Michael E. DeBakey VA Medical Center
Houston, Texas

Psychology Internship Program
Training Brochure
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Psychology Internship Program
Department of Veterans Affairs
Michael E. DeBakey VA Medical Center (MEDVAMC)

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Training Website
http://www.houston.va.gov/Education/Psychology_Internship_and_Postdoctoral_Fellowship/Psychology_Internship_and_Postdoctoral_Fellowship.asp

APPLICATIONS DUE: NOVEMBER 1, 2017

APPIC Program Numbers
General Track (158311)
Neuropsychology Track (158312)

Accreditation Status
The psychology internship at the Michael E. DeBakey VA Medical Center (MEDVAMC) is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Our next site visit is scheduled to be held in 2027. The MEDVAMC Psychology Training Program subscribes fully to the guidelines and principles set forth by the APA. The APA Code of Ethics provides another important guiding structure for our professional conduct.

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 1st Street, NE, Washington, DC 20002
Phone (202) 336-5979/ E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPIC Member Status
The internship at MEDVAMC is an APPIC member program. Questions related to the membership status of the program should be directed to APPIC Central Office:

APPIC Central Office
17225 El Camino Real, Suite #170
Houston, TX 77058
E-mail: appic@appic.org
Phone: (832) 284-4080
Internship Program Overview

Training Setting

The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is a federally funded teaching hospital dedicated to clinical care, education, research. As a member institution of the Texas Medical Center, the world’s largest integrated health care system, the Michael E. DeBakey VA Medical Center (MEDVAMC) provides comprehensive outpatient and inpatient services, including acute and residential treatment programs, to Veterans in southeast Texas. Including its outpatient clinics located in the neighboring areas of Beaumont, Conroe, Galveston, Houston, Katy, Lufkin, Richmond, Tomball and Texas City, MEDVAMC logged more than 1.1 million outpatient visits during the 2015 fiscal year. The MEDVAMC serves a predominately Caucasian and African American, male population. Approximately 7% of the Veterans served are women and 65% are returning Veterans from Operation Iraqi Freedom and Operation Enduring Freedom.

Located on a 118-acre campus and built in 1991, MEDVAMC is a state-of-the-art facility with 357 acute care beds, a 40-bed Spinal Cord Injury Center, and a 141-bed Community Living Center. Veterans from around the country are referred to the MEDVAMC for specialized diagnostic care, radiation therapy, surgery, and medical treatment including cardiovascular surgery, gastrointestinal endoscopy, nuclear medicine, ophthalmology, and treatment of spinal cord injury and diseases. The MEDVAMC is one of few sites in the country to house specialized residential treatment programs specifically for women Veterans and returning male Veterans with posttraumatic stress disorder (PSTD). Veterans from other states within our catchment area (e.g., Oklahoma, Arkansas) attend these specialized treatment programs. The MEDVAMC is also home to many nationally recognized programs including, a Spinal Cord Injuries and Disorders System of Care Hub site for the south Central VA Health Care Network; Network Polytrauma Center; an award-winning Cardiac and General Surgery Program; VA Epilepsy and Cancer Centers of Excellence; Health Services Research & Development Center of Innovation; Mental Illness Research, Education and Clinical Center; and one of the VA’s six Parkinson’s Disease Research, Education, and Clinical Centers. The MEDVAMC also has several mental health specialty care programs, including a Substance Use Treatment Program; PTSD Specialty Clinic with a Sexual Trauma Track for men and women Veterans; and the Women’s Center in Primary Care.
Over 4,500 health care professionals provide high quality care to our Veterans. For more than 50 years, the MEDVAMC has provided clinical training for health care professionals through our major affiliate, Baylor College of Medicine (BCM). MEDVAMC operates one of the largest VA residency programs in the country with 269.7 slots in 40 sub-specialties. Each academic year, almost 2,000 students are trained through 144 affiliation agreements with institutions of higher learning in 19 states. Students from allied health professions such as psychology, nursing, dietetics, pharmacy, social work, occupational therapy, physician assistants, and a wide variety of medical specialties receive training here each year.

The MEDVAMC has received national awards and honors including accreditation from Joint Commission for hospital, long-term care, behavioral health care, home care, and substance abuse. In early 2014, the MEDVAMC was awarded re-designation for Magnet Recognition for Excellence in Nursing Services by the American Nurses Credentialing Center. In 2011, the medical center’s Pathology and Laboratory Medicine was awarded accreditation by the Accreditation Committee of the College of American Pathologists and its Psychosocial Rehabilitation and Recovery Center was awarded a 3-year accreditation by Rehabilitation Accreditation Commission (CARF). The MEDVAMC earned the Gold Seal of Approval in 2011 from the Joint Commission as an Advanced Primary Stroke Center. The MEDVAMC is the first VA medical center with this designation. The Psychology Internship and Clinical Fellowship programs at MEDVAMC are fully accredited by the American Psychological Association (APA) Commission on Accreditation, and in 2012, the Clinical Neuropsychology Postdoctoral Program was awarded APA specialty accreditation. The MEDVAMC’s Health Care for Homeless Veterans, and Vocational Rehabilitation Programs; Comprehensive Integrated Inpatient Rehabilitation Program; and Inpatient and Outpatient Amputee System of Care Program were all awarded 3-year accreditations by CARF.

Research conducted by MEDVAMC staff ensures Veterans access to cutting-edge medical and health care technology. With 615 active research projects, the MEDVAMC Research & Development (R&D) Program is an integral part of the medical center’s mission and plays an important role in the health care Veterans receive. The production of new knowledge, techniques, and products has led to improved prevention, diagnosis, treatment, and control of disease. In 2012, the Center for Health Services Research and Development (HSR&D) was selected by VA as one of six sites for a Collaborative Research to Enhance and Advance Transformation and Excellence initiative, which is a collaborative effort with a wide variety of VA system partners to address high-priority, VA system-wide issues. VA is a leader in many areas
of research and participates in national research initiatives such as The Million Veteran Program (MVP) and the Network of Dedicated Enrollment Sites (NODES), one of ten NODES Centers funded throughout the country to increase the efficiency of local coordination of the VA Cooperative Study Program (CSP) studies at MEDVAMC. The MEDVAMC Neurorehabilitation: Neurons to Networks (N:N2N) Traumatic Brain Injury (TBI) Center of Excellence is dedicated to investigating brain injury and deployment-related conditions among service members and Veterans deployed to Iraq and Afghanistan.

The Mental Health Care Line (MHCL) is the predominant area in which psychology interns complete rotations throughout the year. The Care Line is organized into mental health programs as the primary management structure. Programs within the Care Line serve specific mental health patient populations, with particular attention to populations of special interest to VA. Specific programs include: General Mental Health Outpatient Clinic; PTSD Specialty Clinic; Mental Health Community Integration Program, Substance Dependence Treatment Program, and Health Care for Homeless Veterans. Inpatient programs consist of an acute care unit and inpatient care for older adults. Residential programs include the Women’s Inpatient Specialty Evaluation and Recovery and the Returning OEF/OIF Veterans Environment of Recovery programs. The MHCL offers comprehensive mental health services to eligible Veterans in a variety of inpatient and outpatient settings.

The MEDVAMC sponsors hospital-wide programs to increase awareness and understanding of culturally diverse populations. The Multicultural Diversity Subcommittee (MDSC) of the Psychology Training Program develops stimulating didactic/experiential training opportunities that are informed by the empirical literature for psychology trainees and staff. Professional development seminars and workshops (e.g., preparing for licensure, applying for post-docs and jobs) are timed throughout the year in accordance with the developmental milestones expected during the training year. The MDSC also sponsors a Mentoring Program in which students may choose a staff or post-doc to provide mentoring for a broad range of issues throughout the year. The MEDVAMC has an active EEO Program and sponsors hospital-wide programs such as: Houston Hispanic Career Day Forum, Black and Hispanic Mentoring Programs, Cultural Diversity Training, and various celebrations and ethnic heritage programs.

The MEDVAMC has a small library with computerized links to a network of virtual library resources including the Jesse Jones Library located within the Texas Medical Center, which is equipped with reference books and current journals in the medical sciences, psychology, and
other related disciplines. The MEDVAMC is near other hospitals within the Texas Medical Center and several teaching institutions, including Rice University and University of Houston.

Our Medical Center is conveniently located near several residential areas, and an excellent choice of affordable rental apartments or houses is available. Houston is often listed as one of the nation’s most affordable cities to live in, with many urban attractions, museums, parks, zoo, and a vibrant and diverse restaurant scene. For sports aficionados, Houston hosts the Texans, Astros, Rockets, and Dynamo sports teams. Houston is also the home of the Johnson Space Center, NASA’s mission control center of many space missions, including the Orion mission to Mars.
Internship Program Tables
Date Program Tables are Updated: 9/1/17

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:**

We seek applicants who have a solid foundation in assessment, intervention, and scientific inquiry. Specifically, applicants’ experience with adult populations, familiarity with individual/group-based interventions, and scholarly pursuits in the form of scientific presentations and publications are considered. We also consider prior experience working in VA or medical settings. Overall, our selection criteria are based on a "goodness-of-fit" with our scientist-practitioner model, and we look for interns whose training and career goals match the training our program offers.

The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences.

**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:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>N</th>
<th>Y</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>N</td>
<td>Y</td>
<td>400</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>N</td>
<td>Y</td>
<td>200</td>
</tr>
</tbody>
</table>

**Describe any other required minimum criteria used to screen applicants:**

Qualifications for internship include: U.S. citizenship, as per nation-wide VA guidelines; applicants must be doctoral candidates (Ph.D. or Psy.D.) enrolled in an APA or CPA approved counseling or clinical psychology program. Appointment as an intern is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, fellows are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but this form will need to be completed if you are selected for this internship.
Financial and Other Benefit Support for Upcoming Training Year

| Annual Stipend/Salary for Full-time Interns   | $27,113 |
| Annual Stipend/Salary for Half-time Interns  | N/A     |
| 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) | 4 hours every 2 weeks |
| Hours of Annual Paid Sick Leave | 4 hours every 2 weeks |

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes* | No

Other Benefits (please describe): *Determined on a case by case basis

Initial Post-Internship Positions

(Provide an Aggregate Tally for the Preceding 3 Cohorts) 2012-2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>PD</td>
<td>EP</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>NA</td>
<td>2</td>
</tr>
<tr>
<td>University counseling center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>20</td>
<td>NA</td>
</tr>
<tr>
<td>Military health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Academic health center</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>NA</td>
<td>2</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>School district/system</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
Psychology Internship

Training Aims
The Pre-doctoral Internship Program in Professional Psychology is administered by the Psychology Training Program which is part of the Psychology Practice at the MEDVAMC. The internship is offered to students in APA and CPA approved graduate doctoral clinical and counseling psychology programs. The overarching goal of the Psychology Internship Program is to prepare interns for the practice of professional psychology in a variety of settings with a particular emphasis on preparation for VA and other medical/institutional settings. It is our mission to assist interns, not only in the acquisition of a range of professional skills, but to assist in the development of a professional identity and role. Additional goals include teaching interns skills for entry into the practice of professional psychology; the ability to integrate theory, scientific inquiry, empirical data, and practice; to contribute to the knowledge and practice of professional psychology; and obtain diverse training experiences to enhance their skills as broadly trained psychologists who can be effective in a variety of service delivery contexts. The internship offers nine intern positions. Eight of these positions reside within the Generalist Track and one position is dedicated to a Neuropsychology Track.

