute of Technology, 1986 (Clinical Psychology)
Licensed Psychologist, Florida
Inpatient Psychiatry

Dr. Summers came to the VA after working with active duty service members and spending 20 years practicing in and managing her private practice in her home state of Florida. Her theoretical orientation is cognitive behavioral with psychodynamic conceptualization. She enjoys working with children and adults presenting with a broad range of life issues. She is trained in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavior Therapy for Insomnia (CBT-I) and Collaborative Assessment and Management of Suicidality (CAMS). Her favorite outside activities include shopping with her daughter, reading, listening to music, playing with her 2 dogs at Shelby Farms, traveling with her husband, and visiting family.

Eileen Todd, PhD

University of Southern Mississippi, 2014 (Clinical Psychology)
Licensed Psychologist, Tennessee (Health Service Provider)
PTSD Clinical Team/Polytrauma 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 complex trauma, personality disorders, suicidality/self-injury, emotion regulation, and persisting effects of TBI, SMI, and moral injury. She takes a biopsychosocial approach and provides group and individual therapies including 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 toddler 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. 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. Ms. Tunstall-Ernest also served as the Program Support Assistant for the Residency Training Program at Cleveland VA Medical Center.

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 for Motivational Interviewing and Motivational Enhancement Therapy. She serves as Practicum Coordinator for the Psychology Training Program and facilitates the Early Career Psychology group at the Memphis VA. Her areas of clinical and research emphasis include gender & health, rehabilitation psychology, health behavior change, training, and psycho-oncology. Outside interests include traveling, running, and volunteer work.

Katherine Veazey Morris, PhD

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

2017-2018
Dr. Veazey Morris joined the psychology staff in 2009 following a clinical internship at the University of Tennessee Health Science Center and completion of the Clinical Psychology Fellowship with an emphasis in Returning Veterans/Polytrauma at the VAMC Memphis. She provides assessment, treatment, follow-up, and consultation for patients with suspected traumatic brain injury. She also supervises interns and postdoctoral fellows in group and individual psychotherapy, as well as in their work in the polytrauma interdisciplinary assessment and plan of care process. Research and clinical interests include neurofeedback, moral injury, sleep disorders in patients with traumatic brain injury, and additional correlates measured in the polytrauma battery. Current research endeavors focus on moral injury, sleep apnea, and the experience of headache and its relationship with PTSD symptoms, suicidality, substance use, and depression in traumatic brain injured patients.

**John Weaver, PhD**

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

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.

**John Whirley, PhD**

The University of Texas at Austin, 1981 (Clinical Psychology)  
Licensed Psychologist, Tennessee (Health Service Provider)  
Consultant, Cognitive Behavior Therapy for Insomnia; District Specialist, VA Workplace Violence Prevention Program, North Atlantic District

Dr. Whirley joined the psychology staff at the Memphis VAMC in 2003, returning to the public sector after many years in private practice. This past year he accepted a position as the North Atlantic District Specialist for the VA Workplace Violence Prevention Program, which he manages virtually from the Memphis VA site. His professional experience is varied, and includes clinical health psychology, forensic psychology, inpatient and outpatient assessment and psychotherapy, emergency-room psychology, mental health management, and community education. In earlier incarnations he taught high school, served in Vietnam, and worked in vocational rehabilitation. In the Memphis community he has worked for many years with families grieving the loss of a child and has consulted with organizations providing support to grieving people. He has experience in criminal and civil forensic work. In 2013 he became a national VA consultant for the Cognitive Behavior Therapy for Insomnia program, and he provides training and consultation in this area at the Memphis VAMC. Outside interests include family, church, cycling, physical activity, photography, singing, computers, traveling, and bird watching. He is an adjunct faculty member at the University of Tennessee, Memphis and a forensic supervisor with West Tennessee Forensic Services, Inc.
Memphis – The City

http://www.memphischamber.com/

Memphis is a relatively large city located high on the river bluffs overlooking the legendary Mississippi River. The city was established in 1819 and named Memphis after the Egyptian City of the same name located on the Nile River. The name Memphis means "place of good abode."

