Internship in Clinical Psychology

Central Alabama Veterans Health Care System (CAVHCS)
Psychology Training Director/123

2400 Hospital Rd
Tuskegee, AL 36083
*(334) 727-0550*

<https://www.psychologytraining.va.gov/tuskegee/>

APPIC Member Number: 193611

Applications Due: November 29, 2021

## Accreditation Status

The predoctoral internship in clinical psychology at Central Alabama Veterans Health Care System (CAVHCS) is accredited by the Commission on Accreditation of the American Psychological Association through 2027. Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

 Office of Program Consultation and Accreditation

 American Psychological Association

750 First Street NE

Washington, DC 20002-4242

Phone: (202) 336-5979

E-mail: apaaccred@apa.org

The next site visit regarding re-accreditation will be 2027.

*Basic Information*

The internship is a full-time, forty-hour per week (2080 hours total) training experience with an annual stipend of $26297. Internship begins mid-July. CAVHCS consists of two Medical Centers, a VA Clinic, and three Community Based Outpatient Clinics (CBOCs). The primary training site is the Medical Center at Tuskegee (East Campus); however, most interns complete some rotation activities at the Montgomery Medical Center (West Campus) or Montgomery VA Clinic (MVAC). Interns have also completed training with our CBOC in Columbus, Georgia based on training interests. Currently, there are four nationally funded intern slots.

## Application & Selection Procedures

Application

*To be considered for admission to the Internship Program, applicants must:*

1. Be enrolled in an APA-accredited doctoral program in clinical or counseling psychology;
2. Have 1000 hours of practicum experience (which includes intervention, assessment, and supervision hours as totaled in the AAPI). The recommended/suggested (not absolute) total minimal hours in the areas of intervention would be approximately 400, and assessment 100.
3. Have the endorsement of their Director of Training for seeking an internship and his/her verification of 1000 hours of practicum experience;
4. Submit a completed online application (AAPI) through AAPIC, including three letters of recommendation from professors or supervisors and a de-identified integrated psychological assessment report.

As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, sexual orientation, disability or other minority status.

Applications should be submitted by November 29, 2021. Applicants eligible for an interview will be notified by email approximately December 10, 2021. In light of COVID-19 and related concerns, virtual interviews will be offered. Based on the circusmtances at the time of interview, in-person interviews may also be available. Applicants are encouraged to state their preference for in-person or virtual interviews in their cover letter.

Regardless of modality, interviews will have both individual and group components. Applicants interviewing on a given day are provided with an overview of the internship by the Director of Training. Rotation supervisors then provide a brief description of their rotations. Applicants will also have a chance to speak with current interns about their experiences with the training program. Applicants will meet with the Training Committee as a group and are then provided the opportunity to meet individually with rotation supervisors. Individual interviews are generally arranged based on rotations of interest expressed by the applicant and staff availability. Further details regarding the mode of virtual interview will be made available after offers for interviews have been made.

### Intern Acceptance

The Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Internship Program will adhere to APPIC guidelines regarding intern recruitment, selection and the APPIC Match Policies.

Should you have questions about the application process, or any aspect of the internship program, please contact Dr. Katherine Cofer, Director of Psychology Training at Katherine.Cofer2@va.gov

We utilize the online APPIC Application for Psychology Internship (AAPI). A copy of the APPIC Match Policies is posted on the APPIC web page (at: <http://www.appic.org/>), along with a link to the online internship application. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking related information from any intern applicant.

Interns are recognized as Health Professions Trainees (HPTs) withing the VA. HPTs are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Psychology Service and CAVHCS

CAVHCS was established in 1997 from the merger of the Montgomery and Tuskegee VA Medical Centers, which are approximately 40 miles apart. (Tuskegee VA had a long tradition of providing services to African American veterans and training African American healthcare professionals, as it was established prior to racial integration in the military.) There are also three Community Based Outpatient Clinics (CBOCs) located in Columbus, Georgia, Dothan, Alabama and Fort Rucker, Alabama. CAVHCS serves134,000 veterans in 43 counties in the central and southeastern portions of Alabama and the western part of Georgia. There were 41,808 individual veterans who received care at one of the above named CAVHCS sites in FY 10. There are currently 143 Hospital beds, including 22 beds in the High Intensity Psychiatric Unit, 160 beds in the Nursing Home Care Unit and 43 beds in the Homeless Domiciliary. Most recently most primary care services are delivered out of the MVAC, the Montgomery Veteran Administration Clinic, located on Chantilly Highway in Montgomery.