Training Model and Program Philosophy
As a training program in health service psychology, our philosophy reflects a scientist-practitioner model of training that values the integration of empirical evidence and practice. Our training model aims to provide interns with the most up-to-date knowledge, skill, and interventions for a rapidly changing health care arena. Training follows a developmental sequence and is dedicated to a quest for scholarly inquiry and professional problem solving, with supervisors serving as professional role models to interns. Opportunities are also available for interns to participate in ongoing research and program evaluation projects. Interns have up to 4 hours per week of protected research time and are encouraged to engage in ongoing projects within the hospital.
Training Program Competencies

Consistent with our program aims, training will focus on the following broad competencies:

1. **Research** – Interns will demonstrate the ability to engage in ongoing scholarly inquiry as it relates to their clinical work. This includes consulting the literature and integrating relevant theories and practices generated from empirically derived data into the psychological services they provide to patients. Interns are encouraged to be actively involved in research and program evaluation related to mental illness and health.

2. **Ethical and Legal Standards** – Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards, and guidelines.

3. **Individual and Cultural Diversity** – Interns must demonstrate ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. They demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal backgrounds and characteristics.

4. **Professional Values, Attitudes, and Behaviors** - Interns should demonstrate continued professional growth as they move toward independent functioning in the profession of psychology. This includes participation in professional activities (e.g., attendance at regional and national conferences), involvement in the production of scholarly material, and progress toward securing a postdoctoral position or job, subsequent to completion of internship training. Interns are expected to demonstrate a strong knowledge of ethical and legal guidelines, standards of professional conduct, and to show a rigorous adherence to these standards.

5. **Communication and Interpersonal Skills** - Interns should demonstrate effective communication skills and the ability to develop and maintain successful professional relationships.
6. **Assessment** - Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Interns are expected to select and implement multiple methods and means of evaluation that are responsive to and respectful of individuals from diverse backgrounds. Interns are also expected to assess a patients’ needs and assets accurately and develop appropriate diagnostic formulations relevant to offering the most effective treatment.

7. **Intervention** - Interns are expected to demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches. Interns are also expected to be aware of diversity issues as they impact the selection and implementation of therapeutic interventions.

8. **Supervision** – Interns will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

9. **Consultation and Interprofessional Skills** – Interns are expected to reflect the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. These skills may be demonstrated through direct or simulated consultation opportunities.

**Minimum Levels of Achievement**

The program has a number of “exit criteria” or requirements for successful internship completion. Acceptable competency and performance levels must be demonstrated in the multiple areas which supervisors rate at the end of each rotation).

**In order for Interns to maintain good standing in the program they must:**

- For the first set of rotations, obtain ratings of at least a “2” [basic competency; acceptable performance; further growth needed; regular supervision on challenging cases/new skills areas (entry-level intern)] for all competencies on the Evaluation of Intern Competencies form.
- For the second set of rotations, obtain ratings of at least a “3” [intermediate competency; periodic supervision needed on challenging cases and new skill areas (mid-level intern)] for all competencies on the Evaluation of Intern Competencies form.
• No items in competency areas will be rated as a “1” [lacks basic competency; little autonomous judgment; substantial supervision on straightforward cases; remediation required (entry/mid-level practicum)].

• For the third set of rotations, demonstrate progress in those competencies on the Evaluation of Intern Competencies form that have not been rated at a “4” or higher [full competency; sound critical judgment/thinking; some consultation needed on complicated/ specialized areas (exit-level intern/readiness for practice)].

• Not be found to have engaged in any significant unethical behavior.

In order for Interns to complete the program successfully, they must:

• Complete the one-year training term in no less than 12 months.

• By the end of the last training period, obtain ratings of at least a “4” [full competency; sound critical judgment/thinking; some consultation needed on complicated/ specialized areas (exit-level intern/readiness for practice)] for all competencies on the Evaluation of Intern Competencies form and the Assessment and Intervention Competency Demonstration Evaluation forms.

• Successfully pass competency demonstrations in assessment and interventions by obtaining ratings of at least a “4” [full competency; sound critical judgment/thinking; some consultation needed on complicated/ specialized areas (exit-level intern/readiness for practice)] for all competencies on the Assessment and Intervention Competency Demonstration Evaluation forms.

• Not be found to have engaged in any significant unethical behavior.

**Supervision**

Interns have an identified supervisor and backup supervisor on each rotation. On each major rotation (16 hours/week), at least one hour of regularly scheduled individual supervision is required and an additional minimum of one hour of group supervision. For minor rotations (8 hours/week), at least a half-hour of regularly scheduled individual supervision is required and an additional minimum of a half-hour of group supervision. The ground rules of supervision are discussed at the beginning of the rotation and must conform to the terms of the supervisor agreement form. Supervisors must be on site at all times during the interns’ term of duties and must be available for emergency issues as they arise at any time. Both supervisors and interns are equipped with pagers for initiation of communication as needed.
Evaluations

Interns are expected to demonstrate understanding and competence in all nine areas competency areas mentioned above. Toward the end of the training year, interns are expected to present assessment and therapy cases so that their competence can be formally evaluated. Interns are provided feedback at the mid-point of each rotation (approximately 8 weeks after beginning a rotation). This allows the supervisor to share areas of strength and relative weakness for the intern to continue developing during the rotation. On completion of each training rotation, supervisors evaluate the intern's performance across the nine competency areas during the preceding four months. General feedback regarding the intern’s progress is shared with other supervisors during Psychology Practice meetings. A written evaluation of the intern’s general progress in training is furnished to the intern’s departmental Director of Training at mid-year and at the end of the year. Each intern is also asked to make an evaluation of the supervision received during the preceding rotation. At the end of the internship year each intern is asked to evaluate the internship experience during an exit interview. This information is relayed to the Training Committee and Psychology Practice as part of the program’s efforts to engage in ongoing self-evaluation and improvement.

INTERNSHIP GENERAL TRACK

In order to meet our training goals involving appropriate breadth and depth of psychological service delivery expertise for the eight General Track interns, trainees are expected to select six half-time placements of four months duration each. These placements are designed on the basis of intern preferences, but with an eye towards achieving a balance of experiences. The intern will have a mix of outpatient and inpatient placements, along with a distribution of therapy, assessment, and consultation experiences. The intern is typically assigned to two concurrent half-time placements lasting four months each. The sequence of placements is sometimes determined by an intern’s particular need for early placement in a content area where he/she may be seeking a later post-doctoral fellowship (e.g., Trauma, Primary Care Mental Health). The following is an example of two of the possible training tracks.

<table>
<thead>
<tr>
<th>Sample Track A</th>
<th>Sample Track B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Rotation 1</td>
</tr>
<tr>
<td>Community Integration Program (CIP) – PRRC</td>
<td>50% PTSD Clinical Team 50%</td>
</tr>
<tr>
<td>CIP - Vocational Rehabilitation</td>
<td>50% Substance Dependence Treatment Program 50%</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Rotation 2</td>
</tr>
<tr>
<td>Neuropsychology</td>
<td>50% General Mental Health Clinic 50%</td>
</tr>
</tbody>
</table>
**INTERNSHIP NEUROPSYCHOLOGY TRACK**

Our training goals for the Neuropsychology Track intern include providing appropriate breadth and depth of psychological service delivery expertise and preparing the neuropsychology intern to apply and be competitive for formal postdoctoral fellowship in clinical neuropsychology. In the interest of achieving these goals, the intern is expected to select three half-time placements in neuropsychology and three half-time placements outside of neuropsychology, each lasting four months. The Neuropsychology Track intern should expect to have one half-time neuropsychology placement during each of the four-month rotations. These placements are designed on the basis of intern preferences, but with an eye towards achieving a balance of experiences in neuropsychology and general psychology. The intern will have a mix of outpatient and inpatient placements, which will provide experiences in assessment, therapy, and consultation. In addition to the training seminars provided to interns on the general track, training seminars of particular relevance to the Neuropsychology Track intern include brain cuttings, Neuropsychology Case Conference, and the Polytrauma Educational Series. The following is an example of two possible rotation schedules for a Neuropsychology Track intern.

<table>
<thead>
<tr>
<th>Sample Rotation Schedule A</th>
<th>Sample Rotation Schedule B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rotation 1</strong></td>
<td><strong>Rotation 1</strong></td>
</tr>
<tr>
<td>Neurology Neuropsychology</td>
<td>50% PTSD Clinical Team</td>
</tr>
<tr>
<td>CIP - Vocational Rehabilitation</td>
<td>50% MH Neuropsychology</td>
</tr>
<tr>
<td><strong>Rotation 2</strong></td>
<td><strong>Rotation 2</strong></td>
</tr>
<tr>
<td>MH Neuropsychology</td>
<td>50% ROVER</td>
</tr>
<tr>
<td>Spinal Cord Injury</td>
<td>50% Neurology Neuropsychology</td>
</tr>
<tr>
<td><strong>Rotation 3</strong></td>
<td><strong>Rotation 3</strong></td>
</tr>
<tr>
<td>Polytrauma Neuropsychology</td>
<td>50% Behavioral Health</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>50% MH Neuropsychology</td>
</tr>
</tbody>
</table>

There are five full time neuropsychologists approved to provide training opportunities at the MEDVAMC (Jane Booth, Ph.D., ABPP, Robert Collins, Ph.D., ABPP, Brian Miller, Ph.D., Nicholas Pastorek, Ph.D., ABPP, Nick Wisdom, Ph.D., ABPP) and one part time neuropsychologist (Michele York, Ph.D., ABPP). The neuropsychology intern is assigned to a specific staff psychologist for professional supervision during each rotation. The neuropsychologists work in different care lines and are affiliated with the Epilepsy Center of
Excellence and Parkinson’s Disease Research and Clinical Center, thus providing interns access to extremely diverse clinical and research training experiences. The MEDVAMC has an APA specialty practice accredited postdoctoral fellowship in clinical neuropsychology that currently supports four fellows, while also providing training for graduate-level externs, with whom the neuropsychology intern will have opportunities to receive and provide supervised supervision. Patient populations served by neuropsychologists at the MEDVAMC typically include traumatic brain injury, various dementias and demyelinating disorders, seizure disorder, stroke, psychiatric disorders including severe mental illness, and movement disorders.

