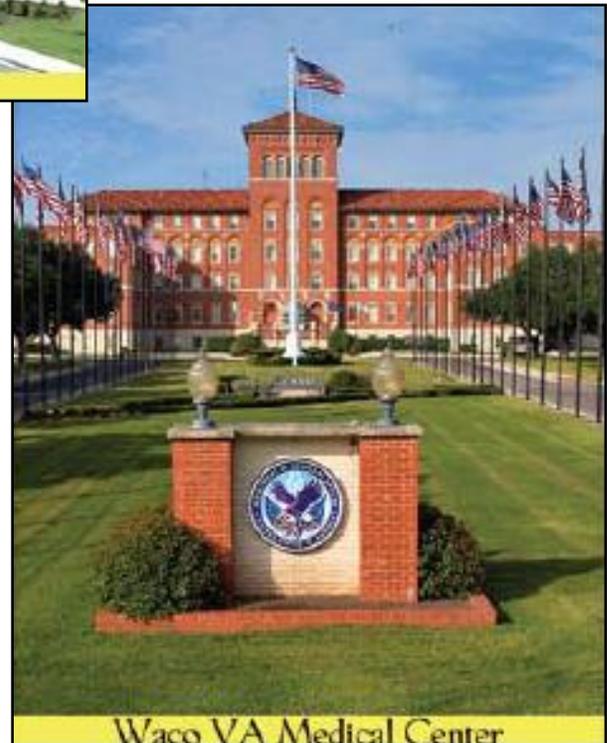




Central Texas Veterans Health Care System



**Psychology Internship Program
2017-18**

Table of Contents

[Accreditation Related Information](#)

[Application & Selection Procedures](#)

[Diversity Statement](#)

[The Community and Surroundings](#)

[CTVHCS General Information](#)

[CTVHCS Psychology Service](#)

[Program Philosophy](#)

[Philosophy of Intern Professional Development](#)

[Core Competencies](#)

[Program Structure and Requirments](#)

[Supervision and Evaluation](#)

[Rotations](#)

[Psychology Internship Faculty](#)

[APPIC Match Policies](#)



Predoctoral Internship Program

Central Texas Veterans Health Care System
Director, Psychology Internship Program (116B)
190 Veterans Memorial Drive
Temple, TX 76504

(254) 742-4776

<http://www.centraltexas.va.gov/services/Psychology.asp>

APPIC Match Numbers:

Austin: 159114

Temple: 159113

Waco: 159112

Application due date: November 15, 2016

Accreditation Related Information:

The Psychology Internship program at the Central Texas Veterans Health Care System has been accredited by the American Psychological Association since 1979. The program's next accreditation site visit is scheduled for 2018.

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

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

Application & Selection Procedures

Eligibility:

The Central Texas Veterans Health Care System Psychology Training Program offers an APA-accredited internship to U.S. citizens who are enrolled in a doctoral degree program in Clinical or Counseling Psychology at an APA-accredited institution. Applicants must be certified as ready for internship by their university Director of Training. Completed internship applications are reviewed by the Psychology Internship Selection Committee and must be received no later than November 15th of the calendar year preceding the internship year. The CTVHCS internship program requires that applicants have completed **at least 1200 total practicum hours** (assessment + intervention + supervision) prior to the start of internship. These hours should be listed as completed and/or anticipated hours verified by the Director of Clinical Training on the AAPI. The 1200 hour requirement includes *desired minimums* of 200 assessment hours and 400 intervention hours, with consideration given to an applicant's overall training background

and fit with the program. Any anticipated hours at the time of the AAPI submission should be explained fully in the applicant's cover letter. Per VHA policy, all selections are conditional pending a criminal background check and passing a physical examination. As an equal opportunity training program, the internship program welcomes and considers without discrimination applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status (See Diversity Statement in following section). Our trainees and staff reflect a wide range of socioeconomic, cultural and religious affiliations, including people with disabilities. We strongly encourage people from diverse backgrounds to apply. We gladly provide reasonable accommodations as needed to people with disabilities during both the application and training process; please feel free to request such accommodation as necessary.

Applications:

Our application and selection process is designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). 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. A complete copy of the most recent approved APPIC policy has been reprinted with permission and is included at the end of this brochure. This APPIC match policy can be found at <http://www.appic.org>. The general instructions for the online application (AAPI Online) are also located at the APPIC website. All application materials will be received through the APPIC on-line portal.

Application materials must include the following:

- A complete APPIC Application for Psychology Internship (AAPI), accessed at <http://www.appic.org/AAPI>
- This includes the following materials:
 - General AAPI application, including background, education, experience, and essay questions.
 - Cover letter describing your interest in and fit with our training program, and listing the names of those who will be providing letters of recommendation.
 - Applicants may choose to identify themselves as representing racial, cultural, ethnic, or other element(s) of diversity.
 - Current curriculum vita
 - Academic transcripts from ALL Graduate institutions that you have attended.
 - Three (3) letters of recommendation from doctoral level psychologists who have been closely involved in your training. These letters may be from classroom faculty, research advisors, or other psychologists familiar with your work and qualifications. At least one letter must be from a supervisor who has direct knowledge of your clinical skills.

- A WORK SAMPLE consisting of a completed psychological evaluation that integrates interview and psychological test data. All identifying information must be redacted according to HIPAA guidelines (<http://hipaa.wisc.edu/ResearchGuide/deidentification.html>)
- Verification of internship eligibility and readiness must be provided by the applicant's Director of Clinical Training via the APPIC DCT Portal.
- Reference letters are provided by requested referees via the APPIC Reference Portal.

Factors considered by the committee in selecting interns include:

- scholarly preparation evidenced by academic transcripts, research experience, and publications and presentations;
- the breadth and depth of clinical experience obtained through practicum training;
- evidence of personal maturity and readiness for internship training; and
- the degree to which the applicant's stated training objectives match the training opportunities available in our setting.

We give preference to applicants who have completed or are well advanced towards the completion of their doctoral dissertation.

After the applications have been reviewed, we notify all applicants of their interview status by December 15th. Applicants have a choice of attending one of our on-site interviews or taking part in telephone interviews. Phone interviews will follow a similar format to the on-site interviews. Typically, we interview approximately 40 applicants for our six internship slots. In January, we offer three on-site interview dates for invited applicants to choose from, one in each of our training sites at Temple, Waco, and Austin. The tentative interview dates for 2017 are:

Temple: Wednesday 1/4/17
 Austin: Friday 1/6/17
 Waco: Monday 1/9/17

The interview process begins at 11:00am, and generally ends by 4:30pm. In the first hour, we provide an overview of the program. Afterwards, each interviewee will have a series of individual interviews with various staff psychologists. Applicants will also meet with at least two current interns to gain their perspective on the training experience. Interns are not involved in the applicant ranking process. Attendance at an on-site interview is not required and is not viewed as an indication of an applicant's level of interest in our training program. We recognize that intern applicants typically apply to a number of training sites and that travel for personal interviews has become increasingly time-consuming and costly. Therefore, we allow applicants to consider telephone interviews as an acceptable alternative to attendance at an on-site interview. We will offer telephone interviews on Wednesday 1/11/17 from 11:00am through 4:30pm, following the same format as on-site interviews.

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.

VA Training Eligibility Requirements:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
 - a. For more information, please see the Executive Order which established this process (Section 8 has the main details): <http://www.archives.gov/federal-register/codification/executive-order/10450.html>
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file. More information is available at <http://www.va.gov/oa/agreements.asp> (see section on psychology internships). Applicants who match with our site should be aware of the following federal government requirements:

For additional information, please contact:

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Diversity Statement (updated July 2016)

The Central Texas Veterans Health Care System APA-accredited doctoral internship is committed to the promotion and affirmation of diversity in its broadest sense. Our mission is to provide training for doctoral level psychology students that is consistent with professional ethics and standards that place a high value on the dignity and worth of individuals through embracing their unique gender expression and identity, ethnicity, race, sexual/affective orientation, age, physical and mental abilities, religious/spiritual beliefs, political beliefs, and socioeconomic class. Therefore, as part of their professional functioning, all training staff members are expected to respect the dignity and worth of the individual (both client and intern), and to strive for the preservation and protection of fundamental human rights.

In order to meet our training model of reflective practitioner, we must maintain an atmosphere of respect and trust in which we feel free to explore and discuss our attitudes, beliefs, values, and behaviors in relation to others who are similar to and different from ourselves. As part of our service and training mission, we require of ourselves a commitment to work toward the mindful awareness of our biases and the eventual elimination of any prejudice and discrimination which may be present. In particular, prejudice and discrimination on the basis of gender expression and identity, ethnicity, race, sexual/affective orientation, age, physical and mental abilities, religious/spiritual beliefs, political beliefs, and socioeconomic class run counter to our professional ethics. Such prejudice and discrimination are detrimental to the practice of psychotherapy, supervision, training, consultation, developmental programming, and research; and to the development of effective collegiality among staff members. We further emphasize that all staff members and trainees will fulfill the agency's expectation and their ethical obligation to accept and support the right of colleagues and clients to affirm a gay, lesbian, or bisexual orientation and/or transgender identity.

As we strive to educate ourselves and others about the mental health issues of a pluralistic society, we recognize that an examination of personal prejudice and discrimination and their impact on our professional work is best accomplished within a climate of safety and respect. Therefore, training staff members are expected to support each other and trainees in willingness to explore their individual prejudices, and in fostering an environment that allows for positive attitudinal and behavioral change in one another. Additionally, we recognize that at times the values of clinicians and clients may come into conflict. Training staff and supervisors are expected to aid trainees in reflecting on this conflict to determine a course of action, the potential impact on the therapeutic alliance, and the wellbeing of both client and trainee. In rare occasions when clinical goals and trainee values conflict such that provision of psychotherapy is at risk of creating an unsafe atmosphere for either trainee or client, appropriate referrals will be made in the spirit of competent care.

The Community and Surroundings

Temple is a community with a population of over 72,000 people located in Central Texas, approximately 60 miles north of Austin and 35 miles south of Waco. The Temple campus of the Texas A&M Health Science Center College of Medicine is headquartered in the Baylor Scott & White hospital system, and provides clinical training at the Temple VA Medical Center. The Baylor Scott & White hospital system consists of more than 6,000 physicians at more than 900 patient care sites across Texas, and is one of the nation's largest multi-specialty group practice systems. Several post-doctoral psychology training programs are housed within their Temple campus. There are approximately 450,000 people in the Killeen-Temple-Fort Hood Metropolitan Statistical Area which includes Fort Hood Army Base, one of the largest U.S. military installations in the world and home to over 50,000 soldiers. Waco is community of approximately 130,000 people with a population of approximately 235,000 people in the greater Waco area. It has diverse economy and is the home of Baylor University and Texas State Technical College. It is located approximately 100 miles to the south of Dallas/Fort Worth and 95 miles north of Austin. Austin is a city of over 931,000 people and is the state capital. It is the fastest growing of the 50 largest US cities and the second largest capital city. It has a diverse economy and is home to the University of Texas. There are over 2 million people in the Austin-Round Rock-San Marcos Metropolitan Service Area.

The Central Texas climate is warm and sunny throughout most of the year and there is an abundance of local lakes and other recreational facilities. Housing is generally more affordable in Waco and Temple than in most of the larger metropolitan areas of the state. The cultural activities in Temple and Waco are plentiful for communities of their size. The major metropolitan areas of Texas, including Austin, Houston, Dallas, and San Antonio, are all within easy driving distance.

Helpful information about the cities of Temple, Waco and Austin can be found on the web at www.ci.temple.tx.us and www.waco-texas.com and <http://www.austintexas.gov/>.

CTVHCS General Information

In 1995, the Olin E. Teague Veterans' Medical Center, the Waco VA Medical Center, the Thomas T. Connally VA Medical Center and four outpatient clinics, were integrated to become the Central Texas Veterans Health Care System (CTVHCS). Currently there are large facilities in Waco, Temple and Austin and smaller community based outpatient clinics in Cedar Park, Bryan/College Station, Brownwood and Palestine. Internship training takes place in the major medical/psychiatric facilities in Waco, Temple and Austin. The Temple facility contains a full-service general medical and surgical teaching hospital, a large domiciliary which offers residential rehabilitation treatment programs for veterans experiencing problems with substance abuse, veterans with chronic serious mental illness and veterans in need of vocational rehabilitation services, and a large extended-care community living center. The Waco VA Medical Center in Waco, TX operates an inpatient psychiatry unit, a blind rehabilitation unit, two community living centers

for medical and psychiatrically impaired geriatric patients, a post traumatic stress disorder residential rehabilitation program and a residential rehabilitation program for veterans with chronic serious mental illness, and also hosts the VISN 17 Center of Excellence for Research on Returning War Veterans. The Austin VA Outpatient Clinic is a large multi-specialty medical clinic, the largest VA outpatient clinic in the country at the time of construction. In addition to the inpatient and residentially based services in Waco and Temple, all three sites have a wide array of outpatient mental health services. See the Training Rotations section below for descriptions of training opportunities at each site.

CTVHCS Psychology Service

Psychology Service currently consists of over 80 full-time and part-time psychologists. The Psychology Service has a long history of involvement in training. The Psychology Internship Program has been APA accredited for over 30 years. The VISN 17 Center of Excellence housed on the Waco campus is a training site for the VA Interprofessional Advanced Fellowship in Mental Illness Research and Treatment. CTVHCS offers practicum training to doctoral students from the University of Texas at Austin and Texas A&M University. CTVHCS psychologists also participate in training of Psychiatry Residents and students. Psychology staff are well represented in all major areas of healthcare provision as well as serving on a variety of professional committees and boards. Psychologists often serve as mental health treatment program leaders. Our medical center is affiliated with the Texas A&M Health Science Center College of Medicine, and as such, offers clinical training to a variety of disciplines including medicine, psychiatry, nursing, pharmacy, and social work. Interprofessional case conference training is offered on a monthly basis during the academic year.

