

CENTRAL ALABAMA HEALTH CARE SYSTEM (CAVHCS)



PSYCHOLOGY INTERNSHIP PROGRAM 2025-2026

CONTENTS

Introduction	3
Accreditation Status	3
Psychology Setting	4
Application and Selection Procedure	5
Program Philosophy and Model	8
Philosophy and Values	9
Program Aspirations, Goals, & Objectives	11
Program Structure	14
Program Rotations	15
Major Rotations.....	15
Minor Rotations.....	16
Supervision	17
Individual Supervision.....	17
Group Supervision.....	17
Tele-supervision.....	18
Other Training Experiences	20
Didactic Seminars.....	20
Group Diversity Project.....	20
Activity Log.....	20
Intern Mentor Program.....	21
Required For Program Completion	22
Evaluation	22
Policy and Procedure	23
CAVHCS/National Resources	23
Training Staff Profiles	24
Program Tables	27

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INTRODUCTION

First, the Psychology Service Training Committee would like to extend a warm welcome to you! We are pleased to have you join us at Central Alabama Health Care System, CAVHCS (pronounced “Căvus” by some “Căvics” by others). We hope that the time you invest in your training here is productive and well-spent. We will certainly be doing our best to provide you with opportunities to assist in your professional development.

Throughout the training year 2024-2025, the Psychology Service has been working to restructure the training program according to APA guidelines and new rotations offered. Over the past year, we have identified supervisors who will lead the new rotation options, and these new rotations are intended to enhanced training opportunities for interns in the 2025-2026 training year cohort. Additionally, we are continuing to prioritize the health and safety of our interns as they deliver a mix of in-person and telehealth services our Veterans. We updated this brochure knowing there may be changes in our training opportunities for 2025-2026. We will adhere to a generalist training model as we take pride in our focus on quality of training, supervision, and attention to work life balance.

Again, we welcome you to CAVHCS and look forward to working with you for the next year!

ACCREDITATION STATUS

The predoctoral internship at the Central Alabama Veterans Health Care System (CAVHCS) has been accredited by the Commission on Accreditation of the American Psychological Association since 2005. The next site visit is scheduled for 2027.

For additional information, they may be contacted at:

Commission on Accreditation
c/o Office of Program Consultation and Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002-4242
Phone: (202) 336-5979

PSYCHOLOGY SETTING

The Central Alabama Veteran Health Care System (CAVHCS) provides an APA accredited predoctoral psychology internship within the Mental Health Department. CAVHCS serves more than 50,000 Veterans in a 39-county area covering Central Alabama and Western Georgia. The Tuskegee Veterans administration Medical Center was established in 1923 to provide long term care for the 300,000 African-American Veterans after World War 1. In 1997, the medical center in Tuskegee merged with Montgomery to form the Health Care System. The main campus is located in Tuskegee, AL, which was listed on the National Register of Historic Places in 2012.



Tuskegee Clinic
2400 Hospital Rd
Tuskegee, AL 36083

Additionally, a secondary location for interns may be Montgomery, AL dependent on intern interest. Community outpatient clinics are located in Columbus, Georgia, Dothan, Alabama, and Fort Rucker, Alabama.



Montgomery Clinic
8105 Veterans Way
Montgomery, AL 36117

APPLICATION AND SELECTION PROCEDURES

The Central Alabama Health Care System Predoctoral Training Program offers APA-accredited internships to U.S. citizens pursuing a doctoral degree in clinical or counseling psychology from an APA, CPA, or PCSAS accredited institution.

To be considered, applicants must demonstrate completion of at least three years of graduate course work, a minimum of 500 direct contact hours (combined assessment and intervention hours), and a minimum of 3 integrated psychological assessments. We will take into account impact of clinical hours obtained during COVID-19. Applicants must be certified as ready for internship by their Director of Clinical Training. Completed internship applications are reviewed by the Training Director and must be received no later than November 1, 2024.

The Central Alabama Health Care System is using the uniform APPIC Application for Psychology Internship (AAPI). This form is available on the APPIC website.

Applications should include the following:

- APPIC Application for Psychology Internship (AAPI)
- Graduate transcripts
- Cover letter indicating areas of interest
- A curriculum vita
- Three (3) letters of recommendation

This internship program participates in the Matching Program administered by the National Matching Service (NMS) on behalf of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Only those interns participating in Match may be eligible to match with this program. Applicants can request an applicant agreement package from NMS through their website or by mail.

National Matching Services Inc.

20 Holly Street, Suite 301
Toronto, Ontario
Canada, M4S 3B1
Telephone: (800) 461-6322
Fax: (844) 977-0555

This internship site will abide by APICC policy pertaining to the match program. No person at this site will solicit, accept, or use ranking information from applicants. [APICC Match policies](#) are available on the APICC website. For purpose of the Internship Matching Program, the program match number for the Central Alabama Health Care System is: **1936**.

Although applicants are accepted until November 1, 2024, applicants are encouraged to apply as early as possible. Applications will be reviewed by the Training Director to select applicants for interviews. Applicants will be informed of their interview status by e-mail, so please be sure to provide the correct e-mail address. Applicants will be notified no later than December 15 as to

the status of their applications. Once all selected applicants are interviewed, a match list will be generated.

