



Psychology Internship Program

<https://www.va.gov/richmond-health-care/work-with-us/internships-and-fellowships/psychology-services>

Central Virginia VA Health Care System

Director of Training for Psychology (116B)
1201 Broad Rock Blvd
Richmond, Virginia 23249

(804) 675-5000, extension 2362

[VA Richmond Health Care | Veterans Affairs](#)

MATCH Numbers:

General Track 206911

Health and Medical Psychology Track 206912

Neuropsychology Track 206913

Interprofessional Geropsychology Track 206914

Application Deadline: November 3, 2024

Internship Start Date: July 28, 2025

Accreditation Status

The psychology internship at the **Central Virginia VA Health Care System** (CVHCS) was accredited by the Commission on Accreditation (CoA) of the American Psychological Association in June 2017 for ten years. Our next site visit is in the Fall of 2027.

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

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE

Washington, DC 20002-4242

(202) 336-5979

<http://www.apa.org/education/grad/program-accreditation.aspx>

The psychology internship has been a member of the Association of Postdoctoral Psychology and Internship Centers (APPIC) since December 2008 and participates in the National Match. To view the APPIC Directory, obtain the most recent version of the AAPI, and to access APPIC Policies, go to the APPIC website at www.appic.org. The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/.

We have 3 positions in our General Track, 1 position in our Health and Medical Psychology Track, 1 position in our Neuropsychology Track, and 2 positions in our Interprofessional Geropsychology track.

Eligibility

ELIGIBILITY REQUIREMENTS FOR ALL PROGRAMS

There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review the information in the website below prior to applying. The website provides specific information regarding eligibility requirements and information regarding the process of being appointed to a VA position following the selection process. Please note that there are citizenship, health, and background requirements for eligibility.

Eligibility requirements may also be found at the following website:

<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

ADDITIONAL ELIGIBILITY CRITERIA FOR THIS INTERNSHIP

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Approval for internship status by graduate program training director
3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There is a clear focus on quality of training experiences rather than total hours.

NOTE TO APPLICANTS AND DIRECTORS OF TRAINING AT DOCTORAL PROGRAMS

We will not assign letter grades for internship performance. Upon request we will complete forms provided by the intern's doctoral program and will provide copies of our completed evaluations. The home program is sent a letter six-months through internship summarizing the intern's training experiences to date and overall progress. A final letter is sent upon completion of the training year to summarize the intern's training experience including rotations completed and stating successful or unsuccessful demonstration of competencies measured.

Application & Selection Procedures

Candidates' materials are reviewed by the training committee psychologists. Reviewers evaluate the applicant's ability, record of achievement, interests and potential compatibility with the internship program. These rankings may be used to prioritize interview offers. All applications received by the deadline are reviewed.

Applicants invited for interviews will be notified by e-mail in early December. We are planning to hold virtual information days and virtual interviews.

Selection Process

A selection committee composed of psychologists involved in training reviews applications. Applicants may seek consideration for one or multiple tracks. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness-of-fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. The CVHCS in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring diverse training classes, and we actively recruit and rank candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, gender identities, sexual orientations, disabilities, and life experiences.

Interview Process

Interviews are required of all applicants who make the final selection round. Interviews will involve an informational session with the training directors, interviews with training staff for each track to which you applied, a virtual tour of our clinical and research facilities, an informational session with current interns, and an opportunity to meet with and ask questions of track-specific supervisors. We will gladly attempt to accommodate those who require alternate methods of interviewing upon request. **These interviews and information days will be conducted January 6th, 8th, and 10th.**

Should you choose to apply, please go to the APPIC Website at <http://www.appic.org/> and complete the online AAPI. Please make sure you have included the following materials in your online AAPI.

1. Curriculum Vitae
2. Graduate transcripts
3. Three letters of recommendation
4. A cover letter of interest describing your past training, experiences with assessment, EBTs and group therapy, and career goals. **Your cover letter should also indicate to which track(s) you are applying.**

Our APPIC Match Numbers are:

General Internship Track	206911
Health and Medical Psychology Track	206912
Neuropsychology Track	206913
Interprofessional Geropsychology Track	206914

5. The APPIC Application for Psychology Internship (AAPI)
6. Supplemental Material (please submit in the online application in the Supplemental Section):

- a. **General Track and Geropsychology Track applicants**, please submit a recent adult psychological assessment report that includes the integration of intellectual or cognitive measures and measures of psychological functioning with a clinical interview. There should be no identifying information included.
- b. **Health and Medical Psychology Track applicants**, submit a work sample such as an intake, treatment plan/conceptualization, pre-surgical evaluation or discharge summary of a case involving health or primary care mental health issues. There should be no identifying information included
- c. **Neuropsychology Track applicants**, please submit a recent adult neuropsychological assessment report that includes the integration of intellectual or cognitive measures and measures of psychological functioning with a clinical interview. There should be no identifying information included.

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(804) 675-5000, extension 2362
Email: Thomas.Campbell4@va.gov

If there are questions about the internship program or if you need to check the status of your application, please email or call Dr. Campbell.

Notification Procedures

The internship program follows APPIC guidelines regarding offers and acceptance of internship positions. APPIC policy may be subject to change and modification. Applicants should, therefore, be in contact with their program director for the most up-to-date guidelines. A copy of current APPIC policies regarding uniform notification procedures is available on the APPIC website. To view the APPIC Directory, obtain the most recent version of the AAPI, and to access APPIC Policies, go to the APPIC website at www.appic.org. The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/.

National Matching Service may be contacted at:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario
Canada M4S 3B1
Telephone: (416) 977-3431

or
National Matching Services Inc.
P.O. Box 1208
Lewiston, NY 14092-8208
Telephone: (716) 282-4013

Psychology Setting

The Central Virginia VA Health Care System comprises the Richmond VA Medical Center and surrounding outpatient clinics in Henrico County, Charlottesville, Fredericksburg, and Emporia, Virginia.



There are nearly 80 full-time, doctoral level psychologists participating in a wide range of activities in the Healthcare System. In addition to traditional roles in Mental Health, staff psychologists are critical members of the Substance Abuse, PTSD, Polytrauma and TBI, Spinal Cord Injury and Disorders (SCI&D), Geriatric/Homebased Care, Surgery, Oncology, Consultation and Liaison, and Primary Care-Mental Health programs, among others. The Central Virginia VA Health Care System is a lead healthcare system in the Department of Veterans Affairs and is privileged to offer many specialty programs (e.g., one of five national VA Polytrauma sites, a regional SCI&D specialty center, & Transplant Services) which include psychologists and allow for unique training and career development opportunities. Our training program includes post-doctoral fellowship and practicum positions in these areas as well. Staff and trainees benefit from our strong relationship with the faculty and students of the doctoral programs in Clinical and Counseling Psychology as well as with psychologists at the Virginia Commonwealth University (VCU) and VCU Health Systems; many of our psychologists hold faculty appointments at VCU.

The CVHCS serves a wide range of Veterans. Below is a table showing some of the most recent demographic statistics of our Veteran patients. Veteran patients are prompted to choose from these categories when enrolling.

Gender:	
Male	85%
Female	15%

Race:	
American Indian or Alaskan Native	<1%
Asian	1%
Black or African American	35%
Declined to Answer	1%
Multiple	1%
Native Hawaiian or Pacific Islander	<1%
Unknown	9%
White	52%

Ethnicity:	

Hispanic or Latino	3%
Not Hisp. or Lat.	85%
Declined to Answer	<1%
Unknown	12%

Era of Service	
Korean War	3%
Persian Gulf War (includes post-9/11)	52%
Post Korean War	2%
Post Vietnam War	13%
Unknown	<1%
Vietnam	29%
World War II	1%
Other	1%

Training Model and Program Philosophy

Our program is built upon a scientist-practitioner model of training. We support the view that good clinical practice is based upon the science of psychology. The science of psychology is informed by the experience of working with a variety of patients and supervisors and professionals from other disciplines. Our approach to training encourages clinical practice that is evidence-based and integrates the current state of scientific knowledge with the complexities of individual patients. In essence, we emphasize training as a process of learning techniques which prepare trainees to make a laboratory of their applied setting. While trainees may ultimately develop careers that favor one aspect of the model more than the other, our expectation is that clinicians will practice from a scientific basis with clinical sensibility. Our Interns are encouraged to participate in ongoing scholarly opportunities such as journal clubs and supported in efforts to contribute to staff research projects.

Research

The majority of an intern’s time during any APA-accredited internship is spent developing clinical skills. We believe those clinical skills are improved when informed by scientific evidence. All interns are provided time during the year to engage in a scholarly endeavor. We work with interns to help them develop “next level skills” in research. We initially assess the interns research skills and guide them in developing a plan to increase those skills. For interns who come to us with highly developed research skills, this might mean (for example) applying for a VA innovation award. For those with less exposure to clinical research, it might mean engaging in something less complex but still highly enriching. Interns interested in further developing research skills may elect to participate in staff-led research projects or projects involving research at Virginia Commonwealth University. The Central Virginia VA Health Care System is also a leading site for VA Innovation projects, with several of our psychology staff and trainees receiving Innovation Awards in recent years.

Fellowships (Residencies)

The Central Virginia VA Health Care System has four fellowship positions across two, 2-year programs.

The Mental Health Research, Education, and Clinical Center (MIRECC) fellowship is primarily research-focused (75% time dedicated to research) specializing broadly in post-deployment mental health. We plan to recruit for one MIRECC fellow for the 2025-2027 cycle. More information about the MIRECC fellowship can be found here:

<https://www.va.gov/richmond-health-care/work-with-us/internships-and-fellowships/psychology-services/>

We also host a Rehabilitation Psychology Postdoctoral Fellowship which includes 25% time dedicated to research endeavors. This fellowship was the first Rehabilitation Psychology Fellowship in the VA Health Care System receive specialty accreditation in Rehabilitation Psychology by the American Psychological Association (and 2nd fellowship to be accredited as such in the nation). We are also founding members of the Committee of Rehabilitation Psychology Postdoctoral Training Programs (CRPPTP). We plan to recruit one fellow for the 2025-2027 training cycle. More information about the Rehabilitation Psychology Postdoctoral Fellowship can be found here: <https://www.va.gov/richmond-health-care/work-with-us/internships-and-fellowships/psychology-services/>

Program Aims, Competencies, and Expected Outcomes

The aim of the program is to prepare and graduate interns who have the knowledge and skills necessary for competent practice in post-doctoral fellowship and entry-level staff positions as clinical psychologists within a variety of clinical and research settings. It is expected that graduating interns will be eligible for licensure upon completion of their degree and will be competitive applicants for post-doctoral fellowship or entry-level staff positions.

To this end, training is structured around the APA Profession-Wide and Competencies, which span the following domains:

- Research
- Ethical and Legal Standards
- Ability to work with a wide range of patients
- Professional Values, Attitudes and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention
- Consultation and Interprofessional skills
- Supervision

Interns develop and broaden their knowledge and skills in seminars, weekly individual and group supervision and consultation, and interdisciplinary meetings. As a foundation for competent, independent practice, seminars and supervision focus on mastery of

standardized psychological and neuropsychological screening protocols and implementation of evidence-based care models for PTSD, Substance Abuse, Traumatic Brain Injury, SMI, Insomnia, and Depression. Successful interns must demonstrate entry-level competence in the following areas:

Competency Area One: Research

- Intern demonstrates substantially the ability to critically evaluate research or other scholarly activities
- Intern disseminates research or other scholarly activities at the local, regional, or national level.