Program Philosophy

As a Practitioner Scholar model program with a commitment to development of "Reflective Practitioners" as discussed in Hoshmand and Polkinghorne (1992), we believe that preparation of professional psychologists requires broad exposure to the knowledge base of the science of psychology and the related fields that form the foundation of the discipline. Developing psychologists must acquire the knowledge, skills, and attitudes that encourage the scientific approach to practice, whether through the conduct of scientific research, application of the products of scientific research, or through the enhancement of existing knowledge by way of professional practices that include reflective reasoning. Based upon this philosophy, interns receive broad, comprehensive training in preparation for entry-level, generalist practice in professional psychology.

It is our philosophy that at this level of professional development, psychology interns should be exposed to experienced psychologists/supervisors who will build upon interns' previously-acquired scientific

knowledge through guidance and supervision in the application of that knowledge and through the encouragement of practice-based inquiry and obtainment of clinical expertise. At this stage of professional education, interns are also expected to access and apply the scientific and experiential database of psychology, as, for example, would be reflected through awareness of empirically supported interventions. Interns will also be nurtured in the development of the reflective characteristic of expert practice. Consistent with recommendations of Hoshmand and Polkinghorne (1992), this program places extensive emphasis upon the development of reflective skills to enhance deliberative control over the biases that hamper full understanding, suppress appropriate skepticism, and lessen practitioners' effectiveness. This program incorporates the concept of the "reflective practitioner" whose professional wisdom includes the ability to evaluate and critique one's own understanding and actions (Schon, 1987). Therefore, this program emphasizes the practical value of reflecting through intensive case study, mastering the skills of locating/incorporating existing scientific knowledge, and seeking experiential wisdom.

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

Schon, D. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass.

Philosophy of Intern Professional Development

Intensive exposure to experienced psychologist supervisors during the internship year will enable interns to demonstrate marked growth in professional competencies. The internship year at CTVHCS is conceptualized as an organized sequence of training experiences that build upon interns' scientific knowledge base and previous clinical training. Interns' abilities will be assessed at several critical points during the year and overall progress will be monitored continually through the collaborative efforts of the intern, the immediate supervisors, intern preceptors, and internship training committee.

Increasing Autonomy (Frequency and Intensity of Supervision) – Although interns receive a minimum of four hours per week of formal supervision, they will receive considerable informal supervision throughout the year. However, as the year progresses and interns become increasingly autonomous professionally, they will have less need for informal supervisory input.

Complexity of Clinical Cases – In line with interns' professional development, interns will experience a shift in the complexity of their assigned cases throughout the year as well as throughout their rotations. Beginning cases will be more straightforward and familiar. Once interns have demonstrated sufficient competency with less complex clinical cases, more complex and challenging cases will be assigned to them as the year progresses.

Complexity of Interdisciplinary Role – As the year progresses, interns will be expected to increase the complexity of their contributions to interdisciplinary teams through a variety of activities such as staff education; assisting the team with process improvement activities; and assisting the team with the development, expansion and/or evaluation of interventions to meet the needs of patients served by the team.

Core Competencies

In order to ensure that interns leave the internship program with a solid foundation for ethical, culturally and clinically effective entry level practice of professional psychology, our program focuses on the development of the competencies described below. These training competencies were updated in 2011, after a lengthy self-evaluation and program development process, and reflect the APA competency training model:

A. Professionalism

1 – Professionalism: Professional values and ethics as evidenced in behavior and attitudes that reflect the values and ethics of psychology, integrity, and responsibility.

Objectives: integrity, deportment, accountability, Concern for the welfare of others, professional identity, Professional Responsibility in Documentation, Efficiency and Time Management

2 – Individual and cultural diversity: awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.

Objectives: Awareness of self as shaped by individual and cultural diversity and context, Awareness of others as shaped by individual and cultural diversity and context, and of the role of diversity and context in shaping interactions with others

3 – Ethical and Legal Standards and Policy: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Objectives: Knowledge of Ethical, Legal and Professional standards and guidelines; Ethical Conduct, Patient Confidentiality

4 – Reflective Practice/Self-Assessment/Self-Care: Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care.

Objectives: Uses self-reflective practices and self-assessment , Seeks Consultation/ Supervision, Self-Care

B. Relational

5 – Relationships: Relate effectively and meaningfully with individuals, groups, and/or organizations.

Objectives: Patient Rapport, Interpersonal Behavior

C. Application

6 – Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

Objectives: Diagnostic Skill, Psychological Test Selection and Administration, Psychological Test Interpretation, Assessment Writing Skills, Feedback Regarding Assessment

7 – Intervention: Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and /or organizations.

Objectives: Patient Risk Management, Case Conceptualization and Treatment Goals, Therapeutic Interventions, Effective Use of Emotional Reactions in Therapy (Countertransference), Group Therapy Skills and Preparation

8 - Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Objectives: Consultation Assessment, Consultative Guidance

D. Science

9 – Scientific Knowledge and Methods: Understanding of research, research methodology, biological bases of behavior, cognitive-affective bases of behavior and development across the lifespan. Respect for scientifically derived knowledge.

Objective: Seeks Current Scientific Knowledge

10 – Research/Evaluation: Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

Objective: Develops and Implements Research or empirical program development Plan

E. Education

11 – Supervision: Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

Objective: Supervisory Skills

12 – Teaching: Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

Objective: Teaching Knowledge and Application

F. Systems

13 – Interdisciplinary Systems: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

Objectives: Knowledge of interdisciplinary collaboration, Functions effectively in multidisciplinary/interdisciplinary contexts

14 – Management-Administration: Manage the direct delivery of services and/or the administration of organizations, programs, or agencies.

Objective: Administrative Competency

15 – Advocacy: Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level.

Objectives: Client Empowerment, Promoting systems change

Competencies are formally evaluated at the start of the internship by both interns and their supervisors, and every 4 months via the Competency Assessment Form (CAF). Expected achievement levels for each stage of internship training are detailed in the intern handbook, and are listed on the CAF.

Summary competency ratings at the completion of the internship are assigned by a subgroup of the Internship Training Committee, based on rotation supervisor ratings and intern performance in off-rotation activities such as seminars, journal clubs, diversity seminar, case conferences, and program evaluation projects.

Program Structure and Requirements

Interns are selected for primary placements in one of the three major training sites (Waco, Temple or Austin). Internship applicants rank each of the three major training sites independently. (Each site has its own match number). There is no difference in program philosophy, goals or structure across sites. All sites emphasize development of core competencies to allow development of broad entry level professional skills. Interns are required to do two of the three major rotations at their primary site. If rotations are available at a secondary site, interns are allowed to do one of their three major rotations at a secondary site. However, interns primarily placed at a site are given priority for all training opportunities at the site to which they are primarily assigned. After match day, incoming interns are queried about their training interests, and these are considered along with training needs identified from application materials to establish initial rotation assignments.

Prior to the beginning of internship, all incoming interns are invited to a social gathering where they can meet with training staff and outgoing interns in a relaxed and supportive environment (late July). During the first week of the internship year, interns are provided with a comprehensive orientation to the Central Texas Veterans Health Care System and the internship program. Interns are given a thorough orientation to all elements of the training program including major rotations, opportunities for specialty rotations, and group learning activities such as journal clubs, case conferences etc. By the end of the orientation period, interns have developed an intern professional development plan, identified rotation interests, and are matched with a preceptor.

Rotation selection

The process of rotation selection is based on a collaborative effort between each intern, the Training Director and the Internship Training Committee. While there are no mandatory rotations and interns usually do not compete with each other for rotations, the rotations chosen are a function of the Internship Committee's evaluation of the interns' training needs, supervisor initial competency ratings, and the intern's self-evaluation on training competencies, perception of their professional development needs, and interests. All rotation choices are approved by the Internship Training Committee.

Process of rotation selection is as follows: Initial major rotations are assigned before the commencement of the training year. Assignment is based on review by the Training Director and Training Committee of each intern's application file and interview materials, with attention paid to breadth and depth of experiences, strengths and weaknesses of previous training, and training needs identified by the graduate program Director of Clinical Training and former supervisors/references. Interns' preferences for training experiences and self-assessment of training needs are also taken into account. During the orientation week at the start of internship, the interns complete a professional development plan which includes a summary of previous clinical training, a self-assessment of professional development in the core professional competencies, career goals, and training goals relative to the core competencies. Interns also meet with supervisors on each of the major rotations at their primary site, and meetings are individually arranged at secondary sites based on intern interest. After the first three-four weeks on the first major rotations, supervisors provide initial ratings of interns on the training competencies. Rotation designations are made by the Training Committee based on all of these factors, along with the previously noted review of application and interview materials, and with consideration to rotation staffing and availability during the training year.

Training plans

Based on a collaborative effort between the interns, their rotation supervisors, preceptors, and the Training Director, an initial rotation training plan is developed. The Training Director ensures that each rotation plan provides opportunities to remediate any area of weakness in previous training and provides

sufficient new learning opportunities in the areas of diagnosis, assessment, intervention and consultation. The rotation training plans specify the experiences to be offered and the skills to be taught on the rotation, and include a formal supervision contract between the intern and rotation supervisor(s). This plan is signed by the intern and the rotation supervisor.

Over the succeeding months of the year, interns meet with preceptors to review progress toward training goals, to discuss broader issues of interns' development as professional psychologists and if needed, to address any concerns about training settings or relationships. In the early portion of the training year, interns and preceptors typically meet regularly (e.g., weekly or bi-weekly), with meetings becoming less frequent as the year unfolds.

Rotations and requirements

Interns must complete three, four-month major rotations in different training settings. There are also opportunities to receive specialty training through one or two minor rotations (4 to 8 hrs/week), typically six months in duration. If research is relevant to future career goals, interns are encouraged to consider a full year or 6-month clinical research minor rotation with the VISN 17 Center of Excellence in Waco (see rotation descriptions section). In all elements of the training program, interns are expected to adhere to the Ethical Principles of Psychologists and Code of Conduct by the American Psychological Association and a copy of same is provided at the outset of the training year.

Minimum clinical requirements:

Direct patient care (patient contact for assessment or treatment, chart reviews, clinical documentation, scoring and interpretation of assessment data, and training directly related to clinical services):

1200 hours (60%)

Assessments:	18
(combined interview and testing, based on individual rotation standards)	
Individual therapy cases:	
Short-term/time-limited:	15
Long-term:	1
(extending beyond a single major rotation)	
Evidence-Based Psychotherapy protocol:	3
Groups:	
Evidence-Based Psychotherapy protocol:	1
Psychoed/Coping skills	2
Total	3

Formal case presentations:	2
Written work samples:	2

Wednesday Internship Didactics

On Wednesday afternoons, internship didactics take place from 1:00 PM to 4:30 PM at the Temple site. Interns are also allocated an hour together from noon to 1:00pm on Wednesdays to build collegial relationships and serve as sources of support, encouragement and information for each other. This is a required part of the program structure. On Wednesdays, Temple interns stay on their rotations until 12 noon. Waco and Austin interns will stop their rotations around 10:30 AM or 11:00 AM to travel to Temple. Wednesdays are 60-90 minutes longer for Waco and Austin interns because of the return commute. Similarly, an intern electing to complete a minor or major rotation at another site may spend additional time commuting outside of their tour of duty. Generally, government vehicles are available, or mileage reimbursement if a government vehicle is not available. Interns can receive assistance from supervisors or training council members for arranging vehicles or mileage reimbursement.

The didactic seminars (1:00 – 3:00 PM) are presented by CTVHCS psychologists and other professional mental health staff, and address the science and practice of professional psychology. The content of these seminars includes therapeutic assessment, evidence-based treatments (e.g., Cognitive Processing Therapy, Prolonged Exposure, IPT for Depression, CBT for Chronic Pain or Insomnia, Acceptance and Commitment Therapy), neuropsychology, crisis intervention, pharmacology, short-term psychotherapy, addictions, ethics, family/couple EBPs, treating complex PTSD, and other topics. The remainder of the didactic time (3:00 -4:30 p.m.) is used for a combination of case conferences, group supervision, meetings with the Training Director, diversity series and evidence-based practices journal club.

Stipend and benefits

The intern stipend is currently \$24, 014. Interns are eligible for the same benefits offered to all VHA employees, including options to purchase health, life, dental, vision, and long-term care insurance. As of the June 26, 2013 Supreme Court ruling, the United States Office of Personnel Management extends benefits to spouses and qualifying children of Federal employees who have legally married a spouse of the same sex. Interns must successfully complete twelve months of training with a minimum of 1900 hours. Terminal leave is not permitted. In other words all interns must be present on the last day of internship. Training is usually conducted during regular work hours (8:00 a.m. to 4:30 p.m., Monday through Friday). Authorized absence to attend educational activities, to present research papers, or to attend professional meetings is negotiated with the clinical supervisor and the Training Director.

Supervision and Evaluation

Interns receive regularly scheduled supervision for their clinical work by doctoral-level psychologists. All notes and reports are countersigned by supervising psychologists, and a supervising psychologist is always available when the intern is on duty. We take pride in feedback from former interns who have acknowledged the accessibility of supervisors and quality of supervision as strengths of our program. Interns and staff members work closely together, often working as co-therapists or jointly participating in treatment planning meetings, clinical rounds, patient education activities, supervision/education of medical students, or consultation activities. As a result, interns have abundant opportunities for observational learning and informal supervision.

The program has a sincere commitment to the creation of a training environment of support and trust, where interns feel comfortable to reveal areas of inexperience or weakness, ask questions, and discuss concerns or problems. Supervisors, preceptors, and the Training Director attend to the interns' needs for professional development and ethical awareness. Interns are primary sources of information for the program's self-assessment and quality enhancement activities, both through formal feedback and continual encouragement of suggestions to improve the program.