Interview dates will be virtual interviews and held on January 9th, January 13th and January 16th. Interviews will occur from 8:30-12:30CST. Interns will receive an interview schedule by email by December 15th, 2024. A welcome and introduction by the training director will occur the first half hour, followed by three 45-minute interviews with a Central Alabama VA staff psychologist. The final 30 minutes will be used to allow the group of internship candidates to have a "Q & A" session with the internship director and available internship committee staff psychologists.

The APPIC Board of Directors provided a list of virtual interviewing "Dos and Don'ts," which can be accessed as follows: [APPICs Virtual Interviewing Tip Sheet.pdf](#)

The Department of Veterans Affairs adheres to all Equal Employment Opportunity policies. The VA's policy on Equal Employment Opportunity, Diversity and Inclusion, and Whistleblower Rights and Protection can be found here: [Policies - Office of Resolution Management, Diversity & Inclusion \(ORMDI\) \(va.gov\)](#).

Once applicants match with our site, they then have to meet several other criteria in order to be able to work and train at a VA:

Interns are Veterans Health Administration (VHA) Health Professions Trainees (HPTs) who are appointed as temporary employees of the Department of Veterans Affairs and subject to laws, policies, and guidelines posted for VA staff members. The National VA Office of Academic Affiliations (OAA) funds all VA trainee positions and directs local training sites regarding onboarding policies. Occasionally, this guidance can change during a training year, and it may create new requirements or responsibilities for HPTs (for example, being required to get a COVID-19 vaccine). If policies change, interns will be provided with an explanation for the change and given a reasonable amount of time to comply. Other requirements to be a Federal employee in the VA system include:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Federal law requires that most males living in the U.S. between the ages of 18 and 26 register with the Selective Service System. For additional information about the Selective Service System, and to register or to check your registration status, click [here](#).
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks: [Executive Orders | National Archives](#)
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment; however, they are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. Please note that

testing includes cannabis, even if the HPT has a valid prescription, the federal government test for Delta 8 and Delta 9. For more information, click this [link](#).

6. **TQCVL.** The VHA's Office of Academic Affiliations (OAA) requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate (university) must complete and sign this letter. Your appointment cannot happen until the TQCVL is submitted and signed by the leadership from the VA facility. For more information, please visit: [here](#).
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees, and patients while working in a healthcare facility. Tuberculosis screening, Hepatitis B vaccines, and Covid-19 vaccines are required. *Declinations are EXTREMELY rare.* If you decline the vaccine for medical or religious reasons, you will be required to provide completed documentation to Occupational Health and submit the VA Form 10-263 by uploading it to the LEAF System.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
7. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review [here](#). Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
8. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information click [here](#).

For a complete list of these requirements, please review: [Am I Eligible?](#)

Inquiries directed to:

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Central Alabama Health Care System
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PROGRAM PHILOSOPHY AND MODEL

Internship provides a year of intensive, supervised clinical experience, intended as a bridge between graduate school and entry into the profession of psychology. The primary purpose of the internship program is to prepare interns for successful entry into postdoctoral or entry-level professional positions, particularly in medical center, public sector and private health care settings, and private practice.

In order to achieve this primary purpose, internship training is designed to accomplish two major programmatic aspirations: achieving competence in psychological practice and developing a professional identity.

- Professional competence is primarily achieved through supervised practice over the course of the internship year. Seminars, case conferences, and presentations augment this intensive clinical experience. The presentations can provide the interns an opportunity to develop scholarly activity, as they are encouraged to engage in inquiry into areas that may be outside their comfort zone in terms of familiarity. Our intention is to build upon an intern's knowledge base of psychological science, and to extend this knowledge to specific clinical situations encountered during the internship year. Interns are closely involved in patient care in all treatment settings, taking increasing responsibility for treatment decisions as their clinical skills and knowledge increase. Our experience is that the combination of intensive clinical practice, supervision, and didactic instruction provides interns with the necessary foundation and building blocks for later independence.
- By the end of the internship year, interns can expect to have developed and refined their skills in psychological assessment and evaluation, as well as in a variety of treatment modalities, including group and individual psychotherapy. Interns will learn to effectively consult with and communicate their observations and opinions in interdisciplinary settings, and to polish those interpersonal skills needed to work effectively with patients, their families, and other professionals. There may be opportunities to develop supervision skills in working with psychology practicum students. Interns will be able to generalize these skills to other appropriate settings, problems, and populations. Interns can also expect to further develop their knowledge of, and sensitivity to, the cultural, ethical and legal issues that impact psychological practice. Finally, interns can expect to develop a stronger sense of their own strengths and limitations, and to become more confident in deciding when to act independently, and when to seek consultation. Taken together, these skills constitute the objectives by which we measure professional competence in the internship setting.
- The intern's developing sense of him or herself as a professional is as important as the development of skills. Professional identity includes a number of components. In part, it involves understanding the unique contribution and perspective one brings as a psychologist, while at the same time, appreciating how these intersect with the contributions of other disciplines. A second component involves an understanding and demonstration of professional behavior and conduct, including the ethical and legal guidelines related to professional practice. An additional component involves navigating the transition from the student role to the professional role, and all that this implies in terms of self-image, responsibility, and demeanor. In short, our internship program emphasizes that *how* we practice can be as important as *what* we practice. We view this internship experience as a time for firming up and enhancing professional identity with a focus on evidence based practice.

