Central Texas Veterans Health Care System
Psychology Internship Program, 2020 – 2021

Austin ⧼ Temple ⧼ Waco
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Accreditation Related Information:
The Psychology Internship program at the Central Texas Veterans Health Care System has been accredited by the Commission on Accreditation of the American Psychological Association since 1979.

The program completed its most recent accreditation site visit in June 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

Program Overview
Central Texas Veterans Health Care System has been training psychology interns since 1958 (formerly as the Temple VA/Olin E. Teague VA Medical Center) and has been an APA-accredited doctoral internship since 1979. As an accredited internship we have graduated over 150 interns, who have gone on to careers in the VA, other federal institutions, private healthcare/hospital systems, community mental health, academia, private practice, and other
settings. Many have gone on to positions and careers in our healthcare system, from our current Chief of Psychology to some of our newest staff members. We offer benefits of a well-established, generalist training program in health service psychology in a large and very active VA health care system, with a current class of 6 interns annually. Our health system spans three major sites and six community-based clinic/annex sites. We employ over 80 psychologists across our system, with over 35 serving as active training supervisors. Some of the unique features of our institution and training program include:

- Housed within a level 1A VA health care system, which provides a broad range of programs, clinics, and patient diversity.
- Our hub site in Temple, Texas is located 35 miles east of Fort Hood Army Base, one of the largest U.S. military installations in the world and home to over 50,000 soldiers. Fort Hood is a primary Army deployment center and provides a steady flow of new veterans into our health care system.
- The highest ratio of female veterans within the VA nationally, providing unique training opportunities and exposure across genders.
- Broad age diversity of our veteran population (lower mean age than VA national averages)
- A close relationship with the Baylor, Scott & White hospital system, and our academic affiliates: Texas A&M Health Science Center College of Medicine (Temple) and Dell Medical School (Austin), providing a rich environment of interprofessional training.
- Training supervisors participate in our program voluntarily, and with approval of our training committee. Many have a passion for training.
- We offer a range of unique specialty training experiences, such as: Blind Rehabilitation Unit (Waco, one of 13 in the VA nationally), PTSD Residential Rehabilitation Program (Temple), Eating Disorders program (Austin), Health Promotion and Disease Prevention program (Temple), Serious Mental Illness Life Empowerment Residential Rehabilitation Treatment Program (Waco), Leadership and Administration training (Austin), Race-Based Stress and Trauma and LGBT group programs (Austin), clinical research minor at the VISN17 Center of Excellence in Waco, along with a full complement of other mental and behavioral health clinics and programs.
- An annual visit to Fort Hood to experience military culture, learn about military behavioral health services (clinic-based and embedded), visit one of the seven national Intrepid Spirit Centers for TBI and polytrauma rehabilitation, learn about the STRONG STAR consortium for clinical research collaboration (a postdoctoral fellowship site), and perhaps participate in genuine combat simulation training.
- Many opportunities for cultural experiences across central Texas.
We hope you consider Central Texas VA as a potential internship training site and look forward to answering your questions about our program.

**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 3rd 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
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:
  o General AAPI application, including background, education, experience, and essay questions.
  o 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.
  o Current curriculum vita
  o Academic transcripts from ALL Graduate institutions that you have attended.
  o 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.
  o 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:
• the breadth and depth of clinical experience obtained through practicum training;
• scholarly preparation evidenced by academic transcripts, research experience, and publications and presentations;
• 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 strive to notify all applicants of their interview status by November 30th. 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 40-45 applicants for our six internship slots. In December and 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, and a phone interview date. The planned interview dates for 2019-20 are:

- Temple: Friday 12/13/19
- Austin: Tuesday 12/17/19
- Waco: Tuesday 1/7/20
- Phone: Thursday 1/9/20

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 the training directors and 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 multiple 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 Thursday 1/9/20 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:

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: [http://www.archives.gov/federal-register/codification/executive-order/10450.html](http://www.archives.gov/federal-register/codification/executive-order/10450.html).

5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [https://www.va.gov/ooa/agreements.asp](https://www.va.gov/ooa/agreements.asp) (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)

   a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

   b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at [https://www.va.gov/oaa/app-forms.asp](https://www.va.gov/oaa/app-forms.asp). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: [https://www.oit.va.gov/programs/piv_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv_media/docs/IDMatrix.pdf)
Additional information regarding eligibility requirements for appointment as a psychology HPT is summarized below.

**Additional information regarding eligibility requirements (with hyperlinks)**

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: [https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties](https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties)

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

(b) **Specific factors.** In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:
   (1) Misconduct or negligence in employment;
   (2) Criminal or dishonest conduct;
   (3) Material, intentional false statement, or deception or fraud in examination or appointment;
   (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
   (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
   (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
   (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
   (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) **Additional considerations.** OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:
   (1) The nature of the position for which the person is applying or in which the person is employed;
   (2) The nature and seriousness of the conduct;
   (3) The circumstances surrounding the conduct;
   (4) The recency of the conduct;
   (5) The age of the person involved at the time of the conduct;
   (6) Contributing societal conditions; and
   (7) The absence or presence of rehabilitation or efforts toward rehabilitation.
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/affectional 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/affectional 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 colleagueship 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 76,000 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 Olin E. Teague 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 multispecialty 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 a community of approximately 136,000 people with a population of approximately 235,000 people in the greater Waco area. It has a diverse economy and is the home of Baylor University, Texas State Technical College and Magnolia Market. 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 950,000 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 at Austin, the flagship campus in the UT system and home of Dell Medical School. 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.

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. CTVHCS serves a Veteran population of more than 252,000, covers 35,243 square miles and 11 congressional districts.
in 39 counties. In fiscal year (FY) 2015, CTVHCS treated 98,932 Veteran unique patients and recorded 8,553 inpatient admissions. Outpatient workload totaled 1,172,402 visits.

Psychology 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, a male residential PTSD treatment program, 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 women’s trauma residential 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. Several training rotations, such as the general mental health clinic, and PTSD clinics, are available at all three sites, while specialized rotations may be available at only one site given the nature of the facility. See the Training Rotations section below for descriptions of training opportunities at each site.

**CTVHCS Psychology Service**

Psychology Service currently consists of approximately 80 full-time and part-time licensed psychologists, as well as a number of graduate psychologists. The Psychology Service has a long history of involvement in training.