During the training year, interns receive a weekly minimum of four hours of supervision. The primary site supervisor provides a minimum of two hours of individual supervision, but additional supervision is provided by supervisor(s) of minor rotations, by preceptors, and by the Training Director in monthly group supervision. In actuality, there is a great deal more informal supervision and collaboration between intern and supervisor in most training settings. Although supervision is always made available when needed, the program philosophy is that intern growth and movement toward professional autonomy will be reflected throughout the year. As a result, it is anticipated that informal and unscheduled supervision will be most plentiful earlier in the internship year.

Informal feedback and constructive suggestions are provided to interns throughout the training year in the contexts of individual supervision, group supervision and meetings with the Training Director. Supervisors provide a summary of feedback to the Training Committee at the mid-point of the major rotations. More formalized feedback is provided in several ways. At the conclusion of each 4-month rotation, the rotation supervisors complete formal written evaluations of the intern's performance (including appropriate input from any "off-rotation" supervisors) based on the training competencies. The intern, rotation supervisor, and preceptor review, discuss and, if appropriate, modify the evaluation. A copy of the resulting evaluation is then provided to the intern and Training Director, and the evaluations are reviewed by the Training Committee, which recommends changes to the Rotation Training Plans based on this evaluative feedback. A subgroup of the Training Committee assigns summary competency ratings and feedback at the end of the training year based on rotation supervisor ratings and intern performance in off-rotation

activities such as seminars, journal clubs, diversity seminar, case conferences, and program evaluation projects. Additionally, the Training Director provides a mid-year report to the intern's graduate training program's Director of Clinical Training, and an end of year report which indicates the intern's status regarding competency development and internship completion at the end of the training year.

Evaluation is a reciprocal process, as interns formally and informally evaluate the quality of the training. Interns are encouraged to provide specific feedback about their training experiences to their supervisors, preceptors and/or the Training Director at any time. To accommodate this important quality assurance process, preceptors arrange a mutually agreeable meeting schedule with interns, and can arrange to meet more regularly at times of transitions or any difficulties. At the conclusion of each rotation (or if preferred by the intern, at the completion of the training year), interns complete a formal rotation evaluation form that is submitted to the Training Director. To assure candid assessments, intern evaluations are kept sealed until the conclusion of the internship year. At that time, the Training Director reviews the evaluations, subsequently providing appropriate feedback and suggestions to rotation supervisors.

In addition to their evaluations of the training rotations, interns also complete separate evaluations of the quality and utility of all seminars in the didactic training series. These seminar evaluations are summarized by the Training Director and used to plan future seminar series as well as to provide constructive feedback to seminar presenters after the completion of the training year. Interns provide written evaluations of other aspects of the training program at year-end, and also do exit interviews with the Internship Training Director and the Chief of Psychology Service, for additional feedback and quality improvement input.

Interns are invited to attend and participate in our monthly Psychology Service staff meetings, Mental Health & Behavioral Medicine service staff meetings, and Psychology Training Committee meetings. An intern representative attends the Training Committee meetings to present any questions or concerns that interns may have and to provide the intern perspective to the committee. Through the intern representatives and periodic meetings with the Training Director, interns are kept up-to-date about any changes in the program's plans or policy.

2017-18 Rotations

Rotation Descriptions

The clinical rotations described below reflect the variety of psychological services offered at the Central Texas Veterans Health Care System. Interns participate in three major rotations during the internship year, and the choice of those rotations is designed to increase knowledge and experience in general areas of psychological practice. In addition to major rotations, interns are able to supplement their training experience with minor rotations. Minor rotations (typically four hours per week for 6 months) are designed to enhance interns' skills and experiences to fulfill training needs and build required competencies through experiences such as neuropsychology, pre-surgical evaluation, treatment of family/couples, PTSD, substance abuse treatment, inpatient psychiatry, clinical research, home-based primary care etc. Most major rotations provide potential options (focused areas) for minor rotation training.

Note: The status of rotations with supervisors marked TBD is uncertain, typically due to staffing issues

WACO:

PTSD Clinical Team (PCT) – Waco

The Waco Posttraumatic Stress Disorder Clinical Team (PCT) is a clinic that provides outpatient care to Veterans who have been diagnosed with combat-related PTSD and have significant impairment in functional areas. This rotation offers interns the opportunity to gain experience and knowledge specific to PTSD. Veterans from all eras of service are treated. Treatment is based on the knowledge of theoretical models and empirically supported modalities. Therapeutic modalities include Cognitive Processing Therapy, Prolonged Exposure, as well as didactic groups that address core symptoms of PTSD. Didactic groups include nightmare resolution, anger management, and substance abuse. The groups are designed to be dynamic and functional so that the treatment team is able to formulate treatment plans geared to an individual's specific needs. There is also the opportunity to provide individual therapy. The intern will be able to develop assessment skills during this rotation using the primary assessment instruments such as the BDI-II (Beck Depression), PTSD Checklist (PCL-C, PCL-M), The Mississippi Scale and CAPS. Other testing instruments are available as needed. Interns will be given the opportunity to conduct appropriate testing and to conduct diagnostic clinical interviews. Staff will work with interns to promote an atmosphere that provides an optimal growth opportunity.

Supervisors: Jeffrey Wilson-Reese, Psy.D.

PTSD Residential Rehabilitation Program (PRRP) – Waco

The Waco Posttraumatic Stress Disorder Clinical Residential Rehabilitation Program (PRRP) is a variable length, 40 bed residential program that provides care to Veterans who have been diagnosed with combat-related PTSD and have significant impairment in functional areas. This rotation offers interns the

opportunity to gain experience and knowledge specific to PTSD. Veterans from all eras of service are treated. Treatment is based on the knowledge of theoretical models and empirically supported modalities. Therapeutic modalities include Cognitive Processing Therapy, Prolonged Exposure, as well as didactic groups that address core symptoms of PTSD. Veterans are assigned to cohorts, with many groups being closed in order to deliver evidence-based therapies. Veterans are treated by an interdisciplinary team consisting of a unit psychiatrist, physician assistant, nursing staff, mental health technicians, psychologists, and social workers. There is also the opportunity to provide individual therapy. Staff will work with interns to promote an atmosphere that provides an optimal growth opportunity. Interns have the option of either a major or minor rotation.

Supervisors: Susan Matlock-Hetzel, Ph.D., Pamela George, Psy.D., Anne Strauss, Ph.D.

Blind Rehabilitation Unit – Waco (minor only)

On this minor rotation, interns will develop skills in the provision of psychological services to a population with varying degrees of visual impairment. The Blind Rehabilitation Unit is a 15 bed inpatient unit, which focuses on developing independent living skills associated with vision loss, including orientation and mobility; manual skills; visual skills; living skills and computer skills. Various forms of dementia, mood disorders and adjustment to vision loss are the most common primary diagnoses seen in the BRU. Psychological assessment services include interview assessments of psychological status, gross cognitive functioning and ability to cope and adjust to vision loss. A Coping with Blindness Group is offered once per week and the intern would facilitate this group with supervision. Psychotherapy is typically provided on an individual basis, but opportunities for couple and family psycho-education arise at times. The intern will also learn how to consult with rehabilitation specialists regarding psychological or cognitive factors that impact rehabilitation and how to manage those factors. Generally, it is expected that the intern will develop a greater knowledge of psychopathology assessment procedures, consultation, and psychotherapy in a population with visual impairment. This rotation also offers opportunities for developing a greater knowledge of the psychologist role with interdisciplinary teams. A minimum of one hour supervision weekly is provided and there are frequent opportunities for more informal supervision/clinical observation. Readings and didactic presentations are also used to reach learning objectives.

Supervisor: Tai Blanscet, Psy.D.

Geropsychology/Community Living Center – Waco

The Waco Geropsychology/Community Living Center rotation is designed to offer a breadth of experiences related to the practice of geropsychology. The intern will be provided with opportunities to work in consultation with a number of providers through an inpatient Geropsychology clinic and function as an integral member of a multidisciplinary team that serves Veterans in the nursing home setting/ community living center (CLC). The Waco Community Living Center (CLC) is a 119-bed extended care facility, which provides

rehabilitation in an interdisciplinary setting for veterans who need long-term care due to chronic illness (e.g., cardiac disease, diabetes, chronic obstructive pulmonary disease), those who need respite care due to loss of caretaker, those who need hospice care due to terminal illness (e.g., cancer), those who suffer from various kinds of dementia, and those who have experienced traumatic brain injury. Approximately 30% of an intern's time will be spent in assessment-oriented activities and 70% in treatment activities during this rotation. Opportunities will include work with veterans with a range of mental health diagnoses including those related to mood disorders, cognitive decline, and severe mental illness, veterans with complex medical problems, terminal illness, and veterans with relatively short-term problems in need of rehabilitation and discharge planning. Presenting issues include depression, anxiety, dementia, grief and loss, end-of-life issues and planning, and behavioral management. Staff and family support, education, and counseling are also a large component of the intern's experiences in this track. The Geropsychology rotation will provide interns with opportunities for experience with groups to include support groups for caregivers, depression, and reminiscence. This clinical rotation allows interns to gain advanced knowledge of theoretical models and empirically supported treatments for geriatrics such as Cognitive Behavioral Therapy for Depression and Insomnia. Supervisors will work collaboratively with interns to develop a training experience that meets the rotation's general expectations as well as those individualized goals of each intern.

Supervisor: **TBD**

Mental Health Clinic (MHC) – Waco

The Waco Mental Health Clinic rotation offers interns experience in individual psychotherapy, group psychotherapy, diagnostic interviewing, psychological assessment and treatment planning. During this rotation, interns have the opportunity to co-lead groups with supervisors, lead groups under close supervision, as well as co-design and co-lead new groups. The Waco MHC offers time-limited groups for patients who are experiencing problems with depression, anxiety, anger, PTSD (non-combat traumas, MST) and emotional self-regulation or interpersonal relationships. The Waco MHC also offers mens and womens support groups as well as a support group for those suffering from serious mental illness. Interns will encounter significant diversity with regards to multicultural issues. Interns will have the opportunity to learn EBT approaches through clinical supervision and co-leading group therapy using Acceptance and Commitment Therapy (ACT) and Cognitive Processing Therapy (CPT) for PTSD. The veterans served are predominately male, but significant opportunities are available to work with female veterans. While on this rotation, there are also opportunities to gain experience providing layered individual and group supervision to Baylor University Practicum Students. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the rotation is to prepare the intern to function as an effective member of an interdisciplinary team in a public mental health setting.

Supervisors: Waco –Bruce W. Allen, Ph.D., & Tai Blanscet, Psy.D.

Substance Abuse Treatment Program (SATP) – Waco (TBD)

The outpatient Substance Abuse Treatment Program (SATP) and Intensive Outpatient Program (SAIOP) assist Veterans in recovery from addictions to alcohol and drugs. Many Veterans enrolled in SATP also struggle with homelessness, unemployment, other mental illnesses, medical, and legal problems. The primary treatment modalities of SATP are evidence-based group treatment and education focusing on early recovery and relapse prevention skills utilizing Motivational Enhancement Therapy, CBT for dual-diagnosis, SAMSHA MATRIX model for cocaine/amphetamine dependence, Motivational Interviewing, and Stages of Change model. Support groups and a variety of specialty groups (Coping and Resiliency Education, Back on Track for affective regulation, and BRIGHT CBT for substance use/depression) are also available. Depending on their schedule, interns have the opportunity to serve as co-leaders/leaders, of various groups as well as gain experience in individual therapy, treatment and discharge planning, and interdisciplinary treatment team meetings within SATP. Training in DSM-5 will also be emphasized. A unique training opportunity exists in the provision of forensic wrap-around coverage, where the intern will receive training in appropriate interactions with community partners (e.g. state/federal Parole & Probation, Department of Child & Family Services, and Department of Public Safety). A minimum of 1 hour supervision per week will be provided with frequent opportunities for more informal supervision. The primary training objective is to increase interns' knowledge base and comfort level in assessing and treating substance use disorders. Readings and related training are also used to reach learning objectives.

Supervisors: Waco – TBD

Primary Care Behavioral Health – Waco

This rotation will emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in medical contexts. Major components of this rotation include brief evaluation and treatment of clinical and health psychology problems; triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management; psychological assessment, individual and group psychotherapy, referral to specialty mental health programs; and coordination of care with the onsite psychiatrists and social workers. Interns have the opportunity to take part in leading empirically based treatment groups on topics such as sleep, pain, mastering emotions and other chronic medical ailments. On this rotation, interns will gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and cognitive disorders). In addition, interns will have the opportunity to develop skills in promoting healthy behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have the opportunity to work in a Patient Aligned Care Team model through a system of multidisciplinary, primary care teamlets. The intern will be expected to attend weekly team meetings that

focus on administrative as well as clinical issues. The intern may be asked to select a case to present to the team for discussion.

Supervisor: TBD

VISN 17 Center of Excellence Clinical Research Rotation – Waco (minor only; full year preferred)

The VISN 17 Center of Excellence for Research on Returning War Veterans is dedicated to conducting clinical research that will advance the understanding of the impact of deployment to a combat setting on individuals in the military, their families, and their communities. The Center of Excellence rotation offers the opportunity to participate in a variety of clinical research activities such as participation preparation of grant applications, the submission of documentation for IRB approval (Initial or amendments to a protocol), implementation of a clinical research protocol, conducting evidence based assessments specified by a protocol, receiving training in and conducting supervised administration of evidence-based treatments as specified by a protocol, collection of data, and potential participation in the analysis and write-up of data generated through these and other studies. Specific activities will be collaboratively developed in the context of availability of specific opportunities, intern interest, and training needs. Supervision is provided by doctoral psychology staff at the CoE. Learning objectives of the CoE rotation include experience in grant preparation and submission, training in and implementation of evidence based assessment and treatment as specified by a clinical research protocol, and experience in the dissemination of research findings. Given the prolonged nature of the conduct of clinical research, this rotation is designed to be a minor rotation that lasts throughout the full internship year, though a six month experience is possible. The CoE rotation is 8 hours per week (minor rotation) in Waco at the VISN 17 Center of Excellence. *Only open to interns who have defended their dissertation.*

Supervisors: Bryan DeBeer, Ph.D.; Eric Meyer, Ph.D.; Lianna Evans, Psy.D.