PHILOSOPHY AND VALUES

The structure and activities of the internship program are reflections of core values shared by the training staff.

- **Training is the focus of the internship year.** Service delivery is an essential vehicle through which training occurs, but is secondary to the educational mission of the internship. Toward this end, interns are encouraged in a variety of ways to make decisions and plan their experiences in a manner that maximizes their learning (for example, interns work collaboratively with staff to develop a training plan for the year in order to meet their individual training needs). Supervision is an integral part of the overall learning experience -- staff is committed to providing intensive supervision of the clinical experience, appropriate to the level of the interns' need. Modeling is emphasized in that interns observe supervisors in group therapy, interacting with the treatment team including other psychologists and staff from other disciplines.
- **Generalist training is an important foundation for professional competence.** Our program is based on the view that a professional psychologist must be broadly competent before she or he can become a skillful specialist. While graduate school prepares students to master the body of knowledge and principles of psychological science, the internship year allows interns to apply this body of common knowledge to new clinical situations and problems. The internship provides the opportunity to work with diagnostically diverse patients, which is an important aspect of development as generalist. Generalist training provides a broad view of psychological practice, intended to encourage creative problem solving of real-life dilemmas, utilizing good judgment and evidenced based psychological principles. It is intended to help interns think and practice as psychologists and to prepare them for careers in a variety of settings. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves.
- **Training in the Practitioner-Scholar Model** The CAVHCS VA 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. Psychological science is viewed as a human practice, and psychological practice is construed as a human science, and the two inform each other. The model emphasizes the development of reflective skills and multiple ways of knowing in the practice of psychology, and it stresses clinical practice and the importance of theory and the use of research to inform practice. Students are trained to be psychologists who think critically and engage in disciplined inquiry focused on the individual and who gain clinical experience rather than conducting laboratory science" (Rodolfa et. al, 2005). Our pedagogical approach to the application of this model is that of a developmental/apprenticeship process that "nurtures people in making the transition from trainee to competent autonomous professional, thus helping them to integrate their personal and professional selves; places a high value on respecting the diversity and uniqueness of every individual; and underscores the importance of supervisory relationship and the mentoring process.
- **Training prepares interns for a variety of professional roles** Historically, assessment and intervention have been the cornerstones of psychology practice. In modern health care, the roles available to psychologists are considerably broader. While we emphasize

generalist training, we balance that by giving interns the opportunity to develop specialized interests including such areas as military sexual trauma, post-traumatic stress disorder, health/medical psychology, and primary care/mental health integration. While assessment and intervention skills remain important competencies, our program additionally provides experience and training in consultation and supervision in emerging areas of practice such as behavioral health in the primary care setting.

- **Training is sensitive to individual differences and diversity** CAVHCS - Tuskegee (East Campus), formerly Tuskegee VA Medical Center, has a rich history of providing training to minority (largely African American) health care providers and providing health care services to high percentage of African American veterans. Currently, African Americans continue to make up the largest ethnic group of patients served, providing an excellent opportunity for interns to develop skills in working with African American veterans, who may be under-represented in other clinical settings. In addition, CAVHCS also serves a largely rural population, who are typically underserved with regard to mental health and behavioral health resources.

For these various reasons, the internship program places high value on attracting a diverse group of interns and on maintaining an awareness of diversity issues during the internship year. In this regard, differences in ethnicity, race, class, sexual orientation, disability status, age, and gender are prominent dimensions that contribute to diversity. The internship program recognizes that attracting a diverse group of interns is important in providing quality patient care, in providing a quality educational environment, and in creating a fair and respectful work atmosphere.

- **Training prepares interns for professional responsibility** The internship provides an opportunity for full-time involvement in a professional role that requires personal commitment. Interns are given increasing responsibility for decision-making during the course of the year, eventually approximating that of staff members in many respects. In turn, they are expected to confront problems in a professional manner, formulate courses of action appropriate to their assessment of situations, follow through on decisions, and keep their supervisors informed. Decisions must be made in the face of time pressure and very real pragmatic considerations, which include the patient and his/her family, medical center and community resources, and the preferences of other providers. Understanding and operating within this system in a manner that benefits the patient, making it “patient centered” are important aims of this professional training.

While competency training is a primary goal of the internship, we also strive to build professional identity and responsibility through involvement in the process of the internship program itself. In addition to assuming responsibility for clinical care, interns are called upon to take responsibility for many decisions that impact their learning experiences. Most importantly, interns are responsible for selecting the settings in which they work. As in any professional setting, such decisions are impacted by a myriad of factors: the needs and preferences of other interns and supervisors, institutional opportunities and constraints, as well as the training needs of the individual intern. We believe that an important part of modern professional training includes just such experiences in decision-making in the context of a complex medical care system.

