



Psychology Doctoral Internship Program

Atlanta VA Medical Center
1670 Clairmont Rd., Decatur, GA 30033
<http://www.va.gov/atlanta/>

Co-Director of Psychology Training
Training
Andrea B. Michels, Ph.D.
(404) 321-6111 ext 4234
Andrea.Michels@va.gov

Co-Director of Psychology
Evelyn A. Lemoine, Ph.D.
(404) 321-6111 ext 6027
Evelyn.Lemoine@va.gov

MATCH Number: 123511
Applications Due: November 1, 2015

General Information

The Atlanta VA Medical Center has six funded Psychology Intern positions. All positions are generalist in nature; there are no tracks. The internship is a one-year, full-time training program with an average expected workload of 40 hours per week of direct service delivery and other training activities. This is a clinical training program with no protected research or dissertation time for Interns.

Accreditation Status

The doctoral internship at the Atlanta VA Medical Center has been continuously fully accredited by the Commission on Accreditation of the American Psychological Association since 1985. We are currently undergoing reaccreditation, with a Site Visit held in July 2015.

Questions regarding the accreditation status of our program may be directed to:

American Psychological Association
Office of Program Consultation and Accreditation
750 First St., NE
Washington, DC 20002-4242
Telephone: (202) 336-5979

Stipend and Benefits

Psychology Interns receive a competitive stipend paid in 26 biweekly installments. VA internship stipends are locality adjusted to reflect the relative cost of living in different geographical areas. The stipend for the 2015-2016 training year is \$25,051. Interns are eligible to enroll in the same health, dental, and vision care plans as regular employees at the Atlanta VA Medical Center. Interns also receive the 10 federal holidays and accrue up to 13 days each of paid vacation and sick leave throughout the training year.

Application & Selection Procedures

All Interns are selected via the APPIC Match process. Only applications received via APPIC's online selection portal from applicants in APA accredited psychology doctoral training programs will be considered. Applicants should submit a completed AAPI, a curriculum vita, three letters of recommendation, and official transcripts from all programs of graduate study in psychology. **Applications**

from qualified minority individuals are encouraged. Individuals who wish to be considered in part on the basis of their ethnic/minority status should indicate their interest on the application.

Applications should be completed as soon as possible upon activation of the APPIC Selection Portal, but must be submitted no later than November 1, 2015 for consideration.

The Directors of Training will review all completed applications submitted by deadline and make preliminary cuts based primarily on therapy and assessment experience. **To receive full consideration, all applicants should have a minimum of 500 supervised doctoral-level therapy hours (please note this means intervention, not total hours) and experience with both cognitive and personality assessment, as well as with integrated report writing.** The training faculty thoroughly reviews all applications that survive the preliminary round of cuts and make recommendations regarding interviews to the Directors of Training, who make final decisions. Interviews will be conducted in early January 2016. All applicants will be notified of their interview status by e-mail at the address provided on the AAPI. It is the responsibility of the applicant to ensure that current mailing and e-mail addresses and telephone numbers are provided.

For questions about the application process or the training program please contact the Directors of Training at andrea.michels@va.gov or evelyn.lemoine@va.gov.

Atlanta VA Information

Atlanta VA Medical Center (VAMC), a Joint Commission and Magnet®-designated medical facility sits on 26 acres in Decatur, Georgia—just minutes from downtown Atlanta. The main medical center is a level 1A tertiary care facility providing patient-centered healthcare via an array of comprehensive medical, surgical, geriatric specialty services, as well as state-of-the-art diagnostic testing throughout 14 sites of care. With 445 inpatient beds, including a 120-bed Community Living Center, a 40-bed domiciliary, and a 12-bed Residential Treatment Program, the Atlanta VAMC is uniquely positioned to serve the healthcare needs of more than 130,000 enrolled Veterans living in 50 counties across northeast Georgia. The Medical Center, also a teaching hospital, provides hands-on and state-of-the-art technology, education and research to residents in collaboration with Emory University School of Medicine and Morehouse School of Medicine.

In addition to comprehensive clinical services, the Medical Center has one of the largest VA research programs in the nation. The program is 1 of 13 national VA Rehabilitation Research and Development Centers and involves over 600 projects conducted by more than 140 principal investigators.

Psychology Training

Within the Medical Center, Psychology training is conducted within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from the following disciplines: psychology, psychiatry, social work, and nursing. The mission of the MHSL is patient care, training and research. There are currently approximately 90 full-time psychologists on staff at the Atlanta VA Medical Center, with further growth anticipated. Approximately half of the staff psychologists serve on the Training Committee. These psychologists are distributed among the various treatment teams within the MHSL. These teams include the Mental Health Outpatient Clinic; Community Based Outpatient Clinics; Substance Abuse Treatment Program; Trauma Recovery Program; Geropsychiatry; Primary/Care Mental Health Integration, and the Mental Health Front Door. Psychologists on the Training Committee are also now embedded in other Service Lines within the Medical Center, including medical specialty clinics (e.g., sleep, pain), and the Community Living Center. Psychology training activities may take place in any of these settings.

In addition to the Doctoral Internship, the Atlanta VA offers an APA-accredited psychology postdoctoral residency program, as well as advanced practicum training for local psychology doctoral students from programs including Emory University, Georgia State University, and the University of Georgia.

Client Population

While the VA patient population is predominantly adult male, there are ample opportunities for clinical work with women and occasionally with married couples and families. Interns work with patients who differ widely in race, socioeconomic status, sexual orientation, physical ability, education, and degree of psychopathology. Psychological services are provided to veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the psychiatric patients, Interns will encounter a wide range of psychopathology including depression, anxiety, substance abuse, PTSD, schizophrenia, bipolar disorder, and personality disorders. In the area of medicine and surgery, there are opportunities to work with conditions such as neurodegenerative disorders and other neurological disorders, chronic pain, addictions, sexual dysfunction, smoking cessation, cardiac rehabilitation, palliative care, geriatrics, and HIV/AIDS.

Local Area Information

The VAMC (Atlanta) is a 550-bed facility dedicated to providing diagnosis, treatment, and rehabilitation to veterans in need of medical care. The main hospital is in Decatur, a few miles from downtown Atlanta. The Atlanta VA system also features more than 10 satellite clinics offering primary care, mental health, and some other specialty services to veterans throughout North Georgia. The metropolitan area has a growing population of more than 5 million, is a major convention center, and hosts major league sports franchises in football, baseball, basketball, and soccer. The city and the surrounding area have undergone phenomenal growth in recent years. Atlanta is internationally known for its Symphony Orchestra, the Carter Center, and the Martin Luther King Center. Atlanta hosted the Olympic Games in 1996, and has hosted the Super Bowl, the NBA All-Star Game, Major League Baseball's All Star Game and the NCAA Final Four. In recent years, Atlanta has been developing a reputation as the "Hollywood of the South" thanks to the burgeoning presence of the film industry. Multiple major motion pictures and TV shows are filmed locally, including AMC's "The Walking Dead," the CW's "The Vampire Diaries," and recent installments of the "Hunger Games" and "Fast and Furious" movie franchises.

The Atlanta area is rich in resources for medical research and treatment. Close to the Medical Center are Emory University and Medical School, the Centers for Disease Control, Children's Healthcare of Atlanta, and other clinical and educational facilities. Professional seminars and workshops are offered year round in the private sector and may offer reduced tuition fees to Interns.

Program Philosophy and Training Model

Training Program Mission Statement. The mission of the Atlanta VA Medical Center's Psychology Doctoral Internship is to train Interns to effectively function in roles that combine clinical service and scholarly inquiry. The program is generalist in nature, prioritizing the development of well-rounded clinical skills, competence with evidence-based practices, and professional and ethical behavior.

Training Philosophy. The goal of the Atlanta VAMC Psychology Doctoral Internship is to produce an emerging professional clinician who functions competently and ethically. The training program helps the Intern to set practical goals for the year and then creates an appropriate training program to meet the goals. Emphasis is placed on learning the philosophical and technical approaches grounded in empirical research and current professional standards. The training philosophy of the Internship is grounded in the premise that supervision is developmental in nature. As such, doctoral Interns are viewed as mature, self-motivated adult learners who bring diverse accumulated life experiences to their training. These life experiences serve as a rich resource that is enhanced by and also enhances the training environment. Our program emphasizes the development of mutually derived learning objectives and a collegial relationship between supervisor and Intern.

Training Model. Training is based on a "practitioner-scholar" model of training. Our program emphasizes training in clinical skills and recognizes that clinical work is informed by well-designed research.

Supervision and didactics are grounded in the scientific literature and strong efforts will be made to expose postdoctoral Residents to current research and scholarship.

