Psychology Doctoral Internship Program
Atlanta VA Health Care System
1670 Clairmont Rd., Decatur, GA 30033
http://www.atlanta.va.gov/careers/Psychology_Training.asp

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MATCH Number: 123511
Application Deadline: November 1, 2019, 11:59pm EDT

General Information

The Atlanta VA Health Care System has seven funded psychology doctoral intern positions. All positions are generalist in nature; there are no tracks. The internship is a one-year, full-time training program with an 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/dissertation time for interns.

Accreditation Status

The psychology doctoral internship at the Atlanta VA Health Care System has been continuously fully accredited by the Commission on Accreditation of the American Psychological Association since 1985. We were most recently awarded full 7-year reaccreditation in November 2015. Our next Site Visit will occur in 2022.

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

Training Year and Required Hours

The training year for the psychology doctoral internship at the Atlanta VA Health Care System begins in early August and runs for 52 consecutive weeks. VA pay periods officially run from Sunday to Saturday. The official start date for the 2020-2021 training year is therefore Sunday, August 2, 2020. Interns will report for duty on Monday, August 3, 2020. The final workday of the training year will be Friday, July 30, 2021. VA psychology internships are funded for 2,080 professional hours. Interns are accordingly expected to work 40 hours per week for a full year. Credit is given for federal holidays and use of accrued leave. The standard tour of duty for a psychology intern at the Atlanta VA Health Care System is Monday through Friday, 8:00am to 4:30pm. Interns should expect to periodically work slightly longer days in order to complete administrative tasks in a timely fashion.
Internship Admissions, Support, and Initial Placement Data

Internship Program Tables (updated 6/19/19):

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 intern selection and practicum and academic preparation requirements:

The Directors of Training review all completed applications submitted by the 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 that this means intervention hours, not total hours) and experience with both cognitive and personality assessment, as well as with integrated report writing. There is no required number of assessment hours or required number of test administrations. Applicants must have at least some doctoral-level experience with full Wechsler intelligence tests (i.e., WISC, WAIS) and with the MMPI and/or PAI to be considered.

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 in clinical or counseling psychology will be considered. Applicants should submit a completed AAPI, a curriculum vitae, three letters of recommendation, and official transcripts from all programs of graduate study in psychology. The Atlanta VA is committed to the recruitment and training of diverse interns. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Applications from qualified minority individuals are encouraged. Individuals who wish to be considered in part on the basis of a diversity variable should indicate their interest in the cover letter of their application.

Applications should be completed as soon as possible upon activation of the APPIC Selection Portal, but must be submitted no later than 11:59pm EDT on November 1, 2019 for consideration.

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 2020. 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.burns@va.gov or evelyn.lemoine@va.gov.

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: 500 |
| Total Direct Contact Assessment Hours:   | No  | Amount: n/a  |
Describe any other required minimum criteria used to screen applicants:

In order to be eligible for selection at any VA training program, the applicant must meet the following criteria:

1) U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training.

2) A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any U.S. government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the U.S. Office of Personnel Management; exceptions are very rarely granted.

3) Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. More information about the nature and purpose of federal background checks may be found here: [http://www.archives.gov/federalregister/codification/executive-order/10450.html](http://www.archives.gov/federalregister/codification/executive-order/10450.html). See Section 8 for the most relevant details.

4) VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Internship applicants also must meet the following criteria to be considered for any VA psychology internship program:

1) Doctoral student in good standing at an APA-accredited graduate program in clinical or counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in clinical or counseling psychology are also eligible.

2) Approved for internship status by graduate program training director.

To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file. More information is available at [http://www.va.gov/oaa/agreements.asp](http://www.va.gov/oaa/agreements.asp) (see section on psychology internships).

Financial and Other Benefit Support for the Upcoming Training Year:

Annual Stipend/Salary for Full-time Interns: $27,477

Annual Stipend/Salary for Half-time Interns: n/a

<table>
<thead>
<tr>
<th>Program provides access to medical insurance for intern?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
</tbody>
</table>
Hours of Annual Paid Personal Time Off (PTO and/or Vacation): 104 (accrued)

Hours of Annual Paid Sick Leave: 104 (accrued)

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

Other Benefits: Federal holidays. Optional dental/vision and life insurance. Paid leave for professional development (e.g., dissertation defense). See also: https://www.psychologytraining.va.gov/benefits.asp

Initial Post-Internship Positions:

<table>
<thead>
<tr>
<th>2015-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral/are degree</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Community mental health center</td>
</tr>
<tr>
<td>Federally qualified health center</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
</tr>
<tr>
<td>University counseling center</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
</tr>
<tr>
<td>Military health center</td>
</tr>
<tr>
<td>Academic health center</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
</tr>
<tr>
<td>Academic university/department</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
</tr>
<tr>
<td>Independent research institution</td>
</tr>
<tr>
<td>Correctional facility</td>
</tr>
<tr>
<td>School district/system</td>
</tr>
<tr>
<td>Independent practice setting</td>
</tr>
<tr>
<td>Not currently employed</td>
</tr>
<tr>
<td>Changed to another field</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>


Diversity Statement

The Atlanta VA Health Care System serves veterans who represent a wide variety of diversity dimensions including, but not limited to, gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Atlanta VA psychology doctoral internship program is deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, trainees develop awareness, knowledge, and skills to enhance multicultural competence/humility 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 from diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence/humility within the mental health profession and society as a whole.

The **Diversity Education Committee for Psychology Training (DEC-PT)** mission statement is as follows: The DEC-PT functions as an extension of the Psychology Training Committee to assist psychology trainees in developing multicultural competence/humility, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology 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 comprised of Atlanta VA psychologists on the training staff 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 and professional work. In conjunction with the Core Internship Training Committee, the DEC-PT facilitates the Multicultural Lunch and Learn series, the Multicultural Seminar series for interns, and the rotation in Diversity. See the section Didactics for descriptions of all educational activities.

**Program Structure**

**Orientation**
Interns begin the training year with over a week of orientation to the VA, the Health Care System, 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 Health Care System, 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. Interns also participate in a four-day intensive training workshop in Prolonged Exposure therapy (PE) for posttraumatic stress disorder at the beginning of the training year.

**Training Plans and Evaluation**
During the summer prior to internship, incoming interns complete a self-assessment of their relative strengths and weaknesses with respect to the competencies described above, and provide the Directors of Training with information regarding their personal goals and preferences for the training year. During orientation, the Directors of Training meet 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 develop key competencies, 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 Internship 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 Internship 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 on a quarterly basis. 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 Internship 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 program is at risk. The Directors of Training are responsible for all written correspondence between the internship program and the graduate schools.

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. Extensions of the training year may be allowable under extraordinary circumstances, (e.g., cases of unavoidable extended family or medical leave).

Demonstration of Competency
As outlined above (see Program Structure, p.5), interns are continuously evaluated throughout the training year, with formal evaluations completed quarterly by all supervisors. Evaluation focuses on the successful demonstration of the profession-wide competencies outlined below (see Aims of the Training Program and Expected Competencies, pp. 9-13). Interns must demonstrate at least intermediate competency in all areas by mid-year (meaning routine supervision/oversight is still needed) and at least high intermediate competency in all areas by end-of-year (meaning some supervision/oversight remains called for but that substantial independence has been demonstrated) in order to successfully complete the program.

Atlanta VA Information
The main hospital of the Atlanta VA Health Care System, 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, and 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 main medical center 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 Health Care System 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 450 projects conducted by more than 140 principal investigators.

Psychology Training Setting
The main hospital of the Atlanta VA Health Care System is located in Decatur, Georgia, 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. Psychology training is conducted primarily within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from psychology, psychiatry, social work, and nursing. The mission of the MHSL is patient care, training, and research. There are currently approximately 100 full-time psychologists on staff at the Atlanta VA Health Care System. Approximately half of the staff psychologists serve on the Extended Training Committee, comprising both the core training staff and ancillary supervisors. 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; Inpatient Psychiatry; and the Mental Health Front Door.

Psychologists on the Training Committee are also embedded in other Service Lines within the Health Care System, including medical specialty clinics (e.g., Sleep, Pain), the Traumatic Brain Injury and Neuropsychology clinics, and the Community Living Center. Psychology training activities may take place in any of these settings, some of which are located at the main medical center and others of which are located at satellite clinics between 4 and 25 miles away from the medical center. Interns choosing to participate in rotations based at offsite locations spend full days at those locations and are not expected to travel between sites in the course of a business day.

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.

**Patient 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 in race, socioeconomic status, sexual orientation, physical ability, education, and degree of psychopathology among numerous other diversity variables. Psychological services are provided to veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the mental health 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.