The predoctoral internship at the Central Alabama Veterans Health Care System (CAVHCS) is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be sometime during the calendar year 2027. Currently, the Psychology Service at the Central Alabama Veterans Health Care System (CAVHCS) is comprised of approximately 22 full time psychologists. Dr. Katherine Cofer is the Director of Training (Katherine.Cofer2@Va.Gov ). Psychology Service staff members provide mental health care and other services throughout CAVHCS. This includes the two main medical centers in Tuskegee and Montgomery, Alabama, and also in Community-Based Outpatient Clinics (CBOCs) in Dothan, Alabama, Columbus, Georgia, and at Ft. Rucker Alabama. Additionally, primary care mental health services are available through the Montgomery VA Clinic (MVAC), providing additional services separate from the main Montgomery Campus. In addition to the psychology internship, the Psychology Service provides training to practicum students pursuing their Doctoral degree in Clinical and Counseling Psychology from Auburn University. CAVHCS also hosts training programs in a wide range of disciplines.

## Training Model and Program Philosophy

The goal of the CAVHCS internship program is to provide broad and practical training to prepare interns to practice as post-doctoral residents or as entry-level psychologists in a wide variety of clinical settings, including medical centers, public sector health care settings and private practice. Training is based on the Practitioner-Scholar, or Vail, model. The Psychology staff assumes responsibility for training interns in psychological assessment, as well as individual, group and family treatment of adults. Heavy emphasis is placed on evidence based practice, the development of supervision and consultation skills, as well as the enhancement of knowledge/sensitivity to the cultural, ethical and legal issues that impact psychological practice. Interns have opportunities to work with a diagnostically diverse group of general mental health patients, but they also receive specialty training in the area(s) of their choice, including PTSD, Chronic Pain, and Primary Care/Behavioral Health. Our program is distinctive in providing interns the opportunity to enhance and develop their cultural competence in working with an ethnically diverse patient population, both urban and rural, which is culturally rich, but is traditionally underserved. In addition to the acquisition of knowledge and skills, it is expected that the intern will develop their professional identity as a psychologist during the internship year, as they assume greater independence and responsibility.

The internship aims to provide interns with an appropriate blend of nurturance and challenge in a well-structured framework as they develop greater clinical competence and autonomy.

## Program Aspirations and Goals

Our primary programmatic aspirations are 1) That interns achieve competence in psychological practice and, 2) That interns develop a strong professional identity as a psychologist. Our training focuses on the following competencies: (1) Professional conduct, ethics and legal matters (2) Individual and cultural diversity (3) Theories and methods of psychological diagnosis and assessment (4)Theories and methods of effective psychotherapeutic intervention (5) Scholarly inquiry and application of current scientific knowledge to practice (6) and Professional consultation and supervision.

The training model is that of practitioner-scholar, with emphasis placed upon facilitating intern mastery of the skills and competencies required in daily practice by professional psychologists. With its commitment to enhancing and developing the cultural competence of its interns, the internship program at CAVHCS provides opportunities for training in both metropolitan and rural settings with a culturally rich and multiethnic staff and patient population.

*Assessment requirements for interns include demonstrating the ability to:*

1. Conduct a comprehensive clinical interview and mental status examination.
2. Screen for neurological impairment.
3. Evaluate cognitive/intellectual functioning using the WAIS-IV and WMS-IV.
4. Evaluate personality factors utilizing objective assessment techniques. (Assessment tools include MMPI-2, PAI, and other assorted instruments).
5. Integrate assessment findings.
6. Address referral questions.
7. Reach supportable diagnostic conclusions.
8. Produce relevant and appropriate recommendations.

In terms of intervention, interns will demonstrate competence in the alleviation of psychological distress through assisting patients to make effective changes in behaviors, beliefs/attitudes, and/or emotions. Therapeutic modalities to be emphasized include cognitive behavioral and process-oriented, especially evidence-based psychotherapies, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) for PTSD and Acceptance and Commitment Therapy (ACT). Additional techniques such as CBT for Depression, CBT for Insomnia, Motivational Interviewing, and Seeking Safety techniques may also be taught as adjunctive measures.

## Program Structure

Interns will complete three rotations during the training year. Each rotation runs for four months and involves a commitment of approximately 32-36 hours weekly. There are also several minor rotations which may be selected based on the interns training needs and interests, which would generally be an eight hour commitment. In addition, interns participate in two hours of weekly individual supervision, two hours of weekly group supervision, and approximately four hours of weekly training seminars, for a total of 40 hours per week.

At the mid- and end-point of each rotation, interns receive feedback regarding performance from their rotation supervisors. In addition, interns will receive feedback from their immediate supervisor and the Training Committee regarding their assessment reports, case presentations, videotaped session presentations, and literature review presentations. During the course of the year, interns are encouraged to provide feedback regarding the internship seminars, training, and rotations, and are requested to provide an overall evaluation of the internship at the end of the year. This information is used for quality improvement, with changes to the program being made based on intern feedback.