Diversity Statement: The Atlanta VA serves veterans who represent a wide variety of dimensions of diversity, including but not limited to gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Atlanta VA's Psychology Doctoral Internship Program is deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, Interns develop awareness, knowledge, and skills to enhance multicultural competence through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to veterans with diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence within the mental health profession and society as a whole.

The Diversity Education Committee for Psychology Training (DEC-PT) functions as an extension of the Psychology Training Committee to assist psychology trainees in developing multicultural competencies, appreciating diversity in all its forms, and promoting social justice. Within its roles with the Psychology Doctoral Internship and Postdoctoral Training Programs, the DEC-PT seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection.

The DEC-PT is composed of Atlanta VA psychologists who are invested in helping to promote trainees' multicultural competence for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldview, biases, theoretical framework, and life experiences affect our clinical work. In conjunction with the Core Training Committee, the DEC-PT facilitates the Multicultural Lunch and Learn Series and the Multicultural Seminar Series (a part of the General Seminar described below).

The Interns' Multicultural Seminars focus on topics relevant to the patient population at the Atlanta VA and the Interns' overall development as culturally-competent mental health providers. During these seminars, self-exploration and an openness to personal growth is strongly encouraged, supported, and modeled by members of DEC-PT. Toward the end of the seminar series, each Intern is asked to present at least one case focused on the intersections of diversity dimensions, and the impact of the therapist's and patient's identities and worldviews on the therapeutic process. The Multicultural Lunch and Learn series are monthly lunch-time presentations open to all psychology staff. Through didactics, experiential activities, and discussion, Lunch and Learn presenters address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence. Examples of previous presentations include: "Clinical Impact of the Psychologist's Cultural Identities;" "Intersecting Identities and Complexities of LGB Identity Development Models;" "Colorism among African Americans;" "Using Our Powers for Good! A Discussion about Therapist Privilege and the Empowerment of Clients;" and "Disability as a Diversity Variable."

In keeping with the APA Code of Ethics (2010), the Atlanta VA Psychology Doctoral Internship Program does not require trainees to disclose personal information in program-related activities. At the same time, the program recognizes that self-reflection is an important part of the supervisory process and is a crucial aspect of developing multicultural competence. The program also acknowledges that developing insight into our own identities and personal histories is a delicate process – one that is best accomplished within a nurturing, non-judgmental context. The training program works to provide such an environment, with hopes that trainees will feel comfortable engaging in the self-reflection necessary to develop a meaningful appreciation for diversity in all its forms. In an effort to create a supportive and constructive learning environment, personal disclosures made by trainees as part of their diversity training will be treated sensitively and respectfully. Psychologists providing training aim to create working relationships in which trainees will feel safe exploring personal feelings, thoughts, beliefs, and life experiences that affect their multicultural competencies.

Unique Veterans Seen during Calendar Year 2014

Total Veterans at Atlanta VAMC and Associated Clinics 96,703

Veterans seen by Mental Health Service 27,100

Sex

Female 17.7%

Male 81.4%

Age

<25 0.8%

25-34 12.8%

35-44 13.7%

45-54 22.2%

55-64 25.2%

65-74 20.5%

75-84 2.7%

>84 1.0%

Race

American Indian or Alaskan Native 0.5%

Asian 0.4%

Black or African American 58.2%

Declined to Answer 3.3%

Native Hawaiian or Pacific Islander 0.6%

Other Race 1.1%

White 35.0%

Ethnicity: Hispanic or Latino 1.8%

Program Goals & Objectives

The following goals and objectives represent the areas in which doctoral Interns at the Atlanta VA Medical Center are evaluated:

GOAL 1: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS

Objective: Professional Interpersonal Behavior

Professional and appropriate interactions with treatment teams, peers, and supervisors, seeks peer support as needed

Objective: Seeks Consultation/Supervision

Seeks consultation or supervision as needed and uses it productively

Objective: Uses Positive Coping Strategies

Demonstrates positive coping strategies with personal and professional stressors and challenges; maintains professional functioning and quality patient care

Objective: Professional Responsibility and Documentation

Responsible for key patient care tasks (e.g., phone calls, letters, case management), completes tasks promptly; all patient contacts, including scheduled and unscheduled appointments and phone contacts are well documented; records include crucial information

Objective: Efficiency and Time Management

Efficient and effective time management; keeps scheduled appointments and meetings on time; keeps supervisors aware of whereabouts as needed; minimizes unplanned leave, whenever possible

Objective: Knowledge of Ethics and Law

Demonstrates good knowledge of ethical principles and state law; consistently applies these appropriately, seeking consultation as needed

Objective: Administrative Competency

Demonstrates a growing ability to accomplish administrative tasks; prioritizes appropriately; shows a growing autonomy in management of larger administrative, or clinical projects

GOAL 2: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

Objective: Patient Rapport

Consistently achieves a good rapport with patients

Objective: Sensitivity to Patient Diversity

Sensitive to the cultural and individual diversity of patients; committed to providing culturally sensitive services

Objective: Awareness of Own Cultural and Ethnic Background

Aware of own background and its impact on clients; committed to continuing to explore own cultural identity issues and relationship to clinical work

GOAL 3: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

Objective: Diagnostic Skill

Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification; utilizes historical, interview, and psychometric data to diagnose accurately

Objective: Psychological Test Selection and Administration

Promptly and proficiently administers commonly used tests in his/her area of practice; appropriately chooses the tests to be administered; demonstrates competence in administering a variety of diagnostic measures

Objective: Psychological Test Interpretation

Interprets the results of psychological tests in his/her area of practice; demonstrates competence interpreting chosen measures

Objective: Assessment Writing Skills

Writes a well-organized psychological report; answers the referral question clearly and provides the referral source with specific recommendations

Objective: Feedback Regarding Assessment

Plans and carries out a feedback interview; explains the test results in terms the patient and/or caregiver can understand; provides suitable recommendations and responds to issues raised by patient or caregiver

GOAL 4: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

Objective: Patient Risk Management and Confidentiality

Effectively evaluates, manages, and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues; collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed; discusses all applicable confidentiality issues openly with patients

Objective: Case Conceptualization and Treatment Goals

Formulates a useful case conceptualization that draws on theoretical and research knowledge; collaborates with patient to form appropriate treatment goals

Objective: Therapeutic Interventions

Interventions are well-timed, effective and consistent with empirically supported treatments

Objective: Effective Use of Emotional Reactions in Therapy (Countertransference)

Understands and uses own emotional reactions to the patient productively in the treatment

Objective: Group Therapy Skills and Preparation

Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety, and confidentiality. If the group is psychoeducational, readies material for group, and understands each sessions goals and tasks

GOAL 5: COMPETENCE IN SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

Objective: Seeks Current Scientific Knowledge

Displays necessary self-direction in gathering clinical and research information; seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas

GOAL 6: COMPETENCE IN PROFESSIONAL CONSULTATION

Objective: Consultation Assessment

Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question

Objective: Consultative Guidance

Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods, and principles

GOAL 7: COMPETENCE IN SUPERVISION

Objective 7A: Supervisory Skills

Demonstrates good knowledge of supervision techniques as demonstrated in seminar presentations and discussions with supervisors.

GOAL 8: COMPETENCE IN EVALUATION

Objective 8A: Evaluation Skills

Demonstrates good knowledge of techniques of program evaluation as demonstrated in seminar presentations and discussions with supervisors.

Program Structure

Orientation

Interns begin the training year with several days of orientation to the VA, the Medical Center, and the training program. Interns meet with the Directors of Training and with supervisors from all clinical rotations to review the training opportunities available with each. Interns also meet with relevant Mental Health leadership representatives and with members of the Diversity Education Committee for Psychology Training (DEC-PT). This process allows time for Interns to begin to develop familiarity with the Medical Center, clinical activities, record keeping, personnel issues, and procedures specific to the Mental Health Service Line. Interns will inform the Directors of Training of their major and minor rotation preferences at the end of orientation.

Training Plans and Evaluation

During orientation, Interns complete a self-assessment of their relative strengths and weaknesses with respect to the goals and objectives described above. The Directors of Training then meet individually with each Intern to develop a personalized training plan for the year. The goal of the training plan is to identify needed and desired learning activities to round out the Intern's general training, to further develop fundamental clinical skills, to address deficits in skill or experience, and to gain exposure to new patient populations and methods of assessment and intervention. The Directors of Training make every effort to honor the preferences of the Intern; however, they reserve the right to require certain training experiences if a significant need is identified. The training plan may be revisited and amended at any point in the training year as new interests or needs are identified. At mid-year and end-of-year all Interns will formally review their training plans and progress with the Directors of Training and the Core Training Committee.