ADDITIONAL INFORMATION ABOUT TRAINING OPPORTUNITIES

The Psychology Practice is comprised of 80 psychologists, and over 50 serve as approved supervisors for the training program. Hence interns will have an opportunity to gain exposure to varied theoretical orientations. Group and individual therapy opportunities are available and include treatment approaches such as CBT, group process, interpersonal, psychodynamic and psychoeducation depending on the needs of the population served and the theoretical orientation and style of the individual supervisor. The MEDVAMC psychology internship has a relationship with Baylor College of Medicine (BCM), which allows VA interns the opportunity to participate in minor rotations (i.e., maximum of 4 hrs/week) offered through the BCM clinical psychology internship program (the number of available minors varies from year to year).

Weekly training seminars on clinical assessment, psychotherapy, diversity and professional issues are scheduled throughout the year. Other conferences, staff meetings, case presentations, and regular unit staffing meetings are scheduled so that interns can attend. To facilitate further communication among the interns and between the interns and staff, the interns meet with the Director of Training each week to discuss professional development and matters relevant to training, including issues of concern to the interns. Approximately every other month, MEDVAMC interns participate in special topic didactic opportunities with interns from other local internship programs. This affords the interns in the Houston area an opportunity to form a support network and discuss professional issues.

The patient population at the MEDVAMC is quite diverse, reflecting the rich diversity of Houston and the large catchment area of VISN 16. Patients come from various cultural, ethnic, and socioeconomic backgrounds, range from young to older adults, and have varied psychiatric and physical disabilities. The internship program seeks to help interns enhance their awareness, appreciation, and understanding of diversity issues as it relates to their professional identities and influence on patient care. The program structure provides interns with ample opportunities
to work with patients from various backgrounds. Interns advance their skills in working effectively with diverse patient populations through training that includes: a wide selection of clinical rotations, different therapy formats, outpatient and inpatient clinical work, weekly training seminars, supervision, interdisciplinary staff meetings, case conferences, and regularly scheduled mental health and hospital-wide conferences.

We currently have funded positions for nine pre-doctoral Interns (eight General Track and one Neuropsychology Track). The internship year begins July 23, 2018.

CONTACT INFORMATION

The Michael E. DeBakey VAMC psychology training faculty appreciates your interest in our training program and wishes you the best in your professional development in psychology. Please send general inquiries to: VHAHOUMHCLPsychologyTraining@va.gov. If you have further questions or comments, please contact the following individuals:

Ms. Tina Herron
Administrative Assistant
Psychology Training Program (116)
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Application Process

Eligibility

Qualifications for internship include: U.S. citizenship, as per nation-wide VA guidelines; applicants must be doctoral candidates (Ph.D. or Psy.D.) enrolled in an APA or CPA approved counseling or clinical psychology program; and have completed a minimum of 600 total
practicum hours (400 therapy/intervention hours and 200 assessment hours). Our internship observes all rules and policies set by the Association of Psychology Postdoctoral and Internship Centers (APPIC). 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. Current APPIC guidelines and applications are provided on the APPIC website.*

Appointment as an intern is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, fellows are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but this form will need to be completed if you are selected for this internship.

Selection Process
All complete applications received by the deadline will be screened by the Psychology Training Committee, and approximately 45-50 applicants will be invited to interview. We seek applicants who have a solid foundation in assessment, intervention, and scientific inquiry. Specifically, applicants’ experience with adult populations, familiarity with individual/group-based interventions, and scholarly pursuits in the form of scientific presentations and publications are considered. We also consider prior experience working in VA or medical settings. Overall, our selection criteria are based on a "goodness-of-fit" with our scientist-practitioner model, and we look for interns whose training and career goals match the training our program offers. All applicants will be informed of whether they will be invited for an interview no later than December 15th. The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences.

Interview Process
We encourage on-site interviews and typically do not conduct telephone interviews. Applicants with a disability who require accommodations for the application process or interview are encouraged to contact the Training Director to discuss their needs. We will make reasonable accommodations upon request. Interviews will span a half day, occurring either in the morning or afternoon. They will include a brief meeting and orientation with training leadership,
interviews with four psychology staff members including a current post-doc, meeting with the current interns, and learning about various rotation opportunities from supervisors over lunch. Interviews will be conducted on **January 2, 5, 8, and 12, 2018**.

**Application Procedures**

Our application process abides by the policies and procedures developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC), including participation in the Match. A completed **online AAPI** (APPIC Application for Psychology Internships) is required. Please clearly indicate in your cover letter if you are applying for the General track or the Neuropsychology track. As part of your application, please use the online APPIC Reference Portal to submit letters of recommendation from three professionals familiar with your background (at least one must be from your academic advisor). We would like to hear from faculty members familiar with your academic preparation, as well as supervisors familiar with your clinical work. All application materials must be submitted through the online AAPI and received by **November 1st**. No materials will be accepted by e-mail or US mail.

**Application Requirements List**

1. Cover letter, stating your interests in training at the MEDVAMC
2. Curriculum Vita
3. Complete AAPI Online application
4. Transcripts of all graduate work
5. Three letters of recommendation, as described above

**Position Information**

The internship comprises a 12-month appointment offering 2080 hours of training. The current stipend is $27,113 rendered in 26 bimonthly payments. Benefits include 10 federal holidays, plus sick and annual leave accrual totaling 26 days for the year and reasonably priced medical insurance. Interns also may have up to five paid days per year granted to attend relevant professional conferences and approved educational activities.
Psychology Training Rotations

PRIMARY CARE – BEHAVIORAL MEDICINE

Primary Care-Mental Health (PC-MH)
Angelic Chaison, Ph.D.
The goal of this rotation is to provide interns an opportunity to increase proficiency in assessing and providing brief clinical services to a variety of Veterans in primary care (primarily Clinic 3). Trainees will be presented with a variety of cases with some emphasis on mild- to- moderate depression, anxiety, and/or alcohol/substance misuse, which are potentially co-morbid with health problems such as diabetes, chronic pain, and obesity. Opportunities exist for interns to (1) conduct diagnostic assessments for walk-in and/or scheduled patients referred by their primary care providers, (2) conduct short-term, brief individual therapy (typically cognitive-behavioral or solution focused) with the aim of transferring patients’ care to their primary care providers as appropriate, (3) develop and/or co-facilitate various behavioral medicine psychotherapy groups (including interactive psychoeducational or cognitive-behavioral groups with a focus on anxiety, depression, and healthy lifestyles), and (4) collaborate with other professionals within primary care including mental health and general practice providers. Opportunities also exist for the intern to participate in program evaluation as well as ongoing education efforts for primary care providers regarding mental health services.

Primary Care Mental Health Integration / Health Services Research
Jeffrey A. Cully, Ph.D.
This rotation is designed to provide interested interns and fellows with applied research and clinical training opportunities in the area of primary care mental health and medical psychology (the application of psychological principles to medically ill patient populations). Interns electing this rotation will largely serve in the capacity of a research clinician with experiences ranging from the provision of direct clinical service (e.g. individual psychotherapy within the context of externally funded clinical research protocols), project oversight/design, patient recruitment, data management, and preparation of scientific manuscripts. Because interns will vary in their exposure and comfort with research, rotation goals and expectations will be based upon each student's individual interests and ongoing professional development. Although interns will be provided with authorship on submitted manuscripts, publications are not required for successful completion of the rotation. The primary research emphasis for this rotation is on improving mental health care for depressed and/or anxious chronically ill patients. Current research projects range from observational studies (the prevalence and impact of mental health factors in chronic medical conditions) to manual-based psychotherapy intervention trials for Veterans with chronic medical conditions. Past projects have also included studies of mental health care in the VA specifically related to acute care for depression and adequacy of psychotherapy exposure in integrated health care settings.

Health Promotion Disease Prevention (HPDP) / Primary Care Administration Rotation
Daniel DeBrule, Ph.D., Health Behavior Coordinator
This rotation is supervised by the Health Behavior Coordinator, who works closely with various providers and administrators in primary care clinics and various care lines to deliver a variety of services and HPDP programs. The trainee will have the opportunity to select several opportunities from the three areas of HPDP involvement: clinical, research/evaluation, and administrative. Much of the rotation involves clinical opportunities, such as leading smoking cessation classes, leading MOVE (diet and exercise)
classes, Motivational Interviewing/Patient communication consultation for providers/patients, Personalized Health Plan assessments. Much of the rotation also involves individual sessions for health behavior change (smoking, weight, compliance) among veterans referred by their PCP/Nurse or from existing programs such as MOVE; These sessions focus on the interface of physical and mental health and provide a unique opportunity for trainees to help veterans reach health goals and improve conditions such as MDD or PTSD concomitantly. The trainee may also gain experience in administration of health psychology programs, HPDP committee involvement, Primary Care administration meetings, medical ethics consultation, employee wellness committee involvement, and HPDP outreach. The rotation may also entail training opportunities in community based outpatient clinics in the Houston VA catchment area. Motivational Interviewing skills, particularly those applied to Prime Care settings, and the smoking cessation/health behavior program will be heavily emphasized. The trainee will be able to conduct individual therapy sessions, group therapy sessions, and some assessments (for health behavior, stages of change, or personalized health planning) but will also devote a portion of time to administrative efforts, HPDP promotion, and program evaluation at the direction of the supervisor. This rotation will allow the trainee to understand the relationship of clinical/health psychology to medicine, nursing, and social work in a primary care setting. The trainee will also gain an understanding of how programs are developed, disseminated, revised, and evaluated based on existing hospital policy, Primary Care needs, and VA directives.