The Psychology Internship Program has been APA accredited for over 35 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 University College of Medicine and Dell Medical School, and as such, offers clinical training to a variety of disciplines including medicine, psychiatry, nursing, pharmacy, and social work.

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 health service 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 health service 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 though 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.


**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.

**Aims and Competencies**

The Central Texas Veterans Health Care System doctoral internship program has the following aims:

1. Prepare doctoral psychology interns for generalist postdoctoral practice through competency based supervised training in health service psychology, based on a reflective practitioner-scholar model.
2. Contribute to the mission of the Veteran’s Health Administration by providing doctoral interns with training for providing psychology services to our nation’s Veterans.

To ensure that interns leave the internship program with a solid foundation for ethical, culturally and clinically effective entry level practice of health service psychology, our program provides competency-based training. Our training model is based on the 2017 profession-wide competencies from the APA Standards of Accreditation, the APA competency benchmarks, and the work of the APA Benchmarks Task Force and the APA Task Force on the Assessment of Competence in Professional Psychology (Chair: Nadine J. Kaslow, Ph.D., ABPP) ([http://www.apa.org/ed/graduate/competency.aspx](http://www.apa.org/ed/graduate/competency.aspx)).
Each competency is divided into training elements, as indicated in the following list, and in our evaluation form for competency assessment. Our CTVHCS training model is structured around the nine profession-wide competencies from the APA Standards of Accreditation, as follows:

1. **Research Knowledge and Methods**: Understanding and respect for empirical research and Psychological science. Contributes to the professional knowledge base by generating and/or evaluating scholarly work.

   **A. Scientific Knowledge and Methods**:
   
   **ELEMENT**: Seeks Current Scientific Knowledge; Develops and implements research or other scholarly activities

   **B. Research/Evaluation**:
   
   **ELEMENT**: Evaluate/disseminate research/scholarly activities

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

   **ELEMENTS**: Knowledge of Ethical, Legal and Professional standards and guidelines; Ethical Conduct; Patient Confidentiality; Ethical Dilemmas

3. **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.

   **ELEMENTS**: 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; Ability to apply knowledge and approach

4. **Professional Values and Attitudes**

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

   **ELEMENTS**: Integrity; Deportment; Accountability; Concern for the welfare of others; Professional identity; Professional responsibility in documentation; Efficiency and time management; Independence

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

   **ELEMENTS**: Uses self-reflective practices and self-assessment; Seeks Consultation/Supervision; Self-Care

5. **Communication and Interpersonal Skills**: Relate effectively and meaningfully with individuals, groups, and/or organizations.

   **ELEMENTS**: Interpersonal Behavior; Communication, Managing difficult interactions
6. **ASSESSMENT:** Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

   **ELEMENTS:** Diagnostic skill; Psychological test selection and administration; Psychological test interpretation; Assessment writing skills; Feedback regarding assessment; Informed assessments.

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

   **ELEMENTS:** Patient risk management; Case conceptualization and treatment goals; Therapeutic interventions; Effective use of therapeutic alliance and emotional reactions in therapy; Group therapy skills and preparation; Outcome monitoring and adapting interventions

8. **SUPERVISION:** Supervision and training in the professional knowledge base of enhancing and monitoring the professional functioning of others.

   **ELEMENTS:** Supervisory Skills; Supervisory alliances; Supervisory scope of practice

9. **CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS:** Identify and interact with professionals in multiple disciplines to address problems, seek/share knowledge, and/or promote effectiveness. Provide expert guidance or professional assistance in response to identified needs.

   **ELEMENTS:** Consultative guidance; Knowledge of interprofessional collaboration; Functions effectively in interprofessional contexts

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 the Psychology Training Committee, based on rotation supervisor ratings and intern performance in group training activities such as seminars, group supervision, diversity training, case presentations, and other training 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, minor 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.

**Role of Preceptor:** Interns are encouraged to choose a preceptor who shares professional interests and is experienced in the internship program. The role of the preceptor is to mentor the intern in his/her career development efforts, assist in the development of the training/rotation plans, share in monitoring intern progress and to help the intern find the best ways to meet his or her short and long-term training objectives. If the intern has difficulty in any of training context, such as a major or minor rotation, the preceptor will work collaboratively with the intern and faculty involved to find solutions to difficulties.

**Rotation selection**

The process of rotation selection is based on a collaborative effort between each intern, the Training Director(s) 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 Training 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 Psychology Training Committee.

Process of rotation selection is as follows: Initial major and minor rotations are assigned before the commencement of the training year. Assignment is based on review by the Training Directors 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/referees. Interns’ preferences for training experiences and self-assessment of training needs are also taken into account. During orientation 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 profession-wide competencies, career goals, and training goals relative to these. 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 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(s), an initial rotation training plan is developed. The Training Director(s) 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 health service 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. Additional competency-based training is received through 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.

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<th><strong>Minimum clinical requirements:</strong></th>
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**Wednesday Internship Didactics**

On Wednesday afternoons, internship didactics take place from 1:00 PM to 4:15 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 – 2:45 PM) are presented by CTVHCS psychologists and other professional mental health staff, and address the science and practice of health service 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 evidence-based psychotherapies (EBPs), treating complex PTSD, and other topics. The remainder of the group activities time (3:00-4:15 p.m.) is used for group supervision, including intern case presentations.
Stipend and benefits
The intern stipend is currently $26,166. 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 Directors.

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(s) 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. This includes a minimum of two hours of scheduled individual supervision on major rotations, minimum one hour of individual supervision on minor rotations, and minimum one hour of group supervision. Supervision includes live observation of interns on all training rotations. 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 Directors. 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 and rotation supervisor discuss and, if appropriate, update or modify the evaluation. The competency evaluations are reviewed by the Training Directors and Training Committee, who recommend any needed changes to the Rotation Training Plans based on this evaluative feedback. 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 conference presentations. Additionally, the Training Director provides a mid-year report to the intern's graduate program Director of Clinical Training, and an end of year report which indicates the intern's status regarding competency development and internship completion.

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 Directors 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 Directors. To assure candid assessments, intern evaluations are not shared with supervisors until the conclusion of the internship year. At that time, the Training Directors reviews the evaluations, and provide 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 Directors 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 have exit interviews with the Chief of Psychology Service and Training Directors, 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 Directors, interns are kept up-to-date about any changes in the program's plans or policy.
**Internship rotations**

**2020-2021 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 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 sub-areas) for minor rotation training.

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

**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. & Pamela George, Psy.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.