## Training Experiences

Major Rotations

*Behavioral Pain Management Rotation — Dr. Eckardt (Tuskegee Campus)*

This Internship Rotation is based in the Physical Medicine & Rehabilitation Section of the Geriatric and Extended Care Service Line. Under the supervision of a licensed psychologist, the intern will have opportunities for assessment and treatment of patients in the Behavioral Pain Management Clinic. Interns will be exposed to group and individual treatments, to include ACT and CBT for Chronic Pain. Spinal cord stimulator evaluations are conducted, when requested, and inters will be exposed to ongoing work with multidisciplinary teams.

 *Post-Traumatic Stress Disorder Clinical Team — Dr. Sams (Tuskegee Campus)*

The PTSD Clinical Team (PCT) is geared to be an intensive, time-limited, multidisciplinary, outpatient program. As such, the program focuses on evidence-based treatment for PTSD. On the PCT, the intern will have the opportunity to conduct admission screening interviews, psychological evaluations, and individual psychotherapy utilizing Cognitive Processing Therapy, Prolonged Exposure, or another evidence-based practice. Additionally, interns on the Tusklegee Campus will be able to first observe, then co-lead various groups aimed at adddressing PTSD Symptoms- a skills-building Track I module and a trauma-focused Track II module. Specifically, the Track I module involves two curricula-based, psychoeducational groups that address: 1) Anger Management and 2) Stress Management Skills development. The Track II module is comprised of a three-hour long psychotherapy group that involves Cognitive Processing Therapy (2 hours) and additional presentations (e.g., Imaginal Rehearsal Therapy) during the third hour.

*Sexual Trauma Therapy — Dr. Davis (Tuskegee Campus), Dr. Mosier (Montgomery Campus)*

Interns in this placement will participate in group and individual therapy for veterans who have experienced sexual trauma, in the military or in civilian life. They may co-lead a process group for women who have experienced sexual trauma. The group generally focuses on the “here and now” and coping with current problems, although the connection with past traumas is always acknowledged. Members also engage in more active trauma work if it has not been addressed in the past or if some event in their life triggers them. In addition, interns will work with male and female sexual trauma patients in individual therapy, using cognitive behavioral and process-oriented approaches. This rotation is also available as a minor rotation, co-leading the group and seeing a limited number of individual therapy patients. This may also be available as a minor rotation.

*Primary Care/Health Psychology — Dr. Schmidt (Ft. Benning CBOC), Dr. Liu (Tuskegee Campus, Virtual Provider)*

Under the supervision of licensed psychologists, interns will work on the "front lines" of primary care providing mental health and behavior medicine consultation services within an interdisciplinary medical treatment team setting. This rotation places an emphasis on providing primary prevention services to high-risk groups. Interns will learn to utilize empirically supported brief interventions to treat mental health conditions such as depression, anxiety, substance abuse, and PTSD, as well as chronic medical conditions such as diabetes, hypertension, and chronic pain. Interns in this rotation will learn to make quick assessments and to adapt psychology skills to a highly variable and fast-paced working environment. The Health Psychology component includes evaluations of transplant candidates, opportunities to participate in shared medical appointments for such issues as diabetes, congestive heart failure and potentially other chronic diseases. Finally, there will be opportunities for teaching multidisciplinary staff members in such areas as health coaching and motivational interviewing.

*Homeless – Patient Aligned Care Team (H-PACT) – Dr. Gooden (Columbus CBOC)*

Located at the Downtown Columbus Clinic – Comer Ave – demographically located along the community bus route and walking distance from many homeless resources (HUD/VASH apartments, shelters, bridge, etc.). The Goal of the H-PACT is to be a location where Homeless Veterans can present (walk-in) and obtain needed assistance and services focused on their Basic Needs (housing, food) and Well-Being (physical, mental, emotional and spiritually). Psychology Interns workign with the H-PACT may assist the team with the mental health portion of Stability Assessment so homeless Veteran can obtain immediate placement, Comprehensive S/I Assessments and Involuntary Admission. Interns may also have the opportunity to assist Veterans enrolled in the Homeless Program with regular ongoing individual psychotherapy focused on identifying/insight, coping and problem solving barriers that interfere with stability and well-being. Additional tasks also include connecting Veteran with programs or resources to assist with barriers and providing support while participating and transition back to H-PACT once complete. Psychotherapy is conducted via Face-to-Face, VVC or Telephone. Referrals are received from Homeless Program Social Workers, Peer Support Specialists, HUD/VASH counselors and Primary Care.

*Outpatient Mental Health Clinic —Supervision and Availability to be determined*

An intern in this placement would have the opportunity to co-lead a variety of groups, depending on which outpatient clinic to which they were assigned. These groups include those focusing on anger and stress management and groups specific to diagnostic categories, such as PTSD. The intern would also have an opportunity to provide individual psychotherapy or to conduct couples therapy for selected patients. Common diagnoses seen in this setting include posttraumatic stress disorder, personality disorders, major depressive disorder and bipolar disorder, with many veterans also being dually diagnosed with a substance abuse disorder. This may also be available as a minor rotation.