Interns are expected to be active participants in shaping their training experiences in a variety of other ways. Interns are asked to take responsibility for their own learning by identifying individualized learning goals, by self-observation and self-evaluation, by

participation in continuing education, and by providing feedback and evaluation of supervisors and training experiences. Interns are also expected to participate in the development and improvement of the training program itself. They are called upon to take active and responsible roles in their clinical placements, on the training committee that formulates internship policy and procedures, and on various other internship committee functions, including intern selection and seminars. Interns' attention is also focused on professional standards, ethical issues, and laws bearing on the responsibilities of professional psychologists. Through these means, our intent is to approximate full professional functioning for each intern in so far as is possible during the internship year.

PROGRAM ASPIRATIONS, GOALS, & OBJECTIVES

OVERALL PROGRAMMATIC ASPIRATIONS ARE:

- 1) *Achieve competence in psychological practice*
- 2) *Develop an identity as a professional psychologist*

THE INTERNSHIP IS CLOSELY ALIGNED WITH PROFESSION WIDE COMPETENCIES.

I. Integration of Science and Practice.
A. Trainee integrates the scholarly literature to all professional activities
B. Trainee critically evaluates and disseminates research during supervision and case presentations
II. Ethical and Legal Standards
A. Trainee demonstrates knowledge of and acts in accordance with current version of the APA Ethical Principles and Code of Conduct
B. 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
C. Trainee demonstrates knowledge of and acts in according with relevant professional standards and guidelines within the Veterans Health Administration and beyond
D. Trainee recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve them
E. Trainee conducts self in an ethical manner in all professional activities
III. Individual Differences and Cultural Diversity
A. Trainee understands how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves (Self-reflection)
B. 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)
C. 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)
D. Trainee applies their knowledge and demonstrates effectiveness in working with the range of diverse individuals.
IV. Professional Values and Attitudes
A. 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
B. Trainee engages in self-reflection regarding personal and professional functioning and participates in activities to maintain and improve performance
C. Trainee actively seeks and demonstrates openness and responsiveness to feedback and supervision
D. Trainee responds professionally in increasingly complex situations
E. Trainee develops and maintains appropriate and professional relationships with supervisors, fellow trainees, and other co-workers to facilitate effective communication, consultation, and collaboration on training goals.
V. Communication and Interpersonal Skills
A. Trainee develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
B. Trainee produces and comprehends oral, nonverbal and written communications that are informative and well-integrated; demonstrating a thorough grasp of professional language and concepts
C. Trainee demonstrates effective interpersonal skills and the ability to manage difficult communication well
VI. Assessment
A. 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)
B. 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
C. 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
D. Trainee communicates findings, both orally and in written documentation, in an accurate and effective manner sensitive to the target audience
VII. Intervention
A. Trainee establishes and maintains effective relationships with the recipients of psychological services
B. Trainee develops evidence-based intervention plans specific to the service delivery goals
C. Trainee implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables

D.	Trainee demonstrates the ability to apply the relevant research literature to clinical decision making
E.	Trainee modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
F.	Trainee evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation
G.	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.
VIII. Supervision	
A.	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
IX. Consultation and Interprofessional/Interdisciplinary Skills	
A.	Trainee demonstrates knowledge and respect for the roles and perspectives of other professions
B.	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

PROGRAM STRUCTURE

The internship year requires a minimum of 2,080 training hours, carries a stipend of \$33,469, and comprises one calendar year beginning July 1, 2025. Other benefits include health insurance coverage, paid vacation and sick leave, and all federal holidays off.

Our predoctoral psychology training program includes:

- 1) The rotational system consisting of two six month major rotations. Interns will work about three days a week in their major rotation.
- 2) Concurrently, interns select two minor six month rotations. Interns work one day per week in their minor rotation.
- 3) Interns will engage in four hours of supervision weekly. Two hours dedicated to individual supervision and two hours dedicated to group supervision.
- 4) Interns are given private offices, close to one another and the Training Director.
- 5) Interns will work with the Training Director to create an individualized training plan to ensure the intern gains competence in general clinical skills. This training plan will be initiated at the beginning of the internship year.
- 6) Interns will participate in weekly two hour didactics to enhance their generalist training. Didactics topics include: intervention enhancement, administration and interpretation of assessments, report writing, diversity issues, professional, etc.
- 7) Opportunities are made available for professional and personal growth via teaching, workshop presentations, supervision of a practicum student (where available), and participation in professional conferences.

During orientation, interns will meet with supervisors psychology staff in order to learn more about specific rotations offered. At the end of the orientation period, interns are asked to provide rotation preferences. The Training Director will make effort to ensure all rotations suit the intern and contribute to the development of professional level clinical skills. All interns participate in certain core training experiences.

Time Allocation

A minimum of 25% of the intern's time, or 520 hours, must involve in direct patient care, per APPIC rules. A minimum of 10% of the interns time, 208 hours, will be dedicated to formal supervision. Additionally, 5%, 104 hours, must be dedicated to formal didactic training throughout the internship year. Additional time will be devoted towards professional development, diversity awareness, staff meetings, and administration duties (e.g., notes).