Competency Area Two: Ethical and Legal Standards

- Intern demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct
- Intern demonstrates awareness of and acts in accordance with relevant laws, regulations, rules, and policies governing health services psychology at the VA, local, state, regional, and federal levels
- Intern is knowledgeable of and acts in accordance with relevant professional standards and guidelines
- Intern recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.
- Intern conducts self in an ethical manner in all professional activities.

Competency Area Three: Ability to work with a wide range of patients

- Intern demonstrates an understanding of how their own personal/cultural history may affect how they understand and interact with people different from themselves
- Intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional rules
- Intern demonstrates the ability to apply a framework for working effectively with a range of patients
- Intern demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own

Competency Area Four: Professional Values, Attitudes and Behaviors

- Intern behaves in ways reflective of the values, attitudes and spirit of psychology including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Intern engages in self-reflection regarding one's personal and professional functioning and engages in activities to maintain and improve performance, well-being, and professional effectiveness
- Intern actively seeks and demonstrates openness and responsiveness to feedback and supervision
- Intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training

Competency Area Five: Communication and Interpersonal Skills

- Intern develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- Intern demonstrates a thorough grasp of professional language and concepts, and produces, comprehends, and engages in communications that are informative and well-integrated
- Intern demonstrates effective interpersonal skills and the ability to manage difficult communications well

Competency Area Six: Assessment

- Intern demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Intern demonstrates behavior within its context (e.g., family, social, societal, and cultural)
- Intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
- Intern demonstrates the ability to apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics
- Intern demonstrates the ability to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment
- Intern demonstrates the ability to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, and distinguish the aspects of the assessment that are subjective from those that are objective
- Intern guards against decision-making biases, distinguishing the aspects of the assessment that are objective from those that are subjective.
- Intern demonstrates the ability to communicate findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Competency Area Seven: Intervention

- Intern demonstrates the ability to establish and maintain effective relationships with the recipients of psychological services
- Intern demonstrates the ability to implement interventions informed by the current scientific literature, assessment findings, patient characteristics, and contextual variables
- Intern demonstrates the ability to apply the relevant research literature into clinical decision making
- Intern demonstrates the ability to modify and adapt evidence-based approaches

- effectively when a clear evidence-base is lacking
- Intern demonstrates the ability to evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation

Competency Area Eight: Supervision

- Intern applies the knowledge of supervision and practices in direct or simulated practice with psychology trainees, or other health professionals
- Intern applies the supervisory skill of observing in direct or simulated practice
- Intern applies the supervisory skill of evaluating in direct or simulated practice
- Intern applies the supervisory skill of giving guidance and feedback in direct or simulated practice

Competency Area Nine: Consultation and Interprofessional/Interdisciplinary Skills

- Intern demonstrates knowledge and respect for the roles and perspectives of other professionals
- Intern applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other healthcare professionals, interprofessional groups, or systems related to health and behavior

Program Structure

We have four tracks:

- | | |
|--|---------------|
| 1) General Track | 206911 |
| 2) Health and Medical Psychology Track | 206912 |
| 3) Neuropsychology Track | 206913 |
| 4) Interprofessional Geropsychology Track | 206914 |

Applicants may apply to one or multiple tracks; **please make it clear in your cover letters for which tracks you wish to be considered.** The primary difference between the General Track and the three specialty tracks is the choice of major rotations available to General Track interns versus the year-long concentration in Health and Medical Psychology, Neuropsychology, and Interprofessional Geropsychology Tracks (see description below).

Experiences common to all tracks:

All interns, regardless of track, share several, year-long experiences in the Mental Health Clinic (MHC). In the MHC an intern conducts intakes and in-depth psychological evaluations, and conducts approximately five outpatient individual therapy cases or group therapy sessions weekly. Interns will be provided specific training in evidence-based suicide risk identification, mitigation, and safety planning with the aim of developing increased confidence in working with higher-risk clients. Some interns may elect to have their year-long experience in the Women’s Mental Health program rather than in the MHC. See “Women’s Mental Health” in the rotation descriptions below for more information.

All interns are exposed to core EBTs beginning with Motivational Interviewing (MI). Through didactic experiences and group consultation (including use of role-plays and recorded sessions) interns will learn and demonstrate entry-level psychologist competency in the use of MI. Following this experience, interns may elect to focus on developing skills using EBTs such as (but not limited to) Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Therapy for Insomnia (CBTi), Acceptance and Commitment Therapy (ACT) and Dialectical Behavioral Therapy (DBT).

All interns will have individual outpatient case supervision and rotation supervision weekly. Outpatient cases will come from the Outpatient Mental Health Clinic, PTSD Program, and the Military Sexual Trauma programs. Additionally, all interns participate in the weekly mental health intake/assessment supervision and case conference. Interns are expected to demonstrate competency across all areas and may choose to develop more advanced skills in areas such as neuropsychological evaluation if desired. Group psychotherapy options include Cognitive Processing Therapy, CBT for Depression, Unified Protocol (UP), Seeking Safety, DBT Skills Group, Skills Training in Affective Interpersonal Regulation (STAIR), Cognitive Behavioral Therapy for Insomnia, Pain Management, Anger Management, Moral Injury, Mindfulness, Social Skills and Recovery Groups, among others.

Ultimately skill, knowledge and competency are determined through observation using a combination of live supervision and review of recorded sessions. Interns receive individual supervision from rotation supervisors, weekly group supervision for intakes, and weekly, individual supervision for ongoing therapy cases. Our interns' training experiences are graduated to ensure they demonstrate core skills necessary to conduct a thorough initial assessment, to formulate initial diagnosis, to guide recommendations for more specialized psychological assessment, and to generate treatment recommendations and planning. Assessment experiences become increasingly complex and include the ongoing use of measures to track progress in treatment. Seminars and didactics include review of research regarding empirically based treatments (EBTs) for specific problems and the use of measures to track therapy progress/outcomes.

Didactic offerings vary year-to-year based on feedback from prior internship cohorts and staff availability. At least one didactic early in the training year focuses on helping Interns navigate the Postdoctoral Fellowship/job search process.

These year-long experiences provide a strong foundation for a generalist internship and allow the intern to focus all their major rotations on areas in which they may want to develop more specialized competencies.

Rotations and track experiences are described below. Note: Due to the time between publication of the brochure and the start of internship, supervisors for each rotation are subject to change. While we anticipate all of these experiences being available, extenuating circumstances may require us to shift training experiences or modalities to ensure trainee

and Veteran safety and development of trainee competence.

General Internship Track Specifics:

We have 3 positions annually for the **General Track**. Interns on the **General Track** have three, four-month long major rotations from the options below. Major rotations usually take up around 20 hours per week, and offer interns the opportunity for exposure to a range of professional activities.

Interns in the General Track may also elect to choose rotations such that they specialize in a particular area (for example, Rehabilitation Psychology, Serious Mental Illness, Trauma) by selecting multiple rotations in those areas.

Mental Health Clinic (4 month major rotation):

This rotation is in addition to the year long experience required of all interns. Interns selecting this rotation will gain additional experiences with outpatient mental health responsibilities of a clinical psychologist. Interns enhance knowledge and proficiency in the assessment of severe psychopathology and personality disorders; and disorder-relevant cognitive functions. Trainees learn to adapt empirically-supported interventions to match the goals of patients with severe and persistent mental disorders and to assist them with developing strategies for relapse prevention. Interns are assigned individual cases and may participate as co-leaders of psychotherapy and psychoeducational groups. Depending on the intern's interests and caseload, the intern may have the opportunity to co-lead additional outpatient groups (e.g., Military Sexual Trauma, DBT, Social Skills Training, Understanding the Effects of Trauma, Cognitive Processing Therapy, Grief, Nightmare Reduction, etc.).

Substance Abuse Treatment (4 month major rotation):

Interns selecting this rotation will gain additional experiences treating patients with substance use disorders. There is an emphasis on group therapy that is delivered to Veterans receiving inpatient or outpatient care. Interns will also work collaboratively with numerous other disciplines to develop care plans for Veterans. Furthermore, there is a unique opportunity to gain experience with an integrative model of CBT which is called Transcending Self Therapy. There may be opportunity to engage in program evaluation or outcome measurement efforts.

Interns may also have the opportunity to contribute to the development and refinement of a virtual reality (VR) platform for patients misusing substances. This VR platform is an industry leader and that was developed by the supervisor of the SATP rotation and the VR platform is being deployed across the country. Virtual care, developing, refining, and deploying technology to improve mental health care is an opportunity for skill development during this rotation.

Inpatient Psychiatric Unit (4 month major rotation):

Interns selecting this rotation will gain additional experiences with inpatient mental health responsibilities of a clinical psychologist. Interns will gain enhanced knowledge and proficiency in the assessment of severe psychopathology and personality disorders and disorder-relevant cognitive functions. Trainees learn to adapt empirically-supported interventions to match the goals of patients with acute or persistent mental disorders. Interns will have opportunity to facilitate therapy groups, perform brief individual therapy, provide psychological assessments, participate as a member of the interdisciplinary treatment team, and complete consults. There may be opportunity to engage in program evaluation or outcome measurement efforts.

PTSD Clinical Team (PCT) (4 month major rotation):

The Richmond VAMC PTSD Clinical Team consists of assessment, individual (including trauma-focused), and group treatments for PTSD. Due to the high concentration of Veterans in Central Virginia, Richmond VAMC has one of the highest rates of patients with PTSD in the nation. Psychologists and psychology interns serve as part of an Interdisciplinary Team (IDT) that includes social workers, occupational therapists, and trainees under these professionals. Training opportunities include **1) Assessment:** Conducting diagnostic interviews to determine if a PTSD diagnosis is appropriate for a patient and, if so, collaboration to decide the best treatment option. **2) Group Treatment:** Leading groups among the many opportunities Richmond VAMC has for group treatment of PTSD. Interns would likely run PTSD Recovery Group, a 10-session program designed to educate Veterans about PTSD and to teach them coping skills to help manage their PTSD symptoms. Interns may have opportunities to lead other groups including Anger Management, Cognitive Processing Therapy (CPT), and Rational Emotive Behavioral Therapy (REBT). **3) Individual (Trauma-Focused) Treatment:** Conducting individual therapy with veterans with PTSD including the use of Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Conjoint Therapy (CBCT-PTSD), Imagery Rehearsal Therapy (IRT) for nightmares, and Adaptive Disclosure for moral injuries. **4) IDT Collaboration:** Opportunities to observe/cotreat with other members of the IDT when indicated; Participation in weekly IDT team meetings.

PTSD/SUD Program (4 month major rotation):

This outpatient rotation provides services to veterans with both PTSD and Substance Use Disorders, as well as other common co-morbidities such as depression, insomnia, and complex traumatic stress disorders. PTSD/SUD treatment is offered to veterans with all forms of trauma, including child abuse and neglect, military sexual trauma, combat and war zone trauma, accidents, and other traumatic incidents. Interns work under the supervision of the PTSD/SUD Specialist and will work on both the PTSD and the SATP Teams. Treatment modalities include intake/triage and group, individual, and couple's therapies. Interns will move through watching treatment to co-leading treatment to leading it. PTSD/SUD Program treatment is focused on three stages of recovery as outlined by Judy Herman: Safety and Stabilization, Remembrance and Mourning, and Reconnection. Emphasis is placed on learning evidence-based practices such as Seeking Safety, Dialectical Behavior Therapy

Skills Training, Motivational Interviewing, Cognitive Processing Therapy, Mindfulness Meditation, Trauma-Focused Cognitive Behavioral Therapy, Imagery Rehearsal Therapy, and Adaptive Disclosure for moral injury.