Supervision

Interns receive four hours of supervision per week. Two hours are in face-to-face scheduled sessions with their rotation supervisor. During the COVID-19 Pandemic response, telesupervision has also been used in line with guidance from OAA, APA, and APPIC. Interns will be provided information regarding telesupervision, if applicable, during orientation. Depending on the rotation, this includes discussion of the group that the supervisor and intern co-lead, case management, reviewing audio or videotapes of therapy, review of assessments, discussion of assigned readings, discussion of professional issues, etc. There are also two hours of group supervision. One group focuses on issues and common themes in psychotherapy, as well as general internship concerns, while the other group focuses on assessment and diagnosis. If psychology practicum students are present, there may be an opportunity for the intern to supervise the practicum student, under the supervision of the intern’s rotation supervisor. In response to the COVID-19 pandemic, telesupervision practices are used ot help minimize exposure, reduce disruption to care, and provide ongoing supervision. Policies nad procedures regarding telesupervision is provided to interns during orientation. Us eof telesupervision remains consistent with APA, APPIC, and OAA requirements.

Seminars and Lectures

Three hours per week are typically devoted to didactic presentations such as case presentations and seminars. These are generally scheduled during a set time each week. In addition to CAVHCS Psychology staff, several Consulting Psychology Faculty also provides didactic training throughout the year. Lecture series have included topics such as Assessment and Therapy with Diverse Populations, Motivational Interviewing, Psychopharmacology, Rorschach, Neuropsychology, and Ethical & Legal Issues. Interns have also previously participated in Psychology sponsored colloquia at Auburn University. Authorized absence of up to forty hours is provided to interns to attend professional conferences and workshops, as well as to participate in dissertation-related activities and/or job interviews.

Intern Advocacy

Interns will also have the opportunity to participate either one-on-one or in group format with identified Intern Advocates. These individuals are psychologists at CAVHCS who provide additional support regarding professional development and other needs throughout the year. The Intern Advocate meetings are non-evaluative opportunities for interns to seek out additional support in professional development, self-care, self-evaluation, and other relevant areas to the practice of psychology.

## Basic Requirements for Internship Completion

*Psychotherapy Requirement.* Each intern maintains a minimum of two individual long-term therapy cases that are followed throughout the year. To deal with attrition in therapy, this means they will generally carry about four long term individual therapy patients.

*Psychotherapy Competency.* At the end of the year, each intern submits a videotape of a therapy session which best illustrates the intern's maximal level of functioning and skill as a therapist. The intern is given feedback, suggestions, direction and, when necessary, remedial work. A pass/fail rating is given.

*Assessment Requirement.* During the first nine months, each intern administers and writes a report of three comprehensive assessment batteries, usually under the direction of their rotation supervisor. The first report is reviewed by a committee of psychologists, in addition to the intern’s supervisor.

*Assessment Competency*. Following the completion of three assessment batteries, each intern independently completes a fourth assessment battery and report. The report and supporting data are reviewed by a committee of selected members of the psychology staff. The intern is given a pass/fail rating and may be asked to make revisions in response to feedback.

*Case Presentations.* Each intern presents two complete assessment cases to fellow interns and staff. (These are generally the same cases used for the Assessment requirement.) Although the intern may be given informal feedback concerning the assessment and presentation skills displayed during the conference, the primary emphasis is on sharing clinical insights, knowledge, and techniques.

In addition, each intern presents two of their long-term psychotherapy cases, including videotaped therapy sessions. One case reflects the early to middle stages of therapy and the second case traces the course of therapy over the entire year.

*Program Evaluation Project.*  The CAVHCS Psychology Internship Program philosophy is consistent with the Practitioner-Scholar model (Vail model) of academic training and practice. This model emphasizes the “mutuality of science and practice” and the practical application of scholarly knowledge. The model focuses on the development of reflective skills and multiple ways of knowing in the practice of psychology. It stresses clinical practice, as well as the importance of theory and the use of research to inform practice. Although there is no research component to the internship, interns are expected to demonstrate “the practical application of scholarly knowledge” and their “use of research to inform practice” throughout the training year in a variety of ways. Interns may demonstrate this ability in several ways, including: making use of relevant rotation reading lists, seeking professional articles related to their assessment and/or therapy cases, and developing case conceptualizations and clinical hypotheses. This will be evaluated both informally (during group and individual supervision) and formally (during assessment and therapy case presentations, as well as in mid-rotation and end-of-rotation evaluations).