The allocation of formal supervision time is as follows:

- 1 hr. per week Individual Supervision (Major Rotation)
- 1 hr. per week Individual Supervision (Minor Rotation)
- 2 hr. per week Group Supervision

PROGRAM ROTATIONS

MAJOR ROTATIONS:

Post Traumatic Stress Disorder Clinical Team (PCT)

Outpatient Mental Health (OPMH)

Primary Care Mental Health Integration (PCMHI)

POST TRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT)

DR. COLE

On the PTSD Clinical Team (PCT), interns will have the opportunity to learn about, observe, and implement evidence-based treatment for PTSD. The intern will have the opportunity to assist in the process of screening Veterans to the PTSD Clinical Team, of developing Veterans' treatment plans, of conducting initial and follow-up assessment psychological test batteries (brief), and of compiling the pre-post and follow-up assessment data for program evaluation purposes. On both campuses, interns will have the opportunity to provide individual therapy to Veterans seeking intensive, time-limited PTSD treatment.

On the East Campus PCT, the intern may have the opportunity to first observe and later co-lead a variety of therapy groups for Veterans with both combat and non-combat induced military trauma.

OUTPATIENT MENTAL HEALTH

DR. POSEY

Interns completing a rotation within the Mental Health Clinic will have the opportunity to participate in psychotherapy and assessment for a wide-range of presenting concerns. Intake evaluations and/or integrated assessment batteries will emphasize the development of the intern's ability to formulate diagnostic impressions, as well as the ability to formulate comprehensive treatment plans. Initial presentations outpatient mental health cover a wide range of concerns including depression, anxiety, PTSD, adjustment disorders, psychosocial concerns, and other needs. Interns may have opportunities to participate in group psychotherapy.

PRIMARY CARE MENTAL HEALTH INTERGRATION (PCMHI)

DR. SANDERS

Primary Care-Mental Health Integration (PCMHI) promotes the full incorporation of mental health staff into the Patient Aligned Care Teams (PACTS), allowing for the treatment of

depression, anxiety, PTSD, and substance use disorder without the need for a separate mental health consult. PCMHI functions as part of multidisciplinary primary care teams, and delivers brief, consultation-based services to Veterans within that setting.

PCMHI participates in a full range of direct patient care, diagnostic and training activities, performs assessments, level of care determinations, evidence-based psychotherapy as well as treatment planning and program development.

Major duties and responsibilities include, but are not limited to:

- Provides a full range of psychological services to Veterans enrolled in the Primary Care clinics, including diagnostic, psychological, and cognitive screening assessments; psychotherapy; psychoeducation and caregiver support; and prevention-oriented services, with an emphasis on the application of time-limited, evidence-based approaches.
- Utilizes evidence-based and best practice approaches to assist Veterans, caregivers, and staff in managing behavioral factors associated with chronic medical problems and in promoting medical compliance.
- Functions as a full member of the Primary Care clinic teams and provides ongoing team consultation services to other Primary Care clinic team members.
- Serves as a consultant to other medical center staff and trainees and assists in their formulation of the psychological characteristics and appropriate treatment expectations regarding their patients.
- Implements process and outcome measures to evaluate the impact of providing specialty mental health services on Primary Care programs and patients.

MINOR ROTATIONS

In addition to choosing two major six month rotations, Interns are required to choose two six month minor rotations. A minor rotation should coincide with the interns' training goals to increase competency in a specific area. In general, a minor rotation would involve one dedicated day, 8 hours per week. Rotations available as a minor are indicated below, but availability will vary based upon available scheduling and staffing/supervision degrees of freedom.

Minor Rotations for Consideration:

- Testing Clinic
- Neuropsychology
- Couple's Therapy
- Training in a specific EBPs (e.g., CPT, PE, EMDR, Chronic Pain)

SUPERVISION

INDIVIDUAL SUPERVISION

Frequent supervision is of the utmost importance at CAVHCS. Each intern should receive a minimum of four hours per week of regularly scheduled supervision, of which two of these should be individual. All internship faculty are expected to be flexible enough with their time to allow for unscheduled, informal supervision opportunities.

Interns receive regularly scheduled supervision for their clinical work. They are scheduled for a minimum of one hour of individual supervision per week for their major rotation and one hour of individual supervision per week for their minor rotation. The intern's supervisor will be a licensed psychologist overseeing the intern's clinical activities including: reviewing and cosigning clinical progress notes, observing individual or group session, and reviewing session video or audio recordings. Additionally, interns receive two hours of group supervision per week. Therefore, at a minimum, interns receive two individual hours and two group hours of scheduled supervision weekly.

GROUP SUPERVISION

Group Supervision will be led by a designated licensed psychologist to facilitate group conversations. These sessions are not meant to be evaluative in any way. Ideally, the atmosphere should be such that interns and the supervisor feel as comfortable talking about their therapeutic journey. One of the supervisor's tasks is to provide a role model for supportive, open, non-threatening discussion of the psychotherapy process. It is recognized that trust and confidentiality are important issues for the smooth functioning of these groups. Nevertheless there will be circumstances in which the group supervisor will share information from group supervision with the Training Director or the Training Committee.

The purpose of group supervision will be to enhance training in psychotherapy. These sessions will not be heavily structured, and it is hoped that they will be used to explore common issues and themes that arise in psychotherapy. Group discussion might focus on managing suicidal or violent patients, treatment planning and therapeutic goal setting, therapeutic boundaries, or therapeutic issues such as resistance, termination, transference and countertransference. It is also expected that the interns will use the supervision to help them refine their therapeutic orientation and to explore how their particular personal style fits with their approach to therapy. At other times, interns may use the time to process various issues they face during the internship year. Towards the end of the internship year, interns are expected to present a case study within group supervision for feedback.