Women's Mental Health (year-long experience only):

This experience will provide training opportunities focusing on providing outpatient mental health services to Women Veterans. Interns will gain experience with providing evidence-based individual and group therapies focusing on a variety of general mental health conditions such as PTSD, depression, anxiety, serious mental illness, insomnia, family/relationship distress, disordered eating and chronic pain. Interns will also have the opportunity to work with issues that disproportionately affect Women Veterans, such as reproductive mental health concerns or military sexual trauma (MST).

Military Sexual Trauma (4 month major rotation):

Interns selecting this rotation will gain specialized experiences working with Veterans who have experienced Military Sexual Trauma (MST). Interns enhance knowledge and proficiency in the assessment and treatment of single or multiple traumatic experiences, including complex trauma starting in childhood. Primarily working from evidence-based treatments, interns are assigned individual cases and may participate as co-leaders of psychotherapy and psychoeducational groups.

Health and Medical Psychology (4 month major rotation):

Interns gain general knowledge and skill in the field of Health and Medical Psychology and may select from the following experiences: *Weight Management, Psycho-Oncology, Chronic Pain Integrative Health Clinic (VIP), Headache Center of Excellence (HCoE), or Pre-Surgical Assessment and Consultation-Liaison/Behavioral Medicine* (***please see Health and Medical Psychology Track below for more detailed training descriptions**). Training experiences will also encompass assessment of personality, psychopathology, cognitive processes, and motivation related to acute and chronic illness self-management. Interns will develop competencies for brief, evidence based psychological interventions related to acute and chronic illness adjustment, pain management, non-adherence to medical regimens, smoking cessation, weight management, insomnia, etc. While contingent upon training experience, interns will have the opportunity to develop consultative skills and collaborate among interdisciplinary health care providers within either outpatient and/or inpatient medical setting.

Interns wishing to gain more specialized experience in health and medical psychology may apply to our Health and Medical Psychology specialty track.

Neuropsychology (4 month major rotation):

Interns gain knowledge, skills, and experience in providing direct psychological care to veterans in both inpatient and outpatient settings. Outpatient consults in the neuropsychology

service are typically generated by mental health, primary care, and neurology services. Outpatient consults are for a wide variety of veterans crossing the age spectrum as well as a wide variety of mechanism of injury or illness (i.e., stroke, traumatic brain injury, brain tumor). Delivery of inpatient care would occur on the Spinal Cord Injury unit as well as on medical and surgical units through the Consultation and Liaison Service. Opportunities to complete both neuropsychological screenings and comprehensive neuropsychological evaluations are available to trainees. Trainees will also be involved in team meetings and conducting feedback session with veterans and family members.

Interns wishing to gain more specialized experience in neuropsychology may apply to our Neuropsychology specialty track (below).

Geropsychology (4-month major rotation):

Interns gain knowledge, skills, and experience in providing direct psychological care with older adult veterans in both inpatient and outpatient settings. Delivery of person-centered and trauma-informed care is based in several areas within the Community Living Center (CLC), (including the palliative care/ hospice unit and longer-term dementia care unit), the Geriatric Evaluation (GE) outpatient clinic, and Home-Based Primary Care team. Interns will become knowledgeable about the unique psychological and medical issues associated with aging. Trainees will serve as team members on several different interdisciplinary teams and work to develop consultation skills with those disciplines. Emphasis is placed on psychotherapy and care-partner support, diagnostic interviewing, behavior management (particularly of dementia-related behavioral disturbances via functional assessment, hybridized behavioral analysis, behavioral intervention, as well as STAR-VA, which adds gero-centered components based on person-centered dementia care approaches), cognitive and decision-making capacity evaluation, end-of-life issues, and factors associated with treatment and care of dementia. There are opportunities for program development and psychoeducational presentations for patients and staff. Interns may choose to focus specifically on clinical geropsychology, geriatric neuropsychology, or a combination of both.

Interns wishing to gain more specialized and diversified experience in geropsychology may apply to our Interprofessional Geropsychology specialty track (below).

Rehabilitation Psychology Rotations (4-month major rotations):

These rotations are all 4 months long and include the Polytrauma Rehabilitation Center, the Polytrauma Transitional Rehabilitation Program, the Polytrauma Network Site (PNS), and the Spinal Cord Injury (SCI) unit. The Rehabilitation Psychology training experiences are in accordance with the competencies outlined by the Baltimore Conference and APA Division 22, Rehabilitation Psychology. Interns can elect to complete one, two, or all three of these rotations during their internship year.

Polytrauma: This rotation involves work in the Polytrauma Rehabilitation Center (PRC) or Polytrauma Transitional Rehabilitation Program (PTRP), which are acute

inpatient and residential treatment settings, respectively, for individuals with acquired brain injury (TBI, stroke, etc.). Interns may select one program for four months, or two programs for two months each. In both settings, interns work as members of an interdisciplinary team consisting of the full complement of rehabilitation professionals (e.g., physicians, nurses, speech language pathologists, occupational therapists, physical therapists, kinesiotherapists, recreational therapists, social workers, vision therapists). Interns participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Interns may also provide education, support and intervention to family members, who often stay in a special residence on our grounds during the patient's rehabilitation and are frequently present with patients. Interns work with patients and families in both individual and group settings.

Spinal Cord Injury: This is an inpatient/outpatient rehabilitation program. Interns will be members of an interdisciplinary team consisting of physicians, nurses, therapists (PT, OT, KT, RT, SLP), and other providers. Interns will work individually with patients and also lead education and therapy groups (e.g., New Injury Adjustment group, SCI/D Chronic Pain Management Series, MET Tobacco Cessation group), conduct assessments, utilize biofeedback, and consult with team members; opportunities exist to utilize telehealth for clinical care, as well. Interns will learn extensive information about spinal cord injury and associated medical conditions.

Compensation and Pension (4-month major rotation):

Interns gain knowledge, skills, and experience in providing psychological assessment services in response to compensation and pension (C&P) claims filed by Veterans for mental health conditions. Interns will provide C&P examinations for Veterans claiming mental health conditions related to military service. Interns will perform evaluations for patients with a variety of psychological, neuropsychological, and neurological disorders including dementia, stroke, TBI, movement disorders, learning disability, mood disorders, and personality disorders. Interns will conduct thorough record review, formulate medical opinions, and submit written reports to Veteran Benefits Administration (VBA) for the purpose of adjudicating claims.

Health and Medical Psychology Track:

We have 1 position annually for the **Health and Medical Psychology Track**. Interns on this track select three rotations from the following options.

Weight Management (4-month major rotation):

This rotation focuses on the psychological, social, and behavioral aspects of obesity and weight management. It addresses many psychological dimensions related to weight including body image, stigma, health behaviors, eating disorders, substance use, co-morbid mental

health conditions, non-adherence to medical regimens, illness adjustment issues and social context. The following experiences are available to the trainee: trainees can expect to serve as a member of the bariatric surgery interdisciplinary team; assessment of patients being considered for bariatric surgery or medical procedures; assessment of personality, psychopathology, and cognitive processes in relation to health problems; short-term individual psychotherapy and behavior management plans; co-lead bariatric education and support groups. Multiple treatment interventions are used including Motivational interviewing, CBT, ACT, Solution Focused Therapy, and Problem-Solving Therapy. There are also research opportunities available in the bariatric surgery clinic.

Psycho-Oncology (4-month major rotation):

This rotation focuses on the psychological, social, behavioral, existential and ethical aspects of cancer care. It addresses two main psychological dimensions of cancer care. First, the psychological responses to cancer at all stages of the disease, including that of families and caretakers. Second, the psychological, behavioral and social factors that may affect the disease process. At VAMC Richmond, Oncology is staffed by collaborative interdisciplinary teams (Medical Oncology, Radiation Oncology and Surgical Oncology). Psychology Interns may expect to work with a cadre of medical and psychosocial disciplines. There are multiple training opportunities in assessment and treatment, including co-occurring conditions. Treatments span an array of psychological difficulties, adjustment, adherence, affective disorders, psychoses, substance abuse, trauma and other stressor-related disorders, anxiety disorders, cognitive impairment, and personality disorders. As such, the biopsychosocial treatment approach includes Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Third-Wave CBT techniques, Dignity Therapy, Existential, and Interpersonal interventions. Interns may have the opportunity to co-facilitate a cancer support group. Interns will maintain an individual case load, provide inpatient services, and attend IDT's and pre-conferences as an active member of the teams. Interns receive weekly supervision and can anticipate actively working alongside the supervisor.

Chronic Pain (4-month major rotation):

This rotation focuses on the psychological, social, and behavioral aspects of chronic pain and the various non-pharmacological behavioral and integrative therapies used to treat it. Diverse training opportunities in pain psychology exist in several unique settings that utilize interdisciplinary pain teams within a Biopsychosocial Model of Pain Care framework in the VA Stepped Care Model for Pain Management. Interventions across services broadly target the many psychological dimensions related to chronic pain, including: pain self-management; health behavior change (i.e., sleep, diet, exercise, etc.); adjusting pain cognitions; managing co-morbid mental health conditions; as well as illness adjustment issues and social context. Interns will receive 2 hours of weekly supervision and actively work alongside the supervisor.

Chronic Pain Training Services:

Active Management of Pain (AMP) Interdisciplinary Intervention:

AMP is a novel, manualized interdisciplinary co-treatment for chronic pain management and empowerment. It combines pain neuroscience education, cognitive behavioral techniques, and mindfulness practices to facilitate engagement in meaningful activities and reduce one's pain experience. Training experiences can include completing interdisciplinary intakes, facilitating co-treatment group sessions with AMP-trained psychologist and physical therapist, and engaging in group activities.

Primary Care Pain Psychology:

Primary Care Pain Psychology triages veterans referred through primary care and offers group therapies designed to improve pain self-management, such as CBT for Chronic Pain (CBT-CP), CBT for Insomnia (CBT-I), Emotional Awareness and Expression Therapy (EAET), and other mindfulness and resiliency-based interventions. This service involves working with an interdisciplinary team (e.g., pharmacy, medicine, health coach) to treat veterans who are referred to the Primary Care Pain Management Clinic to improve the functionality, quality of life, and safety in veterans who experience chronic pain.

Trainees may assist with triaging referrals to the pain psychology service, facilitating psychoeducational programs, and/or facilitating group therapies. For those with a special interest in medication assisted treatment (MAT) and/or working with veterans with complex conditions and co-morbidities, opportunities may be available to conduct biopsychosocial intake assessments; develop collaborative treatment plans; and participate as a member of the Primary Care Pain Management interdisciplinary team.

Veterans' Integrated Pain (VIP) Center:

Interns will serve as a member of the VIP interdisciplinary team; conduct functional intake assessments of patients with chronic pain; develop collaborative treatment plans; facilitate individual and group therapies; and work alongside integrative services conducted by members of the interdisciplinary team (i.e., acupuncture, Tai Chi, biofeedback, chiropractic care, etc.). Multiple treatment interventions are used, including CBT, ACT, mindfulness-based approaches, and motivational interviewing.