Evaluation of Intern progress is ongoing throughout the training year and occurs both informally and formally. Informal feedback is provided continually in weekly supervision and in communication between training staff members. Intern progress is formally discussed by the training staff in monthly meetings of the Core Training Committee; areas of strength and areas for growth are documented in the Committee's meeting minutes. Interns are also formally evaluated by each of their clinical supervisors at the end of each quarter; the written feedback is reviewed between Intern and supervisor and is submitted to the Directors of Training for inclusion in the training file. At a minimum, Interns meet with the Directors of Training and the Core Training Committee twice (at mid-year and at end-of-year) for formal discussions of progress and review of training plans. Additional formal feedback may be scheduled as needed. The Directors of Training provide formal written feedback of Intern progress to the Director of Clinical Training at each Intern's doctoral training program at mid-year and end-of-year; additional communication will be made with the Intern's DCT if significant deficits requiring remediation are identified and/or if the Intern's successful completion of the internship is at risk. The Directors of Training are responsible for all written correspondence between the internship program and the graduate schools.

Training Experiences

1. Clinical Rotations

The 12-month internship year is divided into two six-month rotation blocks. For each block Interns select one major and one minor clinical rotation. Major rotations involve 16 hours (2 days) per week in the selected specialty area. Minor rotations involve 8 hours (1 day) per week in the selected area.

The objectives of the rotations are consistent with the philosophy of the training program. They were also developed in consideration of the unique contributions made by psychologists within a medical center setting. In determining whether the Atlanta VA Medical Center would be an appropriate training site, applicants for internship are encouraged to assess their training needs in terms of the following:

- Career goals and interests
- Preferences for the training rotations offered
- Training needs as assessed or required by his/her graduate school
- Strengths and weaknesses identified in previous clinical training

Given the excellent resources of the internship, the high supervisor/Intern ratio, the training philosophy, and the environment of a teaching hospital, each Intern is assured of an opportunity for maximum professional growth.

GENERAL MENTAL HEALTH OUTPATIENT AND INPATIENT ROTATION (GMH)

Primary supervisor – Erin Elliott, Ph.D., ABPP

This rotation offers a recovery-oriented, generalist training experience at the outpatient Mental Health Clinic (MHC) and the inpatient psychiatry unit. The MHC and inpatient psychiatry unit consist of interdisciplinary treatment teams with providers from disciplines that include psychiatrists, peer support specialists, advanced practice registered nurses, psychologists, licensed clinical social workers, and psychiatry residents. The inpatient unit also has recreational therapists and chaplains as ancillary team members. The inpatient psychiatric unit is a 40-bed acute unit with duration of inpatient admission typically lasting between three and 10 days.

Both clinics provide services to veterans who range broadly in age, gender, ethnicity, sexual orientation, socioeconomic status, education level, adaptive functioning, and psychological symptoms. The intern will work with veterans who present with a wide range of psychiatric diagnoses, including Post Traumatic Stress Disorder, Major Depressive Disorder, Bipolar Disorder, anxiety disorders, personality disorders, and psychotic spectrum disorders. Many patients also present with comorbid substance use disorders and complex medical issues.

On this major rotation, the Intern will work with General Mental Health (GMH) supervisors to determine how time will be divided between the outpatient MHC and inpatient psychiatry unit. An example of this could be 50% MHC, 40% inpatient psychiatry, and 10% rotation didactics and supervision. Decisions related to this time allotment will be influenced by the Intern's training goals. The Intern will conduct individual and group therapy, participate in treatment team meetings, receive didactic training, provide brief assessments, and possibly offer brief family work. At minimum, Interns will have two hours of face-to-face supervision every week on this rotation.

There are opportunities for training in a variety of evidence-based psychotherapy (EBP) modalities. Examples of individual EBPs to which Interns could gain exposure include Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), Interpersonal Process Therapy (IPT), Motivational Interviewing (MI), and Cognitive Processing Therapy (CPT). Examples of evidenced-based groups that have been offered include ACT for Depression, CBT for Insomnia, Behavioral Activation, and Mindfulness. There are opportunities for training with veterans who decline EBP or who are not good

candidates for EBP. These veterans often suffer from a variety of comorbidities which complicate the picture and require a more protracted course of treatment. The inpatient unit offers training in brief individual and group interventions in a fast-paced environment requiring flexibility on the part of the clinician.

Interns who choose GMH as a major rotation are expected to treat at least one veteran with an individual EBP. Additionally, the Intern must provide individual or group therapy to a veteran diagnosed with a psychotic spectrum disorder. Similarly, the Intern must provide individual and or supportive group therapy to a veteran diagnosed with PTSD who is not a good candidate for an EBP.

Minor Rotations in GMH:

Interns completing a minor rotation in GMH will select an area of specialty/focus. GMH offers several minor rotation options:

Complicated PTSD: Many veterans with PTSD decline or are not eligible to participate in exposure-based treatments. This population often suffers from a variety of comorbidities which complicate the picture and require a more protracted course of treatment. With this minor, Interns provide individual and group psychotherapy that emphasizes establishing a safe, trusting relationship with the therapist as well as other veterans. Interns also help veterans learn skills needed to negotiate the world around them.

Evidenced-Based Psychotherapy (EBP): Interns can obtain training and supervision in EBPs for the treatment of depression and anxiety disorders. Examples of such treatments include: Cognitive Behavioral Therapy (CBT), Interpersonal Psychotherapy (IPT), and Acceptance and Commitment Therapy (ACT). Interns also have the opportunity to co-lead time-limited evidence-based groups. Due to limited time on minor rotations, Interns will likely focus on one to two of these EBPs.

Inpatient Mental Health: Interns will have the opportunity to participate in evaluation and treatment associated with the inpatient psychiatric unit. Training opportunities on the unit include brief individual interventions, participating in interdisciplinary treatment team meetings, group therapy, and psychological testing.

SMI Outpatient/Inpatient: Interns will have a variety of clinical opportunities with individuals primarily diagnosed with psychotic spectrum disorders. These opportunities include individual and group psychotherapy, exposure to related EBPs, and possible brief psychological assessments and family work. Interns could see veterans in both inpatient and outpatient treatment settings, and opportunities will be sought for interns to work with veterans as they transition from inpatient to outpatient care.

PRIMARY CARE/MENTAL HEALTH INTEGRATION ROTATION

Primary supervisor – Christie Spence, Ph.D.

The PC/MH Integration team is a team of mostly psychologists who work directly in Primary Care medical clinics. They perform initial evaluations on veterans referred by PC providers to Mental Health, perform short-term psychotherapy (i.e., initial screening and 4-6 thirty-minute sessions) for appropriate veterans, provide education and consultation to PC staff, and provide triage/referrals to veterans requiring specialty mental health care.

As the training staff at the Atlanta VAMC continues to expand, we expect a variety of PC/MH clinics to be available to Interns for rotation. Interns will be advised of current availability during orientation. Current PC/MH options include the following (subject to change):

General Primary Care: These are the standard Primary Care clinics to which veterans are assigned based on their home address and desired treatment facility. Interns currently have the option to rotate in the “Purple Team” or “Gold Team” PC clinics at the main VAMC or in the satellite PC clinics at the VA’s Fort McPherson location, approximately 15 miles southwest of the main VAMC, or the Atlanta

Clinic location, approximately 3.5 miles southeast of the main VAMC. Interns rotating in these clinics serve a heterogeneous veteran population.

Infectious Diseases Clinic (IDC): The IDC follows 1248 patients with HIV disease in a primary care clinic. It currently has the largest HIV workload of any VA Medical Center in the United States. The population includes 98% males and the median age is 49. The median age of patients in this cohort has increased consistently since 1988, reflecting the aging of this particular cohort. Overall, 75% are African-American, 2% Hispanic and the remainder Caucasian. HIV risk factors for this population include 42% MSM, 11% IDU and 47% other. Over 84% of these patients are currently on antiretroviral therapy. Residents will gain a very rich experience working in both group and individual therapy with individuals diagnosed with HIV/AIDS and their families in a number of health-related areas, including disease management, coping with HIV, adjustment issues following new diagnosis of HIV, assessment of cognitive impairment due to disease progression, motivational enhancement and treatment compliance, coping with medical sequelae (e.g. side effects, such as lethargy, vivid dreaming, and changes in physical appearance, including wasting and redistribution of body fat) of newly initiated treatment (i.e., HAART) regimens, psychoeducation on safe sex practices and sexual counseling. Interns will have the opportunity to see patients for same day initial (20-30 minute) mental health screenings, provide referrals to the Mental Health Service Line for ongoing mental health treatment, educate and provide consultation to medical staff, and conduct short term (i.e., up to 4-6 30-minute psychotherapy sessions) therapy with veterans exhibiting mild depression, anxiety, and general adjustment difficulties.