TELESUPERVISION POLICY

In response to the COVID-19 pandemic the CAVHCS psychology training program has implemented the following policy.

Definitions:

Telesupervision is clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.

In-person supervision is clinical supervision of psychological services where the supervisor is physically in the same clinic as the trainee.

APA typically dictates that:

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision
- How telesupervision is consistent with their overall model and philosophy of training
- How and when telesupervision is utilized in clinical training
- How it is determined which trainees can participate in telesupervision
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed
- How privacy and confidentiality of the client and trainees are assured
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

Internship programs: Telesupervision may not account for more than one hour (50%) of the minimum required (as defined in the G&P) two weekly hours of individual supervision, and two hours (50%) of the minimum required (as defined in the G&P) four total weekly hours of supervision.

Postdoctoral programs: Telesupervision may not account for more than one hour (50%) of the minimum required (as defined in the G&P) two weekly hours of face-to-face supervision.

However, in light of COVID-19: modified recommendations have been released to include:

“Telehealth visits where the trainees are not co-located with the supervisor (for example, patient, supervisor and trainee are all on a telehealth visit but are at three different locations) are **now permitted during this health crisis.**”

All supervisees conducting services on CAVHCS campuses will have an on-site, licensed psychologist available for any emergency unless such time that staff has transitioned to telework options. If such an event occurs, off-site supervision may occur in line with expectations and standard outlined below.

Additionally as recommended by OAA, the selection of trainee involvement in telesupervision will be discussed with the supervisor and training director. Not all trainees are going to be appropriate for telesupervision. A trainee that is in need of higher oversight (e.g., in the room graduated level of responsibility, high need for feedback, identified competency concerns—even if not on a formal remediation plan) and trainees who have greater difficulty with self-initiative (i.e. proactively reaching out to supervisions, problem-solving technology issues or other issues) are less likely to be a good fit for telesupervision.

If participating in telesupervision, each supervisor will provide the following information to his/her/their trainee.

1. Clearly identified emergency procedures in case of patient crisis (trainee must additionally be aware of how to utilize emergency procedures)
2. Identification of how live supervision/observation will continue to be achieved (Note: this can be done by supervisors joining the VVC sessions).
3. Identification of back-up supervision. Typically, this would be the identified available on-site supervisor. However, given the emergent and changing landscape due to COVID-19, identification of the back-up virtual supervisor, ensured availability, and multiple ways to contact (i.e. Teams, phone) is highly important.
4. Ensuring the trainee has ability to access the supervisor in between one-to-one scheduled supervision sessions via email, Teams, and/or phone (with back-up plan).
5. Ensuring patients (just as we would do anytime a trainee is providing in-person or telehealth patient care sessions) are able to access trainee supervisors. This is something that can also be done by supervisors joining VVC sessions.
6. Ensuring the supervisors continue to give timely and meaningful feedback to the trainee, which can be particularly important given the physical distance between the trainee and supervisor.
7. Being thoughtful in selection of supervisors to engage in telesupervision. Supervisors should be comfortable with the use of technology, be proactive in their engagement with trainees (i.e., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, responsive to email/Teams/phone), and be willing/flexible to adapt to telehealth and telesupervision.
8. Trainee and supervisors should all be logged-in to Teams as well as provide and maintain access to phone contact.
9. Trainee should inform supervisors of scheduled patient sessions to ensure supervisors can be available for consultation in the same manner that would be expected of in-person supervision.
10. Ways to inform the supervisor and Training Directors should the format of supervision not meet their training needs.

OTHER TRAINING EXPERIENCES

DIDACTIC SEMINARS

Interns will participate in a two hour weekly didactic training. Upon orientation, Interns will be provided a schedule of dates and topics for the didactics. Additional training opportunity may present throughout the year including CPT training. As trainings arise, the Training Director will notify interns to assess potential interest.

GROUP DIVERSITY PROJECT

The purpose and goal of the Valuing Diversity Project is to enhance understanding of diversity, equity, and inclusion issues. Interns will create a PowerPoint focused on a topic of diversity within the Veteran population. After completion of the PowerPoint, the interns will present this project to mental health monthly staff meeting in addition to creating a resource (e.g., brochure) to leave for mental health staff. The goal of presenting this project is to increase staff awareness of the diversity group and improve quality of healthcare.

ACTIVITY LOG

Interns will be expected to track their time and activity during internship. The Training Log will be expected to be completed and emailed to the Training Director and individual supervisor biweekly. In addition, much of the information you will track using this spreadsheet may prove useful or invaluable as you move forward with your professional credentials, especially licensure. In this spreadsheet, you will track your clinical activities, group and individual supervision, training seminars, meetings, and leave.

Your supervisor will confirm that the hours as listed are accurate in a response to the Training Director. If any information on the Training Log needs to be corrected or updated after your supervisor has approved, please discuss with them the reason for the change and email an updated version to the supervisor for approval.