Pre-Surgical Assessment/Consultation-Liaison/Behavioral Medicine (4-month major rotation):

This rotation focuses on pre-surgical psychological assessment as a component of the medical evaluation process for solid organ transplant (e.g., liver, kidney, heart) and ventricular assist device (VAD). Empirically based assessments include clinical interviews, cognitive screening, psychometric testing, and chart review to examine psychosocial concerns central to surgical and clinical outcomes. Assessments may be conducted both within the medical center for hospitalized patients and on an outpatient basis. The trainee will also participate in Interdisciplinary Team Meetings and Transplant Selection Committee meetings. This rotation will include potential for opportunity to work with the Consultation-Liaison (C/L) mental health team within the medical center, serving patients hospitalized on surgical, cardiac, and general medical floors. The trainee will assess psychosocial domains and provide brief interventions for acute and chronic illness adjustment/coping, grief, pain

management, procedural distress, traumatic stress, anxiety/depression, medical adherence, etc. May serve as liaisons between medical providers and patient/family to better enhance communication and facilitate understanding of illness and self-care. Trainees on this rotation will also co-facilitate Behavioral Medicine groups (e.g., Living Better with Chronic Conditions; CBT-I) and maintain an outpatient caseload and employ evidenced based interventions (CBT, MI) for various behavioral medicine conditions including insomnia, weight management, diabetes self-management, gastrointestinal disorders, , , among others, as well as for psychological maladjustment to advanced liver, kidney, and heart disease.

Primary Care Mental Health Integration (PCMHI) (4-month major rotation):

This is an elective rotation and the following experiences are available to the trainee depending upon trainee interest and supervisor availability: Conduct brief functional assessments and treatment plans according to the presenting problem; assess and triage unscheduled patients (“warm handoffs”) whose primary care provider (PCP) has requested they be seen the same-day by mental health; conduct brief individual therapy (3-6 sessions, 30 min appointments) for mental and behavioral health concerns (i.e., mild-moderate mental health conditions, chronic illness management, and health behavior change) with use of motivational interviewing, patient education, as well as CBT- and ACT-based therapies; facilitate 5-session sleep hygiene group as well as other groups as available; consult and coordinate patient care with the interdisciplinary Patient Aligned Care Team (PACT); coordinate services with the PCMHI Care Managers (CoCM).

Polytrauma (4-month major rotation):

This rotation involves work in the Polytrauma Rehabilitation Center (PRC), which is an acute rehabilitation unit. Interns work as a member of an interdisciplinary team consisting of the full complement of rehabilitation professionals (e.g., physicians, nurses, speech pathologists, occupational therapists, physical therapists, kinesiotherapists, recreational therapists, social workers, vision therapists). Interns participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Interns may also provide education, support and intervention to family members, who often stay in a special residence on our grounds during the patient's rehabilitation and are frequently present with patients. Interns work with patients and families in both individual and group settings.

Neuropsychology Track

We have one position annually for the **Neuropsychology Track**. This track provides training in clinical neuropsychological assessment across the adult lifespan and is designed to meet the Houston Conference guidelines for clinical neuropsychology. In this specialty track, the

Intern spends more than 50% of their time in neuropsychology-related activities. The ultimate goal is to foster progressive autonomy and prepare trainees for their next step in training as post-doctoral fellows in neuropsychology. This is accomplished through completion of three 4 month-long rotations that include experiences which encompass the adult lifespan. On at least one rotation, the intern will function as part of an interdisciplinary team. Although Neuropsychology Track interns focus a significant portion of their training in areas related to neuropsychology, the overall training is structured to ensure that their training is broad and general and is consistent with APA CoA Standards of Accreditation. Neuropsychology Track interns also participate in psychological assessment and psychotherapy experiences required of all interns.

Interns complete three 4-month rotations throughout their training year. We will work to cater to the Intern's personal training goals by pairing them with supervisors providing various clinical specializations (e.g., Movement Disorder evaluations, Geriatric Neuropsychology, generalist model, etc.). Typically the Intern will complete Two rotations within the Outpatient Mental Health Clinic which will provide experience in outpatient, consultation-based neuropsychological assessment for adults and older adults. A third rotation is completed in Polytrauma, providing training in an acute inpatient and residential treatment settings. Depending on Intern interest, past training experiences, and supervisor availability there may be additional opportunities to tailor rotations to fit gero-centric training goals.

General & Gero Neuropsychology (Two 4-month major rotation):

The Intern will complete TWO 4-month rotations, each with a different supervisor in the Outpatient Mental Health Clinic, which functions as a consultation clinic which receives referrals from general medicine, the Mental Health Clinic, Neurology, Oncology, and other specialty medicine clinics.

Working together in the Outpatient Mental Health Clinic, our supervisors have diverse clinical interests and specializations (e.g., Movement Disorders, DBS evaluations, Geriatric Neuropsychology). Each rotation supervisor will be chosen based on clinical activities the supervisor focuses on and training goals of the intern.

Referrals can conceptually be broken down into "generalist" and "specialist" focus. Most of our "general" referrals are serving demographically diverse community-dwelling Veterans ranging from 18-60. These evaluations frequently include differential diagnosis of complex cognitive and memory disorders. Common disorders include mild cognitive impairment, stroke syndromes, sequelae related to TBI, seizure disorders, tumors, Parkinson's Disease, MS, and ADHD. Often veterans present with co-morbid neurological and psychological disorders, including PTSD, depression, and anxiety. Diagnosis often is uncertain at time of referral. We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center and provide psychoeducation to patients with neurological impairments and their families. We evaluate veterans' cognitive and mental status, strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficits or psychiatric disorders, and make recommendations for management and treatment.

Some of our “specialist” referrals include those received from our partnership with the Parkinson’s Disease Research, Education, and Clinical Centers (known as the PADRECC). Two supervisors work closely with the PADRECC to provide baseline evaluations following new diagnosis, repeated evaluations for cognitive decline, and Pre/Post DBS evaluations. There is opportunity to join a weekly IDT meeting based on interest and scheduling availability.

There are supervisors who also specialize in neuropsychological assessment of older adults (age 70+). This patient population ranges in functioning between highly independent, community-dwelling seniors to more dependent older adults receiving extensive daily support. Interns will gain experience in the neuropsychological assessment of patients with a wide range of neurocognitive functioning (no cognitive decline to moderate-severe dementia) with various underlying disease entities (most typical etiologies seen include Alzheimer’s disease, vascular disease, Lewy body disease, frontotemporal lobar degeneration, and substance abuse), frequently in the context of complicated histories and co-morbid medical and psychiatric illnesses. In addition to neuropsychological assessment, interns may also obtain training in decision-making capacity evaluations.

Training across rotations includes chart review and clarification of the referral question; interviewing with the patient and collateral; selection, administration, and scoring of test measures; consideration of age-appropriate norms; integration and interpretation of clinical data and test results; report generation including tailored treatment recommendations; and feedback with patients and their family. Interns may also conduct several follow-up sessions with patients and/or their caregivers to provide psychoeducation, behavioral management, and/or memory skills training. In addition to outpatient assessments conducted within the Mental Health Clinic, opportunities for neuropsychological assessment in a residential setting (e.g., the CLC) may also be available. Individual, face-to-face supervision is provided on a weekly basis. Ad hoc supervision is readily available, as needed. Direct observation is provided via live- observation and graduated levels of co-assessment.

Polytrauma (4-month major rotation):

This rotation involves work in the Polytrauma Rehabilitation Center (PRC) and/or Polytrauma Transitional Rehabilitation Program (PTRP), which are acute inpatient and residential treatment settings, respectively, and focuses on recent acquired brain injury. Interns work as members of an interdisciplinary team consisting of the full complement of rehabilitation professionals (e.g., physicians, nurses, speech pathologists, occupational therapists, physical therapists, kinesiotherapists, recreational therapists, social workers, vision therapists). Interns participate in psychotherapeutic and behavioral interventions, neuropsychological evaluations, interdisciplinary treatment team meetings, and family conferences. Interns may also provide education, support and intervention to family members, who often stay in a special residence on our grounds during the patient’s rehabilitation and are frequently present with patients. Interns work with patients and families

in both individual and group settings.

Interns on this track also participate in the following:

Neuropsychology Didactic Series: Interns will be expected to join a weekly multi-site virtual didactic series hosted by our colleagues at a nearby VAMC; this series is typically catered to Post-doctoral trainees, but is widely attended by interns and faculty. Training topics may include: functional neuroanatomy, neuropsychological outcomes associated with various medical/neurological disorders, ethics and standards of practice, multicultural issues, and career development. Interns will also attend a bi-monthly local seminar series that explores Rehabilitation and Neuropsychology training topics of interest to interns who may be seeking careers in various professional settings. Topics may include, but are not limited to, treatment of functional neurological disorder, sleep disorders and cognitive functioning, sexual/reproductive health following spinal cord injury, performance validity testing, working with Veteran's struggling with substance abuse disorders, and many others.

Interprofessional Geropsychology Track:

We have 2 positions in the **Interprofessional Geropsychology Track**, with clinical geropsychology as the Major Area of Study. Applicants who match to this unique track will become part of an interprofessional mental health training program anchored in our Geriatrics and Extended Care Service (GEC). The interprofessional program includes 2 Psychology interns, 4 Chaplaincy residents, and 2 Social Work interns. Collaborative educational endeavors include shared trainings on gerontological topics such as cognition and aging, as well as didactics focused on each discipline's approach to biopsychosocial-spiritual conceptualization and practice. Further, each Psychology intern forms a subgroup team with two Chaplaincy residents and one Social Work intern to assess and develop an integrated treatment plan with two residents in the Community Living Center (CLC). Co-treatment is additionally conducted by this team culminating in a case presentation facilitated at the end of the Interprofessional Didactic series.

Moreover, a primary goal of training in this track is to establish and expound upon core geropsychological competencies in knowledge, skills, abilities, and attitudes. The *Pikes Peak Model for Training in Professional Geropsychology* is used as best practices framework (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009); interns are expected to self-assess foundational competencies within geropsychology and work towards greater proficiency across domains to the conclusion of their training year. Interns on this track also participate in the Geropsychology Reading Discussion and Case Conference Series, a weekly 30-minute session designed to enhance trainees' knowledge base within the *Pikes Peak Model for Training in Professional Geropsychology* and to enrich interns' clinical acumen via peer collaboration and consultation. The reading series comprehensively covers all foundational domains of the training model, and case conferences provide interns the opportunity to share their application of knowledge and skills.

To attain optimal breadth of clinical training and practice within geropsychology, Psychology interns will complete 3, 4-month long major rotations: one rotation must be in an inpatient

setting (this includes the Community Living Center [CLC], inclusive of longer-term dementia care unit and the hospice/palliative care unit [HPC]); and one rotation must be in an outpatient setting (this includes the Geriatric Evaluation and Management clinic or Home Based Primary Care). The final rotation will reflect trainee interests and learning needs and can emphasize any of the above experiences. Throughout the year, interns are encouraged to expand program development, implementation, and outcome evaluation skills (e.g., group treatments, clinical needs assessments).