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

Primary Care Behavioral Health – Waco (minor only)
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: Andrea Losada, Ph.D.

**Seriously Mentally Ill Life Empowerment Residential Rehabilitation Treatment Program (SMILE RRTP) – Waco**
The SMILE RRTP is a 22 bed residential program that focuses on serious mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, and major depressive disorder). The goal of the SMILE RRTP 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. The program is 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, Ph.D.

**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 by the start of the rotation. 
Supervisors: Richard Seim, Ph.D.

**Women Recover in Supportive Environment (RISE) Residential Program – Waco**
The Waco Women RISE Residential Rehabilitation Program (W RISE) is an 8-week, 30 bed residential program that provides residential care to female-identifying Veterans who experience difficulties related to PTSD, substance use disorders, major affective disorders and have significant impairment in functional areas. This rotation offers interns the opportunity to gain experience and knowledge specific to PTSD, military sexual trauma, and substance use disorders in a female population. Veterans from all eras of service are treated. Treatment is based on the knowledge of theoretical models and empirically supported modalities. Therapeutic modalities include individual and group therapy and can include the possibility of the following EBPs: Cognitive Processing Therapy, Prolonged Exposure, Eye-Movement Desensitization and Reprocessing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, CBT-Substance Use Disorders as well as didactic groups that address core symptoms of mental illness, physical illness, and substance use. Interns would also have the opportunity to gain experience with complementary and alternative therapies such as trauma-informed yoga and health and wellness groups. Veterans are treated by an interdisciplinary team consisting of a unit psychiatrist, nursing staff, mental health technicians, psychologists, and social workers. 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: Melissa Switzer, Psy.D., Richard Ganley, Ph.D.

**TEMPLE:**

**Community Living Center (CLC) – Temple (minor rotation)**
The Temple CLC rotation is designed to offer a breadth of experiences related to the practice of geropsychology and residential rehabilitative care. The intern will be provided with opportunities to work in consultation with a number of providers through an inpatient consultative service and function as an integral member of an interdisciplinary team that serves Veterans in the short-stay nursing home setting/community living center (CLC). The Temple Community Living Center (CLC) is an 80-bed shortstay care facility, which provides rehabilitation in an interdisciplinary setting for veterans who need short-term care due to sub-acute illness (e.g., cardiac disease, diabetes, chronic obstructive pulmonary disease), those requiring IV-antibiotic treatment, 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.

Supervisor: TBD

**Compensation & Pension Service (C&P) – Temple (minor rotation only)**

The Compensation and Pension (C&P) Service rotation in Temple 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 one 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.

Supervisors: Lucas Shaw, Ph.D.; Valeta Cooper, Ph.D.

**Mental Health Clinic (MHC) – Temple**

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 – Stacey Rexrode, Ph.D., & Theresa Fernandez, Psy.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-5) and the Beck Depression Inventory (BDI-II), although opportunities to utilize the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) may be available. Interns on this rotation will have 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 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 the individualized goals of each intern. **Supervisors:** Regina Hiraoka, Ph.D., Rachel Spero-Hoy, 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; individual and group psychotherapy; referral to specialty mental health programs; and coordination of care with onsite psychiatrists and social workers. Interns have the opportunity to take part in leading empirically based treatment groups on topics such as sleep, pain, mindfulness, and depression. The focus of this rotation is gaining experience working with brief interventions to address problems that have psychological origins (mood, anxiety, sleep, adjustment, substance use, etc.), as well as developing skills in promoting healthy behaviors (i.e. physical activity) to help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management). Interns will also have exposure to work in a Patient Aligned Care Team model, 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. Please note, this rotation is a joint experience in Primary Care Mental Health Integration (PCMHI) at both the main hospital in Temple, as well as the local community-based clinic at the Temple Annex. If agreeing to this rotation, you should expect to spend one to two days at the Temple Annex. **Supervisors:** Kristen Golba, PhD (Temple Medical Center) Carla Hitchcock-Robinson, PhD (Temple Annex)

**Psychosocial Resource and Recovery Center (PRRC) – Temple**
This rotation emphasizes developing skills in providing psychological services to veterans with serious mental illness (e.g. Schizophrenia, Bipolar Disorder, Schizoaffective disorder, etc.). On the PRRC rotation, interns can co-facilitate groups, provide brief individual therapy, recovery coaching/case management and treatment planning. Interns may elect to develop and start a new group. There are also opportunities to be involved in program development activities. The
PRRC intern will also attend weekly staff meetings that focus on clinical and administrative issues. The PRRC rotation will provide interns an understanding of the recovery model and further exposure to evidenced based approaches to SMI treatment (e.g. Social skills training, illness management and recovery, family education, CBT for psychosis, etc.). In addition, PRRC offers an opportunity to work with peer support specialists and learn how they are integrated in mental health treatment. The PRRC supervisor uses cognitive behavioral and acceptance and commitment therapy strategies. This rotation is available as either major or minor rotation. Supervisor: Jennifer Rigsby, Ph.D.

Rehabilitation Psychology – Temple
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: Victoria Armstrong, Ph.D.

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. Supervisor: Jeffrey Brzostek, Ph.D.
Neuropsychology – Temple (if major)
This rotation emphasizes neuropsychological evaluation with a diverse medical outpatient population, with occasional referral from outlying CBOCs. 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. Required readings are provided for specific patient populations and assessment/treatment approaches. Individual supervision is provided.

Supervisor: Nancy Perachio, Ph.D.

Neuropsychology – Temple (if minor)
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. Interns will be exposed to: 1) cognitive models of normal brain functioning; 2) neuroanatomy; 3) theoretical and practical issues of neuropathology; 4) strategic selection of neurocognitive test instruments; 5) case conceptualization and test interpretation; 6) patient feedback and follow-up. Given the limited nature of the minor rotation, the emphasis will be on basic principles of assessment with the military population as well as the process of making a good neuropsychological referral. Unless the intern comes in with a strong background in assessment, then subsequent independent practice in neuropsychology would not be possible without further post-doctoral training. Individual supervision is provided.

Supervisor: Nancy Perachio, Ph.D.

AUSTIN:

Home Based Primary Care – Austin (minor only)
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 is such travel is prohibitive.