INTERN MENTOR PROGRAM

The Intern Mentor Program was designed to provide support to interns throughout the internship year to facilitate a positive learning experience. The staff psychologist in this role will not have supervisory responsibilities, and therefore will have limited evaluation roles in the intern's progress toward completion of the internship year. The purpose of the mentorship program is to provide a safe space for interns to discuss important issues related to professional development (e.g., work-life conflict).

The foundation of the Intern Mentor Program is built on the aspirational principles and ethical standards of the APA Ethics Code related to education, training, competence, and the need for appropriate professional development and mentoring for psychology interns. Intern mentors address the intern's difficulties in ways that match the intern's priorities and professional development needs through reflective listening and by providing emotional support and assistance with identifying and navigating relevant systems.

The objectives of the Intern Mentors are:

- To provide culturally sensitive and responsive support for professional development, including advocating for the needs of the intern within the Psychology Training Program, Mental Health Service Line and/or CAVHCS.
- To assist with finding appropriate resources when interns experience unforeseen circumstances and/or face issues that affect an intern's ability to succeed.
- To provide mentorship around self-care and self-advocacy (e.g., burn-out prevention, how to consult, effective communication, etc.).

The time commitment for the Intern Mentor and intern will depend on the needs of the intern. Mentorship should occur at least once per month based on a mutual schedule and collaboratively planned. Related to evaluation of interns' performance, Intern Mentors are limited to projects and assignments in which they are not the sole evaluator, such as psychotherapy and assessment presentations and temporary supervision coverage of intern clinical cases in the absence of primary supervisors due to brief leave periods.

REQUIRED FOR PROGRAM COMPLETION

During the course of your internship, you are required to complete a number of assignments and to participate in a number of activities. These activities include, but are not limited to, those listed in the areas below.

Exit Criteria

To complete internship program successful, an intern must meet the following minimum requirements:

- Completion of 2080 hours of internship training.
- A minimum of 520 hours of patient care.
- A minimum average of 4 hours of supervision per week, at least 2 hours of which will include individual supervision.
- Completion of all rotation and supervisory assignments designated by the Psychology Training Committee.
- Achievement of standards expected of an intern in this program on the competency-based evaluations of the Intern Evaluation Form.
- Satisfactory resolution of all remedial training plans.
- Achievement of standards expected of an intern in this program on the competency-based evaluations of the Intern Evaluation Form.
- Completion of a project

EVALUATION

The supervisory psychology staff work towards creating a supportive and developmental training environment in which staff and interns have frequent contact. In addition towards one-on-one contact with individual supervisors, the Training Director will meet both formally and informally throughout the training year.

Interns progress is assessed through mid-rotation and end-rotation evaluations completed by all supervisors and Training Director. Areas of evaluation include:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation Skills

Upon completion of rotations, feedback will be provided to the interns based upon evaluation and training goals. Additionally, interns will complete evaluations of the program.

In addition to rotation evaluations, interns will be assessed based upon completion of case presentations, attendance of didactic presentations, completion of a project, and engagement throughout the training year.

POLICY AND PROCEDURE

When interns arrive at Central Alabama Veteran Affairs Health Care System, the Training Director will provide a Training Manual that outlines a definition of impairment, an explicit discussion of due process, appeal, and grievance procedure, consideration for remediation, and listing of possible sanctions. The Training Director Covers these in the new intern orientation.

CAVHCS AND NATIONAL RESOURCES

Psychology Training

Dr. Whittaker, Training Director
paul.whittaker@va.gov
Tuskegee Office (334) 727-0550 ext 55441
[Website](#)

Equal Employment Opportunity (EEO)

Rosalyn Alford, EEO Manager
Rosalyn.Alford@va.gov
Tuskegee Office (334) 725-3571
Montgomery Office (334) 727-0550 ext. 4280
[Website](#)

Employee Whole Health

Brandy Taylor
Tuskegee Office (334) 727-0550 ext. 34661
[Website](#)

APA COVID-19

[Website](#)

Association of Psychology Postdoctoral and Internship Centers (APPIC)

APPIC Training Resources for Students
[For Students \(appic.org\)](#)

TRAINING STAFF PROFILES

Norma Charles, PsyD

Title: Staff Psychologist

School: Indiana University of Pennsylvania

Internship: Student Development and Counseling Center, University of Memphis

License: Florida, Louisiana

Duties: Serves as Program Manager/Supervisor OPMHS

Professional Interest: Women's Health, MST, Care to Diverse Populations

Levi Cole, PsyD.

Title: Staff Psychologist

School: Rosemead School of Psychology, BIOLA University

Internship: Wright-Patterson Medical Center (2013)

License: Alabama

Duties: Clinical duties as the PCT Program Manager

Professional Interest: Posttraumatic Stress Disorder, Cooccurring Conditions for Veterans with PTSD.