Women's Wellness Clinic: The Women Veterans Health Program promotes the health, welfare, and dignity of women veterans and is a component of the Atlanta Primary Care Service, which has the largest number of women veterans (6200+) enrolled in VISN 7. The Women's Wellness Clinic in Atlanta encompasses a dedicated staff that provides primary care and gender specific care for 2700+ assigned female veterans. The clinic provides a wide range of services including general preventive medicine and specialty care services including STD screening, birth control planning, pregnancy screening and medical management, breast and cervical cancer screenings, gynecological care and menopausal management. It is multidisciplinary and utilizes the clinical expertise of a clinical psychologist, social worker, nutritionist and doctor of pharmacy as well as 3.9 physicians, 2 clinical practitioners and nursing staff. The clinic operates according to the Primary Care/Mental Health Integration model in which a co-located psychologist provides brief initial assessments, short-term individual therapy (i.e., initial screening and 4-6 thirty-minute psychotherapy sessions), and referrals to specialty mental health services. Interns working with the Women's Wellness Clinic will gain experience working with female veterans in group and individual therapy, as well as conducting assessments. Interventions will focus on general health and mental health related issues, such as chronic pain, depression, anxiety and stress reduction, insomnia, as well as health concerns specifically related to females, including coping with infertility or unwanted pregnancy, care giving issues, and coping with diagnosis of diseases affecting women, such as cancer (i.e., breast, ovarian, uterine, etc.), heart disease, and sexually transmitted diseases.

The primary training objectives of this rotation are:

1. Participate as a member of a cohesive multidisciplinary treatment team.
2. Develop case conceptualization, treatment planning, consultative and referral skills.
3. Enhance clinical competence in providing short term psychotherapy on an outpatient basis.
4. Provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment.
5. Enhance diagnostic assessment and intake report writing skills.
6. Provide education and consultation to non-MH professionals to assist with veterans' medical care.

Major versus Minor Rotations in PC/MH Integration:

Interns completing a major rotation with PC/MH may choose to spend all of their time in one Primary Care clinic or to divide their time between two clinics. Interns completing a minor rotation with PC/MH will choose one clinic only.

TRAUMA RECOVERY PROGRAM ROTATION

Primary supervisor – Andrea Michels, Ph.D.

The mission of the Trauma Recovery Program (TRP) is to provide state of the art, specialized mental health care to veterans with symptoms of Posttraumatic Stress Disorder (PTSD). The treatment provided by the TRP is founded on the expectation that with the provision of the best available care, veterans can heal from the psychological impact of trauma and recover from PTSD symptoms. There is a strong emphasis on the use of evidence-based treatments, primarily Prolonged Exposure therapy (PE) and Cognitive Processing Therapy (CPT). The psychology Intern rotating with the TRP will have the opportunity for involvement with intake evaluations, psychoeducational groups, individual and group-based psychotherapy, treatment team meetings, and didactics. The Trauma Recovery Program is located offsite at the Henderson Mill Annex, approximately 5 miles from the main VAMC.

The Intern will select one of TRP's two multidisciplinary teams in which to concentrate his or her training experience:

PE/CPT Team: provides evidence-based, trauma-focused treatment to veterans with combat trauma from all war eras.

Military Sexual Trauma/Dialectical Behavior Therapy (MST/DBT) Team: provides services to male and female veterans who have experienced sexual trauma. This team also has a DBT program, which provides individual therapy, group therapy, and phone consultation to any TRP patient who has Borderline Personality Disorder and can benefit from the program.

The primary training objectives of this rotation are:

1. Develop a level of expertise in the phenomenology and assessment of PTSD and related conditions.
2. Improve diagnostic interviewing and case presentation skills.
3. Develop a conceptual understanding of the evidence based models of the treatment of PTSD.
4. Develop clinical competence in the provision of evidence-based PTSD treatments in group and individual formats.
5. Function as a member of a multidisciplinary treatment team.
6. Demonstrate the ability to apply current research to clinical practice.

Current areas of training emphasis vary with treatment teams but include:

- **Initial Evaluations:** Following an orientation to the intake process, the psychology Intern will conduct one to two intake evaluations per week. These initial evaluations are comprehensive diagnostic assessments and require immediate diagnostic feedback and treatment recommendations for the veteran. The Intern is then responsible for presenting the case to the treatment team and assisting in the development of the treatment plan.
- **PTSD 101:** This four-week psychoeducational group teaches patients about the diagnosis of PTSD, its causes, and its treatment. Typically, it is the first step in a veteran's treatment with the TRP. Interns may have the opportunity to co-lead this group.
- **Individual PE and CPT:** The implementation of prolonged exposure therapy and/or cognitive processing therapy for PTSD. The Intern rotating with TRP is expected to follow at least one patient through a full course of manualized PE or CPT and to video record sessions for supervision.
- **Dialectical Behavior Therapy:** The MST/DBT Team has developed a co-ed DBT program, which is comprised of individual and group therapy and phone consultation. Interns assigned to the team have the opportunity to co-lead one of the DBT groups and participate in weekly DBT team consultation meetings.
- **Peer Consultation:** The Intern will participate in a weekly peer consultation group comprised of TRP staff and trainees (including graduate practicum students) in which therapy cases are reviewed and discussed.

Major versus Minor Rotations in TRP:

Interns completing a major rotation with TRP generally participate in all of the activities of a TRP psychologist on their chosen team (i.e., initial evaluations, psychoeducational groups, individual psychotherapy, and team meetings/didactics). Interns completing a minor rotation with TRP will be expected to carry an individual therapy caseload and to participate in some other element of the team (e.g., initial evaluations, PTSD 101).

SUBSTANCE ABUSE TREATMENT PROGRAM ROTATION

Primary supervisor – Joy Reeves, Psy.D.

The Substance Abuse Treatment Program (SATP) is located offsite at Ft. McPherson, approximately 15 miles away from the main VAMC. On this rotation, Interns will participate in two aspects of substance abuse treatment: Intensive Outpatient Substance Abuse Treatment Program (SATP-IOP) and Substance Abuse, Trauma and Recovery (STaR). Interns will observe the initial substance abuse and psychiatric assessment process, as well as the referral process to appropriate levels of treatment. Interns will provide individual and group treatment for veterans at various stages of the substance abuse recovery process, as well as develop and lead a psychoeducational group. While participating in STaR, Interns will provide evidenced based integrative treatment (Seeking Safety by Dr. Lisa Najavits) to help veterans attain safety from trauma/PTSD and substance abuse and provide individual therapy to veterans diagnosed with PTSD and substance abuse issues. Interns will attend multidisciplinary treatment team meetings weekly.

Five central principles of Seeking Safety:

1. Safety as the first stage of treatment
2. Integrated treatment of PTSD and substance abuse
3. Focus on ideals
4. Four content areas: cognitive, behavioral, interpersonal, and case management
5. Attention to therapist process

Psychoeducational Group: The STaR groups are designed to provide veterans with a variety of coping skills to help manage their symptoms of PTSD and Substance Abuse. A few topics include: setting healthy boundaries in relationships, safety, PTSD: Taking back your power, detaching from emotional pain, and when substances control you. Interns will co-facilitate this group. In addition to the groups in STaR, Interns will also have an opportunity to co-facilitate a STaR aftercare group and groups in one of the SATP tracks.

Individual Therapy: Interns will have an opportunity to provide short-term therapy with veterans actively enrolled in STaR or in STaR aftercare, as well as SATP-IOP.

The primary training objectives of this rotation are:

1. Participate as a member of a cohesive multidisciplinary treatment team.
2. Develop diagnostic skills for assessing substance use disorders and comorbid conditions
3. Gain knowledge and develop proficiency in the delivery of evidence-based treatments in both an individual and group format for individuals with substance use disorders
4. Enhance competency in treatment planning and case conceptualization skills specific to working with the substance abuse population

Major versus Minor Rotations in SATP:

Psychology Intern Responsibilities (Major Rotation)

1. Psychology Interns are required to attend all treatment groups.
2. Therapy Group: Interns are encouraged to take an active role in all group therapy sessions. This includes contributing to the group discussion as well as leading one group therapy session per week. Interns are responsible for writing group therapy notes one day per week.
3. Facilitate one psychoeducational group (e.g., anger management, family of origin, disease model of addiction, STaR group): Interns are responsible for conducting this group weekly as well as writing notes for this group.