- An unhurried city of 670,000 people, located in the Midsouth where warm weather predominates.
- A city of affordable 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 newer Museum of American Soul Music at Soulsville USA.
- A sports city, home of the Memphis Grizzlies NBA basketball team and the FedEx Forum, University of Memphis Tiger basketball team, Memphis River Kings professional hockey, Memphis Redbirds (AAA) baseball at the beautiful Autozone Park, the Liberty Bowl, and the FedEx-St. Jude Golf Classic. Golfing, cycling, running, and tennis are common Memphis outdoor activities. There are a number of public golf courses and tennis centers in the area, and the Memphis Greenline is a popular biking trail that runs through Memphis. Fishing and boating are available at lakes in the surrounding area.
- 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 University of Tennessee Health Science Center ("The Medical School").
- 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 Health Science Center of the University of Tennessee (Memphis) which houses the Colleges of Medicine, Pharmacy, Nursing, and Allied Health Sciences.
- A city of seasonal carnivals, fairs and music fests such as the Memphis in May International Festival, World Championship Barbecue Cooking Contest, Fourth of July Fireworks over the River, Great River Carnival, Cooper-Young Festival, Beale Street Music Festival, Pink Palace Crafts Fair, Delta Fair, Elvis International Tribute Week, National Blues Award Show, Duck’s Unlimited Great Outdoors Festival, New Year’s Eve on Beale Street, and numerous concerts, ballet, and theater performances throughout the year.
- A city with hundreds of restaurants serving international cuisine as well as local delicacies, especially barbecue and catfish. . . in addition to the usual fast-food fare.
• A city that offers a stroll down Beale Street; a scenic carriage ride along Riverside Drive; a paddleboat down the Mississippi River; a day in the sun at Tom Lee Park; a memorable tour of Elvis Presley's Graceland; a visit to the new Bass Pro flagship in the Memphis Pyramid, and visits to the famous Peabody Hotel, Mud Island Park, South Main Historic District, FedEx Forum, Memphis Zoo, Brooks Museum of Art, and Dixon Garden and Galleries.
• And a city that is the home of the Memphis Veterans Affairs Medical Center Psychology Internship Training Program.

Psychology Trainees

Recent Internship and Fellowship Classes

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 McAllister, 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
- Brittany Getz, Clinical Psychology, University of Louisville
- Laura Loucks, Clinical Psychology, University of Georgia
- Jesse Malott, Clinical Psychology, Fuller Graduate School of Psychology
- Adrian Murray, Counseling Psychology, University of Memphis
- Mollie Sprung, Clinical Psychology, University of Maryland, Baltimore County
- Heather Wadeson, Clinical Psychology, St. Louis University

**Psychology Fellows**

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

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

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2017-2018
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
Katherine Morris, PhD, Clinical Psychology, University of Memphis
Charity Wilkinson, PsyD, Clinical Psychology, Indiana University of Pennsylvania
Nabeel Yehyawi, PsyD, Clinical Psychology, University of Indianapolis (First Year)

Completed in 2008

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

Psychology Fellows
Josh Caron, PhD, Clinical Psychology, University of Nevada, Las Vegas (Second Year)
Carin Eubanks, PhD, Clinical Psychology, University of Southern Mississippi
Ze’ev Frankel, PhD, Clinical Psychology, University of Memphis
Psychology Internship Program Admissions, Support, and Initial Placement Data

Psychology Internship Program Admissions

Date Program Tables are Updated: September 1

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

Describe any other required minimum criteria used to screen applicants:

1. Doctoral student in good standing at an APA or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology.
2. Approved for internship status by graduate program training director.
3. Completed a minimum of 550 hours of supervised practicum experience (intervention and assessment) by the time the application is submitted.
4. Passed all comprehensive exams required by the graduate program by the application deadline.
5. Completed dissertation proposal by the application deadline.
6. United States citizenship
7. Male applicants born after 12/31/1959 must have registered for the draft by age 26.
8. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match results and selection decisions are contingent on passing these screens.
Financial and Other Benefit Support for Upcoming Training Year

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$25,402 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>
</tbody>
</table>

If access to medical insurance is provided:

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<tbody>
<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>
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</tbody>
</table>

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

<table>
<thead>
<tr>
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<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>0</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>Postdoc Position</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>16</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
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<tr>
<td>University counseling center</td>
<td></td>
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<tr>
<td>Veterans Affairs medical center</td>
<td></td>
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<tr>
<td>Military health center</td>
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<tr>
<td>Academic health center</td>
<td></td>
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<tr>
<td>Other medical center or hospital</td>
<td></td>
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<tr>
<td>Psychiatric hospital</td>
<td></td>
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<tr>
<td>Academic university/department</td>
<td></td>
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<tr>
<td>Community college or other teaching setting</td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
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<tr>
<td>Correctional facility</td>
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<tr>
<td>School district/system</td>
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<tr>
<td>Independent practice setting</td>
<td></td>
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<tr>
<td>Not currently employed</td>
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2017-2018
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<tbody>
<tr>
<td>Changed to another field</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td>Unknown</td>
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