Gloria Harris, PhD

Title: Staff Psychologist

School: University of Florida

Internship: University of Alabama at Birmingham, (1998)

License: Georgia & Alabama

Duties: Serves as a Neuropsychologist

Professional Interest: TBI and Dementia Assessments; Management of Dementia and Caregiver Support

Kimberly Leib, PhD

Title: Staff Psychologist

School: Nova Southeastern University

Internship: VA Pittsburgh Healthcare System, (2020)

License: Colorado

Duties: Serves a Neuropsychologist

Professional Interest: Neurodegenerative Diseases

Jane Liu, PhD

Title: Staff Psychologist

School: University of Wisconsin-Milwaukee

Internship: Oklahoma City VA healthcare System, (2012)

Licenses: Virginia, Florida

Duties: Serves as Remote PCMHI provider

Professional Interest: Behavioral Sleep Medicine, Pre-surgical Psychological Evaluation

Myra Piper, PsyD

Title: Graduate Psychologist

School: Pacific University, School of Graduate Psychology

Internship: Central Alabama VA Health Care System

License: Alabama (pending)

Duties: Serves on PCT Team

Professional Interest: Trauma and Stressor-related Disorders, Chronic Pain, Medical Comorbidities (e.g., Cancer, HIV), Biofeedback, LGBTQI+ and Alternative Relationships (e.g., ENM).

Carlton Posey, PhD

Title: Staff Psychologist

School: Auburn University

Internship: Louisiana State University Medical School (1985)

License: Alabama

Duties: Clinical duties working in general mental health outpatient

Professional Interest: Psychodynamic Psychotherapy, Assessment and Psychodiagnosis.

Katherine Rivers, PsyD

Title: Staff Psychologist

School: Georgia Southern University

Internship: North Florida South Georgia VA (2023)

License: Alabama

Duties: Clinical duties working in PCT

Professional Interest: Trauma-Focused Treatment, Military Sexual Trauma, Therapeutic Assessment

Dale Sanders, PsyD

Title: Staff Psychologist

School: Forest Institute of Professional Psychology

Internship: Devereux Foundation (2002)

Licenses: Alabama & South Carolina

Duties: Clinical duties working in PCMH

Professional Interest: Primary Care Mental Health, Enhancing Field of Psychology

Jonathan Savini, PsyD

Title: Staff Psychologist

School: Nova Southeastern

Internship: Pensacola Joint Ambulatory Care Center (2021)

License: Alabama

Duties: Serves on the PCT

Professional Interest: General Mental Health, Couples Counseling

Caitlin Singletary, PhD

Title: Staff Psychologist

School: Louisiana Tech University

Internship: Central Arkansas

License: Louisiana

Duties: Serves Outpatient Psychologist

Professional Interest: PTSD Treatment and LGBTQ+

Paul Whittaker, PhD

Title: Director of Training and Lead Psychologist

School: Texas Tech University

Internship: University of Alabama-Birmingham Psychology Consortium, (2002)

License: Texas & Alabama

Duties: Serves as the Internship Director and Workplace Violence Prevention Program Manager

Professional Interest: PTSD Treatment, Violence Risk Assessment, Objective Personality Assessment, and Acceptance & Commitment Therapy

PROGRAM TABLES-ADMISSIONS, SUPPORT, AND PLACEMENT DATA

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?	
If yes, provide website link (or content from brochure) where this specific information is presented:	
Internship Program Admissions	NA
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:	
<p>Applicants must meet the following prerequisites to be considered for our program:</p> <p>Applicants must be U.S. citizens in good standing with and recommended for internship by an APA-accredited Ph.D. or Psy.D. program in clinical or counseling psychology, and they must have completed 3 full years of graduate study leading to the doctorate. The applicant must demonstrate interests and goals that are consistent with the internship program, the ability to apply assessment and intervention knowledge in clinical areas, appropriate ethical conduct, the interpersonal skills necessary for the professional practice of psychology, and sufficient research skills as evidenced by dissertation progress.</p>	

<p>Interview Process</p> <p>Interview dates will be virtual interviews and held on January 9th, January 13th and January 16th. Interviews will occur from 8:30-12:30CST. Interns will receive an interview schedule by email by December 15th, 2024. A welcome and introduction by the training director will occur the first half hour, followed by three 45-minute interviews with a Central Alabama VA staff psychologist. The final 30 minutes will be used to allow the group of internship candidates to have a "Q & A" session with the internship director and available internship committee staff psychologists.</p>	
NA	
<p>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:</p>	Yes
<p>Total Direct Contact Intervention Hours + Assessment Hours</p> <p><i>*Limitations caused by COVID-19 will be considered into admission decisions.</i></p>	500
<p>Describe any other required minimum criteria used to screen applicants:</p>	
<p>Completed 3 full years of graduate study; minimum of 3 completed psychological assessments; US Citizenship; APA-accredited internship</p>	
<p>Financial and Other Benefit Support for Upcoming Training Year*</p>	
<p>Annual Stipend/Salary for Full-time Interns</p>	33,469

Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	-
Hours of Annual Paid Personal Time Off (PTO and/or Vacation): 104 hours of personal leave and 88 hours (11 days) which are paid Federal Holidays	Approx.104
Hours of Annual Paid Sick Leave	Approx.104
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 (please describe):	Yes
5 days of Authorized Absence (AA) for dissertation defense or for workshops and presentations with advanced supervisory approval; 88 hours of Federal Holidays. The United States Government covers interns for malpractice under the Federal Tort Claims Act. *Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Internship Positions	

Total # of interns who were in the past cohort	1
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Academic health center	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=0, EP =0
Veterans Affairs Health Care System	PD=1, EP =0
Psychiatric facility	PD=0, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=0, EP =0
Not currently employed	PD=0, EP=0
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.	PD=0, EP =0