During their careers, psychologists will often be required to evaluate the effectiveness of interventions and programs. Faced with a new area of interest, claims of a new therapy approach, and/or a patient with unique characteristics, a psychologist is called upon to consider and evaluate the effectiveness of their interventions or programs so they can make decisions or provide feedback to stakeholders about what direction to move towards in their clinical practice. The assignment of a program evaluation as one of the tasks for successful completion of the CAVHCS Psychology Internship Program is made with this in mind. A program evaluation paper is a requirement that addresses the integration of science and practice competency identified by the APA.

## Facility and Training Resources

Interns at CAVHCS have individual offices of their own, assigned for the entire year, furnished comfortably and equipped with up-to-date desktop computers and telephones. Intern offices on the Tuskegee campus are grouped together in the Psychology and Specialty Mental Health area, for easy interaction with each other and with staff. On some rotations in other locations on campus, interns will also have use of an office in that area for seeing patients. Extensive online professional journals are accessible from the office computer. Each intern has access to required testing materials and kits (WAIS-IV, WMS-IV, etc.), with handbooks and texts also available, if needed. A wide range of assessment instruments (MMPI-2, MCMI, STAI, etc.) are available for online administration. The program also provides interns access to cassette recorders and a video camera to record sessions for personal review, supervision, or for case presentations. Other equipment specific to a rotation is also available (biofeedback equipment in the Pain Management program, for example).

## Administrative Policies and Procedures

Personal Information

Our privacy policy is clear: we will collect no personal information about you when you visit our Website.

Health Professions Trainees:

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members.  There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs.  If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Drug Testing

CAVHCS follows the policy for drug testing as set out by the Office of Academic Affiliation (OAA) and as described below. All VHA HPTs are exempt from pre-employment drug-testing. However, most VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing. All VA employees appointed to a TDP (including HPTs) must sign a Random Drug Testing Notification and Acknowledgement Memo. All HPTs in TDPs are subject to the following types of drug testing:

* Random
* Reasonable suspicion
* Injury, illness, unsafe or unhealthful practice
* Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

* VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. Contact the local VHA HR office for more information about EAP.
* VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.
* Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs.
	+ Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test.
* However, be aware that VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:
	+ Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or
	+ Refuses to be drug tested.

 Vaccinations

As VA employees, HPTs must meet vaccine requirements as outlined by official policy. Verification of prior vaccinations is completed through the TQCVL, a document submitted to the trainee’s graduate program for completion prior to start of internship. Consistent with VA policy, all HPTs must receive the COVID-19 vaccine as well a seasonal flu shots. These can be provided via employee health as needed. HPTs with a medical or religious exemption must complete required documentation verifying such exemption.

Non-Discrimination Policy

As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, sexual orientation, disability or other minority status.

The Psychology internship program avoids any actions that would restrict program access on grounds that are irrelevant to success in an internship or the profession of psychology. All buildings are handi-capped accessible, and special accomodations are available for a variety of limitations, such as visual impairments.

*Due Process Procedures and Grievance Procedures for Interns*

CAVHCS Psychology staff fosters a colleagial and low-conflict atmosphere, and this is extended to interns. It is program policy that intern grievances be settled as directly, efficiently and informally as possible, at the lowest possible level. The Training Director is always accessible to both the intern and the rotation supervisor.

Detailed description of Due Process and Grievance procedures is available in The Internship Handbook. Copies of this policy are provided to interns during orientation week.

*Local Information*

There are places and settings very near the medical center to accommodate a wide variety of life styles and interests. Several psychology staff members live in Montgomery (http://www.montgomeryal.gov/), which is a 40-minute commute west of the Tuskegee campus on I-85. Montgomery is the capital of Alabama. A medium-sized city, it offers the best chance for the employment of an intern's spouse. Entertainment, cultural activities and good restaurants are plentiful. The downtown area is in the midst of an extensive revitalization project, preserving and re-utilizing historic buildings. A Shakespearean theater (http://www.asf.net/index.aspx), the State Archives, museums, and four colleges are located in Montgomery.

Limited housing is available in nearby Tuskegee (http://www.tuskegeealabama.org), the seat of Macon County. Tuskegee is a historic town noted as the home of Tuskegee Institute (now Tuskegee University, http://www.tuskegee.edu), the Tuskegee Airmen and the George Washington Carver Museum.

Other members of the psychology staff live in Auburn (http://www.auburnalabama.org/), which is a 30-minute commute east on I-85. Despite the fact that it is home to the largest university in the state, Auburn presents all the advantages of a quiet, small college town. This changes, of course, during football season, when rabid alumni converge for SEC sports action. Auburn University (http://www.auburn.edu) also offers a good drama, concert and lecture series and a continuing education program. Housing is available, but one needs to beat the rush by starting to look early in the summer.