Serious Mental Illness – Waco

The intern in the Serious Mental Illness rotation will primarily work in the Seriously Mentally Ill Life Empowerment (SMILE) Residential Rehabilitation Treatment Program (RRTP). Additionally, the intern may be involved with the Psychosocial Rehabilitation and Recovery Center (PRRC). Involvement with the PRRC will depend on agreement between the intern, the SMILE program manager and the PRRC team lead. The goal of the SMILE program is to improve the life of Veterans with a serious mental illness that have difficulty maintaining a community lifestyle, in hopes that they will return to community living with a better quality of life. SMILE is a 22-bed unit and the focus of treatment is learning better coping skills, wellness strategies, and life skills. The PRRC is designed to promote recovery and community integration of patients with serious mental illness. The PRRC provides an alternative to inpatient hospitalization as well as a transitional setting for those who may require additional assistance in making an adjustment to living within a community setting. Both SMILE and PRRC treatment programs are based on the recovery model. Interns will work as part of a multidisciplinary team and have the opportunity to conduct intakes,

individual therapy, group therapy, and comprehensive assessments with a population of Veterans with a serious mental illness. Program development and program evaluation opportunities are also available.

Supervisors: Jordan Pekevski, PhD

TEMPLE:

Compensation & Pension Service (C&P) – Temple (major or 8-hour minor)

The Compensation and Pension (C&P) Service rotation in Waco offers interns experience in conducting veteran disability examinations to enhance and refine their diagnostic interviewing skills and ability to assess and describe mental health related functional impairment. During this rotation interns have the opportunity to gain exposure to all aspects of completing mental health C&P examinations, to include gold-standard assessment of Posttraumatic Stress Disorder (PTSD) and “other” mental health disorders (e.g. Major Depressive Disorder, Primary Insomnia, etc.) as well as developing competency with specialty software (CAPRI) and certifications for these exams. In particular, interns will be provided opportunities to conduct diagnostic clinical interviews, review claims folders, conduct chart reviews and write final reports as part of the C&P examination process. Interns will be given time to complete online Compensation and Pension Examination Program (CPEP) certification courses before conducting examinations. It is expected that the intern will develop enhanced assessment abilities and proficiency with the DSM-5, formulate opinions about the etiology of veterans’ current mental disorders, gain competency in determining levels of functional impairment related specifically to claimed mental health conditions, and synthesize various sources of information into a single report. A minimum of 1 hour supervision per week will be provided with frequent opportunities for more informal supervision. Readings and related certification training are also used to reach learning objectives. Supervision will be provided by experts in assessment and disability/forensic examinations. (minor rotation only)

Supervisor: Alejandro Sanchez-Rivera, Psy.D.; Lucas Shaw, Ph.D.; Ronald Hart, Ph.D.

Health Behavior– Temple

Emphasizes training in health behavior assessment and intervention, working with both patients and staff. Interns will gain familiarity with and directly contribute to the VHA Health Promotion and Disease Prevention program, learning the role of the Health Behavior Coordinator. Many of the rotation activities will be in support of implementing the National Center for Health Promotion and Disease Prevention (NCP)’s nine Health Living Messages. Major components of the rotation include evaluation and treatment of health behavior issues related to general health, disease prevention and management, weight management, tobacco cessation, stress management, chronic pain, insomnia, and related issues. Interns will receive training in VHA EBPs for CBT Chronic pain and CBT Insomnia, and have opportunity to gain experience in conducting pre-surgical mental health evaluations (e.g., bariatric surgery, organ transplant, invasive pain procedures). Interns will participate in and contribute to interdisciplinary teams

involving varied healthcare professionals. Experience in leading multiple health-related groups will be included. Interns will receive training in the application of motivational interviewing (MI) skills for health behavior management, and may participate in training of PACT team members and other staff in MI and related skills. Theoretical orientations applied in this rotation include motivational interviewing, cognitive-behavioral therapy, and acceptance and commitment therapy.

Supervisor: Temple – Andrew Cook, Ph.D.

Mental Health Clinic (MHC) – Temple

- Can include *Military Sexual Trauma Outpatient Clinic*

The Mental Health Clinic rotation offers interns an experience in individual psychotherapy, group psychotherapy and diagnostic interviewing and treatment planning. During this rotation interns have the opportunity to co-lead ongoing groups, as well as begin new groups. Some examples of ongoing groups include Depression Group, Anxiety Group, Coping Skills Group, Chronic Pain Group, Living Skills Group (for Veterans with military sexual trauma), Women's Resilience Group, Non-Combat PTSD, and CPT Group (for sexual trauma). Interns may elect to begin a new group, as well. If interested, interns may continue to co-lead and/or lead any of these groups as a year-long experience as part of a minor rotation. Interns also conduct comprehensive biopsychosocial assessments for veteran enrollment into the MHC. These assessments include determination of a DSM-5 diagnosis and initial treatment plan. The interns will encounter significant diversity with regards to veterans' ethnic and cultural backgrounds. The veterans served are predominately male, but significant and increasing opportunities are available to work with female veterans. Assessment opportunities are primarily limited to ADHD assessments. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the rotation is to prepare the intern to function as an effective member of an interdisciplinary team in a public mental health setting.

Supervisor: Temple – Kentrell Avery, Psy.D.; Holly LaPota, Ph.D.

PTSD Clinical Team (PCT) – Temple

The Temple Posttraumatic Stress Clinical Team (PCT) is a specialty clinic that provides outpatient care for veterans with a primary diagnosis of combat-related Posttraumatic Stress Disorder (PTSD) or symptoms of PTSD (e.g., anxiety and depression) that have produced functional impairment. It provides treatment for veterans from all eras of service. This clinical rotation allows interns to gain advanced knowledge of theoretical models and empirically supported treatments such as Cognitive Processing Therapy and Prolonged Exposure Therapy for veterans with combat-related PTSD symptoms. There may also be opportunities to use Acceptance and Commitment Therapy in the treatment of residual PTSD symptoms. The primary assessment instruments used are the PTSD Checklist (PCL-M) and the Beck Depression I (BDI-II), although opportunities to utilize the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) may be available. Interns will be given the opportunity to complete consults, develop

treatment plans, and conduct individual and group therapy sessions. Some clinically relevant reading assignments may be included as appropriate to the individual intern's prior academic background. Supervisors will work collaboratively with interns to develop a training experience that meets the rotation's general expectations as well as those individualized goals of each intern.

Supervisors: Regina Hiraoka, Ph.D.

Primary Care Behavioral Health – Temple

This rotation will emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in medical contexts. Major components of this rotation include brief evaluation and treatment of clinical and health psychology problems; triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management; psychological assessment, individual and group psychotherapy, referral to specialty mental health programs; and coordination of care with the onsite psychiatrists and social workers. Interns have the opportunity to take part in leading empirically based treatment groups on topics such as sleep, pain, mastering emotions and other chronic medical ailments. On this rotation, interns will gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and cognitive disorders). In addition, interns will have the opportunity to develop skills in promoting healthy behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have the opportunity to work in a Patient Aligned Care Team model through a system of multidisciplinary, primary care teamlets. The intern will be expected to attend weekly team meetings that focus on administrative as well as clinical issues. The intern may be asked to select a case to present to the team for discussion.

Supervisors: Temple – TBD

Psychosocial Rehabilitation and Recovery Center (PRRC) – Temple

PRRC serves a highly diverse population of Veterans with serious mental illness. On the PRRC rotation, interns co-facilitate groups for Veterans with serious mental illness and meet with Veterans for Provide brief individual therapy and/or recovery coaching. There are opportunities to be involved in program development activities. The PRRC rotation will provide interns an understanding of the recovery model and become exposed to evidenced based approaches to SMI treatment (e.g. social skills training). This rotation offers the opportunity to become acquainted with peer support services. In addition, PRRC offers a unique opportunity to obtain perspective from peer support specialists and how they are integrated in mental health treatment. These are Veterans who have gone through treatment themselves and received specialized training to serve as peer support specialists. The PRRC supervisor uses cognitive behavioral and acceptance and commitment therapy strategies.

Supervisors: Jennifer Rigsby, Ph.D.

Rehabilitation Psychology – Temple (minor only)

This minor rotation emphasizes development of skills needed to provide assessment and intervention in a medical rehabilitation context to patients with disability and chronic illness. Major components of this rotation include evaluation and treatment of problems including chronic pain, traumatic brain injury, and in a more limited capacity spinal cord injury, amputation, and stroke. Interns will have the opportunity to collaborate with interdisciplinary teams and a wide variety of medical rehabilitation providers. Interns will conduct individual and group psychotherapy with medical rehabilitation patients targeted at specific disabilities, health conditions and behavioral change. Psychological assessment opportunities include personality assessment and evaluation of cognitive and behavioral factors related to chronic pain. The treatment orientation for this rotation is primarily cognitive-behavioral, with an emphasis on third-wave behaviorism. Interventions incorporate approaches such as CBT-Chronic Pain, mindfulness-based interventions, and ACT. Interns will have the opportunity to facilitate a pain management group, using either CBT or mindfulness-based approach. Interns will also have the opportunity to complete assessments incorporating personality and general psychological testing, and carry an individual treatment caseload. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided, including opportunities for co-therapy.

Supervisor: **TBD**

Rehabilitation and Reintegration Treatment Program (RRTP) – Temple

The Rehabilitation and Reintegration Treatment Program is a residential treatment program which focuses on *rehabilitation* of medical and/or mental health problems, with the goal of *reintegration* into independent community living. Veteran's needs are assessed at admission and reviewed monthly, resulting in a therapeutic schedule to help him/her obtain optimal levels of medical and psychological health, chemical abstinence, vocational assistance, and/or securing benefits to assist in their return to community living. The veterans served are a very diverse population, representing a wide range of ages (OIF/OEF to WW2), socioeconomic status (some are homeless), and presenting problems (adjustment disorder through SMI, dually diagnosed, etc).

The RRTP rotation provides a rich training experience with much flexibility that can be tailored to the intern's specific training needs and interests. The intern would serve as an integral part of an interdisciplinary assessment and treatment team, coordinating the implementation of a broad range of psychosocial interventions. Interns have opportunities to develop assessment skills, including biopsychosocial assessment, treatment planning, differential diagnosis, personality assessment, and cognitive assessment. Interns implement mental health treatment in the form of individual and group therapies, which could consist of co-leading or leading an existing group, or creating a new group based

on the intern's interests and experience level. The residential setting and length of stay (approximately four months) allow interns to work with veterans in greater depth, following them throughout the entire course of their treatment in this program. Most RRTP therapeutic offerings are based in Acceptance and Commitment Therapy (ACT), Mindfulness, and Cognitive-Behavioral approaches. The supervising psychologist has also completed specialized training in DBT and CPT. Interns will have the opportunity for intensive training in these, and other, state-of-the-art interventions.

Supervisors: **TBD**

Substance Abuse Treatment Program (SATP) – Temple

The Residential Substance Abuse Treatment Program (SATP-R) is a 30-day intensive treatment program that address substance use disorders as well as co-occurring mental health issues. SATP-R is housed within the 408-bed Domiciliary Residential Rehabilitation Treatment Program (DRRTP) – one of the largest residential facilities within the VA. SATP-R follows a model in which the patient's treatment needs, interests, and past treatment efforts are assessed to collaboratively develop an individualized treatment plan. In SATP-R veterans receive their care through a variety of treatment modalities, including group therapy, individual therapy, peer support groups, and recreation therapy.

The intern that selects the SATP-R rotation in Temple will be have the opportunity to be involved in group therapy, individual therapy, DRRTP screening committee, completion of biopsychosocial assessments, and the interdisciplinary SATP-R treatment team. The intern may also have the opportunity to conduct assessments of personality and/or cognitive functioning.

Supervisors: Temple – **TBD**

AUSTIN:

Family Program – Austin

The Family Program at the Austin VA Outpatient Clinic is an initiative of the Central Texas Veterans Health Care System developed to support Veterans and their families. "Family" is defined broadly to include any individual the Veteran identifies as involved in his/her recovery. The Family Program receives referrals from Veterans and a variety of mental health care services, including: the Post-Traumatic Stress Clinical Team, Primary Care Behavioral Health, the Mental Health Clinic, the Substance Abuse Treatment Program, and Mental Health Intensive Case Management. These referrals result in Veterans presenting with a wide range of Axis I and Axis II diagnoses, with couple distress most often identified as the presenting problem. Services offered through the Family Program include family crisis intervention, brief problem-focused consultation, psycho-education, couples and family therapy, group treatment, outreach and assistance with community referrals. Primary experiences of the Family Program rotation include assessment of the family, delivery of interventions designed to support the veteran and

family in the recovery process, and didactic and self-study of family systems. Family Program supervisors support the implementation of EBT's including Behavioral Family Therapy, Multi-Family Group Therapy, Consumer-Centered Family Consultation, Prolonged Exposure, and Cognitive Processing Therapy.