The Pain Evaluation Center
Paul A. Sloan, Ph.D.
The Pain Evaluation center is a combined Step One/Step Two Pain evaluation and management clinic which specializes in Psychological, Medical, and Psychiatric evaluation of a variety of chronic pain conditions and the Psychological management of chronic pain conditions. Interns participating in this rotation will have the opportunity to participate in clinical interviews and psychological assessments focused on the impact of pain on Quality of Life. From a therapeutic perspectives, interns will have the opportunity to participate in both individual and group interventions with primarily a CBT or ACT framework. They will be participating in multidisciplinary treatment team meetings with Psychology, Psychiatry, Internal Medicine, and Nursing and there may be an opportunity to meet with other disciplines in Rehabilitation Medicine and Anesthesiology. By the end of the rotation, interns will have a good understanding of the biopsychosocial aspects of chronic pain, with exposure to a variety of medical conditions which create chronic pain and various treatment strategies for addressing these issues.

Primary Care – Mental Health Integration (PC-MHI)
Vincent Tran, Ph.D.
This rotation entails assessment and the provision of brief clinical services to a variety of Veterans based out of the primary care clinics (particularly Clinic 1). Trainees will be presented with a variety of cases including mild- to- moderate depression, anxiety, and/or alcohol/substance misuse, which are potentially co-morbid with health problems such as diabetes, chronic pain, and obesity. Opportunities exist for trainees to conduct focused diagnostic assessments and provide treatment recommendations particularly for walk-in patients referred by their primary care providers; conduct short-term, brief individual therapy (often cognitive-behavioral or solution focused) with the aim of transferring patients’ care to their primary care providers as appropriate; co-facilitate psychotherapy groups; collaborate with other professionals within primary care including mental health and general practice providers; and facilitate smooth linkages with specialty services as needed. Opportunities also exist for trainees to participate in program evaluation as well as ongoing education efforts for primary care team members regarding mental health services.
Chronic Pain  
Jeffrey West, Ph.D.  
This rotation involves training experiences in assessment and treatment for Veterans experiencing chronic pain. Direct involvements with a broad range of Veteran characteristics and pain etiologies will be assured. The trainee will gain experience in both individual and group assessment and intervention, including participation as co-leader in regular groups such as Initial Assessment for Pain Clinic, Fibromyalgia, Complex Pain Conditions, “Alumni Pain/Coping Lab” (i.e., for Veterans who have already participated in introductory level education and groups). An important facet of this training rotation involves regular interaction and treatment planning with a variety of disciplines and care line staff outside as well as inside Mental Health, including Anesthesia Pain Clinic and Physical Medicine & Rehabilitation. The rotation will offer education and exposure to ongoing developments in chronic pain assessment and treatment following the Stepped Care Model at regional and national VHA levels. In addition, the MH PC Complex Chronic Pain Program is committed to continual evidence-based development, expansion and improvement efforts. This affords options within rotations for significant training involvements in administrative and program development and evaluation activities related to chronic pain services and service delivery.

PRIMARY CARE – HEALTH PSYCHOLOGY

Pre-Surgical Assessment  
Shiquina Andrews, Ph.D.  
This rotation provides trainees the opportunity to gain experience in performing pre-surgical assessments. As MEDVAMC is a VA-approved Transplant Center for liver and kidney transplant patients, the bulk of pre-surgical assessments will pertain to evaluating both local and remote (i.e., Veterans from other VA facilities) patients, as well as potential living kidney donors, for transplant candidacy. Trainees will also have the opportunity to complete pre-transplant evaluations for bone marrow, heart, and lung patients, who will be referred to other facilities for transplantation. Trainees will provide consultation to an interdisciplinary team of health professionals by presenting recommendations at twice-weekly Solid Organ Transplant Medical Review Board (MRB) meetings. Trainees may also have the opportunity to perform other types of pre-surgical evaluations as available and per trainee interest. The time commitment for this rotation is flexible (major or minor rotation). However, trainees interested in completing a major rotation must be available for MRB attendance.

Spinal Cord Injury Care Line Psychological Services  
Herb Ames, Ph.D., ABPP and Thomas Anderson, Ph.D.  
This rotation occurs within the Spinal Cord Injury Care Line and centers on assessment, treatment planning, intervention, and consultative services in the treatment of a very heterogeneous mix of inpatient and outpatient veterans with spinal cord injuries or dysfunction (SCI/D) of varied anatomical levels and completeness. The rotation is in a rehabilitation context but also has elements of behavioral medicine, health psychology and generalist psychological practice. Assessment experiences include interview based, objective personality assessment, and neuropsychological screening. Neuropsychological and projective testing experiences are not routine but may be available based on trainee interests and veteran need. Intervention experiences may include individual, family and group contexts. Occasional crisis related assessments and interventions are components of the typical rotation. System competency (i.e. knowledge related to accessing needed general and specialty services) development is an important training objective. SCI Care Line service delivery focuses on reducing obstacles to recovery, mobilizing assets, and fostering optimal adaptation on the part of the veteran.
with SCI/D. Identifying and mitigating the negative effects of co-morbid cognitive/psychological limitations are major psychological roles. An overview of medical and pharmacological aspects of rehabilitative medicine will be gained through supervision and interactions with a range of other professionals on the SCI team. The supervisors have many years of experience offering direct service delivery to a broad range of veterans as well as a long-term commitment to the evolving MEDVAMC Psychology Training program. Both have pragmatic and integrative orientations, an appreciation of empirical and conceptual bases of practice, and focus on individualized training. Dr. Ames is Board Certified in Rehabilitation Psychology and has an emphasis in CBT approaches and is also privileged to provide neuropsychological assessments. Dr. Anderson has more Interpersonal and Psychodynamic emphases. There are opportunities to be involved in research regarding psychological outcomes in spinal cord injured veterans.

Primary Care Mental Health Integration—Health Psychology Focus
Dorothy Octavia Jackson, Ph.D.
This rotation is designed to provide interested trainees with clinical training opportunities in the area of primary care mental health, with an emphasis on health psychology cases. The Primary Care Mental Health Integration (PCMHI) program supports primary care providers in identifying and treating patients with a variety of mental health diagnoses. This rotation will offer opportunities, where available, to focus on cases of mild-to-moderate mood and anxiety disorders with co-morbid health-related problems such as cardiovascular disease, pulmonary diseases, diabetes, and/or obesity. Trainees will have the opportunity to provide evidence-based, time-limited individual therapy sessions in a fast-paced primary care setting. Opportunities may also exist for trainees to co-facilitate the following groups: 1) Health Behavior Change Class: a 6-week curriculum that integrates motivational interviewing, mindfulness, and general behavioral health strategies to help veterans set and reach specific health-related behavior changes or 2) Living with Chronic Health Conditions Class: a 6-week process-oriented group that primarily utilizes Acceptance and Commitment strategies to provide support around the emotional distress and lifestyle demands associated with living with a chronic health condition.

Health Psychology Minor Rotation in GMHC
Tara Steinberg, PhD
Trainees will be involved in the treatment of Veterans in the General Mental Health Clinic setting. The rotation will offer brief therapy utilizing empirically-based techniques to help Veterans cope with psychological factors impacting medical conditions that affect quality of life. Treatment will focus on reducing mild to moderate anxiety, depression, adjustment, substance/alcohol abuse and cognitive disorders, as well as interpersonal deficits and personality structures. Medical conditions include cardiovascular disease (i.e., stroke, CHF), diabetes, cancer, HIV, hepatitis C, chronic pain, metabolic and autoimmune disorders.

Infectious Diseases and Consult & Liaison Psychiatry
Tara Steinberg, Ph.D.
The HIV/HCV rotation provides training in Clinical Health Psychology using innovative models of care, including the Medical Home Model and Patient Aligned Care Team system. Trainees develop advanced skills in the Specialty Medical Clinics within Primary Care Mental Health Integration (PCMHI). Trainees will gain knowledge of theoretical models and empirical research related to the bio-behavioral etiology and epidemiology of co-morbid medical and psychiatric disorders, as well as evidence-based interventions for Veterans with these conditions. A special focus is on the application of these skills to infectious disease populations. There are opportunities to conduct brief bedside psychotherapy for Veterans in the medical inpatient units through the Consult & Liaison Psychiatry Service. Trainees will function in an interdisciplinary team setting and have opportunities to plan and coordinate activities.
with infectious disease providers, nurses, psychiatrists, social workers, and psychologists from other clinics. Trainees will gain knowledge in the assessment, diagnosis, and treatment of Veterans living with comorbid medical and psychiatric illnesses, in both individual and group settings, as well as within the context of a family or community. Trainees will have the opportunity to conduct evaluations and provide interventions to support surgical candidacy and other specialty medical procedures, including liver, bone marrow, kidney, heart, and lung transplant procedures, and implant procedures, as referred. Advanced training is also possible in the areas of Motivational Interviewing, Mindfulness, and Cognitive-Behavioral Therapy, with an emphasis on brief intervention modalities.

**Women’s Health Center**  
**Alison C. Sweeney, Psy.D.**

The Women’s Health Center is a specialty primary care clinic at the Michael E. DeBakey VA Medical Center dedicated to providing a full range of high-quality, compassionate health care services to women Veterans in a comfortable and inviting environment. This rotation focuses on the delivery of gender-sensitive, trauma-informed mental health care in a co-located, integrated and collaborative model with primary care providers. Common mental health concerns addressed in the Women’s Health Center include depression, anxiety, sexual trauma, combat trauma, intimate partner violence, sleep disruption, disordered eating, chronic pain, and difficulties with chronic disease management. Trainees will have the opportunity to develop assessment, intervention, and consultation competencies through (1) conducting brief functional assessments (2) providing brief individual interventions within an evidence-based framework (3) co-facilitating group therapy interventions and (4) engaging in consultation with primary care teams and psychiatry in the Women’s Health Center.

**Home-Based Primary Care (HBPC)**  
**Kevin Jacques Siffert, Ph.D.**

The rotation in Home Based Primary Care (HBPC) provides trainees with the opportunity to work closely within a Patient Aligned Care Team (PACT) model. PACT is the cornerstone of the New Models of Care transformation initiative intended to transform the way Veterans receive their care. Trainees on this rotation will learn how to provide patient-driven, proactive, personalized, team-based care oriented toward wellness and disease prevention. Common problems presented during individual psychotherapy center on the Veteran’s struggle to adaptively manage anxious and affective symptoms. In addition, Veterans in this program are often seeking to achieve and/or maintain an optimal level of functioning and quality of life, in the wake of biopsychosocial losses associated with aging, increased dependency, and fear of disease process. Trainees will have the opportunity to conduct and provide: initial mental health evaluations, brief individual therapy, family psychotherapy, crisis intervention, safety planning, psychoeducation, and caregiver support. There are also, some opportunities to help Veterans with serious mental illness (e.g., major affective and severe schizophrenic spectrum disorders). It is anticipated that trainees will actively plan for and participate in weekly PACT meetings. The HBPC psychologist will accompany the trainee off site, as mental health services are conducted in the Veteran’s own home, medical foster home, personal care home, and assisted living facility. Taken together, this rotation offers great flexibility and will be tailored to the trainees interests and stage of professional development.