See below for the 2017 patient population demographics for the Atlanta VA:

**2017 MHSL Demographic Data: 34,500 Unique Visits**

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>0.64%</td>
</tr>
<tr>
<td>25-34</td>
<td>13.24%</td>
</tr>
<tr>
<td>35-44</td>
<td>15.09%</td>
</tr>
<tr>
<td>45-54</td>
<td>21.28%</td>
</tr>
<tr>
<td>55-64</td>
<td>24.44%</td>
</tr>
<tr>
<td>65-74</td>
<td>20.84%</td>
</tr>
<tr>
<td>75-84</td>
<td>3.37%</td>
</tr>
<tr>
<td>85+</td>
<td>1.11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>20.59%</td>
</tr>
<tr>
<td>Male</td>
<td>79.41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native (s)</td>
<td>0.66%</td>
</tr>
<tr>
<td>Asian (s)</td>
<td>0.46%</td>
</tr>
<tr>
<td>Black or African American (s)</td>
<td>61.05%</td>
</tr>
<tr>
<td>Declined to Answer</td>
<td>3.03%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>0.67%</td>
</tr>
<tr>
<td>Unknown By Patient (s)</td>
<td>1.11%</td>
</tr>
<tr>
<td>White (s)</td>
<td>31.82%</td>
</tr>
<tr>
<td>Unanswered</td>
<td>1.2%</td>
</tr>
</tbody>
</table>
Local Area Information

The metropolitan Atlanta area has a growing population of more than 6 million, is a major convention center, and hosts major league sports franchises in football, soccer, baseball, and basketball. 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. It is also the home city of CNN, Coca-Cola, Delta Airlines, and the Home Depot, among other major corporations. Atlanta hosted the 2019 Super Bowl in the brand new Mercedes-Benz stadium, the third time the city has hosted that event. Atlanta hosted the Olympic Games in 1996, and has hosted the NBA All-Star Game, Major League Baseball's All Star Game, and the NCAA Final Four. In recent years, Atlanta has developed a reputation as the “Hollywood of the South” thanks to the burgeoning presence of the television and film industry. Multiple major motion pictures and TV shows are filmed locally, including Netflix’s “Stranger Things,” AMC’s “The Walking Dead,” the CW’s “The Vampire Diaries,” installments of the “Hunger Games” and “Avengers” movie franchises, and the productions of Tyler Perry Studios.

The Atlanta area is rich in resources for medical research and treatment. Close to the VA are Emory University, 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.

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 Health Care System’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 inventory, the psychology training program 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 will have four offices on the 5th floor of the Medical Center. Three offices are doubles and one is a single. All are equipped with computer workstations for each trainee and locked cabinets to secure sensitive information and personal belongings. Additional offices are also often available on individual rotations for interns to use (either full or part-time). Offices may also be available for interns to reserve for individual therapy and psychological assessments as needed. While space 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.

Aims of the Training Program and Expected Competencies

The primary aim of the Atlanta VA Health Care System’s psychology doctoral internship is to prepare diverse doctoral-level psychology interns to function competently, effectively, and ethically in professional roles that combine clinical service and scholarly inquiry in the field of psychology. We aspire to prepare
interns to transition successfully, upon graduation, to advanced postdoctoral training programs or to secure entry-level employment in psychology at the GS-11 or equivalent level.

In accordance with this primary aim, the psychology doctoral internship program at the Atlanta VA Health Care System strives to promote for all interns the development of the profession-wide competencies identified by the American Psychological Association’s *Standards of Accreditation in Health Service Psychology*: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. The program emphasizes training in clinical skills, with the recognition that competent clinical work is informed by science. Supervision and didactics are grounded in the current evidence base and strong efforts are made to expose interns to current research and scholarship.

Successful completion of the internship requires demonstration of each competency as follows:

1) COMPETENCE IN RESEARCH:

Objective 1A: Seeks Relevant Literature
The intern demonstrates the substantially independent ability to seek and obtain scientific literature relevant to clinical work. The intern reads and demonstrates comprehension of available literature.

Objective 1B: Critical Scholarship
The intern demonstrates the substantially independent ability to critically evaluate research as demonstrated in discussions with supervisors and/or performance in journal clubs, didactics, etc.

Objective 1C: Dissemination of Scholarly Work
The intern demonstrates the substantially independent ability to effectively disseminate research or other scholarly work at the local, regional, or national level (e.g., in case conferences, supervision, team meetings, and didactics and/or via presentation at meetings and conferences).

Relevant Training Activities: In all clinical activities interns are expected to seek and critically evaluate relevant literature. Interns participate and present in local case conferences, and present an overview of their dissertations or other areas of scholarly inquiry through their General Seminar, Assessment Seminar, or the Multicultural Lunch & Learn series. Certain clinical rotations also offer Journal Clubs and similar avenues for critical evaluation of research.

2) COMPETENCE IN ETHICAL AND LEGAL STANDARDS:

Objective 2A: Conformity to Professional Guidelines and Policies
The intern is knowledgeable of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and any other relevant professional standards and guidelines. This includes compliance with VA and program policies regarding timeliness of documentation, use of scheduled and unscheduled leave, etc.

Objective 2B: Recognition and Resolution of Ethical Dilemmas
The intern independently recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.

Objective 2C: General Ethical Conduct
The intern conducts himself/herself in an ethical manner in all professional activities.

Relevant Training Activities: Interns participate in ethics-themed seminar presentations in the context of
the General Seminar. Interns work with supervisors on their clinical rotations and in their general psychotherapy and psychological testing cases to identify and address ethical problems/dilemmas.

3) COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

Objective 3A: Awareness of Own Culture
The intern/postdoctoral resident demonstrates a pursuit of knowledge or expressed understanding of how his/her/their own personal/cultural history, privilege, attitudes, and biases may affect how he/she/they understands and interacts with people different from himself/herself/themselves. This understanding should be demonstrated through ongoing self-assessment, self-reflection in supervision and assessments, experiential exposures, and consulting relevant literature followed by conscious efforts to adjust as needed (if needed, please see accompanying supervision guide to aid in evaluation).

Objective 3B: Knowledge of Current Professional Standards for Diversity
The intern/postdoctoral resident demonstrates a pursuit of knowledge or discussion of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities. Additionally, intern/postdoctoral resident is knowledgeable of the general principles of the current American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (especially Principles D: Justice and Principle E: Respect for People's Rights and Dignity), APA’s 2017 Multicultural Guidelines, and any diversity and cultural competency guidelines for working with specialty populations.

Objective 3C: Case Conceptualization and Treatment Planning
The intern demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles. The intern demonstrates the ability to apply a theoretical and therapeutic framework to inform case conceptualization for working effectively with multiple areas of individual and cultural diversity, especially those not previously encountered over the course of his/her/their career. The intern discusses these issues and/or seeks appropriate guidance in applying framework in supervision.

Objective 3D: Direct Clinical Practice
The intern demonstrates the ability to apply awareness and knowledge of individual and cultural differences in the conduct of professional roles. The intern demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with his/her/their own. This objective may be demonstrated through observation of direct patient-intern interaction, observation of interactions with other providers and staff members, and through discussion in supervision and/or consultation.

Relevant Training Activities: Interns participate in a 10-session Multicultural Seminar Series, led by staff members of the Diversity Education Committee for Psychology Training, in the context of the General Seminar. Interns attend and participate in the monthly Multicultural Lunch and Learn Series. Interns address diversity issues in the context of their work on the clinical rotations, general psychotherapy cases, and psychological testing cases.

4) COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Objective 4A: General Professional Behavior
The intern behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Objective 4B: Self-Reflection
The intern engages in self-reflection regarding his/her personal and professional functioning. He/she engages in activities to maintain and improve performance, well-being, and professional effectiveness.
Objective 4C: Openness to Feedback
The intern actively seeks and demonstrates openness and responsiveness to feedback and supervision.

Relevant Training Activities: Interns participate in a professionalism-themed seminar presentation in the context of the General Seminar. Interns are expected to demonstrate professionalism, self-reflection, and openness to learning in all training activities. Supervising staff model appropriate professional behavior.

5) COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS

Objective 5A: Effective Relationships
The intern develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, support staff, and those receiving professional services.

Objective 5B: Effective Communication
The intern produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. The intern demonstrates a thorough grasp of professional language and concepts.

Objective 5C: Interpersonal Skills
The intern demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Relevant Training Activities: All training activities are relevant to this aim of the program. The professionalism-themed seminar presentation mentioned above also addresses communication skills. Staff are expected to model this area of competency for trainees at all times.

6) COMPETENCE IN ASSESSMENT

Objective 6A: Knowledge of DSM-5 Nomenclature
The intern demonstrates understanding of DSM-5 diagnostic categories and nomenclature.

Objective 6B: Clinical Interviewing
The intern demonstrates ability to conduct an appropriate clinical interview to assess a patient’s presenting concerns and pertinent history, and to evaluate for possible psychopathology.

Objective 6C: Selection of Assessment Methods
The intern demonstrates ability to select assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. The intern collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Objective 6D: Assessment Interpretation
The intern appropriately interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective.