Supervisors: **TBD**

Home Based Primary Care – Austin (minor)

Home Based Primary Care is a community based service that provides in-home care to chronically ill veterans and their caregivers. Working in conjunction with an interdisciplinary team of medical staff, social work, nutrition, and occupational therapy, interns will have the opportunity to provide assessment and intervention for a wide variety of disorders and challenges including mood disorders, coping with chronic illness and debility, aging, trauma, and end of life issues. Interns will gain experience in administering and interpreting dementia and diminished capacity assessments. Cases are often long term and may involve providing caregiver and family support in addition to individual therapy with the veteran. Brief interventions are also used to promote positive health behaviors and improve treatment compliance. A weekly meeting with team members allows interns to collaborate on patient care. Interns in this minor rotation will shadow the psychologist until such time as both decide that the intern is ready to function autonomously, though a supervisor remains available to the intern at all times. Transportation to veteran's homes is provided through the motor pool. CTVHCS and the rotation supervisor will provide reasonable accommodations to interns with disabilities as needed. Interns may also consider one of the PCBH rotations for similar experience if such travel is prohibitive. **(minor rotation only)**

Supervisor: Austin – Kristy Ditzler, Psy.D.

Leadership and Administration – Austin (minor only)

Increasingly, psychologists in medical and government settings are assuming leadership responsibilities, from supervising other professionals, directing programs, and managing clinics to process development, and outcome evaluation. Psychologists are uniquely suited to such roles, given their training and skill in interpersonal effectiveness, group dynamics, and testing and measurement, as well as their abilities and wealth of experience working across disciplines and on medical teams. Although psychologists are undertaking these major administrative roles, they may be less familiar with the business leadership concepts that are also important in healthcare settings and there appears to be little opportunity for them to engage in meaningful administrative functions in their professional training. Recognizing the need for such experiences in preparation for professional careers in psychology, this specific administrative rotation will offer training in a model of ethical, evidence-based leadership (servant leadership). Interns will become familiar with systemic measures of quality and quantity of care including productivity monitoring, mental health scheduling, missed opportunity improvement, electronic wait list monitoring for mental health, mental health access (including supply/demand management), access, clinical utility, mental health coding, labor mapping, measurement based care, management, and other relevant items

for business operations in mental health. Intern will learn requirements of the Office of Mental Health Operations (OMHO) Uniform Mental Health Services Handbook, and program evaluation related to monitoring of patient and administrative outcomes, including the utilization of national dashboards (e.g., Mental Health SAIL, Mental Health Information System, Mental Health Management System, and others) for management and quality improvement processes.

Supervisor: Erin Andrews, Psy.D., ABPP

Mental Health Clinic (MHC) – Austin

The Mental Health Clinic rotation (major or minor options) in Austin offers interns an experience in individual psychotherapy, group psychotherapy and diagnostic interviewing and treatment planning. During this rotation interns have the opportunity to co-lead ongoing groups, as well as begin new groups. Current groups open for intern involvement include Anger Management Group, Depression Process Group, Pain Management Group, PTSD Maintenance Group, Women's Group, Men's Support Group, Mental Health Recovery Group (for veterans with SMI), transdiagnostic Acceptance and Commitment Therapy Groups, Cognitive Behavioral Therapy Groups for anxiety and depression, Weight Management Groups, and Chronic Physical Illness Groups. Some groups are ongoing, while others are time-limited so that interns may have the experience of co-leading one or two full cycles of a group. Interns may elect to begin a new group, as well. Interns also conduct comprehensive biopsychosocial assessments, which include determination of DSM 5 diagnoses and initial treatment plans, and provide individual therapy. The MHC is home to several embedded programs, including treatment for military sexual trauma (e.g., Cognitive Processing Therapy), family and couples therapy in individual and group formats, and Dialectical Behavioral Therapy. A 6-12 month minor rotation in Dialectical Behavioral Therapy (DBT) is also available through the MHC for qualified interns. A minor in DBT requires participation in skills group, providing behavioral analyses and case conceptualizations consistent with DBT principles, following individual cases for treatment and participation in team consultation. In the MHC, interns will encounter significant diversity with regards to veterans' ethnic and cultural backgrounds. The veterans served are predominately male, but significant opportunities are available to work with female veterans. Emphasis is placed on learning and applying evidence-based treatments, primarily Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy, with flexibility in treatment approaches available based on patient need and intern interests. Opportunities for assessment are limited, and interns with interest in assessment have the opportunity to do one or two psychodiagnostic assessment batteries (e.g., MMPI-2, WAIS-IV, Rorschach, TAT, neuropsychology screening tools, Beck instruments, etc.) while on the MHC rotation. In addition to further developing previously acquired psychotherapy and assessment skills, the goal of the MHC rotation is to prepare the intern to function as an effective member of an interdisciplinary team working with patient who have a variety of presenting issues in a public mental health setting.

Supervisors: Laura Adams, PhD, Lorie Salinas, Ph.D., & Jana Drew, Ph.D.

Primary Care Behavioral Health – Austin

This rotation will emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in medical contexts. Major components of this rotation include brief evaluation and treatment of clinical and health psychology problems; triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management; psychological assessment, individual and group psychotherapy, referral to specialty mental health programs; and coordination of care with the onsite psychiatrists and social workers. Interns have the opportunity to take part in leading empirically based treatment groups on topics such as sleep, pain, mastering emotions and other chronic medical ailments. On this rotation, interns will gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and cognitive disorders). In addition, interns will have the opportunity to develop skills in promoting healthy behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have the opportunity to work in a Patient Aligned Care Team model through a system of multidisciplinary, primary care teamlets. The intern will be expected to attend weekly team meetings that focus on administrative as well as clinical issues. The intern may be asked to select a case to present to the team for discussion.

Supervisors: Austin – Jack Tsan, Ph.D. & Sara Gilbert, Ph.D

PTSD Clinical Team (PCT) – AUSTIN

The Austin Posttraumatic Stress Clinical Team is a specialty clinic that provides intensive, trauma-focused outpatient care for veterans with histories of deployment to combat zones. Psychologists in this clinic are involved in the assessment and treatment of Veterans with trauma-related problems using cognitive-behavioral techniques and empirically-supported therapies, such as Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive Processing Therapy for Conjoint Treatment (CPT-CT), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and Skills Training for Affective and Interpersonal Regulation (S.T.A.I.R.), etc. The patients enrolled in the clinic are both male and female Veterans with combat stress reactions incurred as a result of war zone deployment. Interns will have an opportunity to work with all of the PTSD psychologists, regardless of who is the primary rotation supervisor, and to have learning experiences with each. Depending on the individual intern's prior clinical and academic background, some clinically appropriate reading assignments will be a part of the rotation experience.

Interns assigned to this rotation will be an integral part of a multi-disciplinary team of Psychologists, Psychiatrists, Psychology trainees, and a Clinical Social Worker who work together to provide state-of-the-art services to Veterans who are enrolled in the program. Interns will have the opportunity to receive training in the above described empirically-supported treatments, as well as to participate in assessment

of Veterans for treatment readiness and appropriateness, to facilitate and co-facilitate a variety of psycho-educational and/or process groups, to carry a caseload of Veterans in Individual Psychotherapy, to supervise Psychology Practicum Students, and to function within the larger milieu of the Mental Health and Behavioral Medicine Service in the Austin Outpatient Clinic.

Our training philosophy emphasizes thorough training in the dynamics of traumatic stress, as well as careful monitoring of the effects of trauma work on the intern, and prevention of vicarious traumatization. Supervision will follow a developmental model in which the intern is expected to evolve over the course of the rotation from trainee toward a more collegial relationship with program staff.

Supervisors: Sharon Wills, Ph.D. & Edgar Villarreal, Ph.D.

Rehabilitation Neuropsychology – Austin

This rotation emphasizes neuropsychological evaluation with a diverse medical outpatient population. Interns will receive training in neurocognitive and psychological assessment from a flexible battery approach. The training emphasis on this rotation includes: 1) familiarization with cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neurocognitive test instruments; 5) experience in evaluating a variety of neurological conditions; 6) case conceptualization and test interpretation; 7) efficiency in report writing; 8) patient feedback and follow-up; and 9) effective interaction with other disciplines. There are also opportunities on this rotation for group and individual intervention focused on cognitive rehabilitation including cognitive remediation and the development and implementation of compensatory strategies. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided, including opportunities for co-therapy. There is potential for the intern to supervise a practicum student, depending on skill level and availability.

Supervisors: Shawneen Pazienza, Ph.D & Erin Andrews, Psy.D, ABPP

Substance Abuse Treatment Program (SATP) – Austin

The Austin Outpatient Substance Abuse Treatment Program (SATP) uses a three-phase outpatient model for the management of substance use disorders as well as comorbid mental health disorders. The program integrates cognitive behavioral, psychodynamic, interpersonal process, mindfulness and somatic/body-oriented perspectives on assessment and treatment. The staff is comprised of 3 psychologists, a social worker, a licensed professional counselor, and 2 psychiatrists. The intern will have the chance to work directly with all psychosocial providers through the rotation. The majority of veterans participating in the program are involved in the Core Phase 1-3 groups which are primarily focused on Veteran's substance use and secondarily on Veteran's other mental health symptoms. The organization of these groups are loosely structured around Stages of Change principles. A significant number of veterans also participate in "Satellite" groups which place greater emphasis on the collateral

mental health problems that are often enmeshed with their substance use and which further compromise their functioning (e.g. mood disorders, PTSD, other anxiety disorders, dissociation and characterological problems). The core intervention strategies used throughout the program include: motivational interviewing, relapse prevention and other cognitive behavioral strategies, social skills focused treatments, emotion/affect management approaches, interpersonal process, mindfulness and somatically oriented approaches. In addition to being exposed to these orientations generally, each supervisor works from individual areas of interest and interns will have opportunities to observe and receive feedback informed by these different approaches.

Interns will begin their rotation in SATP with observation of supervisors conducting group therapy and initial assessments (intakes, biopsychosocial assessments, and treatment plans). As interns develop an understanding of the culture of the program and demonstrate proficiency in basic intervention strategies, they will begin to co-lead and may eventually lead groups independently. Interns will also conduct individual therapy and initial assessments with our population. Interns will collaborate with supervisors and the entire SATP treatment team on issues related to case conceptualization, treatment planning, crisis intervention, clinical problem solving and program development. Psychological assessment experience (largely objective personality and possibly cognitive assessments) is offered as part of the training experience if desired. Readings will be assigned as appropriate to support intern learning. *Supervisors:* Scott Steiner, Ph.D., Yvette Gutierrez, Psy.D (Charlotte Savage, Psy.D possible secondary supervisor)

Mental Health Intensive Case Management (MHICM) – Austin

The rotation will provide opportunities to work as part of a multidisciplinary, collaborative team with Veterans challenged by severe mental illness (e.g., schizophrenia and psychotic spectrum disorders, bipolar disorder other severe affective disorders, chronic PTSD and severe anxiety disorders) with accompanying psychosocial difficulties and skills deficits. The focus is on recovery and rehabilitation through practical problem solving, goal setting, crisis resolution, adaptive skill building, and transition to self-care and independent living with competitive employment when possible. The recovery model recognizes the importance of providing individualized, Veteran centered and whole health care, as well as pursuing for each Veteran the opportunity to learn, live, work, and participate in his/her community. Treatment approaches include individual and group psychotherapy, skill learning, and community activities. Program development and evaluation use data from brief assessments and outcome indexes.

Supervisors: James Coleman, PhD; Joan Clayton, PhD

Other rotations under development: Temple Community Living Center/Hospice & Palliative Care, Patricia Cornett, Ph.D. ; Waco Patient Resource & Recovery Center / Local Recovery Coordinator, Melissa Switzer, Psy.D.

Other common minor rotations (across sites):

Specific EBPs (e.g., CPT, PE, ACT, CBT Depression, CBT Chronic Pain, CBT Insomnia, DBT, IBCT, MI)
Integrated assessment (incorporated within major rotations in Waco - Dr Blanscet assessment supervisor), Neuropsychology

2017-18 Psychology Internship Faculty

Austin Outpatient Clinic

Erin E. Andrews, Psy.D, ABPP – Supervisory Psychologist; Co-Director of Psychology Training

Graduate School: Wright State University, 2008

Internship: James A. Haley VA Medical Center, Tampa, FL, 2007-2008, Rehabilitation Psychology Track

Postdoctoral Work: Postdoctoral Fellowship in Rehabilitation Psychology, James A. Haley VA Medical Center, Tampa, FL, 2008-2009

Clinical Interests: Psychological response to disability and chronic medical conditions; cognitive rehabilitation; behavioral pain management; women's issues in rehabilitation; development of interdisciplinary treatment programs

Research Interests: Disability as a cultural variable, disability identity development/formation; disability issues in psychology training; participatory action research, qualitative research design

Clinical Orientation(s): Cognitive-Behavioral, biopsychosocial, acceptance-based behavioral interventions

Primary Job Responsibilities: Supervisory oversight of psychology, LPCs, and peer support at the Austin Outpatient Clinic; Outcome evaluation including performance measurement, Program development; Supervision; Limited Individual, family, and group intervention and neuropsychological assessment with rehabilitation population (TBI, Polytrauma, chronic pain, amputee, stroke, etc.).

Rotations Supervised: Rehabilitation Neuropsychology

Academic Positions: Clinical Assistant Professor, Texas A&M Health Science Center, College of Medicine, Department of Psychiatry and Behavioral Science

Professional Membership(s): American Psychological Association, Divisions 22 (Rehabilitation Psychology) and 18 (Psychologists in Public Service)

Other: Board Certified in Rehabilitation Psychology; Past Chair, APA Committee on Disability Issues in Psychology' Chair, APA Division 22 Special Interest Group on Psychologists with Disabilities; Alternate Member, Central Texas Veterans Health Care System Institutional Review Board; Ad Hoc Reviewer for several disability, health, and rehabilitation journals.