Community Living Center (CLC) (4-month major rotation):

The CLC is comprised of a longer-term dementia care unit and hospice & palliative care unit. This inpatient rotation is focused on the provision of psychological services in an inpatient interdisciplinary team setting with complex care residents.

Longer-term Dementia Care Unit: This population is diverse with wide age ranges and problem lists which allows for experience in case conceptualization in a matrix considering multi-cultural factors, developmental needs, psychological needs, behavioral considerations, and neuropsychological abilities. The interdisciplinary team includes physicians, nurse practitioners, pharmacists, social workers, memory care coordinator, nurses, restorative nurses, wound care nurses, dietary, recreation therapists, physical therapists, occupational therapists, and chaplains. Interns gain experience participating in interdisciplinary teams/huddles and treatment planning; conducting gero-focused diagnostic interviews as well as differential diagnostic cognitive assessments and capacity assessments; providing individual and/or group psychotherapy and care for veterans and family members; developing and tracking outcomes of behavior management plans in conjunction with the Behavioral Recovery Outreach portion of the interdisciplinary team; and facilitating/co-facilitating staff in-services and education. The Behavioral Recovery Outreach program seeks to provide optimal behavioral care for complex residents in conjunction with maximizing chances of success when transitioning from CLC to other living arrangements (including 6-month follow up services from the team with community partners). Commonly used approaches include person-centered dementia care and support, behavioral techniques, motivational interviewing, and ACT-based interventions. Interns participate in weekly supervision; supervision is foundationally developmental in nature with additional focus on expanding the intern's professional identity and role within the interdisciplinary team and amongst nursing staff.

Hospice and Palliative Care Unit: The HPC population is diverse with respect to sociodemographic characteristics, medical difficulties, mental health issues and life experiences. Interns focus on provision of care for individuals with advanced, life-limiting and terminal illness and their loved ones often presenting with caregiver distress. The HPC interprofessional team consists of psychology, medicine, nursing, pharmacy, social work, chaplaincy, and dietary. Interns gain experience participating in interdisciplinary teams/huddles and treatment planning; conducting diagnostic interviews and evaluations often with end-of-life elements; conducting cognitive and mood screenings; providing individual and family psychotherapy and caregiver support; developing and tracking outcomes of behavior management plans often focusing on reducing agitation secondary to

delirium; and facilitating/co-facilitating staff in-services and education. Commonly used approaches include life review and meaning-making, dignity therapy, and caregiver support and education. Interns participate in weekly supervision; supervision is foundationally developmental in nature with additional focus on exploration of existential issues.

Geriatric Evaluation and Management Clinic (4-month major rotation):

Geriatric Evaluation (GE) services are indicated for older Veterans who have experienced significant functional decline, or development of other geriatric syndromes (e.g., depression, dementia, delirium, urinary incontinence, gait and balance impairment, falls, etc.). Outpatient GE offers comprehensive evaluation for older, community-dwelling people, with the core team consisting of a medical provider, a nurse, and a social worker. Psychology interns become an added integral part of this team by offering specialized geriatric mental health services. Specifically, interns contribute to the multidimensional evaluation via completion of gero-focused services, such as brief cognitive screeners, diagnostic neuropsychological assessments, capacity evaluations, individual therapy, and/or caregiver support.

On this rotation, psychology interns gain specialized experience in cognitive evaluations including brief cognitive screeners and more comprehensive neuropsychological assessment of older adults (age 65+) that have been evaluated by the GE team. Interns will gain experience in the assessment of patients with a wide range of neurocognitive functioning (ranging from mild cognitive decline to moderate-severe dementia) with various underlying disease entities (most typical etiologies seen include Alzheimer's disease, vascular disease, Lewy body disease, and frontotemporal lobar degeneration), frequently in the context of complicated histories and co-morbid medical and psychiatric illnesses. In addition to cognitive screeners and neuropsychological assessment, interns may also obtain training in decision-making capacity evaluations. Training includes chart review and clarification of the referral question; interview with the patient and collateral; selection, administration, and scoring of test measures; consideration of age-appropriate norms; integration and interpretation of clinical data and test results; report generation including tailored treatment recommendations; and feedback with patients and their family.

The team approach to assessment is also followed by an interdisciplinary plan of care, which includes biopsychosocial treatment, rehabilitation, health promotion, and/or social service interventions. Interns subsequently have the opportunity to complete the continuum of care by providing individual and/or family psychotherapy, caregiver education and support, and person-centered behavioral care planning. Commonly used approaches include brief therapy utilizing CBT-based manualized treatments, person-centered dementia care and support, and behavioral techniques.

Interns participate in weekly supervision; supervision is foundationally developmental in nature with additional focus on growing more autonomously both as team member and clinician.

Home Based Primary Care/Rural Geriatric Health (4-month major rotation):

During this outpatient rotation, interns become members of a primary care interdisciplinary team to provide integrated/stepped care mental health services to home-bound veterans and their caregivers. Veterans qualified to be enrolled in HBPC have a wide range of chronic diseases and treatment adherence issues, functional challenges, and cognitive functioning. The interdisciplinary team includes physicians/nurse practitioners, pharmacists, social workers, nurses, dietary, physical therapists, and occupational therapists. Interns gain experience participating in interdisciplinary teams and treatment planning; conducting gerofocused diagnostic interviews as well as differential diagnostic cognitive assessments and capacity assessments; providing individual psychotherapy and care for veterans and family members; and facilitating/co-facilitating staff in-services and education. Commonly used approaches include motivational interviewing, behavioral interventions, solution-focused/problem-solving techniques, ACT-informed interventions, and caregiver support and education. Interns participate in weekly supervision; supervision is foundationally developmental in nature, with the intern receiving supervisory support for all home visits throughout the duration of the rotation.

Evaluation and Assessment of Intern Progress:

Assessment of the program's effectiveness is continuous and involves staff perceptions, supervisor observations, and intern feedback. Monthly training supervisors' meetings are a critical part of the monitoring process. Training concerns will be reviewed, seminar evaluation information assessed and any necessary changes to curriculum or training goals/objectives (for the program overall or specific interns) will be addressed at these meetings. In addition there are quarterly executive training committee meetings. The interns may attend the executive training committee throughout the year.

Intern Evaluation: Ongoing feedback is provided to interns by their supervisors. Whenever possible, it is our goal to identify areas needing development and incorporate these into an intern's training plan rather than needing to address formal problems or deficiencies. Midterm and final evaluations are conducted on each intern using the "Psychology Intern Evaluation Form."

- Ratings are on a 1-4 scale:

1 Intern requires direct observation and intensive basic instruction to use this skill. Competency for this skill is below the minimum expected at the beginning of internship and a Performance Improvement Plan is necessary.

2 Intern requires close monitoring and instruction for this skill, although direct observation and basic instruction are not required. Competency for this skill is at the level expected at the beginning of internship training (expected intern entry level). A Performance Improvement Plan may be necessary.

3 Intern requires moderate supervision for this skill, although close monitoring and instruction are not required. Competency for this skill is at the level beyond the start of the internship training year but below that expected (entry level psychologist, entry level post-doctoral psychology fellow) at the conclusion of the internship year.

4 Intern requires minimal supervision for this skill in routine cases, although closer supervision may be required in more complex or unusual cases. Competency for this skill is at the level expected at the conclusion of the training year (expected intern exit level: prepared to begin post-doctoral fellowship or entry level psychologist position).

Copies of all evaluations are provided to the intern and results are summarized in a letter and sent to the intern's home university at six months and at the completion of the internship. Evaluation documents become part of the intern's permanent internship program file.

Supervisor Evaluation: Interns complete a written evaluation of all rotation supervisors by completing the "Supervisor Evaluation Form" at the end of the training year and submit it to the DOT.

Requirements for Completion: Interns must achieve a rating of "4" on all competency items to successfully complete internship.

Facility and Training Resources

Interns are provided with Richmond VAMC office space. Separate space for patient assessment, treatment and testing is provided in the clinical areas. Interns are issued necessary program equipment including digital equipment (computer, printer, etc.), and granted necessary computer access including access to the VHA's Decentralized Hospital Computer Program (DHCP) and Computerized Patient Record System (CPRS).

Interns may be required to telework during a public health crisis. In that event, interns may use their personal devices to access the VA network from home. If an intern does not have suitable personal equipment to work from home we will work individually with the trainee on a solution.

Interns may have daily access to comprehensive medical libraries at the Richmond VAMC, and the Medical College of Virginia at Virginia Commonwealth University (MCV/VCU). Both libraries provide internet connections and copying services. The Richmond VAMC medical library has approximately 3,500 volumes (titles) and 450 professional journal subscriptions. The Virginia Commonwealth University medical library has approximately 306,928 volumes (titles), and 9,980 professional journal subscriptions. Both medical libraries offer significant psychology and neuropsychology text and journal sections, as well as online journal access. Additionally, interns may have access to local statistics packages and biostatistician consultation.

Administrative Policies and Procedures regarding Equal Opportunity:

The Department of Veterans Affairs is an Equal Opportunity Employer.

Applicants with disabilities choosing to request reasonable accommodations to facilitate the interview process are invited to contact the training director after the invitation to interview is received but as early as possible thereafter in order to allow sufficient time to make necessary arrangements. Accommodations are individualized to the request. Our program can also make work schedule accommodations for interns who observe specific religious practices requiring schedule alterations.

Use of Distance Education Technologies for Training and Supervision:

VA is a leader in the use of telehealth. All trainees will have exposure to telehealth and in-person patient care during the training year. Supervision will use a blend of in-person and tele-supervision.

Psychology Training Staff

Lead Psychologist

Sarah Raymond, PhD, Associate Chief, MHSL & Senior Psychologist

Director of Psychology Training

Thomas Campbell, Ph.D., ABPP-RP

Assistant Internship Director

Christopher Murphy, Psy.D.

Assistant Director of Training for Neuropsychology

Michael Shapiro, Ph.D., ABPP-CN

Assistant Director of Training for Geropsychology

Lindsey Slaughter, Psy.D., ABPP-GP

Assistant Director of Training for Health and Medical Psychology

Carl Williams, Ph.D.

Director of Rehabilitation Psychology Post-Doctoral Fellowship

Suzette Chopin, Ph.D., ABPP-RP

Director of MIRECC Post-Doctoral Fellowship

Scott McDonald, Ph.D.

Psychology Externship Coordinator

Sarah Clark, Ph.D.

Kelly Araujo, Psy.D. 2013, Nova Southeastern University, Fort Lauderdale, FL

Licensed Clinical Psychologist: Commonwealth of Virginia

Internship: Trauma Resolution Integration Program – Psychology Services Center at Nova Southeastern University, Fort Lauderdale, FL

Post-Doctoral Fellowship: Sheppard & Enoch Pratt Hospital – Trauma Disorders Unit (Inpatient and Outpatient), Towson, MD

Clinical Duties: Program Manager and Supervisory Psychologist for Mental Health Core.

Military Sexual Trauma Coordinator. Provide evidence-based approaches for trauma

resolution using Cognitive Processing Therapy and EMDR. Clinical Interests: Military Sexual Trauma, Women's Mental Health, PTSD, Complex trauma, Dissociative Disorders.