**Supervisor:** Sherry Caine, Ph.D.

**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 (with supervisor approval). Current groups open for intern involvement include Anger Management, Pain Management, Mental Health Recovery (for veterans with serious mental illness), Acceptance and Commitment Therapy, LGB+ Support, Transgender Veteran Support, Cognitive Behavioral Therapy for anxiety and depression, and Weight Management. In addition, there is a group for men with military sexual trauma and a multi-phased women’s program using evidence-based protocols (e.g. STAIR, CPT) to treat sexual trauma. MHC also offers the opportunity to work with a multidisciplinary eating disorders treatment team conducting assessment and therapy with a spectrum of eating disorders, and a 6-12 month minor rotation in Dialectical Behavioral Therapy (DBT) for qualified interns. A minor in DBT requires participation in skills group, providing behavioral analyses and case conceptualizations consistent with DBT principles, and following individual cases for treatment. MHC interns also conduct comprehensive biopsychosocial assessments, which include determination of DSM 5 diagnoses and initial treatment plans, and provide individual therapy. 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 with flexibility in treatment approaches available based on patient need and intern interests. 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 patients who have a variety of presenting issues in a public mental health setting.

**Supervisors:** Jana Drew, Ph.D., Holly LaPota, Ph.D., & Young Song, 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: Christen Mullane, 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.

Supervisor: Eleni Dimoulas, 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. 

**Supervisor:** Shawneen Pazienza, Ph.D. 

**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, mindfulness, psychodynamic, interpersonal process, and somatic/body-oriented perspectives in assessment and treatment. The staff is comprised of 4 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:** Yvette Gutierrez Psy.D, Quoc (Thai) Le, Ph.D., and Scott Steiner Ph.D.
Mental Health Intensive Case Management (MHICM) – Austin
In this rotation you will join a multidisciplinary Team of psychologists, social workers, psychiatrists, nursing staff, peer specialists, and supported employment specialists who partner together 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), accompanying psychosocial difficulties, and skills training needs. Our program’s community-based approach focuses on recovery and rehabilitation through practical problem-solving, goal-setting, and skill-building, with increased independence and competitive employment when possible as expected outcomes of program participation. We recognize the importance of providing individualized, Veteran centered and comprehensive whole-health care that promotes our Veterans’ opportunities to learn, live, work, and participate in his/her community of choice. Veterans are encouraged to participate in classes and groups promoting skills such as photography, art, Tai Chi, Yoga, movement and dance, music, and general wellness. Individual and group psychotherapy modalities include cognitive and behavioral therapies for psychosis, social skills training, and community-based in vivo practice to promote generalization of new adaptive behaviors in settings important to the Veteran. Opportunities to conduct neuropsychological assessment with a focus on persons with severe mental illness are available, as are program evaluation projects using clinical and performance data.

Supervisors: James Coleman, PhD & Kristy Ditzler, Psy.D.

Eating Disorder Treatment Team – Austin (minor only)
The Eating Disorder Treatment Team is a specialty clinic housed within the Mental Health Clinic that provides treatment to Veterans diagnosed with eating disorders (e.g., Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder). In conjunction with a multidisciplinary treatment team consisting of a psychiatrist and dietitian, interns will have the opportunity to conduct diagnostic assessments, engage in treatment team meetings, and deliver evidence-based interventions for a range of eating disorders. Interns will gain experience in conducting semi-structured diagnostic interviews as well as administering and interpreting body image and eating pathology questionnaires. The primary modes of treatment will be Cognitive Behavior Therapy – Enhanced (CBT-E) for eating disorders and Dialectical Behavior Therapy (DBT). Interns may also co-facilitate a Binge Eating Skills Group using principals of DBT. Multidisciplinary treatment team meetings will allow interns the opportunity to gain understanding of the role of other disciplines in the treatment of eating disorders. Given the high likelihood of medical comorbidities, opportunity to consult with primary care and other specialty disciplines will be available. Multicultural awareness will also be explored as it relates to differences in eating disorder symptoms across gender, race, and ethnicity.

Supervisor: Holly LaPota, Ph.D.

Psychosocial Rehabilitation and Recovery Center (PRRC) – Austin
The PRRC serves Veterans with Serious Mental Illness (SMI), a mental health diagnosis resulting in severe symptoms /deficits in functioning. PRRC is an interdisciplinary team working with Veterans on-site and in the community to develop community inclusion, self-reliance, and well-being through psychosocial rehabilitation (PSR), the development of functional
skills/environments to overcome mental health barriers. Interns provide treatment coordination, PSR, and short-term psychotherapy through group and individual formats. The PRRC rotation provides interns with an understanding of the recovery model, peer support, and multiple evidence-based treatments for SMI populations (e.g., CBT / ACT for psychosis, Social Skills Training). In addition, trainees learn how and why to adapt psychotherapeutic treatments for community settings. There are also many opportunities to participate in program development. The PRRC supervisor practices from a PSR perspective, a psychologically eclectic approach primarily based in Behavioral Therapy, CBT, and ACT. 

Supervisor: Emilia Brown, Ph.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, Neuropsychology

*If you have interest in a specific area for specialty training or exposure, please inquire.*
2019-2020 Psychology Internship Faculty

Austin Outpatient Clinic

Emilia Brown, Ph.D. – Clinical Psychologist and Team Lead, Psychosocial Resource Recovery Center (PRRC)
Graduate School: Washington State University, 2016
Internship: James H. Quillen VAMC, 2015-2016
Postdoctoral Work: Interdisciplinary Fellowship in Psychosocial Rehabilitation & Recovery, West Haven CT VAHCS, 2016-2017
Clinical Interests: Psychosocial rehabilitation, SMI
Research Interests: Program Development
Clinical Orientation(s): Cognitive, Behavioral, Eclectic
Primary Responsibilities: Psychosocial Resource Recovery Center (PRRC)
Rotations Supervised: Psychosocial Resource Recovery Center (PRRC)
Academic Positions: Clinical Assistant Professor of Psychiatry, UT: Austin
Professional Membership(s): APA, Division 18 SMI/SED Section; CAPA

Sherry Caine, PhD – Psychologist, Home Based Primary Care
Postdoctoral Work Harbor-UCLA Medical Center 1993.
Clinical Interests: Veterans with multiple, complex, chronic medical conditions
Research Interests: Chronic pain, palliative care, endometriosis, psychological assessment
Clinical Orientation(s): Biopsychosocial
Primary Job Responsibilities: Cognitive assessment and psychological intervention as related to coping with medical problems. Caregiver education and support. Bereavement services
Rotations Supervised: Home Based Primary Care
Academic Positions: Pending, UT Dell Medical School
Professional Membership(s):