James C. Coleman, Ph.D. – Psychologist, MHICM

Graduate School: University of Houston, 2002

Internship: Fulton State Hospital, Fulton, Missouri 2001-2002

Postdoctoral Fellowship: Fulton State Hospital, Fulton, Missouri 2002-2003

Clinical Interests: Application of behavioral and cognitive behavioral therapies for the treatment of severe mental illness; practice of exposure therapies for anxiety disorders

Research Interests: Evaluating the effectiveness of treatment programs and services for persons with severe mental illness; risk prediction methodology

Clinical Orientation(s): Behavioral and cognitive behavioral

Primary Responsibilities: I am the Psychologist and Team Leader for the Austin-area Mental Health Intensive Case Management (MHICM) Program, which provides community-based treatment for persons with severe mental illness

Rotations Supervised: Community-based treatment of severe mental illness (MHICM Program)

Academic Positions: Clinical Assistant Professor, University of Missouri – Columbia

Kristy Ditzler, Psy.D. – Staff Psychologist, Home-Based Primary Care

Graduate School: Baylor University, 1997

Internship: Austin State Hospital 1996-1997

Postdoctoral Work: Fellowship in Clinical Psychology (neuropsychology emphasis) at The University of Texas Health Science Center at San Antonio, 1997-1998 and Fellowship in neuropsychology at Brooke Army Medical Center, 1998-1999

Clinical Interests: Chronic mental illness, dementia and other adult-onset cognitive disorders, mental retardation, autistic spectrum disorders, and other developmental disabilities

Clinical Orientation(s): Neurobehavioral; systemic

Primary Responsibilities: Staff psychologist in the Primary Care Clinic

Rotations Supervised: Primary Care

Professional Membership(s): National Academy of Neuropsychology

Jana Drew, Ph.D., Clinical Psychologist, Mental Health Clinic

Graduate School: Wayne State University, Detroit, MI

Internship: 1995-1996 John D. Dingell VAMC, Detroit, MI

Postdoctoral Fellowship: Postdoctoral Fellow, Ohio State University Stress and Health Study, under mentorship of Janice Kiecolt-Glaser, Ph.D.

Postdoctoral Work: Assistant Research Professor for NIH-funded grants exploring impact of psychological interventions on health at Ohio University; Research Psychologist for Johns Hopkins University Medical School's OCD Collaborative Genetics Study; Health psychologist and Health Behavior Coordinator, Washington DC VAMC; therapy private practice

Clinical Interests: Behavioral and psychological management of illness and pain, borderline personality disorder, mood disorders.

Research Interests: Behavioral and psychological management of illness and pain, social support and psychological health

Clinical Orientation(s): Primarily CBT; also ACT, DBT, MI

Primary Responsibilities: Provide individual and group therapy within the Mental Health Clinic

Rotations Supervised: Mental Health Clinic

Professional Membership(s): APA

Yvette Gutierrez, Psy.D. – Staff Psychologist, SATP

Graduate School: Indiana State University in Clinical Psychology, 2006

Internship: Central Texas Veterans Health Care System

Clinical Interests: Substance abuse disorders, dual diagnosis, motivational interviewing, cognitive behavioral therapy, and ADHD

Research Interests: Motivational Interviewing

Clinical Orientation(s): CBT

Primary Responsibilities: provide diagnostic evaluations, psychological assessment, individual and group psychotherapy (predominantly to individuals with co-morbid mental health and substance use problems)

Rotations Supervised: SATP

Sara Gilbert, Ph.D. - Staff Psychologist, Primary Care Behavioral Health Clinic

Graduate School: University of Texas at Austin, 2012

Internship: Cincinnati Veteran Affairs Medical Center, 2011-2012

Postdoctoral Work: West Los Angeles Veteran Affairs Medical Center, Integrated Care/Health Psychology, 2012-2013; Los Angeles County Department of Mental Health Psychiatric Mobile Response Team; and Neurobehavioral Institute of Austin (Private Practice)

Clinical Interests: Mindfulness Interventions, Health Psychology, Complementary and Alternative Interventions, PTSD

Research Interests: Mindfulness, Yoga, and Health-Related Outcomes

Clinical Orientation(s): Mindfulness/Acceptance Based Interventions, Cognitive-Behavioral Therapy, Interpersonal Therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing

Primary Responsibilities: Provide brief assessment, short-term psychotherapy, and psychoeducational groups in primary care setting. Provide consultation, collaboration, and education to primary care staff.

Rotations Supervised: Primary Care Behavioral Health

Shawneen Paziienza, Ph.D. – Psychologist

Graduate School: Fuller Graduate School of Psychology, 2012

Internship: University of Alabama at Birmingham School of Medicine, Department of Psychiatry and Behavioral Neurobiology / Birmingham Veteran's Affairs Medical Center Training Consortium, 2011-2012

Postdoctoral Work: Johns Hopkins School of Medicine, Department of Physical Medicine and Rehabilitation, 2012-2014

Clinical Interests: Neuropsychology, rehabilitation psychology, cognitive rehabilitation, behavioral health, geropsychology

Research Interests: Cultural, ethnic, and socioeconomic variables associated with psychological and physical health; Patient-centered care

Clinical Orientation(s): Cognitive Behavioral, Motivational Interviewing, Acceptance and Commitment Therapy

Primary Responsibilities: Neuropsychological assessment, report writing, and feedback for veteran's with a wide range of neurological, psychological, and complex medical conditions; brief health and behavior-based psychotherapeutic intervention; cognitive rehabilitation

Rotations Supervised: Rehabilitation Neuropsychology

Professional Membership(s): International Neuropsychological Society, American Psychological Association – Division 40, American Psychological Association – Division 22, Association for Contextual Behavioral Sciences

Lorie R. Salinas, PhD – Staff Psychologist, Mental Health Clinic

Graduate School: University of Miami, 2008

Internship: Bay Pines VA Healthcare System, Bay Pines, FL, 2008

Postdoctoral Work: Clinical Psychology Fellowship with Emphasis in Trauma, Houston VA, 2009

Clinical Interests: Trauma, behavioral health, attachment, coping, sexuality

Research Interests: Complex stress reactions and physiological, behavioral, cognitive and affective dysfunction

Clinical Orientations: Biopsychosocial theory; biosocial theory; theories of emotion, cognition, and attachment

Primary Job Responsibilities: Group and individual therapy, evidenced-based interventions, disability evaluations, consultations, assessment, triage; mental health liaison for patient-aligned care teams;

Rotations Supervised: Mental Health Clinic.

Administrative duties: Consultation liaison, program development.

Professional Membership(s): National Register of Health Service Psychologists

Pamela Smith, Ph.D. – Staff Psychologist, Family Program, Mental Health Clinic

Graduate School: University of Texas at Austin in Counseling Psychology (Ph.D.); UT in Social Anthropology (MA)

Internship: University of Texas Health Science Center San Antonio (UTHSCSA), 2002-2003

Postdoctoral Work: Brooke Army Medical Center – Post Doctoral Fellowship in Child/Adolescent and Pediatric Psychology, 2003-2005

Clinical Interests: individual, couple, and family treatment of trauma (combat stress) and post-deployment readjustment issues; group psychotherapy; community psychology; working with community partners to improve access and range of VA services for veterans and families; multi-cultural issues

Clinical Orientation(s): psychodynamic and ecological systemic with integration of cognitive-behavioral treatment approaches

Primary Responsibilities: coordinate the development of family services; provision of couples & family therapy, family consultation

Rotations Supervised: Family Program

Professional Membership(s): American Group Psychotherapy Association (AGPA); Association of VA Psychologist Leaders (AVAPL); APA Division 18 (Psychologists in Public Service); National Latina/o Psychological Association (NLPA)

Scott Steiner, Ph.D. – Staff Psychologist, SATP

Graduate School: University of Texas at Austin, 2002, in Clinical Psychology

Internship: Central Texas Veterans Health Care System, 2001-2002

Postdoctoral Work: Private practice (supervised by Dr. Elayne Lansford) and Central Texas Veterans Health Care System (supervised by Dr. Fred Willoughby)

Clinical Interests: Addictions, trauma, attachment, and mindfulness

Clinical Orientation(s): Interpersonal psychodynamic perspectives, with a special emphasis on short-term psychodynamic models (e.g., Accelerated Experiential Dynamic Psychotherapy); cognitive-behavioral interventions, particularly in group therapy; integrates Somatic Experiencing, Buddhist (primarily in the form of mindfulness) and systemic psychological perspectives (e.g., object relational and Bowen's Family Systems Therapy) within both psychodynamic and cognitive behavioral approaches

Primary Responsibilities: Team Lead for the outpatient Substance Abuse Treatment Program (SATP) in Austin

Rotations Supervised: Outpatient treatment of substance use disorders; Therapeutic Assessment (specialty rotation)

Academic Positions: Adjunct faculty status at the University of Texas at Austin

Edgar J. Villarreal, Ph.D. – PTSD Clinical Team (PCT) Psychologist

Graduate School: Texas A&M University, 2011

Internship: Denver VA Medical Center, 2010-2011

Postdoctoral Work: Warrior Resiliency Program (WRP) Trauma Fellowship, Brooke Army Medical Center (BAMC), San Antonio-TX, 2012-2013

Clinical Interests: Trauma focused assessment/treatment; suicide risk assessment and prevention; program development/evaluation; evidence-based treatment implementation.

Research Interests: Suicide risk associated with specific PTSD symptomatology

Clinical Orientation(s): Psychodynamic, biopsychosocial, systems theory

Primary Responsibilities: Assessment, consultation and treatment services for Veterans with PTSD. Trainer and supervisor for internship and practicum psychology programs.

Rotations Supervised: PTSD Clinical Team (PCT)

Academic Positions: none

Professional Membership(s): American Psychological Association (APA); Association of VA Psychologist Leaders (AVAPL)

Other: VA EBP Training in: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Conjoint Behavioral Couples Therapy for PTSD (CBCT-PTSD)

Sharon Wills, Ph.D., Team Leader, PCT

Graduate School/year graduated: 1995, University of Houston Counseling Psychology

Internship/year: Boston Consortium, 1992-1993 (National Center for PTSD, New England Medical Center, Boston VA Outpatient Clinic)

Postdoctoral Work: University of Texas Medical Branch, Galveston,

Clinical Interests: Treatment and Assessment of Posttraumatic Stress syndromes in Combat Veterans, groups and individual, including Prolonged Exposure Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy, and Clinical Hypnosis

Research Interests: Clinical Outcome data, Outreach for Student Veterans in Colleges and Universities (Received grant to place full-time Clinical Psychologist at the University of Texas at Austin and develop outreach program)

Clinical Orientation(s): Cognitive Behavioral interventions, Psychodynamic-Object Relations-Developmental case conceptualization

Primary Responsibilities: Team Leader for Austin PCT

Rotations Supervised: Austin PCT/PTSD

Academic Positions: Texas A&M Health Science Center College of Medicine

Professional Membership(s): International Society for Traumatic Stress Studies, Association of VA Psychology Leaders, APA Division 18; Capital Area Psychological Association (President-elect for 2012 Calendar Year; Member executive committee).

Olin E. Teague VA Medical Center, Temple, TX

Kentrell Avery, Psy.D- Clinical Psychologist

Graduate School: Nova Southeastern University, 2009

Internship: Volunteer Behavioral Healthcare System, The Guidance Center Murfreesboro, TN 2008-2009

Postdoctoral Work: Post-Doctoral Fellow Louisiana State University Healthcare Center (LSU-HSC)

Juvenile Justice Program 2009-2010, Post-Doctoral Associate, Dr. Brandon Romano, Psy.D. & Associates, LLC. 2010-2013

Clinical Interests: Trauma and treatment of PTSD symptoms utilizing CBT techniques.

Research Interests: Trauma related outcomes for those exposed to trauma

Clinical Orientation(s): Cognitive-Behavioral

Primary Responsibilities: Clinical Psychologist in Mental Health Clinic. Provide individual, family and group therapy. Additionally, provide psycho-diagnostic assessments and evaluations.

Rotations Supervised: Temple Mental Health Clinic

Academic Positions: Adjunct Professor, April 2012-March 2013. University of Phoenix, Covington & New Orleans Campus

Professional Membership(s): American Psychological Association

Andrew J. Cook, Ph.D. – Health Behavior Coordinator, Psychology Training Co-Director

Graduate School: University of Manitoba, 1995

Internship: University of Virginia Health Sciences Center, 1994-95

Postdoctoral Work: Vancouver Pain Management Clinic, 1995-97; University of Virginia Health System, 1998-2006; Burwood Rehabilitation Hospital, New Zealand, 2007-09.

Clinical Interests: Behavioral medicine, health promotion, pain management, integrated healthcare

Research Interests: Psychosocial factors and treatments in chronic pain, technological applications in assessment and management of chronic illness

Clinical Orientation(s): Cognitive-behavioral, ACT, biopsychosocial, systems

Primary Responsibilities: Health Behavior Coordinator for CTVHCS as part of Health Promotion and Disease Prevention program. Provide training and coaching to primary care/PACT staff, and behavioral health psychology assessment, consultation and treatment services. Co-direct psychology training programs.

Rotations Supervised: Health Behavior

Academic Positions: Associate Professor, Department of Psychiatry & Behavioral Science, Texas A&M Health Science Center College of Medicine.

Professional Membership(s): American Psychological Association, Society of Behavioral Medicine, International Association for the Study of Pain, Association of VA Psychologist Leaders.

Other: Advocate of interprofessional and integrated healthcare. Editorial board member, *Topics in Geriatric Rehabilitation*; Ad hoc reviewer for multiple pain, behavioral medicine, sleep and health services journals.

Patricia Cornett, PhD – Psychologist for Hospice/Palliative Care & Community Living Center

Graduate School: University of North Texas, 2009

Internship: 2008-2009 VA Ann Arbor Healthcare System, Ann Arbor, MI

Postdoctoral Fellowship: University of Alabama at Birmingham Department of Neurology-Division of Neuropsychology. Supervisor: Dan Marson, Ph.D. J.D. 2009-2010.