**Home Based Primary Care (HBPC)-Health Psychology Focus**  
**Xuan V. Nguyen, Ph.D.**

HBPC is an interdisciplinary program which provides opportunities for collaboration with other disciplines such as primary care providers, nursing, social work, dietician, psychiatry, occupational therapy, and pharmacy. Trainees are offered opportunities to develop skills in geriatric care by delivering mental health services in patients’ homes. Trainees work with mental health concerns such as neurocognitive disorders, mood disorders, and substance use disorders that are co-morbid with health-
related problems such as diabetes, chronic pain, sleep, cardiovascular disease, and terminal illnesses. This rotation offers experiences in initial mental health evaluations, brief individual therapy, family psychotherapy, caregiver support, crisis intervention, safety planning, psychoeducation, and participation in interdisciplinary treatment team meetings. In addition to conducting in-person home visits, trainees who are interested, will have the opportunity to conduct Clinical Video Telehealth (CVT) psychotherapy sessions, where providers conduct telehealth sessions directly into veterans’ homes. Trainees with an interest in mindfulness practices will have the opportunity to develop skills in delivering mindfulness interventions as well as participate in Healthy Staff, Healthy Vet, a bimonthly mindfulness practice for hospital staff. This training rotation allows for development of skills in cognitive behavioral approaches, motivational interviewing, and integrated elements of acceptance commitment therapy.

Neuropsychology

Community Integration Program (CIP) - Neuropsychology Clinic
Jane Booth, Ph.D., ABPP-CN and Nicholas Wisdom, Ph.D., ABPP-CN

The Neuropsychology Clinic receives inpatient and outpatient referrals from all the Care Lines within MEDVAMC and satellite clinics, excluding Rehabilitation and Neurology, to include Mental Health, Primary Care, Spinal Cord Injury, General Medicine, and Long Term Care. Populations served include dementias (e.g., Alzheimer’s, Vascular, Lewy Body, Frontotemporal Lobar Dementia), psychopathology, cerebrovascular disease, parkinsonism, substance abuse, ADHD, HIV, demyelinating diseases, toxic-metabolic, and brain tumor. In addition, capacity evaluations are routinely requested from various providers. Evaluations are tailored to individual patient needs and referral questions, using a flexible battery approach. The trainee will have the opportunity to learn techniques of neuropsychological investigation and principles of interpretation and specific recommendations with regard to the functional and diagnostic significance of findings. It is understood that trainees have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to address each trainee’s individual needs or interests. Additional didactic opportunities are available including the MEDVAMC Neuropsychological Seminar Series, Houston Neuropsychological Society meetings and other relevant educational meetings. There may be opportunities to participate in ongoing research projects with the goal of generating a product.

Neuropsychology, Neurology Care Line
Robert Collins, Ph.D., ABPP-CN

The Clinical Neuropsychology Service within the Neurology Care Line primarily receives consultation through various neurology outpatient clinics (e.g., cognitive disorders clinic, stroke clinic, seizure clinic, etc.). Less frequently there are requests for inpatient evaluations, usually for the purpose of addressing competency/limitations to independence. The patient population is typically older and the primary questions being asked are diagnostic in nature (e.g., differentiation of various dementias, cognitive disorders in the context of psychiatric illness, recovery of cognitive functioning following head injury or stroke, malingering, etc.). This service has direct involvement in the MEDVAMC epilepsy surgery program and there may be opportunities for trainees to assist in the pre- and post-surgical evaluation of these patients as well as assisting with intracarotid amobarbital (e.g., WADA) studies. There may be opportunities to collaborate on research projects and to provide psychotherapy to patients with CNS disease and psychiatric illness. This is a rotation where the emphasis is on teaching the basics of neuropsychological assessment (including interviewing, test selection, interpretation of data, etc.) and exposure to different neurological/psychiatric populations. The assessment approach utilized on this rotation is one that is hypothesis driven to guide test selection with a flexible battery. Test findings are
compared to normative data and interpreted within an information processing framework. It is understood that trainees have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to individually tailor each training experience. Trainees at all experience levels will be expected to complete readings in neuropsychology and to attend neuropsychology seminars. Trainees will have an opportunity to work with the Clinical Neuropsychology Postdoctoral Fellows.

Neuropsychology Clinic and Polytrauma Network Site
Brian Miller, Ph.D.

The Neuropsychology Clinic receives inpatient and outpatient referrals from all the Care Lines within MEDVAMC and satellite clinics, excluding Rehabilitation/Extended and Neurology, to include Mental Health, Primary Care, Spinal Cord Injury, General Medicine, and Long Term Care. Populations served include dementias (e.g., Alzheimer’s, Vascular, Lewy Body, Frontotemporal Lobar Dementia), psychopathology, cerebrovascular disease, parkinsonism, substance abuse, ADHD, HIV, demyelinating diseases, toxic-metabolic, and brain tumor. In addition, capacity evaluations are routinely requested from various providers. The neuropsychology service in the Polytrauma Network Site primarily provides outpatient assessment and treatment to Veterans with polytrauma from Operation Enduring Freedom/Operation Iraqi Freedom, referred from the Rehabilitation and Extended Care Line. These active duty soldiers and Veterans are typically in the post-acute stage of recovery from brain injury and often have suffered other injuries. Interns may have the opportunity to work with patients referred from both the Neuropsychology Clinic and Polytrauma Network Site over the course of a single rotation. Evaluations are tailored to individual patient needs and referral questions, using a flexible battery approach. The trainee will have the opportunity to learn techniques of neuropsychological investigation and principles of interpretation and specific recommendations with regard to the functional and diagnostic significance of findings. It is understood that trainees have varying degrees of assessment experience/exposure to neurological populations and every effort will be made to address each trainee’s individual needs or interests. Additional didactic opportunities are available including the MEDVAMC Neuropsychological Seminar Series, Houston Neuropsychological Society meetings and other relevant educational meetings. There may be opportunities to participate in ongoing research projects with the goal of generating a product.

Polytrauma Network Site
Nicholas Pastorek, Ph.D., ABPP-CN

The neuropsychology service in the Polytrauma Network Site primarily provides outpatient assessment and treatment to Veterans with polytrauma from Operation Enduring Freedom/Operation Iraqi Freedom. These active duty soldiers and Veterans are typically in the post-acute stage of recovery from brain injury and often have suffered other injuries. Assessment and treatment of the polytrauma survivors entails monitoring cognitive functioning through neuropsychological assessment, improving cognitive functioning and maximizing independence through individual and group therapies, and facilitating psychological adjustment of the patients and caregivers through psycho-educational sessions. Consults are also routinely received from general inpatient rehabilitation clinics.
Neuropsychological evaluation in this context is typically requested to assess competency and to make recommendations regarding assistance and supervision for older adult Veterans recovering from stroke or other acquired brain injuries. This is a rotation where the emphasis is on teaching the basics of neuropsychological assessment (including interviewing, test selection, test administration, interpretation of data, etc.) and exposure to different neurological/psychiatric populations. Test selection is hypothesis driven and findings are compared to normative data and interpreted within an information processing framework. It is understood that trainees have varying degrees of assessment experience and exposure to neurological populations and every effort will be made to individually tailor each training experience. The experiences of trainees on this rotation may vary considerably depending on their familiarity with neuropsychological testing, availability, and goals. In general, it is expected that trainees will become reasonably proficient in administering, scoring, and interpreting test results within a neuropsychological framework by the end of the rotation. Trainees will also learn about the cognitive sequelae following brain damage, especially traumatic brain injury and stroke, and will become adept at using this knowledge to make functional recommendations and to educate the patients and their families. Trainees will also be expected to attend and to actively participate in neuropsychology seminars. Trainees may have the opportunity to work with extern students and to work under the guidance of the neuropsychology post-doctoral fellows.

Parkinson’s Disease Research Education and Clinical Center (PADRECC)-Neuropsychology
Michele York, Ph.D.
The Parkinson’s Disease Research Education and Clinical Center (PADRECC) is one of 6 centers of excellence across the United States for the treatment of Parkinson’s disease and other movement disorders. The Neuropsychology service in the PADRECC receives consultation through the three Movement disorder neurologists. The referrals are for differential diagnosis of dementia and to determine surgical candidacy for deep brain stimulation surgery for the treatment of essential tremor or Parkinson’s disease. There may be opportunities to collaborate on research projects in this rotation some experience with Neuropsychological assessment is a requirement due to the specific nature of the patient population being assessed. There is an opportunity for trainees to observe neurological evaluations for movement disorder patients, observe a deep brain stimulation surgery, and participate in interdisciplinary team meetings. Trainees will also be expected to attend and to actively participate in neuropsychology seminars.

COMPENSATION & PENSION

Gregory Beaulieu, Ph.D., Valorie King, Ph.D., Avila Steele, Ph.D.,
Compensation and Pension (C&P) Examinations are an integral step in the claims process through which Veterans may be awarded support services related to disabilities incurred or exacerbated by military service. While these supports most often center upon direct financial benefits, other supports include eligibility for medical services, specialized treatment programs, and in-home care for acute medical and mental health conditions. Mental health C&P examination requests typically require the psychologist to determine (1) if a Veteran currently meets DSM-5 criteria for a mental disorder and (2) the direct or indirect relationship between a Veteran’s claimed mental disorder and their military service. Opinions may be requested as to whether a Veteran’s claimed disability renders him/her unable to maintain gainful employment. Examiners also conduct competency exams to determine whether veterans are able to manage VA funds in their own best interest.
Trainees on this rotation will gain exposure to all aspects of completing Compensation and Pension (C&P) Examinations. Trainees will be provided opportunities to review military treatment and personnel records, conduct chart reviews, conduct diagnostic clinical interviews, and write final reports. The role of C&P and its implications for approaching mental health through the recovery model will be addressed throughout the rotation. At the beginning of the rotation, trainees will complete online Compensation and Pension Examination Program (CPEP) certification courses. At the conclusion of this rotation, trainees will demonstrate a working knowledge of relevant legal statutes that guide the VA’s Compensation and Pension system; competence in using structured clinical interviewing; and proficiency with differential diagnoses using DSM-5 criteria. Trainees will use VA’s electronic CAPRI system to complete integrated reports.