Objective 6E: Communication of Findings
The intern communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Relevant Training Activities: Interns participate in an Assessment Seminar throughout the training year, featuring numerous presentations on diagnosis, clinical interviewing, and testing. Interns complete general psychological testing cases throughout the training year. Most, if not all clinical rotations offer
additional opportunities for diagnostic interviewing and communication of findings, and some offer additional opportunities for psychological testing.

7) COMPETENCE IN INTERVENTION

Objective 7A: Patient Rapport
The intern establishes and maintains effective relationships with the recipients of psychological services.

Objective 7B: Case Conceptualization and Identification of Goals
The intern formulates a cogent case conceptualization that draws on theoretical and research knowledge, and collaborates with patients to select appropriate goals for services.

Objective 7C: Treatment Planning
The intern develops evidence-based intervention plans specific to the service delivery goals.

Objective 7D: Therapeutic Interventions
The intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. 

Objective 7E: Integration of Science and Practice
The intern demonstrates the ability to apply the relevant research literature to clinical decision making.

Objective 7F: Therapeutic Flexibility
The intern modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.

Objective 7G: Evaluation of Intervention Effectiveness
The intern evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation.

Relevant Training Experiences: At the outset of the training year interns present a brief case conference of a recent therapy case to members of the training staff. Throughout the training year interns may engage in psychological interventions including individual and group psychotherapy, psychoeducation, and family/couples services. The clinical rotations and general psychotherapy cases offer the primary opportunities for intervention training.

8) COMPETENCE IN FUNDAMENTAL SUPERVISION SKILLS

Objective 8A: Understanding of Theories and Methods of Supervision
The intern demonstrates knowledge of supervision models and practices acquired from doctoral and internship training as demonstrated through discussion with current supervisors and participation in didactic activities (e.g., ability to compare supervisor’s approach to supervision with other models experienced in past supervision relationships; ability to discuss models and expectations of supervision).

Objective 8B: Peer Supervision
The intern effectively applies knowledge of supervision models and practices in peer supervision and/or consultation groups.

Relevant Training Experiences: Interns engage in small group supervision of general psychotherapy cases every week throughout the training year, and are expected to engage in peer supervision in that context. Some clinical rotations offer further opportunities for peer supervision/consultation and/or supervision of practicum students or interdisciplinary trainees. Interns also participate in several seminar presentations focused on the development of supervision skills in the context of the General Seminar.
9) COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Objective 9A: Respect for Other Professions
The intern demonstrates knowledge and respect for the roles and perspectives of other professions.

Objective 9B: Interdisciplinary Communication
The intern communicates effectively with professionals across disciplines in face-to-face and/or written consultation (e.g., effectively communicates psychological concepts and principles to those outside the field of psychology).

Objective 9C: Interdisciplinary Collaboration/Coordination of Care
The intern works effectively with interdisciplinary professionals to address referral questions, make treatment recommendations, and coordinate patient care. The intern seeks input from other disciplines when needed and utilizes treatment teams appropriately.

Relevant Training Experiences: Most clinical rotations offer opportunity for interdisciplinary treatment team collaboration for patient care. Interns are expected to collaborate with other professionals on the coordination of care for their general psychotherapy and psychological testing cases. Interns are expected to demonstrate respect for other professions in all training activities.

Training Experiences

1. General/Long-Term Psychotherapy Cases
Each intern carries a caseload of approximately three general individual, group, or couples/family psychotherapy cases outside of rotations that are assigned by the Directors of Training. Psychotherapy cases are supervised by psychologists on the Training Committee and by psychology postdoctoral residents. The nature of the intern's caseload varies depending on the identified training needs and interests of the intern in balance with the demands of the Mental Health Service Line; however, interns are encouraged to maintain a diverse and generalist caseload, rather than to create a specialized focus. A minimum of one case is to be a long-term therapy case, hopefully followed for the majority of the training year. This long-term psychotherapy case will be supervised by a member of the Training Committee during a weekly group supervision that meets for the duration of the training year. The remaining cases will be supervised by a postdoctoral resident or another member of the Training Committee.

2. Psychological Testing Cases
Interns are required to complete 6 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 based on chronology and training needs. Interns are assigned to one testing supervisor per each half of the training year and expected to complete at least three testing cases with each supervisor. 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.

3. 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.
All clinical rotations focus primarily on direct clinical service delivery. Interns work under the direct supervision of one primary supervisor for each rotation selected and receive a minimum of one hour of individual supervision per week on each rotation. **There are no required rotations.** Selection of rotations depends upon the training plan of the intern. None of the clinical rotations is reliant on intern participation for its existence, thus ensuring that training considerations always take priority over service delivery for the clinic.

The available clinical rotations at the Atlanta VA Health Care System are as follows:

**PRIMARY CARE/MENTAL HEALTH INTEGRATION ROTATION**
Primary supervisor – Debbie Geisel, Psy.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 four to six 30-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 teams are the standard Primary Care clinics to which veterans are assigned based on their home address and desired treatment facility. Interns currently rotate in the satellite PC clinic at the VA’s Fort McPherson location (approximately 15 miles southwest of the main VAMC). Interns rotating in this clinic serve a heterogeneous veteran population.

**Women’s Wellness Clinic:** The Atlanta VA Medical Center provides care to more women veterans than any other VA facility in the country and the Women’s Wellness Primary Clinic staff provides primary care and gender-specific care for 3100 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, menopausal management, and breast and cervical cancer screenings. Clinic providers also collaborate with specialty clinics or community providers regarding gynecological care, prenatal care, and infertility concerns. Interns working with the Women’s Wellness Clinic will gain experience working with female veterans in group and individual therapy, as well as conducting initial screenings. Interventions may focus on general health and mental health related issues, such as chronic pain, depression, anxiety and stress reduction, as well as health concerns specifically related to females, including coping with unwanted pregnancy, infertility, care giving issues, and coping with diagnosis of diseases such as cancer, heart disease, and sexually transmitted diseases. All presenting veterans are screened for a history of military sexual trauma and interns will become familiar with this screening and making appropriate treatment referrals. Interns will have the chance to consult directly with other clinic staff including physicians, nurses, social worker, nutritionist, and pharmacist.

The PCMHI rotation offers training opportunities across many of the competency areas identified earlier in this brochure of the training program. Specific activities may vary slightly by clinic and by day, but may include:

1. **Research:** Interns will be provided with scholarly articles on the practice of PCMHI therapy as part of their orientation to the rotation. They may be involved in related discussion as part of their supervision.
2. **Ethical and Legal Standards:** Interns are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and interns will be assisted to recognize and address any ethical and legal dilemmas.
3. **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of veterans and staff and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of veterans.
4. **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.

5. **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding care of veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.

6. **Assessment:** Interns will enhance diagnostic assessment and intake report writing skills. They will develop ability to conduct brief assessments and to write corresponding brief progress notes.

7. **Intervention:** Interns will have the opportunity develop case conceptualization, treatment planning, consultative and referral skills. Interns will enhance clinical competence in providing short term psychotherapy on an outpatient basis and provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Depending on setting, caseload may involve individual and/or group treatment.

8. **Supervision:** There are no opportunities for supervision training on this rotation.

9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have the opportunity to provide education and consultation to non-MH professionals to assist with veterans' medical care. Interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurses, physicians, pharm Ds, nutritionists, social workers, etc.

**Major versus Minor Rotations in PC/MH Integration:** Interns must select one PC/MHI clinic in which to focus, for both major and minor rotations. Interns completing a major rotation will spend two days per week in that clinic and may have access to a wider variety of training activities.

**GENERAL MENTAL HEALTH Rotation (GMH)**

*Primary supervisors – Simone Hunter, Psy.D.*

This rotation offers a recovery-oriented, generalist training experience at an outpatient Mental Health Clinic (MHC). Outpatient opportunities are available at the main hospital and at outpatient clinics in the community. The MHTC consists of interdisciplinary treatment teams of providers including peer support specialists, psychiatrists, registered and advanced practice nurses, psychologists, licensed clinical social workers, pharmacists, chaplains, and trainees from different disciplines.

The GMH Rotation provides services to veterans who range broadly in age, gender, ethnicity, sexual orientation, socioeconomic status, education level, adaptive functioning, and psychological symptoms. The intern will have opportunities to 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.

At an outpatient MHC, the intern will conduct individual and group therapy, participate in treatment team meetings, and receive didactic training. Brief family work, intakes, and assessments are also possible. 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), Motivational Interviewing (MI), and Cognitive Processing Therapy (CPT). Examples of evidenced-based groups that have been offered include ACT for Depression, Interpersonal Psychotherapy for Depression (IPT). 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. Interns who choose the MHC as a major rotation are expected to treat one veteran in each of the following diagnostic categories: psychotic spectrum disorders, mood disorders, and PTSD. The intern must provide at least one course of treatment using an EBP.