Postdoctoral Work: University of Alabama at Birmingham Department of Psychiatry-Division of Outpatient Ambulatory Psychiatry 2010-2011. University of Alabama at Birmingham-Assistant Professor 2011-2013; Central Texas VA, Primary Care Psychologist-March 2013-present.

Clinical Interests: Behavioral Management of Chronic Medical Illness, anxiety and depression

Research Interests: Health and Behavioral Interventions

Clinical Orientation(s): Cognitive Behavioral Therapy. Am interested in gaining more training and experience with Acceptance and Commitment Therapy and Motivational Interviewing

Primary Responsibilities: Staff psychologist in mental health services in primary care, triage and management of patients with a multitude of psychiatric diagnoses seen in primary care, clinical education of other non-mental health staff. Also conduct pre-surgical evaluations for individuals awaiting organ transplants or treatment of Hep-C

Rotations Supervised: Community Living Center/Hospice & Palliative Care (pending)

Professional Membership(s): APA, Division of Health Psychology, APA, Division of Neuropsychology

Regina Hiraoka, PhD – Graduate Psychologist, Temple PCT

Graduate School: Northern Illinois University, DeKalb, IL

Internship: Central Texas VA Health Care System, Waco, TX; 2013-2014

Postdoctoral Work: Graduate Psychologist, Temple PCT, Central Texas Veterans Health Care System, Temple, TX; 2014-2015

Clinical Interests: Evidence-based psychotherapies, posttraumatic stress disorder, anxiety disorders, obsessive-compulsive disorder

Research Interests: Trauma, psychological inflexibility, emotion regulation, risk for child physical abuse perpetration

Clinical Orientation(s): Traditional and contextual cognitive-behavioral therapies

Primary Responsibilities: PTSD assessment and consultation, individual and group psychotherapy (primarily Cognitive Processing Therapy, Prolonged Exposure, Acceptance and Commitment Therapy), supervision

Rotations Supervised: PCT Clinic - Temple

Holly LaPota, Ph.D.- Clinical Psychologist

Graduate School: University of Nevada, Las Vegas, 2013

Internship: Central Regional Hospital, Butner, NC, 2012 – 2013

Postdoctoral Work: Durham VAMC, Durham, NC

Clinical Interests: Serious Mental Illness, Trauma, Psychoeducational/Psycho-diagnostic Assessment

Research Interests: Body Image and Substance Use, particularly in athletes

Clinical Orientation(s): Integrative with primary use of Humanistic and CBT principles.

Primary Responsibilities: Clinical Psychologist in Mental Health Clinic. Primary responsibilities include individual psychotherapy, facilitating Chronic Pain group, Co-Leading the MHC Dialectical Behavior Therapy Team (skills group and individual). Administer assessments as needed.

Rotations Supervised: Temple Mental Health Clinic

Academic Positions: None

Professional Membership(s): None

Nancy Perachio, Ph.D. – Neuropsychologist

Graduate School: University of Houston, 2001, Clinical Neuropsychology

Internship: Henry Ford Health System, Clinical Psychology, 1997-1998

Postdoctoral Fellowship/year University of Oklahoma Health Science Center, 2002-2003

Postdoctoral Work: Neuropsychologist at private physical rehabilitation facility: Siskin Hospital for Physical Rehabilitation (4 yrs), Psychologist for Paradigm Health Services: counseling in 6 nursing homes (6 months), Neuropsychologist at Temple VA (3+ years)

Clinical Interests: Neuropsychology, traumatic brain injury, dementia, stroke, neurological conditions,

Research Interests: *Effectiveness of Cognitive Remediation for improving daily functioning*

Clinical Orientation(s): Cognitive Behavioral

Primary Responsibilities: Completing neuropsychological evaluation on referred veterans, some weekly C&P Evaluations, program development for cognitive remediation, weekly cognitive remediation group, participation on the multi-disciplinary Polytrauma Team (weekly), and rotating Employee Assistance Program duties.

Rotations Supervised: currently only a minor rotation in Clinical Neuropsychology

Professional Membership(s): American Psychological Association, National Academy of Neuropsychology, National Register of Health Care Providers in Psychology.

Other: took classes regarding basic neuroscience with medical student, participated in the clinical field trials for Disruptive Behavior Disorders for DSM-IV, and on my fellowship, had the opportunity to participate in forensic neuropsychology (good prep for C&P exams!).

Jennifer Rigsby, Ph.D. – Clinical Psychologist and Team Lead, Psychosocial Resource Recovery Center (PRRC)

Graduate School: Texas Tech University, 2005

Internship: Audie Murphy Veterans Health Care System, San Antonio, TX 2004-2005

Postdoctoral Work: Clinical Psychology Fellowship in Substance Abuse, Dallas VAMC, 2005-2006

Clinical Interests: Serious mental illness, substance abuse

Research Interests: Writing interventions with individuals with a history of trauma

Clinical Orientation(s): Cognitive-behavioral

Primary Responsibilities: Psychosocial Resource Recovery Center (PRRC)

Rotations Supervised: Psychosocial Resource Recovery Center (PRRC)

Academic Positions: N/A

Professional Membership(s): Texas Psychological Association

Lucas B. Shaw, Ph.D. – Psychologist, Compensation & Pension

Graduate School: Texas Tech University, 2008

Internship: Saint Elizabeth's Hospital, 2006-2007

Postdoctoral Work: Fellowship in Forensic Psychology, Lubbock Regional Mental Health Mental Retardation, 2008-2009

Clinical Interests: Treatment of severe mental illness; mindfulness-based interventions; forensic mental health assessment

Research Interests: Treatment of severe mental illness; correctional psychology; forensic assessment issues including competency to stand trial, insanity defense, malingering, and risk for violence

Clinical Orientation(s): Cognitive Behavioral, Humanistic

Primary Responsibilities: Psychologist for the Austin MHICM Program

Rotations Supervised: Pending

Academic Positions: Texas Tech University Institute for Forensic Science Adjunct Professor

Waco VA Medical Center

Bruce W. Allen, Ph.D. – Staff Psychologist, Mental Health Clinic

Graduate School: University of North Texas, 1992

Internship: Olin E. Teague Veterans Medical Center, Temple, Texas 1987-1988

Postdoctoral Work: Faculty at Baylor University, VA Psychologist for 17 years.

Clinical Interests: Geropsychology, brief neuropsychological evaluation of geriatric patients, individual and couples therapy with adults, interpersonal and constructivist approaches to psychotherapy, and treatment of patients experiencing grief and loss

Clinical Orientation(s): Constructivist, Interpersonal

Primary Responsibilities: Individual, couples and group psychotherapy; clinical supervision of practicum students, interns and post doctoral fellows in the Mental Health Clinic.

Rotations Supervised: Mental Health Clinic

Academic Positions: Assistant Professor in the Department of Psychiatry & Behavioral Science at Texas A&M Medical School, Associate Clinical Professor at Baylor University

Professional Membership(s): Texas Psychological Association, American Psychological Association

Tai Blanscet, Psy.D. – Psychologist, Blind Rehabilitation Center

Graduate School: University of Denver 2006

Internship: University of Denver Counseling Center 2006-2007

Postdoctoral Work: A postdoc in neuropsychological and vocational assessment for individuals with visual impairment at Clinical and Consulting Neuropsychology.

Clinical Interests: assessment, adjusting to vision loss, acceptance and commitment therapy

Clinical Orientation(s): CBT, ACT

Primary Responsibilities: (clinical duties): Assessment of each individual entering the BRC, group and individual therapy, staff consultation, cognitive assessment, supervision of psychology interns and practicums students for assessment.

Rotations Supervised: Blind Rehabilitation Unit and Assessment.

Pamela George, Psy.D. – Clinical Psychologist, PTSD Residential Rehabilitation Program (PRRP)

Graduate School: Marshall University

Internship: Lexington KY VA Medical Center

Postdoctoral Work: VA Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery Oriented Services, Central TX Health Care System

Clinical Interests: PTSD; Recovery; Suicidality

Clinical Orientation(s): CBT

Primary Responsibilities: (clinical duties): Group and individual therapy (including Cognitive Processing Therapy and Prolonged Exposure); consultation

Academic Positions: Assistant Professor in the Department of Psychiatry & Behavioral Science at Texas A&M Medical School

Rotations Supervised: PRRP

Stacy Gwynn, Ph.D. – Supervisory Psychologist, Waco

Graduate School: University of North Texas, 2008

Internship: Michael E. DeBakey VA Medical Center in Houston, 2007-2008

Postdoctoral Fellowship: Michael E. DeBakey VAMC in Houston specializing in PTSD, 2008-2009

Clinical Interests: trauma, marriage and family therapy, attachment

Research Interests: prior research has focused on the role adult and parent-child attachment play in the development of posttraumatic growth following sexual assault

Clinical Orientation(s): Eclectic, drawing from CBT, CPT, and attachment theory

Primary Responsibilities: C&P exams, consult/intakes, individual therapy, group therapy, and case management

Rotations Supervised: TBA

Other: I have been trained in Prolonged Exposure and Cognitive Processing Therapy and utilize these treatments regularly with patients.

Brent Kenney, Ph.D. – Chief, Mental Health, Waco

Graduate School: University of Texas at Austin, 2010

Internship: Edward Hines Jr. VA Hospital, Chicago, 2009-2010

Postdoctoral Fellowship: University of Oklahoma Health Sciences Center and Oklahoma City VAMC, 2010-2011

Postdoctoral Work: Primary Care Mental Health Integration, research on baseline coping and mindfulness skills predicting depressive symptoms following cognitive behavioral group therapy

Clinical Interests: Working with interdisciplinary teams; individual, group, and caregiver interventions

Research Interests: Physical and psychological health comorbidities; stress, coping, and resilience; program implementation and development; mindfulness and positive psychology

Clinical Orientation(s): Cognitive Behavioral Therapy, Interpersonal Process Therapy, Motivational Interviewing, Gottman Method Couple's Therapy, Exposure and Response Prevention

Primary Responsibilities: Chief of Mental Health Service for Waco

Rotations Supervised: None currently

Academic Positions: None

Professional Membership(s): American Psychological Association - Division 38 Health Psychology, Association of VA Psychologist Leaders

Susan Matlock-Hetzel, Ph.D. – Clinical Psychologist, PTSD Residential Rehabilitation Program (PRRP)

Graduate School: Texas A&M University, College Station, TX

Internship: Houston Independent School District, Houston, TX

Clinical Interests: Psychotherapy, supervision, mind/body integration, mindfulness therapeutic approaches, trauma, crisis intervention, positive psychology

Clinical Orientation(s): Client Centered, Existential

Primary Responsibilities: (clinical duties): Group and individual therapy (including Cognitive Processing Therapy and Prolonged Exposure); consultation

Academic Positions: Part-Time Faculty, Baylor University, Graduate School, School of Education

Rotations Supervised: PRRP

Dorothy McDonald, Psy.D. – Staff Psychologist, Inpatient Psychiatry

Graduate School: California School of Professional Psychology, CA 1995

MSN NP from Stony Brook University, New York 2004

Internship: Butner Federal Correctional Institution, North Carolina

Postdoctoral Work: Forensic and Military Psychology

Clinical Interests: Psychopharmacology, Mindfulness, Group Therapy

Research Interests: No research at this time

Clinical Orientation(s): Cognitive Behavioral / Eclectic

Primary Responsibilities: Provide Psychological Services on Psychiatric Inpatient Units

Rotations Supervised: Psychiatric Inpatient Units

Jordan Pekevski, Ph.D. – Psychologist and Acting Program Manager, SMILE RRTP

Graduate School: University of South Dakota, 2011

Internship: Cincinnati VA Medical Center

Postdoctoral Work: Human Services Center – Yankton, South Dakota; Duties included inpatient adult and adolescent psychotherapy, psychological evaluations, and consultations.

Clinical Interests: Serious mental illness, psychological trauma and PTSD, disaster psychology, and assessments

Research Interests: Serious mental illness, PTSD, disaster psychology, and Psychological First Aid (PFA)

Clinical Orientation(s): CBT

Primary Responsibilities: Clinical responsibilities include assessment, individual and group psychotherapy, supervision of practicum students and interns, and staff consultations.

Administrative responsibilities include maintaining the daily operations of the SMILE program, program development, data gathering and analysis, and preparing for accreditation surveys.

Rotations Supervised: Serious Mental Illness

Academic Positions: None

Professional Membership(s): American Psychological Association (APA), Association for Psychological Science (APS), and International Society for Traumatic Stress Studies (ISTSS)

Anne (Strauss) Camama, Ph.D. – Clinical Psychologist, PTSD Residential Rehabilitation Program (PRRP)

Graduate School: George Mason University

Internship: Doris Miller VA Medical Center (Central Texas Veterans Health Care System)

Postdoctoral Work: N/A

Clinical Interests: PTSD; DBT

Clinical Orientation(s): CBT, DBT

Primary Responsibilities: (clinical duties): Group and individual therapy (including Cognitive Processing Therapy and Dialectical Behavioral Therapy); consultation

Academic Positions: None

Rotations Supervised: PRRP

Jeffrey A. Wilson-Reese, Psy.D. – Clinical Psychologist, PCT/SUD (Posttraumatic Stress Disorder Clinical Team/Substance Use Disorders)

Graduate School: University of Denver, Graduate School of Professional Psychology, 1993

Internship: University of Tennessee, Student Counseling Services Center; University of Tennessee Medical Center, Alcohol and Drug Recovery Unit

Postdoctoral Work: The College of Wooster Health Services Center; Quantum Behavioral Healthcare; Mental Health Management

Research Interests: Applications of Prolonged Exposure Therapy

Clinical Orientation(s): Cognitive Behavioral; Object Relations

Primary Responsibilities: Individual and group therapy utilizing Cognitive Behavioral/Evidence-Based Treatment of PTSD and PTSD with co-occurring substance use disorders (Cognitive Processing Therapy, Prolonged Exposure Therapy, Seeking Safety).