Melanie Avery, Ph.D. 2016, University of South Carolina, Columbia, SC

Licensed Clinical Psychologist, Commonwealth of Virginia

Postdoctoral Fellowship: Salem VAMC, Center for Traumatic Stress

Clinical Duties: ACE Clinic Coordinator; Interns' ACE Clinic Supervisor

Research Interest: PTSD & Substance Abuse

Jennifer Blue, Psy.D. 2021, Regent University, Virginia Beach, VA
Internship Site: Hampton VAMC, Hampton, VA – Health Service Psychology
Postdoctoral Fellowship: Hampton VAMC, Hampton, VA – Women’s Mental Health and Trauma
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Women’s Health Psychologist; Women’s Mental Health Champion
Research Interests: Reproductive Mental Health; Perinatal interventions
Academic/Faculty Affiliation: None currently

Jessica Bolger Melchiorre, PsyD, 2012, American School of Professional Psychology, Argosy University, Washington, D.C.
Internship Site: Saint Elizabeth’s Hospital, Washington, D.C.
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Program Manager for Recovery; Local Recovery Coordinator; BHIP Coordinator; Mental Health Telehub Liaison; member of MH Clinic Therapy Team; provides individual and group psychotherapy; Collaborative Assessment and Management of Suicidality (CAMS) intakes and group; crisis intervention; and clinical consultation.
Clinical Interests: Forensic; Severe Mental Illness; Risk Assessment/Mitigation; Crisis Management; EMDR; DBT
Research Interests: None currently
Academic/Faculty Affiliation: None currently

Mary Bradshaw, Psy.D. 2003, Argosy University, Washington, D.C.
Internship Site: Medical College of Virginia
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Provide group and individual treatment for seriously mental ill with goal of reintegration to community.

Thomas Campbell, Ph.D., ABPP 2008, Virginia Commonwealth University, Richmond, VA
Board Certified in Rehabilitation Psychology
Internship: Minneapolis VA Health Care System
Postdoctoral Fellowship: Richmond VA Medical Center Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical/Administrative Duties: Rehabilitation Psychology Program Manager and Psychology Training Director
Research Interests/activities: TBI and PTSD, Response Validity, Self-Report Styles
Academic Appointments: Clinical Assistant Professor, VCU Department of PM&R; Affiliate and Adjunct Professor, VCU Department of Psychology

Sarah W. Clark, Ph.D., 2019, Virginia Commonwealth University, Richmond, VA
Internship: VA Maryland HCS/University of Maryland SOM Psychology Internship Consortium, Baltimore, MD
Postdoctoral Fellowship: CVHCS Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Polytrauma Rehabilitation Center, Rehabilitation Neuropsychologist
Research Interests/activities: post-traumatic headache, TBI, behavioral health interventions, program evaluation

Academic Appointments: Affiliate, VCU Department of Psychology

Neena Cassell, Ph.D., CSP, 2015, University of Maryland, Baltimore County, Baltimore, MD
VISN 6 Telemental Health Lead
Richmond VAMC Telemental Health Champion
Certified Specialist in Psychometry
Licensed Clinical Psychologist, Commonwealth of Virginia
Internship: Birmingham VAMC, Birmingham, AL
Clinical Duties: Geriatric Evaluation and geriPACT Neuropsychologist

Suzette Chopin, Ph.D., MBA, ABPP, 2013, Virginia Commonwealth University, Richmond, VA
Board Certified in Rehabilitation Psychology
Internship: Richmond VAMC, Richmond, Virginia
Postdoctoral Fellowship: Richmond VAMC Rehabilitation Psychology
Fellowship Licensed Clinical Psychologist, Commonwealth of Virginia
Staff Psychologist: Rehabilitation Neuropsychologist, Polytrauma Transitional Rehabilitation Program (PTRP).
Research Interests: yoga, Complementary and Integrative Medicine
Faculty appointments: Affiliate Professor in Psychology, Virginia Commonwealth University.

Cierra Edwards, Ph.D., 2021, Clinical Psychology, West Virginia University, WV
Licensed Clinical Psychologist: Commonwealth of Virginia
Clinical Duties: Staff Psychologist in Outpatient Mental Health. Provide individual and group therapy. Conduct new patient intakes and evaluations. Provide evidence-based approaches for anxiety disorders, OCD, depression, and trauma-related disorders
Treatments include: Acceptance and Commitment Therapy, Exposure and Response Prevention, Cognitive Behavioral Therapy, Cognitive Processing Therapy, Written Exposure Therapy, Ending Self Stigma
Research Interests: Anxiety and OCD treatment, mental health stigma

Deepa R. Elion, Ph.D., 2013, The Pennsylvania State University
Internship: Tampa VA/James A. Haley Veterans' Hospital
Postdoctoral Fellowship: The Johns Hopkins School of Medicine, Rehab Psychology & Neuropsychology Tracks
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Virtual rehab/pain psychologist in VIP, AMP, and primary care.
Research Interests: Integrative rehabilitation, interdisciplinary models of care, military mTBI, positive psychology, and patient/provider/team resiliency.
Faculty appointment: Affiliate Professor in Psychology, Virginia Commonwealth University.

Michelle Emrich, Psy.D., 2008, Spalding University, Louisville, KY
Internship: Salem VAMC, Salem, Virginia
Postdoctoral Fellowship: Virginia Commonwealth University Health Systems-Clinical Health Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Clinical Health Psychologist in the Spinal Cord Injuries/Disorders (SCI/D) outpatient clinic; provide evidenced based interventions to facilitate acute and chronic illness adjustment and health behavior changes. Function as Clinical Psychologist for SCI/D Home Care team, providing team consultation, individual, and family/caregiver support and interventions.

Training and Didactics: Supervise outpatient SCI/D rotation; provide Motivational Interviewing training; Psychosocial Issues in Diabetes Management.

Megan Enders, Ph.D., 2016, Southern Illinois University, Carbondale, IL

Internship Site: Central Virginia VA Healthcare System

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Psychologist, PTSD Clinical Team. Duties consist of conducting intake assessments and providing evidence-based and evidence-informed individual and group therapy for veterans with combat-related PTSD. Treatments include Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Conjoint Therapy, Mindfulness Meditation, Adaptive Disclosure, Imagery Rehearsal Therapy, and Seeking Safety.

Rebecca Fromme, Ph. D. 2000, State University of New York at Buffalo, Buffalo, NY

Internship: VA Pittsburgh Healthcare System

Post-Doctoral Fellowship: VA Pittsburgh Healthcare System, Geropsychology and Geriatric Neuropsychology

Licensed Clinical Psychologist, Commonwealth of Virginia and New York

Clinical Duties: Provide Neuropsychological assessment to inpatient and outpatient adults, including screenings, capacity evaluations, and post-stroke. Serve as consultant for staff and families on issues related to dementia, behavior management, caregiver concerns.

Sharon Funari, Ph.D. Clinical Psych, 2008, VCU, Richmond, VA

Internship: James Quillen VAMC

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Primarily responsible for individual/group treatment of patients within the outpatient Polytrauma Network Site. Serve as team member to full complement of rehab team. EBPs include: IPT-D, ACT, PE, CPT

Training and Didactics: Supervise PNS rotation and provide Ethics seminars.

Research Interests/activities: attachment; resilience

Academic Appointments: Affiliate Assistant Professor, Department of Psychology, VCU

Meghan Geiss Ph.D., 2013, University of Memphis, Memphis, TN

Internship Site: North Florida/South Georgia VHA

Postdoctoral Fellowship: Richmond VAMC- Rehabilitation Psychology (2-year Fellowship)

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Neuropsychologist, Polytrauma Rehabilitation Center (PRC)

Research Interests: Sleep and brain injury

Academic Appointments: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

Eugene Gourley, Ph.D., 1998, Virginia Commonwealth University, Richmond, VA
Internship: Washington, D.C., Commission on Mental Health
Postdoctoral Fellowship: Neuropsychology and Rehabilitation Psychology at Virginia Commonwealth University (VCU) Medical Center
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Neuropsychologist, Polytrauma Network Site (PNS)

Brooke Green, Ph.D., 2016, Virginia Commonwealth University, Richmond, VA
Internship: VA Pacific Islands Health Care System
Postdoctoral Fellowship: VA Pacific Islands Health Care System
Licensed Clinical Psychologist, State of Hawaii
Clinical Duties: Psychologist, PTSD Clinic
Research Interests/activities: Associations amongst risky substance abuse, including alcohol mixed with energy drink use, and trauma

Allen B. Grove, Ph.D., 2010, Hofstra University, Hempstead, NY
Internship: National Naval Medical Center, Bethesda, Maryland
Postdoctoral Fellowship: U.S. Naval Hospital, Yokosuka, Japan
Licensed Clinical Psychologist, Commonwealth of Virginia
Clinical Duties: Conduct intakes, individual therapy (including Prolonged Exposure [PE] & Cognitive Processing Therapy [CPT]), and group therapy (including PTSD Recovery, CPT, Anger Management, & Rational Emotive Behavior Therapy [REBT]); Supervise MIRECC Fellows, psychology interns & practicum students doing the above.
Research Interests: Effectiveness of REBT on PTSD, depression, anxiety, & irrational beliefs; past interests have included Imaginal and Virtual Reality Exposure Procedures for Aviophobia or PTSD; Prevention Programs for Oppositional Defiant & Conduct Disorders (ODD/CD); Parent Cognitions & Parent / Child Interactions; Behavioral Interventions for Attention-Deficit / Hyperactivity Disorder (ADHD) Member of: American Psychological Association & Association for Behavioral & Cognitive Therapies
Academic Appointments: Affiliate Professor, Department of Psychology, Virginia Commonwealth University

Jessica W. Grove, PsyD., 2021. Regent University, Virginia Beach, VA
Internship: Harry S. Truman VAMC – Health Psychology track
Postdoctoral Fellowship: VCU Health System – Health Psychology
Licensed Clinical Psychologist – Commonwealth of Virginia
Clinical duties: Embedded psychologist in the Headache and Epilepsy Centers of Excellence; group psychotherapy services for chronic pain; ad-hoc pre-surgical assessments for transplant and bariatrics; biofeedback

Kyle Haggerty, Ph.D., Drexel University, Philadelphia, PA
Internship: Syracuse VAMC
Postdoctoral Fellowship: Bancroft NeuroRehab
Licensed Clinical Psychologist: State New Jersey and Commonwealth of Pennsylvania
Clinical Duties: Outpatient Neuropsychologist

Research Interests: TBI, Social Comparison, and Effort Testing
Academic Appointments: Adjunct Professor, Ryder University

Diane Harris, Psy.D., 1999, Illinois School of Professional Psychology, Chicago, IL
Internship: Ethan Allen School

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Staff Psychologist working on the inpatient psychiatric unit with Veterans admitted for acute serious mental health issues that require stabilization and treatment. Perform evidenced based individual and group psychotherapy, and psychodiagnostic assessment. Provide consultation to the treatment team as well as other staff within the VA. Provides referrals to other services within the VA. Provides evidenced based treatment (CPT) for PTSD to the outpatient clinic as needed. On the Executive Training Committee and Chair of the Documentation Committee in this VAMC. Provides inpatient and outpatient intern supervision, and supervision of a Peer Support Specialist.