GENERAL MENTAL HEALTH

**General Mental Health Clinic – Posttraumatic Stress Disorder and Readjustment Issues**  
*Ashley Clinton, Ph.D.*

This rotation focuses on treating Veterans with PTSD and related comorbidities, including readjustment issues. Interns will have opportunities to conduct mental health screenings and follow several Veterans for short term individual therapy. A main focus of the rotation will be on diagnostic assessment and treatment planning skills as well as short-term therapeutic interventions. Interns will also be able to participate in multidisciplinary treatment team activities.

**General Mental Health Clinic – Mood Disorders**  
*Carrie Dodrill, PhD*

Trainees will have the opportunity to gain experience with individual therapy, group psychotherapy (for Bipolar Disorder), treatment planning, and interdisciplinary team consultations. Patients in the General Mental Health Clinic may be diagnosed with a wide variety of issues and levels of functioning. The theoretical orientation of the supervisor combines Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and Dialectical Behavior Therapy. Emerging interests include Narrative Psychotherapy and Positive Psychology. The rotation will be tailored to meet the individual needs and interests of the supervisee. This rotation is for a maximum of 8 hours per week.

**Dialectical Behavior Therapy**  
*Carrie Dodrill, Ph.D., Charity Hammond, Ph.D., Emily Hiatt, Ph.D., & Allison Sweeney, Psy.D.*

Trainees involved in this rotation will have an opportunity to participate in a DBT program for veterans in the Mental Health Care Line. Patients in the DBT program either meet full criteria for Borderline Personality Disorder or have significant problems in emotional and behavioral regulation, including self-harm behavior, frequent hospitalizations, or high utilization of crisis services. The DBT program consists of individual therapy, skills group, phone coaching, and team consultation meetings. For rotations less than six months, trainees will be introduced to aspects of DBT through co-facilitating a skills group, conducting assessments for Veterans referred for the program, and attending the case consultation meeting. For rotations longer than six months, trainees can learn the full DBT model by having 1-2 individual therapy patients in addition to the above clinical opportunities. For longer rotations, trainees can also choose to start with an 8 hour rotation and then reduce to 4 hours in order to allow for other rotations in their training year.
General Mental Health Clinic – Posttraumatic Stress Disorder/Substance Use Disorder treatment
Charity Hammond, Ph.D.
This rotation focuses on integrated dual diagnosis treatment of substance use problems and PTSD. Interns will have the opportunity to participate in group and individual therapy on inpatient and outpatient settings, working with clients in a variety of age groups, combat eras, and stages of change regarding substance use. Patients seen will be part of the general mental health clinic, PTSD clinical team, substance dependence treatment program, and inpatient treatment program for OEF/OIF veterans. Clinical experiences include Seeking Safety treatment, Acceptance and Commitment therapy, Motivational Interviewing, and other cognitive-behavioral interventions including more trauma-focused treatments. Interns can also be involved in case consultations and assessments.

General Mental Health Clinic – Anxiety
Emily Hiatt, Ph.D.
This rotation is housed in the General Mental Health Clinic and offers opportunities to work with veterans with different anxiety disorders, including social anxiety, panic, generalized anxiety, specific phobias and posttraumatic stress, and related conditions. Trainees may gain experience providing individual therapy and participating in interdisciplinary team meetings.

General Mental Health Clinic
Chloe Hoang, Ph.D.
The GMHC rotation offers trainees experience in diagnostic interviewing, treatment planning, individual and group psychotherapy, and case conceptualization. In this rotation, the emphasis is on learning and applying evidence-based treatments, primarily Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing (MI) in group and individual treatment modality in an outpatient setting offered to veterans who struggle with emotion regulation, substance use problems, interpersonal relationships, and pervasive inflexible coping responses. By the end of the rotation, trainees will achieve the following learning objectives: (1) increase both skills and confidence in conducting descriptive and explanatory levels of case conceptualization and (2) gain both declarative and procedural knowledge in selecting and implementing conceptualization-based interventions in a culturally sensitive manner.

General Mental Health Clinic
Jennifer O’Neil, Ph.D.
The General Mental Health Clinic (GMHC) is an outpatient clinic that provides services to Veterans with affective, psychotic, anxiety, and cognitive disorders. A major goal of the programs in GMHC is to provide recovery-oriented care that helps Veterans achieve the highest possible level of functioning, productivity, independence, interpersonal effectiveness, and overall satisfaction with life. Trainees will have the opportunity to participate in evidence-based, time-limited, group and individual therapy and psychosocial and psychological assessments. Interns have the opportunity to co-facilitate a 12 week Cognitive Behavioral Therapy for Depression group. Trainees will also be able to participate in multidisciplinary treatment team activities and case consultations. If desired, the trainee can tailor the rotation around the assessment and treatment of mood disorders with a special focus on learning evidence-based treatments such as Cognitive Behavioral Therapy and Interpersonal Therapy for Depression. Supervision is generally provided in a mentoring atmosphere with more independence coming later in the rotation.

CLC and Gero Outpatient Rotation
Jessica Freshour, Ph.D.
The Clinical Geropsychology rotation provides a training experience with a broad range of geriatric patients. This rotation involves both inpatient and outpatient training opportunities. The inpatient
experience is in the Community Living Center (CLC). The CLC is home to 105 beds for Veterans needing long term extended medical care or rehabilitation following an acute hospital stay (e.g. stroke, amputation, fall). The trainee will work in an interdisciplinary team comprised of physician, nurse practitioner, social worker, recreational therapist, nursing staff and the psychologist. Trainees on this rotation are expected to follow veterans for individual therapy, complete mood, anxiety and brief cognitive assessments and attend multidisciplinary treatment team meetings. Behavioral interventions for dementia, staff consultation and psychoeducation to staff and families are also elements of this rotation. Other opportunities for this rotation may include participating in family meetings, and plans or facilitating a group. Initial focus is often on assessment of psychological factors which are either caused by or are now complicating a range of medical problems and rehabilitation goals. Common examples include alterations in mental status, mood, cognitive functioning, coping skills, and socialization.

In addition, there is opportunity to follow geriatric outpatient cases in the General Mental Health Clinic. The geriatric referrals often have presenting concerns of new medical diagnosis, end of life and aging anxiety, worry, and depression. The dominant treatment modality on this rotation is Behavioral and Cognitive Behavioral with a focus on adapting CBT to fit the needs of older adults with complex health challenges and adults with cognitive impairment.

Community Living Center Rotation
Karen Benson, Ph.D

The Community Living Center (CLC) rotation provides a clinical training experience with a broad range of primarily geriatric patients. The CLC is home to ~130 beds for veterans needing long term extended medical care, rehabilitation, or palliative care following an acute hospital stay (e.g., stroke, amputation, fall). The CLC manages the following: Residents with complex medical problems that require long-term skilled nursing care, residents with a terminal illness, residents with relatively short-term problems in need of rehabilitation and discharge planning into the community, residents staying short term for caregiver respite, residents in mental health recovery awaiting guardianship and/or placement following acute hospitalization.

The psychology trainee in the CLC rotation will function as a member of an interdisciplinary team comprised of physician, nurse practitioner, physician assistant, pharmacist, social worker, recreational therapist, physical therapist, occupational therapist, dietitian, nursing staff, and the psychologist. Interns are encouraged to tailor the experience to meet his or her training objectives and will be expected to conduct psychological assessments with veterans including the screening of cognition, mood and behavior symptoms, and determine an appropriate plan of care as well as follow veterans for individual therapy. Interns have the opportunity to provide psychoeducation and caregiver support to family members, develop and implement behavioral interventions for veterans with major neurocognitive disorders, and engage in staff consultation and education. The dominant treatment modality on this rotation is Behavioral and Cognitive Behavioral with a focus on adapting CBT to fit the needs of older adults with complex health challenges and/or cognitive impairment. Trainees may have the opportunity to develop, facilitate, or co-facilitate a group. The trainee will have the opportunity to attend weekly interdisciplinary team meetings to discuss cognitive, mood, and behavioral functioning in the context of a holistic care planning process.

Mental Health Intensive Case Management (MHICM)
Angela Romeo, Psy.D.

The rotation in Mental Health Intensive Case Management (MHICM) provides trainees the opportunity to work as a member of an interdisciplinary mental health treatment team serving veterans with serious mental illness. MHICM functions as a comprehensive mobile treatment team providing psychiatry, psychology, social work, nursing, social service, and peer support services to veterans and their families
in the veterans’ places of residence or other community-based locations. Veterans served have a primary diagnosis of a psychotic spectrum disorder or severe mood disorder often with other mental health, substance use, and/or medical comorbidities. These veterans, in various stages of their primary illness, have been determined to likely benefit from an intensive, community-based approach to care in order to foster treatment adherence, reduce hospital stays, and enhance recovery and community integration. Trainees will have the opportunity to provide or conduct individual and family therapy, psychoeducation, crisis intervention, safety planning, behavioral health interventions, brief screenings, and case management. Trainees will attend and contribute to interdisciplinary team meetings allowing opportunity to learn about the program’s treatment milieu and the role of other disciplines within the model of care as well as contribute to treatment planning. Training will emphasize the role of psychology within the Assertive Community Treatment (ACT) model of care. Given the community-based nature of the program, the MHICM psychologist will accompany the trainee for all off-site service provision. Training will be tailored to a trainee’s stage of development and interests within the program.

**TRAUMA & POSTTRAUMATIC STRESS DISORDER**

**PTSD Clinical Team**
**Helen Minette Beckner, Ph.D.**
The PTSD Clinical Team (PCT) rotation offers trainees experience in assessment and treatment of psychological trauma and, more specifically, the diagnosis of PTSD. The clinic serves Veterans of all ages and combat eras presenting with military-related trauma (combat trauma, military sexual trauma), as well as non-military-related trauma histories. The clinical training experiences on this rotation would involve assessment focused on the diagnosis of PTSD (e.g., Clinician-Administered PTSD Scale for DSM-5/CAPS-5) and psychotherapy interventions with an emphasis on evidence-based therapies to include Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT). Therapy training experiences include individual therapy, as well as group therapy. Within this rotation, trainees would have the opportunity to facilitate CPT groups, with one group focused on providing treatment for female Veterans. The PCT functions as a specialty clinic staffed by a multidisciplinary treatment team.