4. Individual Therapy Caseload: During the rotation, Interns are required to maintain a caseload of 2-3 short-term therapy clients.
5. Psychosocial and Integrative Summary Assessments: During the first week of treatment, each veteran must complete a full assessment. Interns are required to complete 2 psychosocial assessments and 3 integrative summary assessments. The psychosocial assessment and integrative assessment are comprehensive assessments with a focus on substance abuse history. Each assessment takes approximately one hour to complete.
6. Supervision: Interns are required to meet with the rotation supervisor one day per week for one hour. Additional supervision is available as needed.
7. Attend two AA/NA group while on the rotation.

Psychology Intern Responsibilities (Minor Rotation)

1. Psychology Interns are required to attend all treatment groups.
2. Therapy Group: Interns are encouraged to take an active role in all group therapy sessions. This includes contributing to the group discussion as well as co-facilitating one group therapy session per week.
3. Facilitate one psychoeducational group (e.g., anger management, family of origin, disease model of addiction, STaR group). Interns are responsible for conducting this group weekly as well as writing notes for this group.
4. Individual Therapy Caseload: During the rotation, Interns are required to maintain a caseload of 1-2 short-term therapy clients.
5. Psychosocial and Integrative Summary Assessments: During the first week of treatment, each veteran must complete a full assessment. Interns are required to complete 3 integrative summary assessments. The integrative assessments are comprehensive assessments with a focus on substance abuse history. Each assessment takes approximately one hour to complete.
6. Supervision: Interns are required to meet with the rotation supervisor one day per week for one hour. Additional supervision is available as needed.
7. Attend a minimum one AA/NA group while on the rotation.

HEALTH PSYCHOLOGY ROTATION

Primary supervisor – Jennifer Steiner, Ph.D.

This rotation offers a variety of opportunities for psycho-behavioral interventions with patients manifesting medical conditions. Patients treated on the Health Psychology rotation frequently experience medical crises or chronic illnesses. Many have a history of addiction, and most will need to modify lifestyles. Patients are often referred from Rehabilitation Medicine, Pulmonary Clinic, Urology, Sleep Medicine, and the Primary Care teams.

This rotation is designed to provide both assessment and intervention experience across a broad scope of health care problems. Emphasis is placed on cognitive-behavioral therapy and attitude change approaches as well as targeted interventions related to improving health-related behaviors and coping with the effects of chronic disease. Treatment modalities include a combination of individual and group therapy. Treatments such as stress management, habit change, and relaxation procedures are commonly used.

The primary training objectives for this rotation are:

1. To develop a perspective on what the role of a health psychologist in a medical setting encompasses;
2. To gain experience with the techniques and specialty skills of the health psychologist, such as behavioral assessment, stress management, relaxation training, crisis intervention, sexual counseling, and pain management, sleep management, and CPAP (Continuous Positive Airway Pressure) desensitization;
3. To assist medical patients in the promotion of health, as well as the remediation and prevention of medical problems through psychological counseling and behavior change strategies;

4. To assist various medical staff (physicians, nurses, medical residents) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors, including unhealthy lifestyles;
5. To complete and submit, in written form and on a timely basis, the consultative requests assigned during the course of this rotation.

Current areas of clinical emphasis include the following:

Smoking Cessation Program: Smoking is one of the leading causes of preventable death in the United States and there is a great demand within the Atlanta VA for smoking cessation intervention. Psychology Interns on this rotation co-lead a structured psycho-educational counseling program that emphasizes cognitive-behavioral interventions. These groups provide experience with techniques of effective habit change, group facilitation, as well as increased familiarity with the medical consequences of tobacco use.

Chronic Pain Management Program: Patients referred to the Psychology Pain Management program may present with pain of varying severity, which often has not fully remitted despite medical interventions. In addition to suffering from chronic musculo-skeletal pain conditions, these patients may also present with co-morbid depression, anxiety, adjustment disorder, and/or substance abuse issues which complicate the clinical presentation, yet provide targets for interventions, and valuable training experiences. Psychology Interns will conduct individual assessments, co-facilitate group interventions, and see pain patients for individual psychotherapy. Primary treatment modalities include behavioral, CBT, and Acceptance and Commitment Therapy.

Sexual Health Counseling: Patients experiencing chronic illness often develop difficulties that impact their sexual functioning (e.g. diabetes, atherosclerosis). Various medical and psychiatric conditions may require medications that impede sexual functioning (e.g. SSRI's for depression, anti-hypertension medications, and medications prescribed for prostate conditions), while certain addictive behaviors (e.g. alcohol, tobacco, and other chemical dependencies) frequently interfere with sexual adjustment. Selected sexual functioning difficulties are referred for treatment on this rotation from around the medical center and Interns will have the opportunity to learn about evaluating and treating such conditions as erectile dysfunction, premature ejaculation, impaired sexual desire, anorgasmia and compulsive sexual behavior disorders.

Sleep Management Program: A high percentage of veterans suffer from sleep disturbance: 50-53% with sleep apnea syndromes, and 40-50% with some form of insomnia. While Positive Airway Pressure (PAP) therapies are currently the best treatment for sleep apnea, many veterans report that they cannot tolerate the treatment. Psychology Interns will have the opportunity to evaluate veterans and provide individual desensitization treatment, which has been shown to increase tolerance of and compliance with PAP therapies. Additionally, Interns may evaluate and conduct individual therapy for treatment of insomnia, nightmares, circadian rhythm sleep-wake disorder, and adjustment to narcolepsy, as well as conduct group intervention for insomnia. General treatment models used are behavioral, cognitive behavioral, and ACT.

Cardiology Consultation: Cardiovascular Disease is one of the leading causes of veteran morbidity and mortality. Health Psychology has established a consultation program with Cardiology Services to help identify veterans in need of making lifestyle changes through interventions including habit modification and wellness promotion. Clinical activities with this population of veterans may include: assessment and intervention for personality issues of relevance to cardiac rehabilitation specifically targeting hostility reduction and Type A Personality traits, depression management and anxiety reduction, preparation for stressful and invasive diagnostic procedures, family counseling and emotional support following surgical procedures including stent placement and bypass surgery, interventions to enhance compliance and adherence to recommended lifestyle changes, stress management and relaxation training, and sexual counseling within the context of cardiac rehabilitation. Interns and Residents working with Cardiology patients will have the opportunity to

attend Cardiology Medical Rounds and consult closely with medical residents and attending physicians within that service line.

Pre-transplant Evaluation Consultation Service: The completion of pre-transplant psychosocial evaluations for patients who have been referred by various specialty services occurs with selected patients for liver, kidney, lung, and bone marrow transplants. Psychology Interns may have the opportunity to perform some assessment of these candidates during the rotation. The transplant evaluations assess the psychological and psychosocial factors considered to be important predictors of successful transplant surgery and recovery including, treatment adherence, psychological stability, substance abuse, and social support. Evaluations involve a chart review and clinical interview. They also involve completing a report in which recommendations are made regarding a patient's appropriateness for transplant surgery, as well as recommendations regarding further services or behavioral changes that might enhance the patient's candidacy for a transplanted organ.

Major versus Minor Rotations in Health Psychology:

Interns rotating in Health Psychology as either a major or a minor rotation will participate in some, but not all of the emphasis areas described above. Interns choosing a Health rotation will meet with rotation supervisors at the start of the rotation to formulate a training plan and select their specific training activities. Interns completing a major rotation in Health Psychology may naturally expect to participate in a wider variety of activities than interns completing a minor rotation.

GEROPSYCHOLOGY AND COMPLEX MEDICAL ISSUES ROTATION

Primary supervisor – Regina Koepp, Psy.D., ABPP

This rotation offers a range of training experiences with the Geropsychiatry Outpatient Clinic, the Primary Care/Mental Health (PC/MH) Integration Geriatric Outpatient Medical Clinic, and the Palliative Care Service.

Outpatient Geropsychiatry Clinic: The Geropsychiatry Clinic consists of a Psychiatrist, Psychologist, and Social Work Psychotherapists responsible for providing outpatient mental health services to older adults and adults with spinal cord injuries (SCI). Common mental health conditions treated include mood disorders, anxiety disorders, PTSD, mild cognitive impairment, dementia, adjustment to complex and/or terminal medical conditions, grief/bereavement, end of life concerns, caregiver stress, and family relational concerns. The psychologist's role includes: (1) assessing the mental health needs of older adults, using clinical interview and psychological assessments; (2) treatment planning and education; (3) decisional capacity assessments; (4) provision of brief and long-term individual, couples, and family psychotherapy; and (5) provision group psychotherapy (e.g., late life depression and anxiety group; spinal cord injury psychotherapy group) .