For the outdoor enthusiasts, camping, hiking, mountain biking, target shooting, and canoeing are available throughout the state. A number of national forests and recreation areas (http://www.fs.fed.us/r8/alabama/) and state parks (http://www.alapark.com/) provide ample opportunities for an escape to the outdoors. Lake Martin, about 40 minutes north, offers sailing, fishing, and swimming. Dazzling white beaches and the blue-green waters of the Gulf of Mexico are less than four hours south of the medical center.

If you want to savor the night life of a big city, enjoy a Braves or Falcons game, or just see a part of the New South, try Atlanta (http://www.atlantaga.gov/). It is two hours north on Interstate 85.

Summary of Program Competencies

Overall programmatic aspirations are:

 1) Achieve competence in psychological practice

 2) Develop an identity as a professional psychologist

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| 1. **Integration of Science and Practice.**
 |
| Trainee integrates the scholarly literature to all professional activities |
| Trainee critically evaluates and disseminates research during supervision and case presentations |
| 1. **Ethical and Legal Standards**
 |
| Trainee demonstrates knowledge of and acts in accordance with current version of the APA Ethical Principles and Code of Conduct |
| Trainees demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology in at CAVHCS as well at the state and federal level  |
| Trainee demonstrates knowledge of and acts in according with relevant professional standards and guidelines within the Veterans Health Administration and beyond  |
| Trainee recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve them |
| Trainee conducts self in an ethical manner in all professional activities |
| 1. **Individual Differences and Cultural Diversity**
 |
| Trainee understands how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves (Self-reflection) |
| Trainee has knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service (scholarly awareness) |
| Trainee integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities) including the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with theirs (Application to Clinical Work)  |
| Trainee applies their knowledge and demonstrates effectiveness in working with the range of diverse individuals |
| 1. **Professional Values and Attitudes**
 |
| Trainee behaves in ways that reflect the values and attitude of psychology such as integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others |
| Trainee engages in self-reflection regarding personal and professional functioning and engaging in activities to maintain and improve performance  |
| Trainee actively seeks and demonstrates openness and responsiveness to feedback and supervision |
| Trainee responds professionally in increasingly complex situations |
| 1. **Communication and Interpersonal Skills**
 |
| Trainee develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services |
| Trainee produces and comprehends oral, nonverbal and written communications that are informative and well-integrated; demonstrating a thorough grasp of professional language and concepts  |
| Trainee demonstrates effective interpersonal skills and the ability to manage difficult communication well |
| 1. **Assessment**
 |
| Trainee selects and applies assessment methods for their setting, drawing from the best available empirical literature and which reflects the science of measurement and psychometrics (E.g. What is the best way to answer the question: patient interview, collateral interview, objective or projective testing, direct patient observation) |
| Trainee collects relevant data using multiple sources and methods appropriate to identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient  |
| Trainee interprets assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification/diagnosis, and recommendations including avoiding decision-making biases and distinguishing between subjective and objective aspects of the assessment  |
| Trainee communicates findings, both orally and in written documentation, in an accurate and effective manner sensitive to the target audience  |
| 1. **Intervention**
 |
| Trainee establishes and maintains effective relationships with the recipients of psychological services  |
| Trainee develops evidence-based intervention plans specific to the service delivery goals  |
| Trainee implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables  |
| Trainee demonstrates the ability to apply the relevant research literature to clinical decision making  |
| Trainee modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking |
| Trainee evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation  |
| Trainee solicits the preferences, needs, and goals of the patient during professional work and integrates that information into care plans and interventions, advocating for their patients as needed |
| 1. **Supervision**
 |
| Trainee applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees |
| 1. **Consultation and Interprofessional/Interdisciplinary Skills**
 |
| Trainee demonstrates knowledge and respect for the roles and perspectives of other professions |
| Trainee applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior |

## Training Staff

**Buchannon, Chenetra** (Ph.D., Auburn University, 2015)

Staff Psychologist, Health Behavior Coordinator

**Cofer, Katherine** (Psy.D., Wheaton College, 2016)

Staff Psychologist, Posttraumatic Stress Disorder Clinical Team - East Campus

Director of Psychology Training

**Davis, Lindsey** (Ph.D., Jackson State University, 2012)

MST Coordinator, Staff Psychologist

**Eckardt, Elizabeth** (Ph.D., Auburn University, 2011)

Director, Pain Management Clinic

**Gooden, Cynthia** (Ph.D., Auburn University, 2011)

Staff Psychologist, Homeless Patient Aligned Care Team (H-PACT)

**Harris, Gloria** (Ph. D., University of Florida, 1998)

Clinical Neuropsychologist

**Joyner, Jordan** (Psy.D., Radford University, 2018)

Staff Psychologist, Women’s Health Clinic

**Lewis-Armstrong, Amanda**  (Ph.D., Fielding University, 2020)

Graduate Psychologist, Primary Care Mental Health Integration Team

**Liu, Jane** (PH.D., University of Wisconsin – Milwaukee, 2012)

Staff Psychologist, Primary Care Mental Health Integration Team, Virtual provider