Nikki Hegberg, Ph.D., 2017, Georgia State University, Atlanta, GA

Internship Site: VA Boston Healthcare System, Clinical Neuropsychology & Behavioral Medicine

Postdoctoral Fellowship: VA Boston Healthcare System, Clinical Neuropsychology

Licensed Clinical Psychologist, State of Rhode Island

Clinical Duties: Pre-surgical/procedural mental health assessments in bariatric clinic; health-behavior interventions with bariatric clinic patients; neuropsychological evaluations for health and medical psychology patients; evidence-based interventions (ACT, CBT, MI) for range of behavioral medicine conditions

Research Interests: Physical activity and emotional and cognitive health; Complementary and integrative medicine

Bryan Jensen, Ph.D., 2016, Virginia Commonwealth University, Richmond, VA

Internship: Salt Lake City VAMC

Postdoctoral Fellowship: Salt Lake City VAMC

Licensed Clinical Psychology, Commonwealth of Virginia, State of Iowa

Clinical Duties: Clinical Health Psychologist in the Spinal Cord Injuries/Disorders (SCI/D) outpatient clinic; provide evidenced based interventions to facilitate acute and chronic illness adjustment and health behavior changes. Also work on the ALS/MS interdisciplinary team offering assessment, therapy, team consultation, and family/caregiver support.

Patricia Jones, Ph.D., 1995, Georgia State University, Atlanta, GA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Psychologist for the Polytrauma Transitional Rehabilitation Program.

Research interests: Outcome studies regarding role of family in the recovery process from TBI.

Faculty appointments: Previous adjunct role at VCU as supervisor affiliated with VCU's Counseling and Psychological Services & Development (CPSD).

Daniel W. Klyce, Ph.D, ABPP, 2012, Purdue University, West Lafayette, IN

Board Certified in Rehabilitation Psychology

Internship: Vanderbilt University – Tennessee Valley VA Health Care System Consortium
Postdoctoral Fellowship: University of Washington / Harborview Medical Center –
Rehabilitation Psychology Fellowship
Licensed Clinical Psychologist, Commonwealth of Virginia
Research Interests/Activities: TBI outcomes; caregiver interventions; clinical measurement;
Polytrauma TBI Model Systems
Academic Appointments: Associate Professor, VCU Department of PM&R; Sheltering Arms
Institute; VCU Center for Rehabilitation Sciences and Engineering

Monica L. Lewis, Psy.D., 1994, The Virginia Consortium Program in Clinical Psychology,
Norfolk, VA, 1990, University of Virginia, B.A. in Psychology
Licensed Clinical Psychologist, Commonwealth of Virginia
Internship: Eastern Virginia Graduate School of Medicine, Norfolk, VA- Dual Concentration-
Children, Adolescents, Family and Group Psychotherapy and Psychological Assessment and
Neuropsychology and Rehabilitative Medicine, 07/1993-06/1994
Clinical Duties: PCMHI Clinical Psychologist at the VA Henrico CBOC. Provide integrated
behavioral healthcare in primary care setting. Provide brief cognitive- behavioral health
services (Brief CBT) and treatment planning for adults and elderly. Provide diagnostic and
therapeutic procedures, including brief interview, psychological screening , and
interventions via education and cognitive-behavioral techniques (for individuals and
groups). Provide health psychology services, which includes the evaluation and treatment of
patients with chronic pain disorders, diabetes, obesity, cancer, etc. Provide ongoing CBT-I
and Mindfulness Meditation groups. Ensure appropriate curriculum, clinical experience, and
supervision of practicum students, pre-doctoral psychology interns and post-doctoral fellows
on the Primary Care Mental Health Integration (PCMHI) Rotation.
Academic/Faculty Affiliations: Affiliate Faculty Status in the Department of Psychology at the
Virginia Commonwealth University (VCU)

Emily Loeb, Ph.D., 2018, Clinical Psychology, University of Virginia, Charlottesville, VA
Internship: WellSpan Philhaven, Lebanon PA
Licensed Clinical Psychologist: Virginia
Clinical Duties: Staff Psychologist in Outpatient Mental Health. Provide individual and group
therapy. Conduct new patient intakes and evaluations. Provide evidence-based approaches
for trauma, anxiety disorders, mood disorders.
Treatments include: Prolonged Exposure, Cognitive Behavioral Therapy, Exposure and
Response Prevention, Collaborative Assessment and Management of Suicidality (CAMS).
Interests: PTSD, OCD, anxiety disorders, LGBTQ+

Stephanie L. Malozzi, Ph.D., 2018, Counseling Psychology, University of Kansas, Lawrence,
KS
Internship: General Track, Central Virginia VAHCS, Richmond, VA
Postdoctoral Fellowship: Center for Integrated Behavioral Health, Bethlehem, PA
Licensed Clinical Psychologist: Commonwealth of Virginia
Clinical Duties: Staff Psychologist in Outpatient Mental Health. Provide individual and group
therapy. Conduct new patient intakes and evaluations. Provide evidence-based approaches

for trauma, mood disorders, chronic pain, sleep disorders, and SUDs.

Treatments include: Seeking Safety, Dialectical Behavior Therapy Skills Training, Prolonged Exposure, Written Exposure Therapy, Cognitive Processing Therapy, Motivational Interviewing, Imagery Rehearsal Therapy, Acceptance and Commitment Therapy, and Cognitive Behavioral Therapy.

Interests: PTSD, substance abuse, mood disorders, health factors, LGBTQ+, evidence-based practices, measurement based care, supervision

Scott D. McDonald, Ph.D., 2006, Clinical Psychology, Virginia Commonwealth University, Richmond, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Internship: University of Alabama at Birmingham/Birmingham VA Consortium

Postdoctoral Fellowship: MIRECC Durham VA Medical Center

Clinical Duties: SCI Neuropsychologist. Neuropsychology consultation for the Spinal Cord Injury (SCI) and Disorders Center. Perform outpatient mental health annual evaluations for the SCI clinic. Training and Didactics: Director of VA MIRECC Advanced Fellowship Program. Provide research supervision across training programs.

Research Interests/Activities: Dr. McDonald's research program includes several VA, DoD, and foundation-funded research projects focused on adjustment and well-being after acquired physical disability, including SCI and TBI/polytrauma. Recent research has focused on resilience-building, caregiver support, injustice appraisals of disability, vocational rehabilitation, and VA Whole Health.

Academic Appointments: Affiliate Associate Professor, VCU Departments of Psychology and Physical Medicine and Rehabilitation.

Brian L. Meyer, Ph.D., 1990, Duke University, Durham, NC

Internship: Cambridge Hospital and Cambridge Child Guidance Center, 1988-89

Postdoctoral Fellowship: Harvard Community Health Plan, 1989-90

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: CBOC Psychology Program Manager and Supervisory Psychologist.

Provides evidence-based and evidence-informed individual, family, couples, and group psychotherapies for Veterans with substance abuse problems and Post-Traumatic Stress Disorder. Treatments include Seeking Safety, Dialectical Behavior Therapy Skills Training, Eye Movement Desensitization and Reprocessing, Cognitive Processing Therapy, Motivational Interviewing, Mindfulness Meditation, Trauma-Focused Cognitive Behavioral Therapy, Imagery Rehearsal Therapy, and Adaptive Disclosure for moral injury. Research Interests: trauma, Complex PTSD, substance abuse, child abuse, co-occurring disorders, mindfulness meditation, and Veterans Treatment Courts.

Academic/Faculty Affiliations: Assistant Professor, Department of Psychiatry, and Affiliate Assistant Professor, Department of Psychology, Virginia Commonwealth University.

Christopher J. Murphy, Psy.D. 2008, Regent University, Virginia Beach, VA

Internship: Dwight D. Eisenhower Army Medical Center, 2007-08

Postdoctoral Fellowship: Dwight D. Eisenhower Army Medical Center, 2008-09

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: STAR Psychologist for Special Operations Forces Intensive Evaluation and

Treatment Program

Research interests: Combat trauma, Military Culture and History and its effects on transition from DoD to the civilian sector, Special Operation Forces

Academic/Faculty Affiliations: Affiliate Assistant Professor, VCU Department of Psychology.

Brian Mutchler, Psy.D. 1999, Indiana University of Pennsylvania, Indiana, PA

Internship: Richmond VAMC; Richmond, VA

Postdoctoral Fellowship: Gulf War Illness Research

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as part of an interdisciplinary treatment team. Also provide patient and staff education.

Additional clinical interests are PTSD treatment and ACT. Trainer: Prevention and Management of Disruptive Behavior. Member of the IRB and Chair of the VAMC R&D Committee.

Research Interests: Health Psychology in relation to SCI.

Academic/Faculty Affiliations: Affiliate Assistant Professor in Psychology, Virginia Commonwealth University.

Paige D. Naylor, Ph.D., 2018, University of South Alabama

Predocotrinal Internship: Memphis VAMC - Health Psychology track

Postdoctoral Fellowship: Memphis VAMC - Health Psychology

Licensed Clinical Psychologist, Commonwealth of Virginia, South Carolina

Clinical duties: Virtual Psycho-oncologist

Research Interests: collaborative care quality improvement, cancer prehabilitation

Faculty Appointments: Adjunct Faculty, Virginia Commonwealth University Department of Psychology

Paul B. Perrin, Ph.D., 2011, University of Florida, Gainesville, FL

Internship: Veterans Affairs Maryland Health Care System and University of Maryland School of Medicine

Postdoctoral Fellowship: Virginia Commonwealth University Behavioral Medicine Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Research Interests/activities: Psychological adjustment TBI and SCI, Caregiving, Health Disparities, Social Determinants of Health

Academic Appointments: Professor, University of Virginia School of Data Science and Department of Psychology

David Pomm, Ph.D., 2020, Virginia Commonwealth University, Richmond, VA

Internship: Central Virginia VA Health Care System, Richmond, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Interests/Activities: Transplant Psychology & pre-surgical/procedural mental health assessments; evidence-based, behavioral medicine interventions; consultation and liaison.

Research Interests/Activities: Brief substance use assessment and intervention; integrative medicine; alcohol-related liver disease.

Training and Didactics: Supervise pre-surgical rotation; provide Motivational Interviewing

training.

Faculty Appointments: Adjunct Faculty & Affiliate Professor, Virginia Commonwealth University, Department of Psychology

Sarah Raymond, Ph.D. 2005 Michigan State University, East Lansing, MI

Internship: University of Notre Dame, Notre Dame IN

Licensed Psychologist, State of Illinois

Clinical Duties: Associate Chief of Mental Health, Senior Psychologist

Provides evidenced based individual and group therapy, and trauma informed treatments for military sexual trauma and complex trauma for male and female veterans.

Treatments include Dialectical Behavior Therapy Skills Training; Cognitive Processing Therapy, STAIR: Skills Training in Affective and Interpersonal Regulation, and CBT.

Training Didactics: Supervision and Military Sexual Trauma.

Research Interests: Military Sexual Trauma, Sexual Violence and help-seeking

Elizabeth Reeves, Ph.D., 2021, University of Maryland, College Park

Internship: CVHCS Clinical Psychology Internship, Health Psychology Track

Postdoctoral Fellowship: CVHCS Rehabilitation Psychology Fellowship

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Clinical Psychologist, Primary Care Pain Clinic. Fully virtual. Conduct biopsychosocial assessments and provide individual and group evidence-based interventions for veterans with chronic pain including CBT-Chronic Pain, CBT-Insomnia, CBT-SUD, and Emotional Awareness and Expression Therapy (EAET).