The GMH rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:
1. **Research**: Interns will demonstrate the independent ability to critically evaluate scholarly articles and to use these to inform evidenced-based practice.

2. **Ethical and Legal Standards**: Interns will work with their supervisors to identify and address ethical dilemmas encountered with veterans and will demonstrate ethical behavior in all professional activities. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics, law, and related decision-making processes.

3. **Individual and Cultural Diversity**: Interns will encounter a diverse veteran population that varies in age, sex, race/ethnicity, sexual orientation, SES, religion, and other dimensions of diversity. Interns will engage in self-reflection related to multicultural competency development and will work with their supervisors to develop an enhanced understanding of and ability to apply culturally competent approaches to treatment.

4. **Professional Values, Attitudes, and Behaviors**: Supervisors model professionalism and facilitate interns’ development of their own professional identities, behavior, and effectiveness.

5. **Communication and Interpersonal Skills**: Interns will collaborate with members of a diverse interdisciplinary treatment team, those receiving professional services, and support staff. Interns will demonstrate effective interpersonal and customer service skills, manage difficult communication well, and effectively communicate and demonstrate an understanding of professional language and concepts in both oral and written documentation.

6. **Assessment**: Supervisors will work with interns to enhance their understanding of DSM-5 and apply this information in forming differential diagnosis, case conceptualization, and treatment planning. Brief outcome measurements are used in many of the services provided by interns.

7. **Intervention**: Interns will provide individual and group therapies and will gain exposure to evidenced-based psychotherapies. There are opportunities for work with severe mental illness, mood disorders, and PTSD. Treatment interventions are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

8. **Supervision**: Interns may participate in a Peer Consultation group, comprising interdisciplinary staff and trainees. Participants review and discuss current therapy cases in a supportive peer consultant environment.

9. **Consultation and Interprofessional/Interdisciplinary Skills**: Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffing meetings.

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**Major versus Minor Rotations in GMH:**
GMH offers several minors including ones focused on EBP, Severe Mental Illness (SMI), and Mood Disorders. Specific training activities will vary based on training site location, supervisor selection, and rotation days.

**TRAUMA RECOVERY PROGRAM ROTATION**

**Primary supervisors – Andrea Burns, Ph.D. (PE/CPT Team)**

Meghna Patel, Ph.D., ABPP (MST/DBT Team)

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 (PE) and Cognitive Processing Therapy (CPT). The Trauma Recovery Program is located offsite, primarily at the Henderson Mill Annex, approximately 5 miles from the main VAMC, with additional TRP services available at the East Point VA Clinic, approximately 15 miles from the main VAMC.

Interns must select one of TRP’s multidisciplinary teams in which to concentrate their training experience:

**PE/CPT Team**: provides education and evidence-based, trauma-focused treatment services to male and female veterans who have experienced combat trauma (from any era), physical assault, motor vehicle accidents, and other military-related traumatic events.
Military Sexual Trauma (MST) Team: provides education and evidence-based, trauma-focused treatment services to male and female veterans who have experienced sexual trauma.

Dialectical Behavior Therapy (DBT) Team: provides individual therapy, group therapy, and phone consultation to any TRP patient who has Borderline Personality Disorder and can benefit from the program.

The TRP rotation offers training opportunities across all nine of the competency areas identified earlier in this brochure as specific aims of the training program. Specific activities vary by team and by day but may include:

1) **Research**: Interns may participate in a biweekly Journal Club, in which articles in the current trauma literature are reviewed and critiqued. Interns will be expected to familiarize themselves with the current state of the science pertaining to trauma and its treatment.

2) **Ethical and Legal Standards**: Interns will work with their supervisors to identify and address ethical dilemmas encountered with veterans. Supervisors model ethical behavior and help interns develop their own understanding of mental health ethics and law.

3) **Individual and Cultural Diversity**: Interns will encounter a diverse veteran population in this program, varied in age, sex, race/ethnicity, sexual orientation, SES, trauma history, religion, and a multitude of other factors. Interns will work with their supervisors to develop a culturally competent and evidence-based approach to the treatment of trauma-related problems.

4) **Professional Values, Attitudes, and Behaviors**: Supervisors model professional behavior and facilitate interns’ development of their own professional identities.

5) **Communication and Interpersonal Skills**: Interns will have the opportunity to develop relationships with a vibrant and diverse multidisciplinary team of clinicians and support staff. Interns will also develop skills with effective documentation of clinical encounters and with communication of clinical impressions to other providers.

6) **Assessment**: Interns may conduct complex differential diagnostic clinical interviews of patients newly referred to TRP. The intern has the opportunity to develop skills with accurate and efficient clinical interviewing, mastery of DSM-5 diagnostic criteria, case conceptualization, and treatment planning. Occasional, limited opportunities for psychological testing may also present themselves.

7) **Intervention**: Interns have the opportunity to carry an individual therapy caseload. Opportunities for training and supervision in PE, CPT, and DBT are all available, with occasional opportunity for use of other individual therapy approaches as indicated. Interns may also co-lead psychoeducational groups, DBT Skills Training groups, or other therapeutic groups (e.g., mindfulness, CBT-I). Most interns will focus on development of expertise in one evidence-based psychotherapy for PTSD, unless they have prior experience with one or more of the relevant therapies.

8) **Supervision**: Interns may participate in a weekly Peer Consultation group, comprising interdisciplinary staff and trainees at various levels (e.g., psychology practicum students, interns, postdocs). Participants review and discuss current therapy cases in a supportive peer-consultant environment.

9) **Consultation and Interprofessional/Interdisciplinary Skills**: Interns will have the opportunity to consult with other team members both within and outside the field of psychology, and to work with team members to coordinate effective patient care. Interns may have the opportunity to participate in interdisciplinary staffings.

**Major versus Minor Rotations in TRP:**
Interns may choose to complete either a major or a minor rotation with the Trauma Recovery Program. All interns rotating with TRP must choose one and only one team to work with, regardless of whether rotating one or two days per week. Specific rotation experiences and responsibilities will vary based on team selection, major versus minor rotation, location, and rotation days.
SUBSTANCE USE DISORDERS ROTATION

Interns must select one of the following substance use disorder multidisciplinary teams in which to concentrate their training experience:

SATP (outpatient): The Substance Abuse Treatment Program (SATP) is an intensive outpatient program designed to help veterans with substance use disorders learn the principles of recovery. The goal is to meet each veteran where they are as it relates to their substance use and recovery goals. The program has adopted the University model, and each treatment plan is individualized and developed based on the veteran’s reported goals. A few of the groups offered include Framework (education about the principles of recovery), Peer Support, Anger Management, Experiential, Tobacco Cessation, and Seeking Safety (for veterans with a comorbid substance use disorder and post-traumatic stress disorder). Level 1 services are offered in SATP and include individual therapy (MET), family therapy and aftercare groups.

SUD/PTSD clinicians also provide trauma-focused individual therapy for Veterans with co-occurring diagnoses. In addition to the intensive outpatient treatment program, SATP also features an Evaluation, Stabilization and Placement (ESP) Unit and an Opioid Agonist Program. ESP clinicians conduct comprehensive assessments to develop a plan of treatment for veterans (e.g., intensive outpatient treatment, detoxification, residential treatment). ESP staff also offers psychoeducational groups. The Opioid Agonist program is designed for those veterans being treated with Suboxone and Methadone. Group therapy is also offered in this program. Our substance abuse program is co-located, with programing at both the main VAMC and at Fort McPherson (approximately 15 miles from the main facility).

SUD DOM (residential/inpatient): The Substance Use Disorder (SUD) Domiciliary is a 45-day, 24/7, residential treatment program located on the Fort McPherson Campus. The SUD Dom serves male and female Veterans who have a primary substance use diagnosis and who have a clinical need for residential treatment. Veterans in the Domiciliary participate in intensive, evidence-based treatment provided by a multidisciplinary team that includes psychiatry, psychology, pharmacy, nursing, social work, vocational rehabilitation, nutrition, chaplaincy, and peer support. The SUD Dom incorporates a therapeutic community model of care, which uses both peer and professional support to promote personal growth and accountability. It is founded on the belief that a community with a common goal can accomplish more than one person alone.

The rotation is designed to provide assessment and intervention experience in the context of residential treatment. A few of the groups that are offered include Cognitive Behavioral Coping Skills, Communications and Relationships, Emotions Management, and Relapse Prevention. The intern’s specific training experience will be individualized based on previous substance abuse treatment experience and training goals; however, opportunities include participation in Veteran lead community meetings, co-facilitation of evidence-based groups, individual therapy, and psychosocial assessments at screening and admission (including telehealth screenings).

The intern’s training experience will be individualized based on previous substance abuse treatment experience (not required) and training goals. The program is designed to offer interns a training experience that will encompass the 9 competencies identified earlier in this brochure. However, specific competencies will vary with rotation days.