James C. Coleman, Ph.D. – Team Lead 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

Eleni Dimoulas, Ph.D., Clinical Psychologist, PTSD Clinical Team; CPT National Consultant

Graduate School: University of Florida, Department of Clinical and Health Psychology, 2006
Internship: VA Connecticut Healthcare System- West Haven Campus, West Haven, CT, 2005-2006
Postdoctoral Fellowship: NIMH T32 Postdoctoral Fellowship in PTSD at Yale School of Medicine,
Department of Psychiatry, New Haven, CT and VA National Center for PTSD, Clinical Neurosciences Division, 2006-2009

Clinical Interests: Combat trauma, PTSD assessment, Prolonged Exposure, Cognitive Processing Therapy, measurement-based care, collaborative decision-making, CBT for anxiety disorders, Problem Solving Therapy, and values-based interventions

Research Interests: EBP implementation science, PCT program development, PTSD biomarkers, psychophysiology of anxiety, translational research, posttraumatic growth and resiliency

Clinical Orientation(s): Behavioral, cognitive-behavioral, biopsychosocial and multimodal assessment

Primary Job Responsibilities: PTSD diagnostic evaluations and treatment readiness assessment, individual and group psychotherapy, clinical supervision, PTSD and EBP consultation

Rotations Supervised: PCT and EBPs for PTSD

Academic Positions: Pending

Professional Membership(s): International Society of Traumatic Stress Studies (ISTSS), APA Division 56 (Trauma Psychology), APA Division 18 (Psychologists in Public Service), Association of VA Psychologist Leaders (AVAPL)


Kristy Ditzler, Psy.D. – Staff Psychologist, MHICM

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., Team Lead 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: Supervisor; 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

Holly LaPota, Ph.D., Supervisory Psychologist, Mental Health Clinic; Assistant Training Director

Graduate School: University of Nevada – Las Vegas 2013

Internship: Central Regional Hospital (2012 – 2013), Butner, NC
**Postdoctoral Fellowship**: Durham VA Medical Center Interprofessional Fellowship in Psychosocial and Recovery Oriented Services, 2013-2014

**Clinical Interests**: Eating disorders, PTSD

**Research Interests**: Eating disorders in athletic populations and co-occurring substance use/trauma

**Clinical Orientation(s)**: CBT, DBT

**Primary Responsibilities**: Supervisor; provide individual and group therapy within the Mental Health Clinic

**Rotations Supervised**: Mental Health Clinic, Eating Disorders Minor

**Academic Positions**: Clinical Assistant Professor, Department of Psychiatry, Dell Medical School, The University of Texas at Austin

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**Quoc Thai Le, Ph.D. – Psychologist**

**Graduate School**: University of Kansas, 2012

**Internship**: Dwight D. Eisenhower VA Medical Center, Leavenworth, KS 2011-2012

**Postdoctoral Work**: Trauma Fellowship, Jerry L. Pettis VA Medical Center, Loma Linda, CA 2012-2013

**Clinical Interests**: Substance use, trauma, residential/inpatient, and multicultural/cross cultural therapy

**Research Interests**: Therapeutic common factors, trauma outcomes, and racial/ethnic identity development

**Clinical Orientation(s)**: Cognitive behavioral, dialectical behavioral, and multicultural/cross cultural

**Primary Responsibilities**: Individual and group psychotherapy in the Substance Abuse Treatment Program (SATP)

**Rotations Supervised**: SATP

**Academic Positions**: None

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

**Other**: VA EBP Training in: Cognitive Processing Therapy (CPT)

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**Shawneen Pazienza, Ph.D. – Neuropsychologist**

**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 veterans 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

Scott Steiner, Ph.D. – Team Lead 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: Trauma, attachment, and mindfulness

Clinical Orientation(s): Interpersonal psychodynamic perspectives, with a special emphasis on shortterm psychodynamic models (e.g., Accelerated Experiential Dynamic Psychotherapy); cognitivebehavioral 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

Young S. Song, Ph.D. – Counseling Psychologist, Austin MHC

Graduate School: University of Missouri-Kansas City, 2013

Internship: Captain James A. Lovell Federal Health Care Center, 2012-2013

Postdoctoral Work: Mount St. Mary’s College Counseling and Psychological Services, 2013-2014

Clinical Interests: Multicultural competency and considerations in treatment and training/supervision,

Mindfulness, Crisis intervention and Program development

Research Interests: Racial/ethnic identity development and social self-efficacy beliefs of racial minorities, Culturally unique manifestations of adult attachment styles

Clinical Orientation(s): Integrated humanistic and CBT approach, with research background in attachment theory

Primary Responsibilities: Individual and group treatment, assessment
Rotations Supervised: Mental Health Clinic (MHC)
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), Cognitive Behavioral Therapy-Chronic Pain (CBT-CP)

Olin E. Teague (Temple) VA Medical Center

Victoria Armstrong, PhD – PMRS Staff Psychologist TBI/Polytrauma
Graduate School: University of Houston, 2010
Internship: 2009-2010 VA Connecticut Healthcare System, West Haven, CT (APA Accredited)
Postdoctoral Fellowship: Neuropsychology 2010-2012 (APA-Accredited), Louis Stokes Cleveland VAMC Supervisors: John Kenney, Ph.D., ABPP. Daniel Harvey, Ph.D., ABPP & George Serna, Ph.D.
Postdoctoral Work: Gulf Coast Veterans Healthcare System, Neuropsychologist 2012-2017; University of South Alabama (USA) Part-time Adjunct Professor 2016-Present; Central Texas Veterans Healthcare System, PMRS Staff Psychologist TBI/Polytrauma, March 2017- Present
Clinical Interests: Behavioral management of chronic pain, insomnia, and mental health conditions, psychosocial and cognitive rehabilitation
Research Interests: Traumatic Brain Injury
Clinical Orientation(s): Cognitive Behavioral and Interpersonal Therapy. I am interested in gaining more training and experience with Acceptance and Commitment Therapy and Motivational Interviewing.
Primary Responsibilities: Staff psychologist embedded within the Physical Medicine and Rehabilitation Service (PMRS) with duties including health and behavior-based psychotherapeutic intervention and both neuropsychological and pre-surgical evaluations.
Rotations Supervised: Temple Rehabilitation Psychology (pending)
Professional Membership(s): National Academy of Neuropsychology