**Posttraumatic Stress Disorder Clinical Team (PCT)**
**Nancy Jo Dunn, Ph.D.**
The PTSD Clinical Team (PCT) rotation offers trainees the opportunity to work in a specialized assessment, consultation, and treatment program designed to address psychological trauma (e.g., combat trauma, military sexual trauma, non-military-related trauma) in Veterans of all ages and combat eras in an outpatient setting. Assessment experiences include a focus on the diagnosis of PTSD (e.g., Clinician-Administered PTSD Scale for DSM-5/CAPS-5) and consideration of other comorbid conditions (e.g. depression). The rotation also focuses on evidence-based psychotherapy, including Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE). Trainees have the opportunity to co-facilitate an In Vivo Group for Veterans who have completed CPT or PE, and an Insomnia/Nightmare Group. Clinical activities within the PCT occur within the context of a multidisciplinary treatment team.

**PTSD Clinical Team (PCT)**
**M Ashton Phillips-Benesh, PhD**
This rotation involves participating in the assessment and treatment of Veterans who have experienced psychological trauma due to combat trauma, military sexual trauma, or other lifetime traumas in an outpatient setting. The population includes Veterans of all areas, and offers a focus on evidence-based psychotherapy, including prolonged exposure therapy (PE) and cognitive processing therapy (CPT) within the context of a multidisciplinary treatment team. Other opportunities may include group therapies.
such as skills training for affective and interpersonal regulation (STAIR) and utilizing telehealth technology to provide trauma-focused EBPs to individual patients.

**Posttraumatic Stress Disorder (PTSD) Clinical Team**  
**Lisa Robinson, Ph.D.**  
This rotation affords the opportunity to work in a specialized assessment, consultation, and treatment program designed to address psychological trauma (e.g., combat trauma, military sexual trauma) in veterans of all eras in an outpatient setting. The rotation offers a focus on evidence-based psychotherapy, including prolonged exposure therapy and cognitive processing therapy (applied in both group and individual psychotherapy formats) within the context of a multidisciplinary treatment team.

**Clinical Research in Posttraumatic Stress Disorder and Comorbid Anxiety Disorders**  
**Ellen J. Teng, Ph.D.**  
This rotation provides a number of opportunities for trainees to learn more about assessment, time-limited individual and group psychotherapy, and clinical research. Diagnostic clinical interviewing using standardized structured interviews such as the Structured Clinical Interview for DSM (SCID), Anxiety Disorders Interview Schedule for DSM (ADIS), and Clinician Administered PTSD Scale (CAPS) is emphasized. Trainees interested in applied clinical research will also have the opportunity to become involved in treatment outcome research that involves innovative methods of delivering cognitive behavioral therapy. Additional experiences in providing trauma-focused therapy using evidence-based approaches (e.g., Prolonged Exposure Therapy, Multiple Channel Exposure Therapy) are also available. Administrative experiences are also available in conducting program evaluation and participating in the management and organization of the Psychology Training Program.

**Posttraumatic Stress Disorder (PTSD) Clinical Team**  
**Karin Thompson, Ph.D.**  
This rotation affords the opportunity to work in a specialized assessment, consultation, and treatment program designed to address PTSD or subthreshold PTSD in veterans of all eras in an outpatient setting. Common traumatic experiences including combat trauma, sexual trauma, childhood trauma, natural disasters, and accidents. The rotation offers a focus on evidence-based psychotherapy, including prolonged exposure therapy and cognitive processing therapy, within the context of a multidisciplinary treatment team. Other opportunities may include cognitive-behavioral treatment of tobacco use disorder and PTSD-related sleep disturbances as well as coping skills training; assessment and treatment planning; program development and evaluation; community outreach; and mental health administrative experiences.

**PTSD Clinical Team (PCT), with telehealth option**  
**Emily Voelkel, Ph.D.**  
This rotation provides trainees with the opportunity to provide various evidence based therapies for veterans requesting treatment for symptoms of PTSD. In particular, the trainee can learn to provide Cognitive Processing Therapy (CPT) and/or Prolonged Exposure (PE). If the trainee has an interest in learning to provide these services via telehealth, this opportunity can also be provided to the trainee. In addition to these more well-known EBPs, the trainee may have the opportunity to observe the supervisor deliver CBCT for PTSD, a couple’s therapy intervention for PTSD that is now widely promoted by the VA system. If the trainee is interested in group psychotherapy, there is an opportunity to learn STAIR and participate in the delivery of this treatment in group format. Beyond therapy opportunities, the trainee will engage in assessment of new patients to the clinic to advance competency in differential diagnosis, treatment planning, and report writing. Depending on the trainee’s experience, availability, and interests, Dr. Voelkel can also discuss opportunities for program development and evaluation.
Overall, this rotation would be a good training experience for an individual who is interested in the various typical activities of a psychologist working in a PCT setting.

**Posttraumatic Stress Disorder (PTSD) Clinical Team**
**Wright Williams, Ph.D., ABPP**
The rotation focuses on refining skills in group and individual psychotherapy for Veterans with PTSD. Trainees will carry a caseload of up to four clients participating in individual PE or CPT while leading a long term group of Vietnam combat Veterans, a support group for Korean War Veterans and co-leading an 8 session Meditation group teaching Veterans to develop their personal meditation practice. Opportunities on this rotation include learning how to customize empirically supported treatment to fit the Veteran, and videotaped supervision is provided. There may be additional opportunities to participate in research focused on how psychotherapy changes the brain and the relationship between interpersonal trust and treatment success in Veterans with PTSD.

**Substance Dependence**

**Substance Dependence Treatment Program**
**Jill K. McGavin, Ph.D.**
The Substance Dependence Treatment Program (SDTP) is an outpatient program which helps Veterans recovery from addictions to alcohol and drugs (primarily cocaine, but also opioid and marijuana). In addition to addictions, many Veterans receiving treatment in SDTP also struggle with homelessness, unemployment, other mental illnesses, and medical and legal problems. Veterans are assessed using the Brief Addictions Monitor at the outset of treatment and the SDTP is moving towards measurement-based care for addictions. The major treatment modality of SDTP is group-based education on early recovery and relapse prevention skills using the MATRIX model of the Substance Abuse and Mental Health Services administration (SAMSHA). Support groups and a variety of specialty groups (Sober Seniors, Grief Group, Smoking Cessation, Coping Skills, Sexual Addiction, and others) are also available. Depending on their particular schedule, trainees have the opportunity to serve as co-leaders, and possibly leaders, of various groups as well as gain experience in individual therapy, psychological assessment, breathalyzer testing, treatment planning, discharge planning, and interdisciplinary treatment team meetings within SDTP and with community partners. The main training goal is to increase trainees’ knowledge base and comfort level in assessing and treating substance use disorders.

**Psychosocial Rehabilitation & Recovery**

**Psychosocial Rehabilitation and Recovery Center (PRRC)**
**Amy Cuellar, Ph.D.**
Trainees on this rotation will have the opportunity to learn how to deliver recovery-oriented services to a population with serious mental illness. Interns will learn the basics of psychiatric rehabilitation that focuses on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Trainees will conduct screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to help them problem solve around goal achievement, and psychoeducational and skills-based groups, such as Social Skills Training for Schizophrenia, Illness Management & Recovery, and Wellness Recovery Action Plan development.
Psychosocial Rehabilitation and Recovery Center (PRRC)
Charlie Nguyen, Ph.D.
Trainees on this rotation will have the opportunity to learn about the Recovery Model of mental illness and deliver recovery-oriented services to Veterans with serious mental illness. Trainees will learn about the definitions, principles, and domains of “recovery” and the basics of psychiatric rehabilitation that focus on helping Veterans achieve self-identified goals for recovery, better psychosocial functioning, and greater integration in their communities. Trainees will conduct screening assessments that focus on helping Veterans identify recovery goals, individual recovery coaching sessions to help them problem solve around goal achievement, and psychoeducational and skills-based groups. Depending on their schedule, trainees will have the opportunity to participate in recovery practice activities and outings in the community.

INPATIENT & RESIDENTIAL TREATMENT

Geropsychology Inpatient Unit
Cynthia Kraus-Schuman, Ph.D.
This rotation involves working with veterans in an inpatient psychiatric setting. As the unit population permits, the focus of this rotation will be working with older adults and adults with dementia. Treatment teams on 6F are comprised of psychiatrists, social workers, physician assistants, and nursing staff. Interns on this rotation are expected to conduct groups, follow veterans for individual therapy, and attend multidisciplinary treatment team meetings. Other opportunities for this rotation may include participating in family meetings, administering dementia assessments, program development, and research. The dominant treatment modality on this rotation is Cognitive Behavioral Therapy.

Acute Recovery Treatment Environment (ARTE) Inpatient Rotation
Justin Springer, Ph.D.
The Acute Recovery Treatment Environment (ARTE) Inpatient Rotation provides psychology interns exciting opportunities to develop professional skills on the MEDVAMC's primary, 32-bed acute psychiatric specialty unit. During Veteran hospitalization, the primary aims of the unit are to foster and support recovery journeys and to assist Veterans with successful, safe transition to outpatient services. The ARTE inpatient rotation offers trainees opportunities to engage in a variety of ongoing treatment and administrative activities related to delivery of evidence- and recovery-based services to Veterans on the ARTE unit. Clinical responsibilities include involvement in a multi-disciplinary team, treatment planning, development of recovery-based case conceptualization, best practice staff-Veteran interactions, and evidence-based group psychotherapy [e.g., SAMHSA toolkit implementation, CBT for psychosis (CBTp), DBT Skills, and Family Education, Social Skills Training, and Cognitive Rehabilitation]. Clinical opportunities include behavioral assessment, aggression prevention, team feedback, as well as individual psychotherapy consistent with the Veterans' individualized treatment plans and recovery objectives. Additional opportunities include assessment to support decision-making/track Veteran progress, Care Monitoring Meetings, and examination of relevant peer-reviewed literature to improve practices.
**Returning OEF/OIF Veterans Environment of Recovery Program (ROVER)**

**Jill Wanner, Ph.D.**

This 4-month rotation will provide psychology trainees with a unique opportunity to work with male combat Veterans from the OEF/OIF/OND era in a trauma-informed, intensive 4-5 week long inpatient program. This program will provide comprehensive evaluation and intensive specialized treatment using evidence-based treatments, such as, Dialectical Behavior Therapy Skills, Cognitive Processing Therapy, and Seeking Safety. ROVER Veterans typically have a diagnosis of PTSD, substance abuse (SUD), interpersonal difficulties and/or personality disorder. The trainee can co-create the rotation goals. Trainees will have the opportunity to: Attend Treatment Team Rounds (multidisciplinary meeting with each individual patient on the unit lasting approximately 2 hours); Participate in Treatment Team staffing where patient applications are reviewed for acceptance into the program; Co-facilitate and potentially lead a 1.5 hour CPT or DBT group most days; Conduct individual CPT trauma account sessions; Conduct and interpret psychological evaluations (mini-reports); Participate in other evidence-based groups such as Cognitive Processing Therapy, Seeking Safety, and DBT.