1) Research: Interns will have an opportunity to participate in clinical consultation groups. Staff members present information regarding current trends in substance abuse treatment. During individual supervision, interns will also be presented with articles or book chapters regarding aspects of substance abuse treatment for discussion.
2) **Ethical and Legal Standards:** Interns will discuss ethical and legal concerns with their supervisor as they arise. The ethics code and law and will be reviewed during supervision as needed. When ethical dilemmas or legal issues arise, interns will be educated about appropriate procedures to resolve these conflicts.

3) **Individual and Cultural Diversity:** The veterans served in the VA setting are diverse in regards to age, race, gender, sexual orientation for example. Interns will be encouraged to incorporate these variables during case conceptualizations and treatment planning. These factors will also be explored during individual supervision to assist with informing treatment.

4) **Professional Values, Attitudes, and Behaviors:** Supervisors and staff will model professionalism when working with veterans as well as their colleagues. Interns will be encouraged to develop their identities as a psychologist, colleague, and supervisor.

5) **Communication and Interpersonal Skills:** Our treatment teams are multidisciplinary and interns with be afforded the opportunity to interface with other disciplines (e.g., psychiatrists, nurse practitioner, nurses, social workers, addiction therapist, and peer support specialist). Interns will work closely with staff in treating our veterans but also present clinical impressions (verbally and written) based upon assessments, individual and group therapy observations. Interns will also have an opportunity to participate in weekly treatment team meetings.

6) **Assessment:** Interns will be afforded the opportunity to conduct comprehensive assessments during the rotation. Interns will become familiar with the DSM-5 criteria for substance use disorders and related diagnoses. Interns will utilize this information to inform treatment planning. Interns may also spend time in the ESP department to further expand their assessment skills.

7) **Intervention:** Interns will have an individual caseload as criteria of the rotation and will be trained in various group modalities and topics. Interns will co-facilitate process and psychoeducational groups (e.g., Framework, Anger Management, Cravings, and Seeking Safety).

8) **Supervision:** Interns will participate in weekly individual supervision and may also participate in our consultation and supervision group. During our consultation and supervision, staff present and discuss challenging clinical cases.

9) **Consultation and Interprofessional/Interdisciplinary Skills:** In addition to collaborating with providers with SATP, interns will have the opportunity to interface with mental health providers in other departments within the VA as well as providers outside of the mental health field (legal).

**Major versus Minor Rotations in SATP:**
In addition to conducting assessments and co-facilitating groups, interns who elect a minor rotation will have a caseload of 1-2 veterans. Those interns who select the major rotation will carry a caseload of 2-4 veterans. Interns will be required to attend recovery meetings (e.g., Alcoholics Anonymous (AA) Narcotics Anonymous (NA) with the goals of gaining context for recovery.

**DIVERSITY ROTATION**
Primary Supervisors – Deauna Shauri-Webb, Psy.D.  
Telsie A. Davis, Ph.D.  
Speshal Walker Gautier, Ph.D.

Within the Diversity Rotation, interns have the opportunity to provide direct therapeutic services to Veterans from diverse cultural backgrounds with a variety of clinical presentations. This rotation is designed to strengthen the intern’s cultural competency and cultural humility through an active process of:

1. attaining knowledge and understanding of treatment disparities and cultural barriers experienced by Veterans with marginalized cultural identities;
2. self-appraisal regarding the influence of culture, privilege, power, and unconscious bias on beliefs and behavior, particularly regarding psychological practice; and
3. demonstrating culturally-responsive, effective, and affirming psychological intervention (e.g., assessment, conceptualization, diagnosing, therapy interventions, etc.).

Clinical cases will have a primary focus on the impact of the Veteran’s cultural identity(ies) (i.e., race/ethnicity, gender, gender identity, sexual orientation, socioeconomic status, religion, disability, etc.)
language, age, and intersections thereof) on their lived experience, clinical presentation, and/or treatment experience. Interns will provide culturally-responsive, effective, and affirming services through engagement in the following modalities:

1. individual therapy,
2. group therapy,
3. Transgender Hormone Therapy (THT) and/or Gender Affirming Surgery (GAS) readiness evaluations, and
4. Capstone Project (The independent study of a cultural topic or concern that results in a tangible product of benefit to Veterans receiving care within the Atlanta VAMC. Past projects include staff trainings on culturally responsive care of Transgender Veterans, development of group curriculum for Black male Veterans, and a publication aimed at preparing trainees to effectively perform multicultural treatment.)

Major versus Minor Rotations for Diversity Rotation:

Interns completing a major rotation will dedicate two days per week for six months to the rotation and engage in all four modalities. Interns completing a minor rotation will dedicate one day per week to the rotation and engage in three of the four modalities: individual therapy, THT or GAS evaluations upon availability, and their choice of a third modality being either group therapy or a Capstone Project.

Weekly supervision will facilitate the intern’s development of cultural competence and cultural humility through the modalities in which they are involved. Supervisors will work to ensure interns become culturally self-aware; gain specific cultural knowledge about the Veterans with which they work; and learn culturally-relevant case conceptualization, intervention, and assessment skills responsive, effective, and affirming to the Veterans with whom they work. In addition, interns will focus on the merit of respecting and understanding treatment implications of unequal privilege and power based on cultural difference in our society.

1) **Research.** Interns will become familiar with the empirical literature pertaining to cultural competence, cultural humility, equity, and treatment disparities as it relates to their clinical practice. Interns will be expected to complete readings on related topics and apply them to their clinical work.

2) **Ethical and legal standards.** Interns will gain an understanding of ethical principles and standards of practice related to culturally responsive practice and work with their supervisor to effectively address ethical dilemmas or issues that may arise. Supervisors will demonstrate and model ethical behavior.

3) **Individual and cultural diversity.** Interns completing the Diversity rotation will gain specific knowledge about working with culturally diverse populations. They will learn to conceptualize within a multicultural framework and be able to identify their own cultural diversity variables as privileged and/or marginalized. Self-exploration and self-appraisal is an integral part of this rotation and interns are expected to be willing to learn about how their own cultural diversity factors, including privilege and potential biases, may interact and influence the therapeutic relationship and context.

4) **Professional values, attitudes, and behaviors.** Supervisors will model appropriate and expected professional behavior and facilitate interns’ development of their own professional identity.

5) **Communication and interpersonal skills.** Interns will have the opportunity to communicate with an interdisciplinary team of professionals. Interpersonal skills are necessary to build trusting relationships with the Veterans and the Veterans’ treatment providers.

6) **Assessment.** Interns on this rotation have the opportunity to complete THT or GAS evaluations (upon availability) for Veterans who identify as transgender or gender non-conforming and beginning the process of making their bodies more congruent with their gender identity. These assessments will help to determine whether a Veteran meets the WPATH criteria for engaging in
these treatments. Interns will engage in clinical interviewing and continue to develop formal report-writing skills.

7) Intervention. Interns on the Diversity rotation will have the opportunity to engage clients in individual and group therapy. Individual patients will typically present with a specific diversity-related issue or a diversity factor that is impacting symptoms or diagnoses. For instance, a person who presents with a primary depressive disorder may have these symptoms exacerbated due to experiencing rejection from their church for reasons related to sexual orientation. Multicultural conceptualization models will be presented and interns will gain experience making clinical formulations based on these models. Interns will have the opportunity to be a co-facilitator of a diversity-focused group (if space is available). We recognize diversity and multiculturalism in all of our patient interactions. If space is not available for an intern to co-lead a group specifically focused on diversity factors, other groups that do not have a specific primary diversity factor can be an option. With this option, the supervisor will focus on the salient diversity and multicultural issues that may arise within the group and how they impact the group dynamic and therapeutic context.

8) Supervision: There are no consistent opportunities for training in supervision on this rotation.

9) Consultation and interprofessional/interdisciplinary skills. Interns will be supported to engage in care coordination for Veterans, consultation with other treating providers, and have the option to complete a Capstone Project (see description above).

HEALTH PSYCHOLOGY ROTATION
Primary supervisors – Jennifer Steiner, Ph.D. ABPP, and Sharon Shatil, Ph.D.

This rotation offers a variety of opportunities for psychoeducational and cognitive-behavioral interventions for patients with a variety of medical conditions. Patients treated on the Health Psychology rotation frequently experience medical crises or chronic illnesses. Veterans seen on this rotation may need assistance with lifestyle change to better manage their conditions, or they may be in need of therapy to address depression, anxiety, or emotional distress secondary to their medical condition. Patients are often referred from across the medical center including but not limited to subspecialties of Rehabilitation Medicine, Pain Anesthesiology, Cardiology, Pulmonary Clinic, Urology, Sleep Medicine, and the Primary Care teams.

This rotation is designed to provide both assessment and intervention experience as it relates to the intersection of physical and mental health. Emphasis is placed on conceptualization using the Biopsychosocial Model and cognitive-behavioral therapy. Additionally, trainees will become familiar with attitude change approaches, such as motivational interviewing 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 modification, relaxation procedures, mindfulness training, CBT (for both chronic pain and insomnia) are commonly used.