Jeff Brzostek, Ph.D. – Psychologist
Graduate School: Pacific Graduate School of Psychology, 2000
Internship: Wyoming State Hospital 1999-2000
Postdoctoral Work: San Francisco Veterans Affairs, Kaiser Permanente-Walnut Creek, CA 2000-2002
Clinical Interests: Drug and Alcohol Use, Suicide and Life-Threatening Behaviors
Research Interests: Drug and Alcohol Treatment and Relapse
Clinical Orientation(s): Psychodynamic and Cognitive Behavioral, Harm Reduction and 12-Step Facilitated
Primary Responsibilities: I am the only psychologist in the Domiciliary. I am responsible for relapse prevention group for both the substance abuse treatment program (SATP)
and employment services program (TSES), treatment team for both programs, individual therapy, Domiciliary Appeals, consult with other programs re; substance use issues

*Rotations Supervised:* Substance Abuse Treatment Program  
*Professional Membership(s):* None

**Valeta M. Cooper, Psy.D. – Psychologist, Compensation & Pension**  
*Graduate School:* Forest Institute of Professional Psychology, 2010  
*Internship:* Wichita Collaborative Psychology Internship Program, 2008-2009  
*Postdoctoral Work:* Greater Ozarks Rural Psychologists, 2010 - 2011  
*Clinical Interests:* Assessment, psychological testing  
*Research Interests:* Trauma, emotional regulation, assessment  
*Clinical Orientation(s):* Humanistic, Transpersonal  
*Primary Responsibilities:* Compensation & Pension Examinations  
*Rotations Supervised:* Compensation & Pension  
*Professional Membership(s):* National Register of Health Service Psychologists, Texas Psychological Association

**Patricia Cornett, Ph.D. – Psychologist for Hospice/Palliative Care, Community Living Center & Primary Care Behavioral Health**  
*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:* Temple Community Living Center /Hospice  
*Professional Membership(s):* APA, Division of Health Psychology, APA, Division of Neuropsychology

**Theresa M. Fernandez, Psy.D. – Staff Psychologist**  
*Graduate School:* The Illinois School of Professional Psychology, Chicago, 2015.  
*Internship:* 2014-2015 Center for Behavioral Medicine, Kansas City, MO
Postdoctoral Work: 2015-2016 University of Florida, Department of Psychiatry, Medical Psychology

Clinical Interests: Obsessive-Compulsive and Related Disorders (OCRDs), Severe and Persistent Mental Illness (SPMI), Forensic Psychology (e.g., Court-ordered competency evaluations, NGRI, sex offender treatment), mindfulness, and third-wave Cognitive Behavioral Therapy theories (e.g., Dialectical Behavioral Therapy-DBT, and Acceptance and Commitment Therapy- ACT).

Research Interests: Training clinicians for effective sex offender treatment; efficacy of DBT within inpatient populations; efficacy of Exposure and Response Prevention therapy (ERP) in the treatment of OCRDs.

Clinical Orientation(s): Integrative (primary orientations include Cognitive Therapy, DBT, ACT, and Psychodynamic Psychotherapy)

Primary Responsibilities: Staff psychologist providing psychological services (e.g., individual, couples/family, and group psychotherapy; and psychological evaluations) within the mental health clinic.

Rotations Supervised: Mental Health Clinic (MHC), Temple, TX

Professional Membership(s): American Psychological Association; Division 12 - Society of Clinical Psychology, Division 28 - Psychopharmacology and Substance Abuse, Division 29 - Psychoanalysis, Division 41 - American Psychology-Law Society, Division 42 - Psychologists in Independent Practice; American Psychoanalytic Association; American Board of Professional Psychology (early entry applicant); Illinois Psychological Association; Texas Psychological Association.

Kristen Golba, PhD – Psychologist, Temple PCMHI

Graduate School: University of Nebraska-Lincoln, Lincoln, NE

Internship: VA Central Iowa Healthcare System, Des Moines, IA; 2014-2015

Postdoctoral Work: Graduate Psychologist, RRTP (Residential Rehabilitation Treatment Program), Des Moines, IA

Clinical Interests: Translation of EBP’s to primary care setting addressing common mental health concerns (depression, anxiety, chronic pain); recovery-oriented services for serious mental illness

Clinical Orientation(s): Cognitive Behavioral Therapy, Acceptance & Commitment Therapy

Primary Responsibilities: Provide population-based care to PACT setting including brief, time-limited psychotherapy; group psychotherapy (mindfulness); consultation to PACT team members

Rotations Supervised: Primary Care Mental Health Integration (PCMHI), Temple

Professional Membership(s): APA

Stacy Gwynn, Ph.D. – Associate Chief of Staff, Mental Health & Behavioral Medicine, Central Texas VA

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:** Leadership for all mental health and behavioral medicine programs and staff across all sites of CTVHCS.
**Rotations Supervised:** N/A

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

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**Stephanie Hamilton, Psy.D. – Clinical Psychologist, Temple Mental Health Clinic**

**Graduate School:** Carlos Albizu University, 2004
**Internship:** Florida State Hospital, 2003 – 2004
**Postdoctoral Work:** Federal Detention Center, Federal Bureau of Prisons, Miami, 2009-10.

**Clinical Interests:** Post-traumatic Stress Disorder, Psychotic Disorders, Psychological Assessment, Forensic Psychology
**Research Interests:** Therapy outcome studies, Comorbid mental disorders and medical conditions, Psychological Assessment Instruments
**Clinical Orientation(s):** Cognitive Behavioral, DBT, Existential-phenomenological
**Primary Responsibilities:** Staff psychologist in Psychology Service of Mental Health Clinic, assessment of Veterans who present for walk-in clinical services involving provision of clinical diagnostic assessment, facilitation of diagnostically appropriate treatment, mental health services coordination, and crisis intervention; formal psychological assessment.
**Rotations Supervised:** Temple Mental Health Clinic

**Professional Membership(s):** American Psychology-Law Society, APA Division 41

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**Regina Hiraoka, Ph.D. – Psychologist, Temple PCT; Assistant Training Director**

**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/third wave 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
Professional Membership(s): Association of VA Psychologist Leaders (AVAPL)

Carla Hitchcock-Robinson, Ph.D. – Clinical Psychologist, Temple PCBH
Graduate School: Alliant University, 2015
Internship: Vanderbilt University/Dept of Veterans Affairs Consortium, 2014
Postdoctoral Work: Center for Anxiety and Related Disorders, Boston University and Fort Polk VA, 2018.
Clinical Interests: Adult and child outpatient; primary care mental health integration
Research Interests: TBA
Clinical Orientation(s): TBA
Primary Responsibilities: Staff psychologist in primary care behavioral health clinic at Temple Annex (off-station) primary care clinic. Provide population-based care to veterans in patient-aligned care teams including brief, time-limited psychotherapy; group psychotherapy; consultation to PACT team members/
Rotations Supervised: Primary Care Behavioral Health – Temple Annex
Professional Membership(s): TBA

Nancy Perachio, Ph.D. – Neuropsychologist
Graduate School: University of Houston, 2001, Clinical Neuropsychology
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!).