Research Interests/activities: patient centered care, patient-provider relationships and healthcare engagement, program development and evaluation

Jarrod Reisweber, Psy.D. James Madison University, Harrisonburg, VA & Ed. S. The College of William and Mary, Williamsburg, VA

Internship: University of Texas Health Science Center—San Antonio, San Antonio, Texas

Postdoctoral Fellowship: University of Pennsylvania Aaron T. Beck Psychopathology Research Center, Philadelphia, PA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Staff Psychologist for Substance Abuse Treatment Program providing intakes, consultation, individual therapy, and group therapy using a cognitive behavioral approach.

Research Interests: Transcending Self Therapy, Transcendent Self Theory, Psychology of Religion, CBT for Substance Abuse, & CBT for Schizophrenia

Michael Shapiro, Ph.D., ABPP, 2010, Pennsylvania State University

Internship: University of Illinois-Chicago Counseling Center

Postdoctoral Fellowship: Barrow Neurological Institute – Neuropsychology Fellowship

Licensed Psychologist, Commonwealth of Virginia

Clinical Duties: Neuropsychologist

Research Interests: Performance/Symptom Validity Testing, mTBI outcome, Impact of psychological factors on cognitive functioning.

Academic Appointments: Affiliate Professor, Department of Psychology, Virginia Commonwealth University

Melissa Schroers, Ph.D., 2006, Clinical Psychology, St. John's University, Queens, NY

Internship: Nassau University Medical Center, East Meadow, NY

Licensed Clinical Psychologist: State of New York, Commonwealth of Virginia

Clinical Duties: Staff Psychologist in Outpatient Mental Health. Provide individual and group therapy. Conduct new patient intakes and evaluations. Provide evidence-based approaches for trauma, mood disorders and sleep disorders.

Treatments include: Cognitive Behavioral Therapy, Dialectical Behavior Therapy Skills Training, Cognitive Processing Therapy, Rational Emotive Behavior Therapy, Motivational Interviewing, and Interpersonal Psychotherapy.

Interests: PTSD, forensic issues, women's mental health, mood disorders, supervision

Lindsey K. Slaughter, Psy.D., ABPP-Geropsychology, 2006, Wright State University School of Professional Psychology, Dayton, OH

Internship: Howard University Counseling Service

Postdoctoral Fellowship: Piedmont Geriatric Hospital

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Geropsychologist in various GEC programs

Clinical and research interests/activities: Decision-making capacity, personality disorders in older adults, behavioral planning and implementation, IDT processes/dynamics, high performance organizations/systems, healthy and successful aging, clinical supervision

Academic Appointments: Affiliate Professor in Psychology, Virginia Commonwealth University

Jamie Trefethen, Psy.D. 2019, University of Hartford, West Hartford, CT

Internship: General Track, Central Virginia VAHCS

Licensed Clinical Psychologist: Commonwealth of Virginia

Clinical Duties: Staff Psychologist in Outpatient Mental Health and Evidence-Based Practice Coordinator. Provide individual and group therapy. Conduct new patient intakes and evaluations. Provide evidence-based approaches for trauma, mood disorders, and SUDs.

Research Interests: PTSD, Complex trauma, Substance abuse

Laura E. Wagner, Ph.D. BA, The University of North Carolina, Chapel Hill; MA, The University of Colorado; Ph.D., The University of Massachusetts, Boston.

Internship: Duke University Counseling and Psychological Services Center, Durham, NC.

Postdoctoral Fellowship: Duke University, The Center for Child and Family Health, Durham, NC.

Licensed Clinical Psychologist, Commonwealth of Virginia.

Clinical Duties: Staff Psychologist for the Polytrauma Network Site and the Servicemember Transitional Advanced Rehabilitation (STAR) Program. Responsible for participation in interdisciplinary treatment teams; responsible for initial intake assessments, consultation and individual therapy.

Clinical Interests: Psychodynamic and Interpersonal approaches to therapy; Integration of psychodynamic approaches and evidence-based treatments for PTSD.

EBP's include: PE, CPT, Accelerated Experiential Psychodynamic Psychotherapy (AEDP), Prior National Trainer for Interpersonal Psychotherapy for Depression, CBT-Depression, EMDR, Level 1.

Research Interests: Countertransference in the treatment of trauma, ethics in psychotherapy, vicarious traumatization of trauma therapists, resiliency, attachment and posttraumatic growth.

Rachel Wallace, Ph.D., 2021 Clinical Psychology-Behavioral Medicine, Virginia Commonwealth University, Richmond, VA

Internship: General Track, James A. Haley VA Medical Center, Tampa, FL

Postdoctoral Fellowship: Rehabilitation Psychology, Central Virginia VACHS

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Staff psychologist for the Community Living Center (CLC) and inpatient Hospice and Palliative Care unit (HPC)

Clinical interests: aging and disability, geropsychology, rehabilitation psychology, SMI across the lifespan

Research interests: aging with TBI, adjustment to disability and chronic disease

Jennifer E. Wartella, PhD, Virginia Commonwealth University, Richmond, VA

Internship: University of Arizona Medical Center

Postdoctoral Fellowship: University of Virginia Center for Addiction Research

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical Duties: Staff psychologist with the Home Based Primary Care team.

Research interests: geriatrics, neuropsychology, brain injury, chronic illness/pain, mood disorders, motivational interviewing strategies and working with underserved populations.

Faculty Appointment: Adjunct professor for the psychology department at Virginia Commonwealth University.

Carl Williams, Ph.D., 2003, Virginia Polytechnical Institute and State University, Blacksburg, VA

Licensed Psychologist, State of Nevada

Internship: University of California, San Diego School of Medicine

Clinical Duties: Staff Psychologist within Oncology Services. With existential and interpersonal appreciation, he employs a broad range of behavioral, cognitive and third wave treatment methodologies to mental health recovery and coping with serious illness.

Research Interests: Health Behavior Change, Health Promotion, Dissemination Science, Clinical Trials

Faculty Appointments: Adjunct Faculty, VCU Department of Psychology

Cathy Williams-Sledge, Psy.D. 1997, Virginia Consortium Program in Clinical Psychology, Norfolk, VA

Internship: Richmond VAMC; Richmond, VA

Postdoctoral Fellowship: Central State Hospital and Liberty Forensic Unit; Petersburg, VA

Licensed Clinical Psychologist, Commonwealth of Virginia

Clinical duties: Provide assessment, psychological testing, psychotherapy, behavioral therapy, and family therapy for newly injured and long-term Spinal Cord Injury patients as

part of an interdisciplinary treatment team. Also provide patient and staff education, and assessment and treatment for patients in the SCI outpatient clinic. Provide assistance and support for the SCI Peer mentoring program and oversee the SCI Smoking Cessation Program.

Research Interests: Smoking Cessation in SCI; Depression and Pain in SCI.

Academic/Faculty Affiliations: Assistant professor, Department of Psychology, Virginia Commonwealth University.

About Richmond, Virginia and the surrounding area

A historic city and Virginia's capital, Richmond offers an attractive array of leisure, cultural, and social opportunities not usually found in mid-sized cities. Beautiful neighborhoods juxtaposed to modern high rises with striking architecture set the stage for the numerous cultural, educational and recreational events befitting its over 200,000 citizens (over 1,000,000 in the metro area).

Nationally recognized for its vitality and New Economy, Richmond's diversified employment base extends from chemical, food and tobacco manufacturing to cutting edge biotechnology and high-tech fiber production. Higher education is a prominent force as well. The area consistently ranks among "Best Places to Live and Work in America" in several national publications, and was recently ranked by CNN as [America's Best Town to Visit](#). Bisected by the [James River](#), its numerous parks and woodlands offer solitude and excitement even when close to the city center.



Richmond annually hosts the Dominion Riverrock Festival, the SunTrust Richmond Marathon (described as the country's friendliest marathon), the UCI America Tour Commonwealth Cycling Classic, and the nationally renowned Ukrop's Monument Ave. 10k. Richmond also hosted the 2012 Veteran's Wheelchair Games and the 2015 UCI Road World Championship of cycling. The Minor League baseball team, The Flying Squirrels (AA San Francisco Giants affiliate) regularly boasts the highest attendance levels in the nation for a Minor League team.

Richmond is proud to support several first-class museums and three prominent universities, its own symphony, an [annual folk festival](#), professional ballet and opera, and numerous theater companies and [art galleries](#). Richmond also hosts some of the nation's best [craft breweries](#). Richmond restaurants also feature prominently in many national publications and our city has been described one of the top "under-the-radar foodie cities" in the country. Highlights include a decade-long run of Richmond chefs being [James Beard Award finalists](#).

The Richmond Region is home to exceptional opportunities to learn about the history of African-Americans in our region, including the [Black History Museum and Cultural Center of Virginia](#), the [Maggie L. Walker National Historic Site](#), and the nearby [Robert Russa Moton Museum](#).

While offering easy access to the Atlantic Ocean and the Chesapeake Bay, Appalachian and Blue Ridge Mountains as well as being only 90 minutes south of Washington, D.C., Richmond features countless pastimes right at home. Trendy boutiques, varied bistros and restaurants, numerous sports and entertainment attractions, outdoor pursuits among one of the nation's largest river park systems, and a treasure trove of historic landmarks provide opportunities for nearly endless learning and relaxation.

Check out some of these sites for additional information:

<https://www.visitrichmondva.com/>

<https://www.virginia.org/cities/Richmond>

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 7/1/24

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented https://www.opm.gov/forms/pdf_fill/sf61.pdf	

Internship Program Admissions

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

There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review [the document linked here](#) prior to applying. The document provides specific information regarding eligibility requirements and information regarding the process of being appointed to a VA position following the selection process.

Eligibility requirements may also be found at the following website:

<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

Additional Eligibility Criteria for Internship

1. Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Approved for internship status by graduate program training director.

Selection Process

A selection committee composed of psychologists involved in training reviews applications. Applicants may seek consideration for one or multiple tracks. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness-of-fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. The Central Virginia VA Health Care System in which our training program resides is an Equal Opportunity Employer.

Interview Process

Interviews are required of all applicants who make the final selection round.

Interviews will involve an informational session with the training directors, interviews with training staff for each track to which you applied, a virtual tour of our clinical and research facilities, an informational session with current interns, and an opportunity to meet with and ask questions of track-specific supervisors. We will gladly attempt to accommodate those who require alternate methods of interviewing upon request.
Does the program require that applicants have received a minimum number of hours of the following at the time of application? If yes, indicate how many.
Total Direct Contact Intervention Hours: Yes Amount: 250 Total Direct Contact Assessment Hours: Yes Amount: 50
Describe any other required minimum criteria used to screen applicants: The program does not have additional screening criteria.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$35, 311 per year
Annual Stipend/Salary for Half-time Interns	Not Applicable

Program provides access to medical insurance for intern?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Yes	4 hours every 2 weeks
Hours of Annual Paid Sick Leave	Yes	4 hours every 2 weeks
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?	Yes	Negotiated on a case by case basis

<p>Other Benefits (please describe)</p>	<p>Holidays: Interns receive the 11 annual federal holidays.</p> <p>Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Application of this policy may vary from year to year, so questions must be directed to the Training Director.</p> <p>Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).</p>
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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) 2020-23

Total # of interns who were in the 3 cohorts	21
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0

	PD	EP
Academic teaching	0	2
Community mental health center	0	0
Consortium	0	0
University counseling center	0	0
Hospital/Medical Center	5	1
Veterans Affairs medical center	10	1
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	0
Other	0	0
Unknown	0	0

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.