Major versus Minor Rotations in Health Psychology:
Interns may select to do either a Major or Minor 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 below. Interns completing a major rotation will choose one of the two teams within Health Psychology in which to focus their training. This is to allow the intern to develop a sense of mastery in the chosen areas. Interns that choose to do a minor rotation in Health Psychology must choose to focus their experience in one particular area of health psychology (for example: chronic pain or sleep or cardiology).

Teams are comprised of two or more health subspecialty areas.

- **Atlanta Team**: Focus on habit modification and wellness promotion including Nicotine Cessation groups, weight management/MOVE groups and sexual health evaluation and interventions; interventions for individuals with Cardiovascular disease (CBT, relaxation training, habit modification, and biofeedback) are also options available on this team

- **AVC Team**: Emphasis on evidence-based treatments for chronic pain (CBT-CP, Acceptance and Commitment Therapy) and sleep-related disorders (CBT-I, IRT, CPAP Desensitization)
The health psychology rotation will provide training opportunities for the intern in all competencies identified earlier in this brochure as specific aims of the training program, with the exception of supervision. Specific activities may vary to some degree based on major vs. minor and selection of team.

1) **Research.** Interns will gain experience in becoming consumers of clinical research and applying this knowledge to their clinical practice of health psychology. Interns will be expected to complete reading on health behavior change and evidence-based interventions for various health populations; interns will be expected to discuss these readings with supervisor and apply to their clinical work. Interns will become familiar with various techniques used for program evaluations and assessment of patient change; these techniques will be informed by the current literature on these topics.

2) **Ethical and legal standards.** Interns will become familiar with ethical standards and legal guidelines for working within this clinical setting (VA as well as working within medical clinics), including recognizing clinical and ethical dilemmas and seeking supervision on such issues. Supervisors will model ethical behavior.

3) **Individual and cultural diversity.** Interns will gain experience working with veterans with a wide array of cultural diversity (age, sex, race/ethnicity, sexual orientation, SES, cultural understanding of illness, etc.). Interns will work on incorporating awareness of both patient and provider variables into their conceptualization of veterans seen for individual appointments while on the health rotation. Interns will be encouraged to be thoughtful about the way in which multicultural factors influence the patient's presentation and engagement in both psychological and medical treatment.

4) **Professional values, attitudes, and behaviors.** Supervisors will model appropriate and expected professional behavior and facilitate interns’ development of their own professional identities.

5) **Communication and interpersonal skills.** Interns on the health psychology rotation will demonstrate an ability to communicate with professionals across disciplines using appropriate oral and written communications. Interns will become aware of how to communicate psychological and administrative information effectively across various settings and situations.

6) **Assessment.** Interns on this rotation will complete a variety of assessments related to various health psychology referral questions (pain psychology evaluations, sexual health evaluations, sleep psychology intakes, pre-surgical evaluations, etc.). The interns will have the opportunity to develop skills in targeted clinical interviewing, administration and interpretation of standardized measures of symptomology, and providing appropriate treatment recommendations based on these evaluations.

7) **Intervention.** While on the health psychology rotation, interns will have the opportunity to carry an individual caseload and co-lead groups. Opportunities are available for training in CBT-Insomnia (CBT-I), CPAP desensitization, CBT for Chronic Pain, ACT for chronic pain, and behavioral/health behavior change interventions for smoking cessation, sexual health concerns, and cardiovascular health/stress management.

8) **Supervision:** No consistent opportunities for training in supervision on this rotation.

9) **Consultation and interprofessional/interdisciplinary skills.** Interns will assist various medical staff (physicians, nurses, medical residents, etc.) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors. Interns will learn how to effectively communicate this information to the referring provider in either verbal or written form (or both). An emphasis in this area will be learning how to communicate psychological information to professionals outside the field of psychology.

**NEUROPSYCHOLOGY ROTATION**
Primary Supervisor – Lila K. Walker, PhD.

The Neuropsychology Program is within the Department of Neurology and receives consultation requests from the Neurology Clinic, Cognitive-Memory Disorders Clinic, Primary Care Clinics and Mental Health Clinics. Common referral questions may include the evaluation for dementia, aid in differential diagnosis, determination of treatment effectiveness, evaluation of cognitive deficits associated with a specific neurologic condition such as seizure disorder, Parkinson’s disease, or stroke.
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. Interns have the opportunity to develop skills in neuropsychological test administration; selection of appropriate instruments; 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.; development of appropriate and individually tailored recommendations; understanding the role of cognitive remediation and how neuropsychological test results can be utilized; and development of skill in written reports for hospital practice.

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

Activities:
A major rotation will require 1 - 2 assessments weekly. This rotation is not offered as a minor.

Other required activities will include: attendance in the Didactic Neuropsychology Seminar with lectures on neuroanatomy, neuropathology, neuroradiology and neurobehavioral syndromes; a monthly intern-led case discussion; participation in Neurology and Psychiatry Grand Rounds; and attendance at brain cuttings.

Other optional activities that are open to interns include Emory Neuropsychology Case Seminar in the department of Physical Medicine and Rehabilitation, the Alzheimer’s Disease Research Center Seminar and Parkinson’s Disease Clinic.

1) **Research**: Interns have regularly scheduled didactic seminars that include speakers who present summaries of empirical literature on various topics such as cognitive functioning in Vascular Dementia or Epilepsy. Interns are also encouraged to review relevant empirical literature related to current cases and provide references in reports as appropriate.

2) **Ethical and Legal Standards**: Interns work with their supervisor to identify and address ethical dilemmas as they proceed with clinical activities.

3) **Individual and Cultural Diversity**: Interns will be exposed to individuals of various ages, genders, races/ethnicities, sexual orientation, SES, religious orientation, and disability. Interns will identify appropriate normative data based on patient characteristics in interpretation of test data and consider individual differences.

4) **Professional Values, Attitudes, and Behaviors**: Supervisors model professional behavior and facilitate intern development of their own professional identities.

5) **Communications and Interpersonal Skills**: Interns will have opportunities to continue to develop communication and interpersonal skills in working with patients. They will learn to communicate professional opinions and recommendations to patients in-person. They will also develop skill in communication of their conceptualization of patients and their recommendations with other providers in-person and in written reports.

6) **Assessment**: Interns will complete 1 – 2 neuropsychological evaluations per week to include assessment of all cognitive domains. Interns will learn to complete an interview that includes psychosocial history, chief complaints, and medical history and symptoms. They will also incorporate systematic behavioral observation and will learn to integrate all sources of information in conceptualization for each patient in making neurobehavioral diagnoses.

7) **Intervention**: In completion of neuropsychological testing, interns will make specific recommendations for follow up psychological intervention as needed and interns will learn to identify types of intervention that might be beneficial given cognitive impairments.

8) **Supervision**: One hour of supervision per week will be required. Supervisors are generally available to answer questions and have discussion at other times during the week. Interns participate in monthly intern-led case discussion with neuropsychologists and other trainees on the rotation at that time. There may be opportunities to provide supervision to practicum students.
9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will be expected to consult with providers in other disciplines as needed to gather information deemed useful for patient care. Interns will also participate in didactic seminars with presentations from various medical specialists.

**ADDITIONAL AVAILABLE MINOR ROTATIONS**

Interns may complete minor rotations in any of the major rotation areas (with the exception of Neuropsychology) described above. We also offer an additional experience exclusively as a minor:

**MEDICAL INPATIENT CONSULT-LIAISON ROTATION**

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.

1) **Research:** Interns will be provided relevant articles on the practice of Psychosomatic Medicine as part of their rotation. They will be involved in related discussions during clinical supervision.

2) **Ethical and Legal Standards:** Interns are expected to engage in ethical and maintain awareness of legal considerations in managing acutely ill hospitalized Veterans. Appropriate standards will be demonstrated by supervisors, and interns will be assisted in recognizing and addressing any ethical and legal dilemmas.

3) **Individual and Cultural Diversity:** Interns will have the opportunity to work with a diverse group of Veterans and staff and will be challenged to think critically about their own diversity variables in order to provide culturally competent care for Veterans.

4) **Professional Values, Attitudes, and Behaviors:** Interns are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.

5) **Communication and Interpersonal Skills:** Interns will hone professional communication skills with interdisciplinary professionals regarding the care of Veterans. They will additionally use these skills in appropriate documentation of all patient encounters in the Electronic Medical Record.

6) **Assessment:** Diagnostic assessments are an integral part of the Consultation-Liaison rotation, and interns will encounter a large proportion of Veterans with cognitive disorders along with mainstream psychiatric disorders. Interns will develop the ability to conduct brief cognitive assessments, interpret their findings and recommend appropriate measures for further workup and management of such Veterans. They will also be exposed to medical pathology and develop a basic understanding of its impact on patients’ mental status.