**ADDITIONAL EXPERIENCES**

**Sex Offender Group**

**Sara (Su) Bailey, Ph.D.**

The trainee on this rotation will co-lead a group for sex offenders who have been referred from the probation and parole departments. In conjunction with this population, the trainee will be involved in the initial assessment of patients entering into the long-term outpatient sex offender group.

**Psychology Training Program Staff**

**HERB AMES, Ph.D., ABPP: Spinal Cord Injury**
Indiana State University, 1993. Texas licensure, 1994-present. Supervisor, Spinal Cord Injury Care Line services. Theoretical Orientation: Integrative—Cognitive-Behavioral emphasis. Clinical Interests: Rehabilitation, Older Adults, Cognitive Disorders. Research Interests: post-SCI psychological adjustment; screening for cognitive/psychological disorders. Academic Appointments: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine; Assistant Professor, Department of Physical Medicine and Rehabilitation, Baylor College of Medicine. Professional Memberships: APA (Div 12;40), ASCIP, NAN, ACPN, HNS.

**THOMAS ANDERSON, Ph.D.: Spinal Cord Injury**

**SHIQUINA ANDREWS, Ph.D.: Behavioral Health Program**
SARA (Su) D. BAILEY, Ph.D.: Senior Psychology Consultant; Program Director, Community Integration Program (CIP)
Texas A&M University, 1984. Texas licensure. Senior Psychology Consultant; Program Director, Community Integration Program; Supervisor, Sex Offender Group. Theoretical Orientation: Eclectic. Clinical interests: group and individual therapy, assessment and treatment of sex offenders, treatment of substance abusers. Research interests: substance dependence treatment (prognostic indicators, personality characteristics), sex offender characteristics as they relate to treatment. Academic appointments: Clinical Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine; University of Houston, Department of Psychology, Adjunct Assistant Professor. Professional Memberships: APA, TPA, Houston Group Psychotherapy Society. Other: Sex Offender Provider Designation. Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders. Trainer, various hospital programs.

GREGORY R. BEAULIEU, Ph.D.: Community Integration Program (CIP) - Compensation & Pension

HELEN (MINETTE) BECKNER, Ph.D.: PTSD Clinical Team (PCT)

KAREN BENSON, PhD: General Mental Health Clinic

JANE E. BOOTH, Ph.D., ABPP: Neuropsychology, Community Integration Program (CIP)

ANGELIC CHAISON, Ph.D.: Behavioral Medicine Program (BMP)
The University of Texas at Austin, 2006. Texas and Kansas Licensure. Supervisor, Primary Care-Mental Health Integrated. Theoretical orientation: Cognitive behavioral. Clinical interests: anxiety and
spirituality in the coping process. Academic appointments: Assistant Professor, Menninger Department of Psychiatry & Behavioral Sciences, Baylor College of Medicine. Professional memberships: APA.

ASHLEY CLINTON, Ph.D.: General Mental Health Clinic; Assistant Training Director

ROBERT COLLINS, Ph.D., ABPP-CN: Neuropsychology, Neurology Care Line; Director of the Clinical Neuropsychology Postdoctoral Fellowship
University of Houston, 2004; Postdoctoral Fellowship Clinical Neuropsychology, 2006 (Department of Neuro-Oncology, MD Anderson Cancer Center); Texas licensure; Supervisor, neuropsychology and Preceptor for the clinical neuropsychology postdoctoral fellowship. Areas of specialization: The dementias, Epilepsy, the relation between medical illness and cognition. Academic appointments: Assistant Professor, Baylor College of Medicine, Department of Neurology. Professional Memberships: International Neuropsychological Society, Houston Neuropsychological Society.

AMY CUELLAR, Ph.D.: Community Integration Program (CIP) – Psychosocial Rehabilitation and Recovery Center

JEFFREY A. CULLY, Ph.D.: Behavioral Medicine; Health Services Researcher

DANIEL DEBRULE, Ph.D., H.S.P.P.: Health Behavior Coordinator, Primary Care Administration

CARRIE DODRILL, Ph.D.: Psychologist (Primary Care Mental Health; General Mental Health)
University of Houston, 2003. Texas licensure. Clinical Psychologist in three programs: Primary Care Mental Health Integration; Dialectical Behavior Therapy Team; General Mental Health Program. Theoretical Orientation: Cognitive-Behavioral, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Motivational Interviewing. Clinical Interests: emotional, behavioral, and cognitive change across a wide spectrum of diagnoses; group and individual Therapy; Motivational Interviewing for substance use disorders. Research interests: The effect of Expressive Writing on mood and functioning among people with mood disorders. Academic appointments: Assistant Professor, Menninger Department of Psychiatry, Baylor College of Medicine. Professional
memberships: Association for Behavioral and Cognitive Therapies; Association for Contextual Behavioral Science; Houston Psychological Association.

NANCY JO DUNN, Ph.D.: PTSD Clinical Team (PCT)

JESSICA FRESHOUR, PhD: General Mental Health Clinic

CHARITY HAMMOND, Ph.D., General Mental Health Clinic

EMILY HIATT, Ph.D.: General Mental Health Clinic, PTSD Clinical Team

CHLOE HOANG, Ph.D.:  General Mental Health Clinic

DOROTHY (OCTAVIA) JACKSON, Ph.D.: Primary Care Mental Health Integration

MICHAEL R. KAUTH, Ph.D.: Co-Director and Associate Director for Education, South Central (VISN 16) Mental Illness Research, Education, and Clinical Center (MIRECC)

**VALORIE KING, Ph.D.: Compensation and Pension**

**CYNTHIA KRAUS-SCHUMAN, Ph.D. Geriatric Inpatient Psychologist (6F)**
University of Nebraska-Lincoln, 2006. Texas Licensure. Theoretical Orientation: Cognitive Behavioral. Clinical and Research Interests: Anxiety in Adults and Older Adults, Treatment of Anxiety in Individuals with Dementia. Academic Appointment: Assistant Professor, Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine.

**JILL MCGAVIN, Ph.D.: Substance Dependence Treatment Program (SDTP)**

**BRIAN MILLER, Ph.D.: Rehabilitation Care Line and Mental Health Care Line - Neuropsychology**

**QUANG (CHARLIE) NGUYEN, Ph.D.: Community Integration Program**

**XUAN V. NGUYEN, Ph.D.: Home Based Primary Care**
Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine.

JENNIFER O’NEIL, Ph.D. General Mental Health Clinic

NICHOLAS PASTOREK, Ph.D., ABPP-CN: Polytrauma Network Site - Neuropsychology

M ASHTON PHILLIPS-BENESH, PH.D.: PTSD Clinical Team

LISA ROBINSON, PH.D.: PTSD Clinical Team

ANGELA ROMEO, PSY.D.: Mental Health Intensive Case Management (MHICM)

KEVIN JACQUES SIFFERT, PH.D.: HOME BASED PRIMARY CARE (HBPC)
PAUL SLOAN, Ph.D.: Behavioral Health Program (BHP)

JUSTIN R. SPRINGER, Ph.D.: Inpatient Program - Acute Recovery Treatment Environment (ARTE, 6A)

AVILA STEELE, Ph.D.: Community Integration Program (CIP) - Compensation and Pension

TARA C. STEINBERG, Ph.D.: Infectious Diseases Clinic; General Mental Health Clinic; Infectious Disease Clinic

ALISON SWEENEY, PSY.D.: Behavioral Health Program

ELLEN J. TENG, Ph.D.: Director of Training-Psychology Pre-Doctoral Internship and Clinical Post-Doctoral Fellowship

KARIN THOMPSON, Ph.D, ABPP.: Program Director, PTSD Clinical Team
Vincent Tran, Ph.D.: Behavioral Health Program (Behavioral Health Program)


Emily Voelkel, Ph.D.: PTSD Clinical Team (PCT)


Jill Wanner, Ph.D.: Mental Health Inpatient Program Returning OEF/OIF/OND Veterans Environment of Recovery (ROVER)


Jeffrey West, Ph.D.: Behavioral Medicine Program (BMP) - Pain Program

University of North Carolina at Greensboro, 1988. Louisiana licensure. Staff Psychologist and Pain Psychologist, Primary Care Mental Health Unit; Supervisor, Chronic Pain Rotation. Theoretical Orientation: Cognitive/Behavioral/Eclectic. Clinical interests: group and individual therapy, assessment and treatment of chronic pain and coping, health psychology consultation, pain and co-morbidities, treatment of posttraumatic stress disorder (PTSD). Research interests: coping with chronic pain, program development re: chronic pain treatment and coping, stepped care model of chronic pain treatment, pain and PTSD, sleep and pain. Clinical Associate Professor, Menninger Department of Psychiatry, Baylor College of Medicine; Clinical Assistant Professor, Department of Psychiatry and Neurology, Tulane University School of Medicine. Professional Memberships: APA. Other: Site POC to the National VHA Pain Committee (and outgoing POC to the National VHA Pain Committee, VISN 9); National Mental Health Lead for Behavioral Health Section, Disaster Emergency Response Personnel System; Founding Member VHA National Emergency Management Steering Committee; Certified Provider for Prolonged Exposure (PE) evidence-based treatment for PTSD.

Wright Williams, Ph.D., ABPP: PTSD Clinical Team

Florida State University, 1978. Texas licensure. Diplomate in Clinical Psychology. Supervisor, Trauma
Clinical Interests: Group and individual therapy, personality assessment. Research Interests: The effectiveness of group psychotherapy among veterans with PTSD, and the relationship between personality and physical health in veterans with PTSD. Academic appointments: Assistant Professor at Baylor College of Medicine and the University of Houston. Professional Memberships: APA, TPA, HPA, American Group Psychotherapy Association, and Houston Group Psychotherapy Society. Certified Group Psychotherapist, Member, National Registry of Health Service Providers in Psychology.

NICHOLAS M. WISDOM, Ph.D., ABPP: Neuropsychology, Community Integration Program (CIP) 

MICHELE K. YORK, Ph.D.: Parkinson’s Disease Research, Education and Clinical Center (PADRECC), Neurology Care Line 