The primary training objectives of this aspect of the rotation are:

1. Participate as a member of a cohesive multidisciplinary geropsychiatry treatment team.
2. Enhance diagnostic and intake report writing skills (including differentiating mild cognitive impairment, pseudo-dementia, and dementia).
3. Develop familiarity and competence using psychological and cognitive measures commonly used in a geriatric population
4. Develop case conceptualization, treatment planning, consultative and referral skills with a geriatric spinal cord injury population.
5. Enhance clinical competence in providing both short term and long-term individual, couples, and family psychotherapy on an outpatient basis a psychiatric clinic.
6. Develop competence in treating existential and end of life issues.
7. Enhance skills in assessing decisional capacity.
8. Provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment.

9. Provide education and consultation to non-MH professionals to assist with Veterans' medical care.
10. Provide education to family members and caregivers and help to treat caregiver stress.

Primary Care/Mental Health (PC/MH) Integration Geriatric Outpatient Medical Clinic: The Primary Care/Mental Health (PC/MH) Integration Geriatric Outpatient Medical Clinic includes a Psychologist who is embedded in an interdisciplinary Geriatric Primary Care medical clinic which treats older adults and individuals with spinal cord injuries. This clinic consists of several Geriatric Primary Care Physicians, SCI Physicians, Nursing Staff, a Pharmacist, a Social Worker, etc. The psychologist's role includes providing individual outpatient based psychotherapy to geriatric patients and spinal cord injury patients who present with depression, anxiety, and mild cognitive impairment in a medial setting. The psychologist is responsible for: (1) Conducting initial evaluations with Veterans referred by Geriatricians; (2) Providing triage/referrals to veterans requiring specialty mental health care; (3) Conducting decisional capacity evaluations when; (4) Providing short-term individual, couples, and family psychotherapy; (5) Providing group psychotherapy; and (5) Providing education and consultation to staff.

The primary training objectives of this aspect of the rotation are:

1. Participate as a member of a cohesive multidisciplinary outpatient primary care team.
2. Develop case conceptualization, treatment planning, consultative and referral skills with a geriatric and SCI population.
3. Enhance diagnostic and intake report writing skills (including differentiating mild cognitive impairment, pseudo-dementia, and dementia).
4. Develop familiarity and competence using psychological and cognitive measures commonly used in a geriatric population
5. Enhance clinical competence in providing short term and long-term individual, couples, and family psychotherapy on an outpatient basis, in both a psychiatric and medical clinic
6. Develop competence in treating existential and end of life issues.
7. Enhance skills in assessing decisional capacity.
8. Provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment.
9. Provide education and consultation to medical professionals to assist with Veterans' medical care.
10. Provide education to family members and caregivers and help to treat caregiver stress.

Palliative Care Service: The Atlanta VA Palliative Care Service is a consult service and includes an inpatient palliative care unit, inpatient consult service, and outpatient palliative care clinic. The Palliative Care team consists of a Psychologist, Nurse Practitioner, Physician, Social Worker, Pharmacist, Administrative Program Specialist, and Chaplain responsible for providing comprehensive management of physical, psychological, social spiritual, existential needs of patients with progressive life-threatening or life-limiting illnesses and their families. This rotation would primarily focus on training on the inpatient palliative care unit and the inpatient consult service:

- The **inpatient palliative care unit (8Pall)** is a 12-bed unit that manages acute medical needs of Veterans that are part of the palliative care service. The nurses on the unit are trained in providing palliative care to Veterans with a nurse to patient ratio of 1 to 3. The rooms are private with only one bed, a refrigerator, and a pull out couch for family to spend the night with the veteran. The unit is staffed with palliative Nurses (LPN and RN), Physician, Nurse Practitioner, Chaplain, Social Worker, Pharmacist, and Psychologist.
- The **consult service** responds to consults from the medical teams about veterans that would benefit from palliative care services. When veterans leave the VA they are often scheduled to be followed in the palliative care outpatient clinic.

The primary training objectives of this aspect of the rotation are:

1. Participate as a member of a palliative care interdisciplinary team
2. Conduct psychology consultations with patients and families to provide clinical assessment, diagnostic impression, and make appropriate treatment recommendations
3. Enhance clinical confidence in conducting bedside psychotherapy with inpatients who are experiencing difficulty adjusting and coping with a life threatening illness, psychosocial and medical stressors as well as end-of-life issues
4. Provide psychological interventions to families in distress
5. Conduct psychological assessment when clinically indicated
6. Participate in interdisciplinary family meetings
7. Enhance understanding about biopsychosocial management of palliative care patients with and without a pre-morbid psychiatric disorder
8. Enhance skills in assessing decisional capacity
9. Develop familiarity with the End-of-life (EOL) process
10. Develop competence with intervention strategies related to veterans with life threatening illness and EOL:
 - a. Coping with pain & other distressing symptoms related to medical condition
 - b. Coordination of care with all health care providers
 - c. Explanation of purpose of having an advance directive
 - d. Promote social support, meaningful relationships
 - e. Provide emotional support to patient and family
 - f. Assist in maintaining realistic goals, including quality of life (QOL)
 - g. Address existential issues, fears, concerns
 - h. Promote coping with loss/debility lack of control
 - i. Identify opportunities for grief work/ completion of unfinished business

Major versus Minor Rotations in Geropsychology and Complex Medical Issues:

Interns choosing to complete a major rotation in Geropsychology and Complex Medical Issues will likely participate in all of the activities outlined above. Interns choosing a minor rotation will focus on either Geropsychology or Palliative Care.

NEUROPSYCHOLOGY

Primary Supervisor: Lila K. Walker, PhD.

The Neuropsychology Program is within the Department of Neurology and receives consultation requests from the Neurology Clinic, Traumatic Brain Injury (TBI) Clinic, Cognitive-Memory Disorders Clinic, and Mental Health Clinics. Assessment may also be provided prior to procedures such as spinal cord stimulation procedures, deep brain stimulation (DBS) and lumbar puncture.

Training in neuropsychology focuses on understanding brain-behavior relationships. Emphasis is placed on integration of multiple sources of information, including comprehensive medical records review, systematic behavioral observation, and clinical interview in addition to the test data in the development of diagnostic impressions and appropriate treatment recommendations.

The Neuropsychology Rotation will offer a weekly neuropsychology lecture series and case presentation/discussion in collaboration with the Psychology Intern Training Program at Emory University School of Medicine. Interns will also be able to participate in medical training opportunities at Emory including Neurology Grand Rounds, Psychiatry Grand Rounds and brain cuttings.

Goals and Objectives:

- Development of skills in neuropsychological test administration
- Selection of appropriate instruments for evaluation of a variety of diagnostic issues and referral questions
- Interpretation of test results and translation of test results into a description of cognitive functioning

- Identification of cognitive patterns associated with various disorders such as Alzheimer's disease and other dementias, CVA, head injury, specific psychiatric syndromes (e.g., depression), etc.
- Incorporation of relevant medical history such as medical conditions and neuroradiology results
- Development of an understanding of the effects of substances including medications or substances of abuse on cognitive functioning
- Identification of aspects of history that are most salient to differential diagnosis
- Development of an understanding of factors that may affect cognition (e.g., mood)
- Development of appropriate and individually tailored recommendations and understanding the role of cognitive remediation and how neuropsychological test results can be utilized
- Development of skill in written reports for hospital practice

Activities:

- **Major Rotation (2 days, 16 hours per week) – 1 - 2 assessment weekly**
- **Minor Rotation (1 day, 8 hours per week) – 1 – 2 assessment every two weeks**
- Didactic Neuropsychology Seminar with lectures on neuroanatomy, neuropathology, and neurobehavioral syndromes
- Neuropsychology Case Conference: Intern-led case monthly discussion
- Neurology Grand Rounds/Psychiatry Grand Rounds – attend 3 – 4x
- Neuroradiology Studies – participate 1 – 2x
- Brain Cuttings – attend 1 – 2x
- Neuropsychology Case Seminar - available to Interns if their schedule permits
- ADRC Seminar – available to Interns if their schedule permits
- Parkinson's Disease Clinic - available to Interns if their schedule permits
- Individual and/or Group Treatment – optional activity

ADDITIONAL AVAILABLE MINOR ROTATIONS

Interns may complete minor rotations in any of the major rotation areas described above. Additionally, we offer two experiences available exclusively as minors:

Medical Inpatient Consultation-Liaison **Primary supervisor – Walid Nassif, MD**

This minor rotation provides Interns with the opportunity to interview current inpatients on the medical units for whom mental health evaluations have been requested. Types of issues seen include: substance abuse, behavior problems, suicidality, psychosis, personality issues, delirium, dementia, and mental status evaluations for capacity to make medical decisions. Interns interview patients at the bedside as part of a multi-disciplinary team supervised by a psychiatrist. Interns begin by observing interviews by other members of the team and are expected to conduct independent interviews by the end of the rotation. Following interview, Interns present results to the team, engage in a discussion about the clinical findings and the differential diagnosis and then accompany the team on a "rounds-style" interview of all patients interviewed by all members of the team that day. Recommendations are made to the medical team treating the patient by the psychiatrist based on the results of the interviews. Interns' notes are entered in the patient's record and are closely reviewed/discussed by the psychiatrist.

