



2021-2022 Psychology Predoctoral Internship Program

W.G. (Bill) Hefner Veterans Affairs Medical Center

Director of Training in Psychology

1601 Brenner Avenue

Salisbury, NC 28144

(704) 638-9000 ext. 13175 or 14570

www.salisbury.va.gov/services/psychology.asp

Applications Due: November 15

Clinical Psychology APPIC Match Number: 175611

Health Psychology APPIC Match Number: 175612

Neuropsychology APPIC Match Number: 175613

REQUIREMENTS FOR COMPLETION

Interns must meet minimum performance standards for completion of the Psychology Predoctoral Internship at the W.G. Bill Hefner Veterans Affairs Medical Center. These include:

- For all Interns:
 - A 2,080 hour internship year, including federal holidays, administrative leave, and no more than 208 hours of approved annual/sick leave.
 - A rating of at least "Fully Successful" in all core competencies including: (i) Research, (ii) Ethics and Legal Standards, (iii) Individual and Cultural Diversity, (iv) Professional Values, Attitudes, and Behaviors, (v) Communication and Interpersonal Skills, (vi) Assessment, (vii) Intervention, (viii) Supervision, and (ix) Consultation and Interprofessional/Interdisciplinary Skills.
 - Resolution of any Performance Improvement Plans (PIP).
 - Completion of an average of at least two hours of individual supervision per week, plus at least two additional hours of supervision per week for a total of four hours of supervision per week.
 - Completion of at least one hour of direct therapy/assessment observation (live, co-led, or recorded) by each supervisor each semester.
 - Submission of all supervision records and evaluations.
 - Satisfactory presentation of a didactic training to the Psychology Department.
 - Attendance to at least 75% of all scheduled didactic activities.
- For Clinical Psychology Interns:
 - Completion of a 12-month Behavioral Health Interdisciplinary Program (BHIP) team rotation.
 - Completion of at least two EBP protocols (individual or group).
 - Maintaining at least one couples or family therapy case as part of the outpatient caseload.
 - Completion of at least 10 integrated psychological assessments.
 - Satisfactory completion of two case presentations (assessment and therapy) to the Psychology Department.
 - Completion of a telehealth experience in either individual or group format.

- For Health Psychology Interns:
 - Completion of a 6-month Whole Health and a 6-month Home Based Primary Care rotation.
 - Completion of at least two EBP protocols (individual or group).
 - Completion of at least 10 integrated psychological assessments.
 - Satisfactory completion of two case presentations (assessment and therapy) to the Psychology Department.
 - Completion of a telehealth experience in either individual or group format.
- For the Neuropsychology Intern:
 - Completion of two 6-month Neuropsychology rotations.
 - Completion of at least one EBP protocol (individual or group).
 - Completion of at least 15 integrated psychological assessments.
 - Satisfactory completion of two assessment case presentations to the Psychology Department.

ACCREDITATION STATUS

The psychology predoctoral internship at the **W.G. (Bill) Hefner Veterans Affairs Medical Center (VAMC)** has been fully accredited by the Commission on Accreditation of the American Psychological Association (APA) since 2000. The next site visit will be during the academic year 2020. The Salisbury VAMC abides by all APA guidelines and requirements in the selection and administration of predoctoral interns. APA can be contacted at:

American Psychological Association
 750 First Street NE
 Washington, DC 20002-4242.
 (202) 336-5979 or (202) 336-5500



INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

PROGRAM FIT

Applicants who are competitive and a good fit for our program should be grounded in a clear theoretical approach; have a diversity of experiences in individual, group, and couples interventions; and have a practical working knowledge of the major psychological assessment instruments. They should be prepared to work independently and have a dedication to serving our nation's Veterans.

Minimum Total Direct Contact Intervention Hours:	No
Minimum Total Direct Contact Assessment Hours:	No
Other required minimum criteria used to screen applicants:	
<ul style="list-style-type: none"> • Be a U.S. citizen. • US Selective Service System Registration, if applicable (see www.sss.gov). • Be enrolled in an APA-accredited clinical or counseling psychology program. • Be approved by their Director of Training as ready for internship and preferably will have only minor dissertation requirements remaining. • Prefer to have completed at least 10 integrated adult assessment reports (at least one personality measure and one measure of cognitive functioning). • For the clinical and health psychology tracks, highly regarded candidates will have supervised experience with clinical interviewing, objective psychological assessment, and brief and long-term psychotherapy with a number of populations. • For the neuropsychology track, highly regarded candidates will have supervised experience with clinical interviewing, cognitive and psychological assessment, report writing, and feedback with diverse populations or referral questions. • Additional eligibility requirements: www.psychologytraining.va.gov/eligibility.asp 	

FINANCIAL AND OTHER BENEFIT SUPPORT

Annual Stipend/Salary for Full-Time Interns	\$26,166
Annual Stipend/Salary for Half-Time Interns	N/A
Access to medical insurance?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of annual paid personal time off?	104
Hours of annual paid sick leave?	104

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns in excess of personal time off and sick leave?	Yes
Other Benefits: 10 Federal holidays. Vision and Dental Insurance.	

INITIAL POST-INTERNSHIP POSITIONS

Total number of interns who were in the 3 cohorts 2016-2019	18
Total number of interns who did not seek employment because they returned of their doctoral program/are completing doctoral degree	0

Primary Setting	Post-doctoral residency position	Employed position
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	3	11
Military health center		
Academic health center		
Other medical center or hospital	1	1
Psychiatry hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		
Other		1
Unknown	1	2

SELECTION PROCEDURES

APPLICATION

Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPI application process. All application materials are **due by November 15**.