**Maple, Thomas** (Ph.D., Auburn University, 1996)

Staff Psychologist, Outpatient Mental Health Clinic

**Mosier, Charmaine** (Ph.D., Louisiana Tech, 2014)

Staff Psychologist, Military Sexual Trauma Clinic – West Campus; LGBT Veteran Care Coordinator

**Popovic, Renato** (Psy.D., Mercer University 2020)

Graduate Psychologist, Primary Care Mental Health Integration Team

**Sams, Stephen A**., (Ph.D., Auburn University, 1998)

Staff Psychologist, Posttraumatic Stress Disorder Clinical Team - East Campus; Local Evidence Based Psychotherapy Coordinator

**Schmidt, Nicholas** (Ph.D., University of Southern Mississippi, 2013 )

Staff Psychologist, Primary Care Mental Health Integration

**Terrell, Jeffrey** (Ph.D., University of Southern Mississippi, 1995)

Staff Psychologist, Outpatient Mental Health – West Campus, Virtual Provider

*In addition to training provided by members of the Psychology Service, consultants provide additional training during the course of the internship. These consultants, listed by their affiliation, include:*

*Consulting Faculty*

Auburn University

*Chris Correia, Ph.D.,* Professor of Psychology. Interests: Substance abuse, assessment.

*Brian McCabe, Ph.D.*, Assistant Professor of Counseling Psychology. Interests: Assessment (MMPI-RF)

*Interns*

2004-2005
Keisha O'Garo, Argosy University-Florida School of Professional Psychology
Dan Lowery, University of Alabama at Birmingham

2005-2006
Jan DeRoest, Pacific University School of Prof. Psychology
Jeremy Hertza, American School of Prof. Psychology at Argosy University, Washington DC

2006 – 2007
Bettina Schmid, University of Alabama
Napoleon Wells, Fordham University

2007 – 2008
Jennifer Daniels, Auburn University –Clinical
Shannon Dunlop, Auburn University –Counseling
Annie Smith, Jackson State University – Clinical

2008 – 2009

Krista Thomas, Georgia State University – Counseling

Emily Lawrence, Auburn University – Clinical

Rodney Teague, Duquesne University – Clinical

2009 – 2010

Erin Adams,University of Georgia – Counseling

Bianca Fetherson, Western Michigan University – Counseling

2010 – 2011

Matthew Sacco, Auburn University – Counseling

Zofia Wilamowska, Auburn University – Clinical

Christina Larson, University of North Texas – Clinical

2011-2012

Lindsey Davis, Jackson State University - Clinical

Heather Foote, University of Missippi - Clinical

Christopher Slaughter, Tennessee State University - Counseling

Jessica Vaughn, University of Southern Mississippi - Clinical

2012-2013

Halley Dillon, University of Alabama - Clinical

Lauren Golden, Virginia Tech - Clinical

Deborah Larson-Stoa, University of South Dakota - Clinical

David Yutrzenka, Wright State – Clinical

2013-2014

Katie Butler, Xavier University - Clinical

Charmaine Mosier, Louisiana Tech University - Counseling

Rachel Price (Kendra), Northern Illinois University - Clinical

Elise Ocelnik, Binghamton University - Clinical

2014-2015

Thomas Kramer BYU, Clinical

Tina Mayes, CSPP at Alliant International University in San Diego - Clinical

Laura Blackburn, University of Tennessee, Knoxville - Counseling

John Tracy, Louisiana Tech - Counseling

2015-2016

Katherine Cofer, Wheaton College - Clinical

John Jacobson, University of Missouri, KC - Clinical

Ruth Serrano, Nova Southeastern University - Clinical

Jessica Nicholson, University of Memphis - Counseling

2016-2017

Davis Howerin, Regent University – Clinical

Jackie Lefebre, Nova Southeastern University - Clinical

Ashley Norwood-Strickland, Auburn University - Clinical

Eimee Villanueva, Pacific Graduate School of Psychology at Palo Alto University – Clinical

2017-2018

Brandon Sentell, Indiana State University - Clinical

Andrew Hamilton, Regent University - Clinical

Rachel Hoadley-Clausen, University of South Alabama – Clinical-Counseling Combined

Nicole Weaver-Runyan, University of Georgia - Counseling

2018-2019

Amanda Donnelly, CSPP, San Diego - Clinical

Alexa Koester, Minnesota School of Professional Psych, Argosy, Twin Cities - Clinical