Multicultural Minor Rotation **Primary Supervisor – Deauna Webb, Psy.D.**

Within the Multicultural minor rotation, Interns will have the opportunity to provide direct services to veterans who present with primary multicultural and diversity issues. This rotation will focus on the provision of multicultural services through individual therapy, group therapy, cross-sex hormone therapy evaluations for transgender veterans, and the completion of a capstone project intended to increase awareness of diversity issues within the intern class and among the Atlanta VAMC staff. Supervision will include building an awareness of one's own differences and biases and how these

may interact with the veteran and potentially have an impact on care, as well as becoming skilled at conceptualizing the veteran from a multicultural standpoint.

2. General/Long-Term Psychotherapy Cases

In addition to individual and group therapy patients seen in the context of the major and minor rotations, the Intern carries a caseload of approximately three general individual, group, or couples/family psychotherapy cases assigned by the Directors of Psychology Training. Psychotherapy cases are supervised by various members of the Training Committee with the goal of exposing Interns to different theoretical orientations and areas of expertise. The nature of the Intern's caseload varies depending on the identified training needs and interests of the Intern. A minimum of one case is to be a long-term therapy case, hopefully followed for the majority of the training year. One long-term psychotherapy case will be selected to be supervised by a member of the Training Committee during a weekly group supervision meeting that meets for the duration of the training year.

3. Assessments/Psychological Testing Cases

In addition to assessments completed in the context of the major and minor rotations, Interns are required to complete approximately five general psychological testing cases over the course of the training year. Referrals are received from providers throughout the Mental Health Service Line and are assigned to Interns, supervised by various members of the Training Committee. The emphasis of this training experience is on enhancing the Intern's diagnostic, clinical interviewing, writing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. The Intern is not viewed simply as a technician who administers a standard testing battery to every assigned case. Rather, he/she is guided throughout the year in developing critical thinking skills and is gradually encouraged to independently select appropriate instruments/measures and provide specific recommendations to the referral source. Interns are evaluated on each assessment by the supervising psychologist.

4. Didactics

There are two required weekly didactic seminars and one required monthly seminar that run throughout the training year:

Assessment Seminar: This weekly seminar covers the fundamentals of psychological assessment, encompassing intellectual, personality, and cognitive factors. This seminar is presented both by in-house psychology and psychiatry staff and outside consultants/speakers. At the outset of the training year, seminars are focused primarily on topics related to general skills in differential diagnosis, clinical interviewing, and evaluation of suicide risk. As the training year progresses, the seminar places more emphasis on special issues and topics, such as forensics, MMPI-2 interpretation, projectives, ADHD, assessment of geriatric patients, sleep disorders, and PTSD. Additionally, seminars on neuropsychological assessment are interwoven throughout the training year. Lastly, as another component of this seminar, Interns present case conferences on recent testing cases they have performed and are provided with feedback from members of the Training Committee, as well as their fellow Interns. Case conferences begin in January and occur once per month. Interns are required to present at least one case conference during the training year.

General Seminar: This weekly seminar, as indicated by its title, focuses on more general and professional topics designed to meet each year's training needs. It covers advances in the treatment of veterans, psychotherapeutic techniques, ethical issues, current issues in the field of psychology, professional development, and sensitivity to culturally diverse populations. This seminar is presented both by in-house staff and outside consultants. There is some flexibility as to the content of the presentations. The purpose of the seminar is to augment the training experience with content desired by Interns. Case conferences of individual or group psychotherapy are presented by Interns as an additional component of this seminar.

Multicultural Lunch & Learn: This third required didactic is a monthly seminar series that is open to all psychology staff and required for all psychology trainees (see above complete description in the Diversity Statement).

In addition to the required didactics, additional didactic opportunities available to Interns include:

Emory University Psychiatry Grand Rounds: Interns have the opportunity to attend Grand Rounds approximately every other week during Emory University's academic year. Grand Rounds presentations cover a wide range of topics including summaries of current research, treatment techniques, and presentations from prominent figures in psychiatry and the behavioral sciences. They are presented by the Emory School of Medicine via teleconference to the Atlanta VA.

Psychiatry Case Conference: Interns may also attend these optional presentations, which involve case presentation by an Emory Psychiatry Resident and live interview of an inpatient veteran by the Resident's faculty discussant.

5. Supervision

Rotation supervision follows the apprenticeship model with considerable ongoing contact between supervisor and Intern, in addition to at least one hour of scheduled, formal supervision each week on both the major and minor rotations. General psychotherapy case supervision will be provided by at least two supervisors (including both training staff and postdoctoral Residents), each of whom typically spends one hour each week reviewing cases with the Intern. Supervision of assessment work involves additional scheduled, formal supervision. Less formal supervision occurs during seminars and case conferences. Supervision by professionals from other disciplines can be arranged when desired and appropriate. Per APA guidelines, all interns receive a minimum of four hours of scheduled supervision each week, including a minimum of two hours of individual, face-to-face supervision.

Requirements for Completion

Hours

Interns must complete 2000 professional hours within the 52-week training year in order to graduate from the internship. Interns are encouraged to maintain a record of their hours. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2000 hour requirement.

Demonstration of Competency

As outlined above (see Program Structure, p.7), Interns are continuously evaluated throughout the training year. Evaluation focuses on the successful demonstration of competency in the areas outlined in the Program Goals and Objectives section above (pp. 5-7). Interns must demonstrate at least intermediate competency in all areas by mid-year and at least high intermediate competency in all areas by end-of-year in order to successfully complete the program.

Facility and Training Resources

Interns have full access to the same level of clerical and technical support as Staff Psychologists. They are provided computers that have full access to the hospital network, Microsoft Office, and access to the internet. Printers and secure fax machines are readily available in all treatment areas of the hospital. Support staff is available to assist Interns in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Medical Center's bureaucracy. Interns have access to technical support for their computers and telephones through the Information Technology Service, a

representative of which works within the Mental Health Service Line (MHSL) and is available by phone or email.

The VA network has a number of psychological tests available to be computer administered. In addition to this, the psychology staff has an extensive bank of tests and test materials. Interns are also able to use the Medical Center's library, which provides them with access to computer-based resources, a good variety of in-house materials, and almost unlimited access to materials available through affiliation with other libraries. Professional journals are available online via a link with the Emory University Library. Multimedia equipment, including video and audio machinery, can be accessed through the Medical Media Service.

Interns share four offices on the 5th floor of the Medical Center. Two offices are doubles, equipped with two computer workstations and locked cabinets to secure sensitive information and personal belongings, and the other two offices are singles, with one workstation and a locked cabinet apiece. Additional offices are also often available on individual rotations for Interns to use (either full or part-time). Offices are also available for Interns to reserve for individual therapy and psychological assessments as needed. While space at the Atlanta VA Medical Center is always in high demand, Interns are always provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center are used for group sessions and training seminars.

Training Staff

The Core Internship Training Committee is comprised of the Directors of Training, the immediate past DOT, the primary supervisors for the major rotations, the group supervision leaders, the DEC-PT Chairs, and the Psychologist Executive. Biographical summaries for the Core Training Committee members are included below. The Core Training Committee is a subset of the Extended Training Committee, a group of approximately 50 licensed psychologists who have been approved for involvement in the training program.

Core Internship Training Committee Members (2015-2016):

CATHERINE G. DEERING, Ph.D., ABPP – Group Supervision Leader – (Clinical Psychology, University of Rhode Island, 1991) is a part-time consulting psychologist. She leads a weekly supervision group for the psychology Interns. She also supervises Emory psychiatry Interns and postdoctoral psychology fellows. Dr. Deering is a Professor of Psychology at Clayton State University. Her professional interests include group therapy training, family therapy, and teaching.