Rotations Supervised: Waco PCT

Academic Positions: None

Professional Membership(s): None

VISN 17 Center of Excellence for Research on Returning War Veterans

Bryann Baker DeBeer, PhD – Clinical Research Psychologist

Graduate School: University of Maryland, College Park, 2012

Internship: Central Texas Veterans Health Care System, Waco, TX, 2011-2012

Postdoctoral Work: Graduate Psychologist, VA VISN 17 Center of Excellence for Research on Returning War Veterans, Waco, TX, 2012-2014

Clinical Interests: Evidence based assessment and treatment for PTSD and suicide prevention, involving concerned significant others in suicide prevention.

Research Interests: Social risk factors for suicide, including social cognition; the role of concerned significant others in suicide prevention; risk and resilience factors for functional recovery in returning Veterans; novel interventions for PTSD and suicide prevention.

Clinical Orientation(s): Cognitive Behavioral

Primary Responsibilities: Research and supervision of trainees

Rotations Supervised: Center of Excellence Research Rotation

Academic Positions: Assistant Professor, Texas A&M University

Professional Membership(s): American Psychological Association

Lianna D. Evans, Psy.D., Education & Dissemination Core Leader

Graduate School: Spalding University; 2011

Internship: Ohio Internship Consortium, Forensic Psychology Track; 2010-2011

Postdoctoral Fellowship: VA Advanced Fellowship Program in Mental Illness Research and Treatment conducted at the VA VISN 17 Center of Excellence for Research on Returning War Veterans; 2011-2012

Postdoctoral Work: Central Texas VA, Substance Abuse and C&P Psychologist

Clinical Interests: Dual-diagnosis conceptualization and treatment, evidence-based group psychotherapy, evidence-based assessment

Research Interests: Health outcomes in veterans, ethnic disparities, caregiver burden

Clinical Orientation(s): Cognitive Behavioral with use of Motivational Interviewing and Mindfulness Based approaches

Primary Responsibilities: Education and Dissemination Core Leader

Rotations Supervised: VISN 17 CoE

Professional Memberships: APA, Association for Contextual Behavioral Science (ACBS), Health Services Research & Development (HSR&D) Caregiver SIG

Eric Meyer, Ph.D., Clinical Psychologist, Investigator

Graduate School: Binghamton University (State University of New York at Binghamton-SUNY), 2005

Internship: Boston Consortium (Boston VA)

Postdoctoral Work: Postdoctoral Fellowship, Harvard Medical School Department of Psychiatry 2005-2007; PTSD clinic (PCT) Temple VA 2007-2009

Research Interests: PTSD and co-occurring disorders, psychotic disorders, identification of risk factors for psychopathology, neurocognitive aspects of psychiatric disorders, psychotherapy outcomes, psychosocial rehabilitation

Clinical Orientation(s): cognitive-behavioral, acceptance and mindfulness based therapies

Primary Responsibilities: Investigator on several research projects being conducted at VISN 17 COE for
Research on Returning War Veterans, Member of CTVHCS IRB

Rotations Supervised: COE

Academic Positions: Assistant Professor, TAMHSC

Professional Membership(s): Society for Research in Psychopathology, International Society for
Traumatic Stress Studies, American Psychological Association

Other: Member of editorial board for *Neuropsychology*

(Please see <http://www.appic.org/Match/Match-Policies> for updates)

APPIC Match Policies: 2017-2018

Adopted July 14, 2016

The following policies will guide the 2017 APPIC Match and Post-Match Vacancy Service.

Adherence to these policies is a condition of membership in APPIC and of participation in the APPIC Match and/or Post-Match Vacancy Service.

Phase I of the Match

- The Rank Order List Submission Deadline is February 1, 2017 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase I Match Day, February 17, 2017.

Phase II of the Match

- The application deadline (see Policy 3b) is February 23, 2017 at 11:00 a.m. Eastern Time.
- The Rank Order List Submission Deadline is March 13, 2017 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase II Match Day, March 20, 2017.

1. These policies apply to all participants in the APPIC Match and Post-Match Vacancy Service, including APPIC member internship programs, non-APPIC member internship programs, and student applicants and their doctoral program faculty.

- a. All participants shall abide by their agreements with APPIC for participation in the APPIC Match.
- b. Internship training directors must ensure that all people involved in recruiting or selecting interns understand and adhere to these policies.
- c. Directors of APPIC Doctoral Program Associates and other doctoral programs with students participating in the APPIC Match must ensure that their students understand and adhere to these policies.
- d. Violations of APPIC Match Policies or Match Agreements by applicants or programs may result in sanctions by APPIC (e.g., being barred from future Matches)

or legal action by other Match participants. In addition, violations by applicants may result in disciplinary action by the applicants' graduate and/or internship programs.

2. Internship programs must offer all of their internship positions in Phase I of the APPIC Match.

. Positions for which funding is not assured should not be offered in the Match.

a. Positions that are left unfilled in Phase I of the Match must be offered in Phase II of the Match, in accordance with paragraph 8 and its subparagraphs below.

b. Positions that are not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may be offered in Phase II of the Match, in accordance with paragraph 8 and its subparagraphs below.

c. Positions that are not offered in Phase I or Phase II of the Match can be communicated and/or offered to applicants only after the results of Phase II of the Match are released, in accordance with paragraph 9 and its subparagraphs below.

3. For both Phase I and Phase II of the APPIC Match, the AAPI Online application service must be used by applicants to apply to all internship programs that are participating in the Match. For both Phases of the Match, all applications must be submitted using the AAPI Online, and no site may request a printed copy of an applicant's application materials.

. Internship programs and applicants must abide by the APPIC AAPI Online Supplemental Materials policy, which states that the only supplemental materials that may be requested by internship programs or submitted by internship applicants are (a) a treatment or case summary, and (b) a psychological evaluation report.

a. All programs participating in Phase II of the Match must accept applications until the application deadline for Phase II established by APPIC. Programs may elect to continue accepting applications for Phase II beyond the application deadline, but are not required to do so.

4. For Phase I of the Match, internship programs that conduct on-site or telephone interviews must make a reasonable effort to notify every applicant who submits a complete set of application materials as to his/her interview status.

. Sites that conduct open houses to which all applicants are invited and conduct no other interviews are exempt from this interview notification requirement (this process should be clearly stated in the APPIC Directory Online and/or sites' publicity materials).

a. Notification of interview status for Phase I of the Match must occur no later than the interview notification date that appears in the program's APPIC Directory Online listing and/or other publicity materials, and may be communicated via e-mail, telephone, regular mail (to be received no later than the interview notification date), or other means.

b. For Phase II of the Match, notification of interview status is not required.

5. Participants in the APPIC Match, including applicants and internship programs, may not communicate, solicit, accept, or use any ranking-related information pertaining to either Phase of the Match prior to the release of the results for Phase II of the Match.

- . Internship programs must include the following statement on their web sites and in their brochures: "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."
- a. Internship programs may choose to inform applicants as to whether or not the applicants remain under consideration for admission (e.g., whether or not the applicants will be ranked) but may not communicate any other ranking information. The spirit of this item precludes any communication of rankings for either Phase of the Match prior to the release of the results for Phase II of the Match, however "veiled" or indirect such communication might be. However, sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.
- b. Internship programs and applicants may never solicit information regarding applicants' and programs' rankings at any time, either during the Match or after the Match results are released.
- c. Internship sites that offer more than one program in the APPIC Match (i.e., sites with more than one program code number) are expected to ask applicants to identify the site's programs to which they are applying. In addition, these sites may, for the sole purpose of arranging interviews, ask applicants to designate their preferences regarding the programs at the site for which they wish to be interviewed. These sites may request interview preference information only when it is essential for making interview arrangements, and such information may not be used for any other purpose in the selection process. Furthermore, these sites may not solicit any information about applicants' final rankings of programs. Sites requesting interview preferences must state clearly in their written materials that these preferences will be used for arranging interviews only and for no other purpose.
- d. Any ranking information that is communicated between applicants and internship programs, even though such communication is a violation of these policies, is non-binding and may be changed at any time prior to the Rank Order List submission deadline. The only binding rankings are the confidential Rank Order Lists that are submitted to the APPIC Match.
- e. Internship programs may choose to provide applicants with information about the size of the applicant pool.

6. Results of the APPIC Match constitute binding agreements between applicants, internship programs, and APPIC that may not be reversed without APPIC's consent.

- . Failure to receive timely notification of the APPIC Match results, for any reason, does **not** constitute a release from the obligations of the APPIC Match.

- a. Appointments of applicants to internship positions may be contingent upon the applicants satisfying certain eligibility requirements. Such eligibility requirements must be clearly specified in the internship programs' written materials and provided to applicants in advance of the deadline for submitting rankings for the APPIC Match.
- b. Internship training directors are encouraged to contact matched applicants by telephone as soon as possible after (but not before) 11:00 a.m. Eastern Time on the APPIC Match Day for each Phase of the Match. On each APPIC Match Day, no contact between internship sites and matched applicants should occur prior to 11:00 a.m. Eastern Time.
- c. It is not necessary for internship training directors to contact applicants with whom they have not been matched.

7. Internship training directors must put in writing their appointment agreements with matched applicants in letters postmarked or e-mailed no later than 7 days following receipt of the APPIC Match results for each Phase of the Match.

- . Letters must be addressed to the applicants and must include confirmation of conditions of the appointment, such as stipend, fringe benefits, and the dates on which the internship begins and ends.
- a. Copies of these appointment letters must be sent simultaneously to applicants' academic training directors.

8. Positions that remain unfilled in Phase I of the Match must be offered in Phase II of the Match to applicants who do not obtain a position in Phase I. Positions not offered in Phase I of the Match, such as positions for which funding becomes assured after the Phase I Rank Order List deadline or newly created positions, may also be offered to eligible applicants in Phase II of the Match.

- . All applicants who register for Phase I of the Match and who do not obtain a position in Phase I (e.g., those who withdraw or remain unmatched) are eligible to participate in Phase II of the Match. Applicants who match to a position in Phase I are not eligible to participate in Phase II. Applicants who do not register for Phase I cannot register for or participate in Phase II.
- a. All positions at an internship site that remain unfilled in Phase I of the Match must be offered to applicants in Phase II of the Match. A site can decide not to offer an unfilled position in Phase II only if it decides not to fill the position in the program for the coming year (e.g., anticipated loss of funding, shifting of funding to other purposes). Removing an unfilled position from Phase II of the Match for any other reason requires APPIC approval.
- b. Internship programs with positions that are offered in Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. Applicants who do not obtain a position in Phase I of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about available positions prior to 11:00 a.m. Eastern Time on APPIC Phase I Match Day. All applications to programs for Phase II of the Match must be submitted using the AAPI Online, as specified in paragraph 3 above.

9. Upon completion of both Phases of the APPIC Match, internship programs that have one or more open positions may then make other direct offers of admission (verbal or written) to applicants who are not already matched or to applicants who did not participate in the APPIC Match. Applicants who are not matched to a position may then receive other direct offers of admission.

- . Internship programs that have or anticipate having open positions after completion of Phase II of the Match may not take any actions to fill these positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day. Applicants who are not matched to a position after completion of both Phases of the Match, along with other individuals acting on their behalf (e.g., doctoral program faculty), may not contact internship programs about open positions prior to 11:00 a.m. Eastern Time on APPIC Phase II Match Day.
- a. Prior to making offers to fill open positions, internship training directors must verify with applicants, to the best of their abilities, that the applicants have not previously been matched to other internship programs nor accepted other offers.
- b. Prior to making offers to fill open positions, internship training directors must ensure that doctoral programs have verified their applicants' eligibility and readiness for internship. Such verification can occur via a review of the appropriate application materials and/or via direct communication with the doctoral programs.
- c. Applicants may not accept an offer if they have been matched or have already accepted an offer from another internship program.
- d. An offer (verbal or written) that has been tendered by an internship program and accepted by an applicant constitutes a binding agreement between the program, the applicant, and APPIC that may not be reversed without APPIC's consent.
- e. The internship training director must put in writing the appointment agreement with the applicant in a letter postmarked or e-mailed no later than 7 days following acceptance of the offer by the applicant, as described in paragraphs 7a and 7b above.

10. Individuals who perceive violations of these policies are urged to request compliance with APPIC policies from the appropriate party (parties).

- . Unresolved compliance problems should be resolved informally, whenever possible, through consultation among applicants, internship training directors, academic training directors, and/or APPIC, or by other informal means. APPIC sponsors an "[Informal Problem Consultation](#)" process (described on the APPIC web site) that is recommended for use in addressing these issues.
- a. Internship training directors who become aware of violations of these policies by other internship training directors should (a) urge the affected applicants and academic training directors to follow the informal resolution procedures described above, (b) directly contact the other internship training directors, and/or (c) use the APPIC "[Informal Problem Consultation](#)" process.

b. Perceived violations of APPIC Policies and/or the Match Agreement that are not resolved through the APPIC "[Informal Problem Consultation](#)" process may be reported as a formal complaint to the APPIC Standards and Review Committee (ASARC).

11. If a formal complaint is filed with APPIC regarding an alleged violation of these policies, the [APPIC Standards and Review Committee \(ASARC\)](#) will evaluate the allegations and recommend an appropriate course of action to the APPIC Board of Directors. The APPIC Board of Directors is the body that ultimately determines the course of action. ASARC policies are described on the APPIC web site. Formal complaints regarding violations of APPIC policies should be filed by submitting an ASARC Complaint Form (available from the APPIC web site) to:

Chair, APPIC Standards and Review Committee
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Fax: (832) 284-4079

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