7) **Intervention:** Interns will have the opportunity to engage in clinical assessments, develop diagnostic impressions, and make appropriate treatment recommendations with the direct support and supervision of the attending psychiatrist. Interns will have the opportunity to engage in understanding issues related to end of life care and develop interventions based on a biopsychosocial model. Interns will enhance clinical competence in providing short term psychotherapy on an inpatient basis.

8) **Supervision:** Interns will interact with medical students on this rotation and will be encouraged to communicate and demonstrate their unique skills related to the psychological dimension of
Psychosomatic Medicine. There are no formal expectations of supervision training on this rotation.

9) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will have a continuous role in providing education and consultation to medical professionals on the wards and in the Intensive Care Units in order to assist with Veterans' care. On Consultation-Liaison, interns will also have the opportunity to participate as a member of a cohesive multidisciplinary treatment team including nurse practitioners, physicians, medical students and Psychosomatic and Geropsychiatry fellows. They will also routinely communicate and interact with medical staff, chaplains, social workers and other members of the medical teams.

4. **Didactics**

There are two required weekly didactic seminars and one required monthly seminar that run throughout the training year. Interns present on their own research/dissertation studies in the context of one of these seminars, depending on the topic. The required didactics are as follows:

**Assessment Seminar:** This weekly seminar covers the fundamentals of psychological assessment, encompassing cognitive and personality factors. This seminar is presented primarily by inhouse psychology and psychiatry staff and occasionally 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, objective personality assessment measures (i.e., MMPI-2 and PAI, primarily), projectives, and ADHD, to name a few. 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, psychology staff, and their fellow interns/postdocs. 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.

**Multicultural Seminar Series:** This seminar series occupies about 11 weeks of the General Seminar and is coordinated and led by members of the Diversity Education Committee for Psychology Training (DEC-PT). It generally begins around the mid-point of the training year. Multicultural Seminar focus on topics relevant to the patient population at the Atlanta VA and the trainees' overall development as culturally-competent mental health providers. During the seminar, self-exploration and openness to personal growth is strongly encouraged, supported, and modeled by members of the DEC-PT. The seminar attends to the intersections of diversity dimensions and how therapeutic process is impacted by the therapist's own identity and worldview as well as the patient's. In keeping with the APA Ethics Code (2010), the Atlanta VA Psychology Training 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/humility. 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, nonjudgmental 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/humility.
**Multicultural Lunch & Learn:** This third required didactic is a monthly lunch-time presentation series that is open to all psychology staff and required for all psychology trainees. Through didactics, experiential activities, and discussion, Lunch & 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 addition to the required didactics, an additional didactic opportunity available to interns is:

**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.

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 is typically provided by two additional supervisors (including both training staff and postdoctoral residents), each of whom typically spends one hour each week reviewing cases with the intern. Each intern will also participate in a yearlong supervision group led by a member of the Training Committee. The purpose of this training experience is to provide a mechanism for tracking the trainee’s development as a psychotherapist over the course of the internship and to provide an opportunity for interns to participate in collaborative peer supervision. Additionally, within the context of group supervision, interns are encouraged to compare and contrast the theoretical models and approaches learned in their graduate programs and work to broaden their therapeutic repertoires, particularly in terms of using relational models of psychotherapy. One longer term general psychotherapy case will be followed by the year-long supervision group. Supervision of assessment work involves additional scheduled, formal supervision with testing case supervisors. 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. Use of telesupervision (i.e., supervision via phone, computer, or other distance technologies) is rare and is usually restricted to extra contact as needed between regular supervision meetings, or consultation with off-site testing case supervisors regarding selection of assessment methods or report edits. In accordance with APA’s *Standards of Accreditation* all supervisors must directly observe the intern’s work (either live or via video/audio recording) during each evaluation period (i.e., quarterly). Supervisors endeavor to balance observation and assurance of competency with increasing autonomy for the intern as competence is demonstrated across the year.

**Training Staff**

The Core Internship Training Committee is comprised of the Directors of Training, the primary supervisors for the major rotations, the group supervision leaders, the DEC-PT Chair(s), the seminar coordinators, and the Psychology Executive. Biographical summaries for the Core Internship Training Committee members are included below. The Core Internship 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 (2018-2019):

VERNÉE A. ANTHONY, Psy.D. – Primary Supervisor, SUD DOM Rotation – (Clinical Psychology, The Georgia School of Clinical Psychology at Argosy University, 2005) is a Clinical Psychologist at Atlanta VA Health Care System’s Substance Use Domiciliary (SUD Dom). She helped oversee the creation and implementation of the SUD Dom program in October 2016. She continues to oversee program development and evaluation, which has standardized procedures and improved provider effectiveness at the Domiciliary for Residential Rehabilitation Program. She leads CBT Relapse Prevention, Communication and Relationships, and co-leads a DBT-based Emotion Regulation groups for veterans with primary substance use disorders with comorbid serious mental health issues at the SUD Dom. She coordinates training for psychology trainees at the SUD Dom and supports their professional development through supervision. She also provides outpatient family and couples therapy through the Family Intervention Team. Her professional interests include program evaluation and development, individual psychotherapy, and supervision and training.

ANDREA B. BURNS, Ph.D. – Co-Director of Psychology Training; Primary Supervisor, TRP Rotation (PE/CPT Team) – (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/CPT peer consultation 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. Burns 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. Burns is a former Atlanta VA intern and Emory University postdoc.

TELSIE A. DAVIS, Ph.D. – Supervisor, Diversity Rotation – (Counseling Psychology, Georgia State University, 2011) is a licensed psychologist on the Military Sexual Trauma/Dialectical Behavior Therapy Team. Dr. Davis earned her B.S. in Psychology from Ga Tech and her Ph.D. in Counseling Psychology from Georgia State University where she was an APA Minority Fellowship Program Mental Health and Substance Abuse Services Fellow. She completed her doctoral internship in psychology and trauma, and a two-year, full-time postdoctoral fellowship focused on comorbid PTSD and substance use disorders among African American women at Emory University School of Medicine. Dr. Davis has 11 peer-reviewed publications, four book chapters, and over 60 international, national, state, and local invited talks and workshops in the areas of culturally responsive treatment and cultural equity, integrated treatment of trauma and substance use, and the treatment of African American women. She currently serves as co-chair of the Diversity Rotation for Psychology Training at the Atlanta VAMC and Assistant Vice Chair of Faculty Development for Diversity, Equity, and Inclusion for the Department of Psychiatry at Emory University School of Medicine.

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. Dr. Deering is a Professor of Psychology at Clayton State University and Adjunct Professor at the Emory University School of Medicine. She is the current President of the American Board of Clinical Psychology. Her professional interests include group therapy training, family therapy, and teaching.

KRYS TAL S. FRIEson BonapArte, Ph.D., MPH – DEC-PT Chair – (Counseling Psychology University of Kentucky, 2015) is a psychologist with the Substance Abuse Treatment Program (SATP). She serves in the role of a SUD/PTSD clinician providing individual and group psychotherapy and psychoeducation services to Veterans with SUD and/or PTSD. Her clinical and research interests focus on the biopsychosocial health issues of oppressed, marginalized, and underserved populations along with an emphasis in health behavior, substance use, trauma, and HIV/AIDS/STD treatment, education, and prevention. She is especially interested in exploring and addressing the inequities of health disparities that surround marginalized populations. She is also committed to promoting a climate of multicultural transformation and cultural humility within the Atlanta VA Health Care System through her participation.
with the Mental Health Service Line Diversity Education Committee. Dr. Frieson Bonaparte is a former Tuscaloosa VA intern and Emory University postdoctoral fellow.

**SPESHAL WALKER GAUTIER, PH.D. — Supervisor, Diversity Rotation** (Clinical Psychologist, University of Massachusetts Boston, 2014) — is a psychologist with the General Mental Health (GMH) Newnan expansion team at the East Point CBOC. Dr. Walker earned her B.A. from the University of Connecticut and her Ph.D. from UMass Boston where she was an APA Minority Fellowship Program Mental Health and Substance Abuse Services Fellow. She completed her doctoral internship at Yale University School of Medicine where she focused on community mental health treatment and providing training and consultation in areas of mental health and diversity inclusion. She completed her Postdoctoral Fellowship at the West Haven VA in CT where she continued this work as a Psychosocial Rehabilitation-LGBT Health Fellow. She joined the Atlanta VAMC staff in 2015 with a continued focus on culturally informed mental health treatment for a range of presenting problems, particularly trauma related and comorbid disorders. She currently serves as a supervisor on the Diversity Rotation for Psychology Training at the Atlanta VAMC and the Georgia Psychological Association (GPA) Board as the Diversity Directorate, Chair of Ethnic Minority Affairs.