ERIN C. ELLIOTT, Ph.D., ABPP – Primary Supervisor, GMH Rotation and Co-Chair of the DEC-PT – (Counseling Psychology, Auburn University 2008) provides outpatient individual and group psychotherapy at the General Mental Health Clinic and is Co-Chair of the Diversity Education Committee for Psychology Training. Her theoretical orientation is best characterized as integrative with an emphasis on Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI). Her professional interests include multiculturalism, psychological adjustment to role changes, severe and persistent mental illness, supervision and training, healthy psychology, and suicide prevention.

REGINA KOEPP, PsyD, ABPP – Primary Supervisor, Geropsychology and Complex Medical Issues Rotation – (Clinical Psychology, PGSP-Stanford Consortium, 2009) is a clinical psychologist on the Geropsychiatry Team where she conducts psychodiagnostic assessments and provides brief and long-term individual, couples, and family psychotherapy, as well as group psychotherapy. In this role, she also conducts capacity evaluations, and provides consultative services to various clinics throughout the hospital. Dr. Koepp is a member of the Diversity Education Committee for Psychology Training (DEC-PT) and co-facilitates the Pre-doctoral Internship's Diversity Seminar series. Dr. Koepp is also the Acting Chair of the Atlanta VA Psychology Professional Standards Board and a member of the Atlanta VA Dementia Committee. Her professional interests include gero-psychology, adjusting to

complex and life altering illness, grief and bereavement, couples and family psychotherapy, long-term psychotherapy, PTSD, multicultural competence and social justice, and supervision and training.

EVELYN A. LEMOINE, Ph.D. – Co-Director of Psychology Training – (Clinical Psychology, Nova Southeastern University, 2005) is a clinical psychologist and Co-Director of Psychology Training for both the APA-accredited internship and postdoctoral residency training programs. Clinically, she works part-time with Primary Care/Mental Health Integration (PCMH) in the Infectious Diseases Clinic, performing brief diagnostic evaluations, providing consultative services, and conducting short-term psychotherapy with primary care patients. She also spends a portion of her time in assessment related activities, including conducting pre-employment and annual psychological evaluations for police officers and pre-transplant evaluations for medical patients, as well as coordinating and supervising psychological testing case for the trainees. Her professional interests include anxiety disorders, psychological assessment, supervision and training.

MIKE MARTIN, Ph.D. – Psychologist Executive, Immediate Past Co-DOT, Group Supervision Leader – (Counseling Psychology, Auburn University, 1999) serves as Psychologist Executive for the Atlanta VA Medical Center. His interests include administration and leadership, clinical supervision, Primary Care/Mental Health Integration, telehealth, ethics, neuropsychology, and psychological adjustment to trauma and disability. He provides group supervision, individual supervision, didactic presentations, and testing supervision to psychology trainees.

ANDREA B. MICHELS, Ph.D. – Co-Director of Psychology Training and Primary Supervisor, TRP Rotation – (Clinical Psychology, Florida State University, 2006) is a psychologist with the Trauma Recovery Program's PE/CPT team and Co-Director of Training for both the Internship and Postdoctoral training programs. She conducts diagnostic evaluations and provides individual and group psychotherapy and psychoeducation services, and leads a weekly PE peer supervision group. While her current work focuses on the treatment of combat-related PTSD in veterans of all eras of service, other clinical and research interests include major depression and suicide. Dr. Michels also coordinates general therapy case assignments for Interns and Postdoctoral Residents. In all her work she is committed to the utilization of a scientific approach to psychology, including the prioritization of empirically supported treatments. Dr. Michels is a former Atlanta VA Intern and Emory University Postdoc.

JOY REEVES, PsyD – Primary Supervisor, SATP Rotation – (Clinical Psychology, Argosy University-Atlanta Campus 2008) is a clinical psychologist in the STAR (Substance Abuse Trauma and Recovery) program. She provides individual and couples therapy as well as facilitates psychoeducational groups (based upon the Seeking Safety model by Dr. Lisa Najavits) with male and female veterans diagnosed with substance abuse issues and PTSD. In addition, she conducts intake assessments for STAR. Her theoretical approach is best characterized as integrative with an emphasis on cognitive behavioral therapy, psychodynamic/object relations, and interpersonal approaches. Her professional interests include PTSD, women's issues, substance abuse, evidenced-based treatments, diversity issues, and psychological assessment.

CHRISTIE T. SPENCE, Ph.D. – Primary Supervisor, PCMH Rotation – (Clinical Psychology, Washington University in St. Louis, 2012) is a Primary Care/Mental Health Integration (PCMH) psychologist at the Fort McPherson CBOC. As a PCMH psychologist, she performs brief diagnostic evaluations, provides consultative services, manages emergent/crisis situations, and conducts short-term psychotherapy with patients in the Primary Care setting. Dr. Spence coordinates the Professional Development Seminar Series for the postdoctoral residents and is also a member of the Diversity Education Committee for Psychology Training (DEC-PT). Her interests include personality assessment, brief therapy, and training. Dr. Spence is also a former Atlanta VA Postdoctoral Resident.

JENNIFER L. STEINER, Ph.D. – Primary Supervisor, Health Psychology Rotation - (Clinical Psychology, Indiana University-Purdue University, Indianapolis, 2013) is a Clinical psychologist in the Physical Medicine & Rehabilitation Clinic; her work focuses primarily on the psychological and

behavioral management of chronic pain. Dr. Steiner provides both group and individual interventions using psychoeducation, CBT, and Acceptance and Commitment (ACT). She supervises residents and interns in both individual and group interventions, as well as pain evaluations. Her professional interests outside of chronic pain and health psychology include working with female veterans, ACT, research/program development, and supervision and training. Dr. Steiner is currently the Co-Chair of the Multicultural Lunch & Learn series and participates as a member of the Diversity Education Committee for Psychology Training. Dr. Steiner completed her doctoral internship at the Salem VAMC in Virginia and postdoctoral residency at the Atlanta VAMC.

LILA WALKER, Ph.D. – Primary Supervisor, Neuropsychology Rotation – (Clinical Psychology, Northern Illinois University, 1991) is a neuropsychologist within the Neurology Department who provides neuropsychological evaluations of patients referred from various medical and mental health specialty areas. Dr. Walker has provided supervision in neuropsychology to psychology practicum students, psychology interns, and neuropsychology post-doctoral fellows for many years. She has developed and implemented the Neuropsychology Rotation for Psychology Interns here at the Atlanta VAMC and has coordinated with neuropsychologists and various medical specialists (i.e., neurology, neuroradiology, neuropathology) at Emory School of Medicine and at the VA to coordinate didactic seminars for the Neuropsychology Rotation. In addition to the medical setting, Dr. Walker has had extensive experience in providing psychological and neuropsychological evaluations in inpatient psychiatric settings, forensic settings, university settings and rehabilitation settings. Dr. Walker has been an invited speaker on Neuropsychology for Residency Training and is currently actively involved on the Core Clinical Team for the Cognitive Disorders Center of Excellence.

Trainees

Programs Represented in Recent Years

2015-2016

Georgia State University
Emory University
Emory University
University of Georgia
University of Texas – Austin
University of Texas – Austin

2014-2015

California School of Professional Psychology – San Francisco at Alliant University
Emory University
Jackson State University

2013-2014

Argosy University
University of Mississippi
University of North Carolina, Greensboro

2012-2013

Florida Institute of Technology
Loma Linda University
University of Southern Mississippi

2011-2012

Marquette University
University of Georgia
University of South Carolina

2010-2011

Georgia State University
 Louisiana State University
 University of Wisconsin

2009-10

Fuller Theological Seminary
 Loma Linda University
 Wright State University School of Professional Psychology

2008-09

Miami University (Ohio)
 Pepperdine University
 University of Hartford

2007-08

Auburn University
 Georgia School of Professional Psychology
 University of New Mexico
 University of Virginia

2006-07

State University of New York at Buffalo
 University of Maryland at College Park
 Emory University

PRIOR YEARS

Argosy University
 Argosy University/Chicago Campus
 Auburn University
 Ball State University
 Biola University
 Emory University
 Florida State University
 Georgia State University
 George Washington University
 Indiana State University
 Indiana University
 MCP Hahnemann University
 Memphis State University
 Michigan State University
 Nova Southeastern University
 Pacific Graduate School of Psychology
 Penn State University
 Rutgers University

St. Louis University
 Syracuse University
 University of Alabama
 University of Cincinnati
 University of Connecticut
 University of Georgia
 University of Houston
 University of Louisville
 University of Miami
 University of North Carolina
 University of South Florida
 University of Southern Mississippi
 University of Tennessee
 University of Wisconsin - Madison
 Vanderbilt University
 Virginia Commonwealth University
 Wright State University