Stacey L. Rexrode, Ph.D. – Clinical Psychologist, Temple Mental Health Clinic
Graduate School: Florida State University, 1998
Internship: Eastern Virginia Medical School; Department of Psychiatry 1997-1998
**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 Elizabeths 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 Compensation & Pension; formerly with Austin MHICM Program  
**Rotations Supervised:** Compensation & Pension  
**Academic Positions:** Texas Tech University Institute for Forensic Science Adjunct Professor

**Rachel Spero-Hoy, PhD – Psychologist, Temple PCT**

**Graduate School:** West Virginia University, Morgantown, WV
Internship: Colmery O’Neil VA Medical Center, Topeka, KS; 2015-2016
Postdoctoral Work: Graduate Psychologist, Temple PCT, Central Texas Veterans Health Care System, Temple, TX; 2016-2018
Clinical Interests: Evidence-based psychotherapies, depressive disorders, anxiety disorders, posttraumatic stress disorder, posttraumatic growth
Research Interests: Trauma, posttraumatic growth, resiliency, clinical competencies, military culture
Clinical Orientation(s): Cognitive-behavioral
Primary Responsibilities: PTSD assessment and consultation, individual and group psychotherapy (primarily Cognitive Processing Therapy and Cognitive Behavioral Therapy for Depression), supervision, CPT regional trainer
Rotations Supervised: PCT Clinic – Temple
Professional Membership(s): APA

Doris Miller (Waco) VA Medical Center

Bruce W. Allen, Ph.D. – Psychologist, Mental Health Clinic
Graduate School: University of North Texas, 1992
Internship: Olin E. Teague VA Medical Center (CTVHCS), Temple, Texas 1987-88
Postdoctoral Work: Central Texas Veterans Health Care System
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: Provide services in the outpatient mental health clinic, training supervision
Rotations Supervised: Waco Mental Health Clinic

Tai Blanscet, Psy.D. – Psychologist, Blind Rehabilitation Center
Graduate School: University of Denver 2006
Internship: University of Denver Counseling Center 2006-2007
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, Mental Health Clinic

Andrew Cook, Ph.D. – Supervisory Psychologist, Recovery Program Manager, Training 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/School of Medicine, 1998-2006; Burwood Rehabilitation Hospital, New Zealand, 2007-09.

Clinical Interests: Behavioral medicine, health promotion & disease prevention, 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: Team Lead for Mental Health Intensive Case Management (MHICM) program. Psychology supervisor. Manage Waco Recovery and CTVHCS Psychology training programs.
Rotations Supervised: N/A

Academic Positions: Associate Professor (Affiliated), Department of Psychiatry & Behavioral Science, Texas A&M University 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 Topics in Geriatric Rehabilitation; Ad hoc reviewer for multiple behavioral medicine, sleep and health services journals. APA accreditation site visitor/chair.

Pamela George, Psy.D. – Clinical Psychologist, PTSD Clinic (PCT)
Graduate School: Marshall University
Internship: Lexington KY VA Medical Center
Postdoctoral Work: VA Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery
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: PCT

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)

Melissa A. Switzer, Psy.D. – Supervisory Psychologist, Residential Program Manager, Waco

Graduate School: Xavier University (Cincinnati, OH), 2015


Postdoctoral Work: CTWISHC graduate psychologist 2015-16

Clinical Interests: Recovery model and recovery-oriented services, EBPs for serious mental illness and trauma, positive psychology, and dialectical behavior therapy

Research Interests: Diversity issues, Bias towards Arab Americans, positive psychology

Clinical Orientation(s): Cognitive Behavioral, positive psychology

Primary Responsibilities: Psychology supervisor and manager for residential programs.

Rotations Supervised: Waco Women’s RISE program

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
Richard Seim, Ph.D, Director of Training, Education & Dissemination Core

Graduate School: Western Michigan University
Internship: Cincinnati VA Medical Center
Postdoctoral Work: OAA Postdoctoral Research Fellow, VISN 17 Center of Excellence for Research on Returning War Veterans
Research Interests: SUD, PTSD, anxiety disorders, homelessness
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
Rotations Supervised: COE
Academic Positions: Assistant Professor, Texas A&M Health Science Center
APPIC Match Policies: 2019-2020
(Please see http://www.appic.org/Match/Match-Policies for updates)
Adopted July 25, 2019

The following policies will guide the 2020 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.

The APPIC Board of Directors, in its sole discretion, may make changes to these policies and/or the published Schedule of Dates in unusual, unforeseen, and/or emergency circumstances.

Phase I of the Match
- The Rank Order List Submission Deadline is February 7, 2020 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase I Match Day, February 21, 2020.

Phase II of the Match
- The application deadline (see paragraph 5b) is February 27, 2020 at 11:00 a.m. Eastern Time.
- The Rank Order List Submission Deadline is March 16, 2020 at 11:59 p.m. Eastern Time.
- Results of the Match will be released on APPIC Phase II Match Day, March 23, 2020.

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 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 Clinical Training of academic programs with students participating in the APPIC Match and/or Post-Match Vacancy Service must ensure that their students understand and adhere to these policies.

d. Violations of Match Agreements and/or APPIC Policies, including the APPIC Match Policies, 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’ doctoral and/or internship programs.