**DEBRA GEISEL, Psy.D. — Supervisor, Female Veterans Emphasis (Primary Care Mental Health-Integration – Women’s Wellness Clinic)** (Clinical Psychology, Georgia School of Professional Psychology, 2014) is a Primary Care/Mental Health Integration (PCMHI) psychologist in the Women’s Wellness clinic. She provides initial mental health screenings, brief individual and group therapy, and provides consultative services within a team focused on women’s health issues. Her professional interests include working with female veterans, trauma, grief, reproductive health, and supervision and training. Dr. Geisel completed her doctoral internship and postdoctoral residency at the Atlanta VAHCS. She is the Women’s Mental Health Champion for the Atlanta VAHCS and a former Board member of the Georgia Psychological Association.

**SIMONE HUNTER, Psy.D. – Supervisor, General Mental Health Rotation – TSA track** (Clinical Psychology, The American School of Professional Psychology at Argosy University, 2012) is a Clinical Psychologist at Atlanta VA Health Care System’s General Mental Health Clinic located at the main hospital. She leads various groups for Veterans with primary anxiety disorders such as Anxiety 101, Anger Management for PTSD, Women’s Trauma and Recovery Group, and Cognitive Processing Therapy. She coordinates training for psychology trainees who are interested in the general mental health clinic and supports their professional development through supervision. Her professional interests include women’s programing, LGB and Transgender care, program evaluation and development, evidence based psychotherapy, and supervision and training.

**REGINA KOEPP, Psy.D., ABPP – Supervision of Supervision Leader** (Clinical Psychology, PGSP-Stanford Consortium, 2009) joined the Atlanta VA Health Care System (VAMC) as a clinical psychologist in 2010. She currently works on the Geropsychiatry and Spinal Cord Injury Outpatient Mental Health team and is the co-PI on the Family/Couples Intervention Team. Nationally, she has served on the VA Central Office Geriatric Mental Health Field Advisory Workgroup, and locally serves on the Atlanta VAMC’s Clinical Advisory Workgroup, Family/Couples Services Committee, and the Dementia Committee, as well as serving as Chair of the Atlanta VAMC Psychology Professional Standards Board and as the Chair of the Diversity Education Committee for Psychology Training. Dr. Koepp is a clinical supervisor and educator with the Psychology Training Program. She is specialized in family/systems, Emotion-Focused Couples Therapy, family consultation, and is certified in Integrative Behavioral Couples Therapy (IBCT). Dr. Koepp is also an Assistant Professor at Emory University School of Medicine’s Department of Psychiatry and Behavioral Sciences and supervises a Family Consultation Clinic for Emory’s Child and Adolescent Psychiatry Fellows. She is board certified with the American Board of Professional Psychology (ABPP). Dr. Koepp was a recipient of grants in 2016 and 2017 to build family/couples services at the Atlanta VAHCS. Dr. Koepp specializes in the care of families/couples, most notably families experiencing life-altering conditions, grief and trauma, multicultural Psychology, and training and supervision. She frequently presents on diversity related topics and the mental health care of families and older adults. She earned her doctorate in Clinical Psychology at the PGSP-Stanford PsyD Consortium.
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 sees veterans for individual psychotherapy and serves as the assessment psychologist for the Mental Health Service Line, performing psychological evaluations of VA police officers and mental health clearance evaluations for bariatric patients, transplant candidates, and transgender patients seeking hormone therapy or sex affirmation surgery. She also serves as a member of the Health Care System’s Professional Standards Board (PSB), which credentials all licensed clinicians for the facility. She also coordinates and supervises psychological testing cases for the trainees. Her professional interests include anxiety disorders, psychological assessment, supervision, and training.

MIKE MARTIN, Ph.D. – Psychology Executive, Group Supervision Leader – (Counseling Psychology, Auburn University, 1999) serves as Psychology 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.

MEGHNA PATEL, Ph.D., ABPP – Primary Supervisor, TRP Rotation (MST/DBT Team); General Seminar Coordinator – (Clinical Psychology, University of Missouri-St. Louis, 2009) is a clinical psychologist working within the Trauma Recovery Program. On TRP, she serves as the Clinical Director of the MST/DBT team, which primarily works with veterans who have experienced military sexual trauma. Her administrative duties include managing a multi-disciplinary team comprised of psychologists, social workers, psychiatrists, and psychology and social work trainees. Her clinical duties include conducting psychodiagnostic assessments and providing intensive trauma-focused treatment and DBT within individual and group settings. She is also actively involved in research aimed at assessing the effectiveness of various treatment interventions for military sexual trauma. As an Adjunct Assistant Professor at Emory University, she provides supervision for psychiatry residents and assists in grant preparation. Her professional interests include PTSD, women’s issues, evaluating effectiveness of evidence-based treatments, supervision and training.

JOY REEVES, Psy.D. – Primary Supervisor, SATP Rotation – (Clinical Psychology, Georgia School of Professional Psychology, 2008) is the Clinical Director for the Substance Abuse Treatment Program (SATP) at FTM campus. In addition to her duties as clinical director, she provides individual therapy and cofacilitates group sessions. 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 Substance Use Disorder treatments, PTSD treatments (as well as co-occurring SUD and PTSD treatments), Women's Issues, Moral Injury, Supervision, and Training, and Diversity. She completed her psychology internship at the Biloxi, VA. Dr. Reeves is Assistant Professor of Psychiatry & Behavioral Science for Emory and Morehouse School of Medicine.

DEAUNA V. SHAURI-WEBB, Psy.D. – Supervisor, Diversity Rotation – (Clinical Psychology, Georgia School of Professional Psychology, 2011) is a psychologist at the Atlanta VA Medical Center where she proudly serves our nation’s veterans. She conducts individual and group psychotherapy with veterans who are experiencing a wide-range of clinical disorders and provides evidence-based interventions for veterans diagnosed with PTSD. She holds the position of LGBT Veteran Care Coordinator for the hospital where she serves as a point-of-contact for LGBT veterans as well as a training and consultation resource for providers. Her clinical interests include working with trauma, PTSD, anxiety disorders, HIV+ clients, multiculturalism, and individuals presenting with an LGBTQ focus. Dr. Shauri-Webb supervises the Diversity Rotation and has previously co-facilitated the Diversity Seminar for the psychology interns. In addition to her work within the VA, she is the past chair of the Gender and Sexual Diversity Committee through the Georgia Psychological Association (GPA) and is an active member of the Board of Directors within the organization. She engages in diversity consulting, in which she helps businesses to attain competence in providing culturally aware and inclusive services to their clients, Dr. Shauri-Webb also conducts speaking engagements on topics related to diversity, PTSD and trauma, and school bullying at various college campuses, professional conferences, and training programs.
**JENNIFER L. STEINER, Ph.D., ABPP – Primary Supervisor, Health Psychology Rotation** – (Clinical Psychology, Indiana University-Purdue University, Indianapolis, 2013) is a Board Certified Clinical Health Psychologist serving the Atlanta VAHCS’s various pain clinics (PM&R, Anesthesiology Pain Clinic). Dr. Steiner provides interventions for the management of chronic pain and its impact on quality of life using psychoeducation, CBT and Acceptance and Commitment (ACT) based strategies. Dr. Steiner is a member of the Core Training Committee for both the internship and postdoctoral psychology training programs, and she serves as the Primary Rotation Supervisor for the Health Psychology rotation for the internship. Dr. Steiner is also a former Co-Chair of the Multicultural Lunch & Learn series and participates as a member of the Diversity Education Committee for Psychology Training. In addition to her work within the VA, she serves as the co-chair of the Continuing Education committee through the Georgia Psychological Association (GPA) and is an active member of the Board of Directors within the organization. Dr. Steiner completed her predoctoral internship at the Salem VAMC in Virginia and postdoctoral residency at the Atlanta VAMC. Her professional interests outside of chronic pain and health psychology include working with female veterans, ACT, research/program development, and supervision and training.

**LILA K. 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 more than 20 years. She has developed and implemented the Neuropsychology Rotation for Psychology Interns and Neuropsychology Practicum at the Atlanta VAMC and has coordinated with neuropsychologists and various medical specialists (i.e., neurology, neuroradiology, neuropathology) at the VAMC and at Emory School of Medicine 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**

| 2019-2020 | University of Akron |
| Duquesne University | University of Louisville |
| Georgia State University | University of Maryand at College Park |
| Miami University | Wright Institute |
| The University of Memphis |  |
| University of Indianapolis |  |
| University of Mississippi |  |

| 2018-2019 |  |
| Howard University |  |
| Kent State University |  |
| Northern Illinois University |  |
| Nova Southeastern University |  |
| University of Houston |  |
| University of Kentucky |  |
| University of Miami |  |

| 2017-2018 |  |
| Catholic University of America |  |
| Pacific Graduate School of Psychology |  |

| 2016-2017 |  |
| Duquesne University |  |
| Florida State University |  |
| Georgia State University |  |
| Georgia State University |  |
| Rutgers University – New Brunswick |  |
| University of Cincinnati |  |

| 2015-2016 |  |
| Emory University |  |
| Emory University |  |
| Georgia State 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