Mallorie Carroll, University of Southern Mississippi - Counseling

Jordan Joyner, Radford University - Counseling

2019-2020

Amanda Armstrong, Fielding University - Clinical

Debra Campbell, Auburn University - Counseling

Tonya Miller Roberts, Mercer University - Clinical

Renato Popovic, Mercer University - Clinical

2020-2021

Gina Danca, Midwestern University - Clinical

Hope Foreman, National Louis University-Tampa/Florida School of Professional Psychology –

Clinical

Alexander Griskell, Mercer University - Clinical

Abby Hafer, Fielding University - Clinical

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| **Internship Admissions, Support, and Initial Placement Data** |
| **Date Program Tables are updated: 8/17/2021** |
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| **Program Disclosures** |
| **Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?** | \_\_\_\_\_ **Yes**\_\_\_X\_\_ **No** |
| **If yes, provide website link (or content from brochure) where this specific information is presented:** |
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| **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 goal of the CAVHCS internship program is to provide broad and practical training to prepare interns to practice as post-doctoral residents or as entry-level psychologists in a wide variety of clinical settings, including medical centers, public sector health care settings and private practice. Training is based on the Practitioner-Scholar, or Vail, model. The Psychology staff assumes responsibility for training interns in psychological assessment, as well as individual and group treatment of adults. Heavy emphasis is placed on evidence based practice, the development of consultation skills, as well as the enhancement of knowledge/sensitivity to the cultural, ethical and legal issues that impact psychological practice. Interns have opportunities to work with a diagnostically diverse group of general mental health patients, but they also receive specialty training in the area(s) of their choice, including PTSD, Chronic Pain, and Primary Care/Behavioral Health. Our program is distinctive in providing interns the opportunity to enhance and develop their cultural competence in working with an ethnically diverse patient population, both urban and rural, which is culturally rich, but is traditionally underserved. In addition to the acquisition of knowledge and skills, it is expected that the intern will develop their professional identity as a psychologist during the internship year, as they assume greater independence and responsibility. Interns are expected to complete a minimum of 500 hours of direct patient care over the course of the training year. Additionally, CAVHCS requires completion of four comprehensive psychological evaluations and integrated reports to address referrals related to diagnostic clarification, treatment planning, and health-focused assessments (i.e., surgical or transplant evaluations).Interns are selected via review of materials and interview in line with APPIC policies and procedures. Additional information regarding our application requirements is included within the training brochure.  |  |  |  |  |  |  |  |  |
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| **Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:** |
| Total Direct Contact Intervention Hours |   |   | Amount: 400 recommended |
| Total Direct Contact Assessment Hours |   |   | Amount: 100 recommended |

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| **Describe any other required minimum criteria used to screen applicants:** |
|  While we do not make specific requirements for hours, generally candidates who are successful with our program have accrued at least 500 direct contact intervention hours and 100 direct contact assessment hours, with 1000 or more total hours for application. Familiarity with integrated reports, as evidenced by 3 or more integrated reports, is also generally beneficial. Limits are flexible, especially in light of COVID-19 adjustments and potential impacts on availability of training opportunities.  |
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| **Financial and Other Benefit Support for Upcoming Training Year\*** |
| Annual Stipend/Salary for Full-time Interns  |  26297 |
| Annual Stipend/Salary for Half-time Interns |  NA |
| Program provides access to medical insurance for intern? | **Yes** | No |
| **If access to medical insurance is provided:** |   |
| Trainee contribution to cost required? | **Yes** | No |
| Coverage of family member(s) available? | **Yes** | No |
| Coverage of legally married partner available? | **Yes** | No |
| Coverage of domestic partner available? | Yes | **No** |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) |   |
| Hours of Annual Paid Sick Leave  |   |
| 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** | No |
| Other Benefits (please describe): You will be paid on a biweekly basis for a total of $26297 for the year less tax deductions – federal and state. VA will pay its share of FICA and of any health insurance which you may elect. You will earn four hours of annual leave and four hours of sick leave after each biweekly pay period as well as 11 paid federal holidays. You are eligible for Federal Employee Group Life Insurance and for the government health benefits plan. You may wish to choose a plan that best suits your own situation |
|   |   |   |
| \*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table |
| **Initial Post-Internship Positions** |   |   |
| (Provide an Aggregated Tally for the Preceding 3 Cohorts) |   |   |
|  | **2018-2021** |
| Total # of interns who were in the 3 cohorts | 12  |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree |  1 |
|  | **PD** | **EP** |
| Academic teaching |   |   |
| Community mental health center |   |   |
| Consortium |   |   |
| University Counseling Center |   |   |
| Hospital/Medical Center |   |  1 |
| Veterans Affairs Health Care System | 1  |  7 |
| Psychiatric facility |   |   |
| Correctional facility |   |   |
| Health maintenance organization |   |   |
| School district/system |   |   |
| Independent practice setting | 2 |   |
| Other |   |   |
| Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position. |