2. All participants in the APPIC Match and Post-Match Vacancy Service must meet eligibility requirements and abide by the published Schedule of Dates as shown at natmatch.com/psychint.
Applicants who wish to participate in the APPIC Match must meet the eligibility requirements described in the APPIC Intern Applicant Policy, including being enrolled in a doctoral program in Health Service Psychology or Professional Psychology that meets the criteria outlined in APPIC's Policy on Doctoral Program Associates.

a. Applicants who meet the criteria outlined in paragraph 2a above may also participate in the APPIC Post-Match Vacancy Service. Applicants whose doctoral programs do not meet these criteria may participate in the APPIC Post-Match Vacancy Service if their program meets the criteria outlined in paragraphs 1a-1c of the APPIC Policy on Doctoral Program Associates and is approved by APPIC.

b. Each applicant's academic program has the authority to determine the student's eligibility for participation in the Match and Post-Match Vacancy Service and the training sites that the student is permitted to apply to, rank, and attend.

c. All APPIC-member internship programs that have positions available are required to participate in the Match. Non-member programs may participate if they meet the criteria described in the APPIC Match and Post-Match Vacancy Service Policies for Non-APPIC Member Internship Programs.

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

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

      a. Positions that are not filled in Phase I of the Match must be offered in Phase II of the Match, in accordance with paragraph 10 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, must be offered in Phase II of the Match, in accordance with paragraph 10 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 11 and its subparagraphs below.

4. **Match participants (including applicants, internship programs, and doctoral programs) must provide complete and accurate information to other Match participants, APPIC, and National Matching Services Inc.**

   a. Applicants must provide complete and accurate information to all internship sites to which they apply.

      a. Applicants and their doctoral programs must immediately notify all internship sites to which the applicant has applied in the event of any substantive change to: (i) the applicant's standing with their doctoral program (e.g., disciplinary action, being put on probation, failing a practicum); (ii) the information provided in the application materials (e.g., professional conduct items), or (iii) the applicant's eligibility to apply to or attend
an internship. Similarly, such changes must be communicated to the internship site to which an applicant has matched, both before and during the internship training year.

b. Internship programs must provide complete and accurate information to applicants concerning the internship position(s) available through the Match and Post-Match Vacancy Service, including all institutional and program policies related to eligibility requirements for appointment (e.g., successfully passing a drug test or background check). Substantive changes to internship programs and/or training experiences must be communicated to applicants in a timely manner.

5. 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.

6. 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 exemption should be clearly stated in sites’ APPIC Directory Online listings and/or public 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.

7. The communication of ranking information, which includes intention to rank or the position of any applicant or program on a Rank Order List, must adhere to the subparagraphs below.

. The following are not permitted:
  i. Internship sites must never request any ranking information from any applicant, even after the Match results are released.
ii. Applicants (or other individuals acting on their behalf, such as doctoral program faculty) must never request any ranking information from any internship site, even after the Match results are released.

iii. Internship sites must not communicate to any applicant the positioning of any applicant on their Rank Order List(s) for either Phase of the Match, even through veiled or indirect communication, prior to the release of the results for Phase II of the Match.

iv. Applicants must not communicate to any internship site the positioning of any program on their Rank Order Lists for either Phase of the Match, even through veiled or indirect communication, prior to the release of the results for Phase II of the Match.

a. The following are permitted, but not required:

i. Sites and applicants are allowed to communicate about matters that do not involve the sharing of ranking information.

ii. 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).

iii. Following the release of the results for Phase II of the Match, internship programs and applicants may voluntarily disclose their rankings, but are not obliged to do so.

b. 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."

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' 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 communicated between applicants and internship programs, even if such communication is a violation of these policies, is non-binding and subject to change 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.

8. 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.

9. 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 Directors of Clinical Training.

10. Positions that remain unfilled in Phase I of the Match must be offered in Phase II of the Match. 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, must also be offered in Phase II.

   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 publicize or 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 5 above.

11. **Upon completion of both Phases of the APPIC Match, internship programs that have one or more open positions may publicize these positions in the Post-Match Vacancy Service or by other means. Programs may make offers of admission (verbal or written) to eligible applicants who are not already matched, even if those applicants did not participate in the APPIC Match.**

   Internship programs that have or anticipate having open positions after completion of Phase II of the Match may not take any actions to publicize or 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 9a and 9b above.

12. **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 Directors of Clinical Training, 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 Directors of Clinical Training 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 Agreements that are not resolved informally may be submitted as a formal complaint to APPIC. Formal complaints are investigated by APPIC, and the APPIC Board of Directors will ultimately determine the course of action. Instructions for filing a formal complaint are available on the APPIC web site.
Internship Program Admissions

Date Program Tables are updated: 8/1/19

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

The Central Texas Veterans Health Care System offers a doctoral internship program to U.S. citizens who are enrolled in a doctoral degree program in Clinical or Counseling Psychology at an APA-accredited institution. The CTVHCS internship program requires that applicants have completed at least 1200 total practicum hours (assessment + intervention + supervision) prior to the start of internship (see details below). 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. 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.

Factors considered by the committee in selecting interns include:
- the breadth and depth of clinical experience obtained through practicum training;
- scholarly preparation evidenced by academic transcripts, research experience, and publications and presentations;
- 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.
- preference to applicants who have completed or are well advanced towards the completion of their doctoral dissertation.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment (Please refer to our training brochure for additional details about these requirements):

2. U.S. Social Security Number.
3. Selective Service Registration.
4. Fingerprint Screening and Background Investigation.
5. Drug Testing.
6. Affiliation Agreement with academic graduate program.
7. TQCVL: To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL).
   a. Health Requirements.
   b. Primary source verification of all prior education and training is certified via the TQCVL.
8. Additional On-boarding Forms.
9. Proof of Identity per VA.
**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Required</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td>Yes</td>
<td>400</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>Yes</td>
<td>200</td>
</tr>
</tbody>
</table>

**Describe any other required minimum criteria used to screen applicants:**

Applicants are expected to 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.

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**Financial and Other Benefit Support for Upcoming Training Year***

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$26,166</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**If access to medical insurance is provided:**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Other Benefits (please describe):**

Dental insurance, life insurance, professional development time (e.g., dissertation defense, VA interviews, conference attendance)

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*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table*
**Initial Post-Internship Positions**

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Total # of interns who were in the 3 cohorts</th>
<th>2015-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
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<tr>
<td>Independent research institution</td>
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</tr>
<tr>
<td>Correctional facility</td>
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<td>0</td>
</tr>
<tr>
<td>School district/system</td>
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<tr>
<td>Independent practice setting</td>
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</tr>
<tr>
<td>Not currently employed</td>
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<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
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<tr>
<td>Other</td>
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</tr>
<tr>
<td>Unknown</td>
<td>0</td>
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</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.