- The APPIC Application for Psychology Internship (AAPI).
- A cover letter indicating intent to apply to the internship program and internship training interests, including track(s) of interest (e.g., clinical, health, neuropsychology). Applicants may indicate more than one track of interest.
- A Curriculum Vitae.
- Official graduate transcript(s).
- A minimum of three letters of reference (not including the letter of verification from the Training Director).

INTERVIEWS

Written application materials will be reviewed upon receipt. Applicants will be advised by December 15 as to their interview status. Due to COVID-19, interviews will only be conducted virtually or by phone in January. We will offer opportunities to meet additional staff and speak with our current interns. Please be sure to indicate a daytime telephone number in your application materials so you can be reached to schedule an interview. The Co-Training Directors' telephone numbers are (704) 638-9000 extension 13175 for Dr. Brandon Bryan and extension 14570 for Dr. Holly Miskey. Inquiries may also be made via e-mail to either of the Co-Training Directors at: Brandon.Bryan@va.gov or Holly.Miskey@va.gov

SELECTION

The Salisbury VA Medical Center Psychology Internship Program complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computer match program. The program agrees to abide by the APPIC policy that no person at this training program will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org. Those accepted will be contacted by email regarding rotation assignments and will begin the internship program by August 20th.



THE SALISBURY VAMC PSYCHOLOGY SETTING

The Salisbury VAMC continues to see Veteran enrollment growth from year to year. Between 2000 and 2017, the number of total Veterans seen by the medical center has increased from 31,515 to over 104,000, at least 35,313 of whom were OEF/OIF/OND Veterans. During 2017, the Salisbury VAHCS was 19th in the nation for number of unique Veterans served and had over 900,000 outpatient visits. Patient demographics are reflective of the areas served, including Charlotte, Salisbury, and Kernersville, NC. North Carolina Census data (2017) reveal that the approximate population diversity by race is 21 percent African American/ Black, 1 percent American Indian, 2 percent Asian, 8 percent Hispanic or Latinx, and 68 percent White. Current SVAHCS Veteran demographics reveal that the population served is approximately 30 percent African American/ Black, 0.4 percent American Indian, 0.3 percent Asian, 0.4 percent Pacific Islander/ Hawaiian, 6 percent unknown/declined and 63 percent White. The majority of Veterans served are male, but the female patient population is growing rapidly at 11% of new enrollees.

To care for this growing population, the Salisbury VAHCS is a designated "Mental Health Center of Excellence" and "Center of Excellence for Geriatrics." With this designation came over \$18 million for additional outpatient and inpatient mental health services. Outpatient services include a general Mental Health Clinic and specialized programs for Primary Care Mental Health Integration (PCMHI), Home-Based Primary Care (HBPC), Military Sexual Trauma (MST), combat trauma, neuropsychology, marriage and couples therapy, Clinical Video Telehealth (CVT), suicide prevention, and psychosocial rehabilitation. Inpatient services include acute (21 bed) and chronic (20 bed) psychiatry, long- and short-term care for elderly and disabled (120 bed), hospice (12 bed), a residential combat PTSD program (23 beds), and a residential substance abuse treatment (35 beds). Our mental health care services have greatly expanded in recent years with the construction of the palliative care center in 2013 and inpatient psychiatric facility in 2014 and the ongoing renovations for our outpatient facilities. Two new HCCs (Health Care Centers) have been constructed in Charlotte and Kernersville. These facilities further expand the medical and mental health services for our Veterans.

The Salisbury VAHCS employs over 3,000 persons of various disciplines. The Mental Health and Behavioral Sciences (MH&BS) department currently consists of over 200 total staff including over sixty doctoral level psychologists, two psychometrists, and one secretarial support staff. There are four post-doctoral fellows as well; two in our APA accredited Clinical Psychology Post-Doctoral Fellowship and two in our two-year MIRECC Post-Doctoral Fellowship with a Neuropsychology focus. The Department promotes a collegial atmosphere through regular social events.

Abundant resources exist to support training at the Salisbury VAHCS. Shared, comfortable office space and individual access to the Computerized Patient Record System (CPRS) as well as intranet and internet services are provided. To protect our current trainees during the COVID-19 outbreak, VA-issued laptops and individual workspaces or telework options have been provided. The Psychological Testing Center includes computerized assessment packages, statistical software, PC-based assessment and interpretive programs, and a wide assortment of state-of-the-art psychological and neuropsychological testing equipment.

In addition to direct patient care, the Salisbury VAHCS promotes training and research for future health care providers. The Salisbury VAHCS has had an academic affiliation with Wake Forest University of Medicine since 2005 and with the Edward Via College of Osteopathic Medicine (at

Virginia Tech University) since 2006. Each year, hundreds of psychologists, psychiatrists, social workers, nurses, and other disciplines receive excellent training at our facility.

The Research and Academic Affairs Service Line (R&AA) is a vital resource for the medical center. The Medical Library provides access to a wide variety of health care related periodicals utilizing online databases such as PubMed, PsychARTICLES, PsycBOOKS, PsychiatryOnline.org, PsychINFO, PsycTESTS, PILOTS, VA Library Network (VALNET), and others. Hundreds of digital textbooks, including the DSM-5 are available from each desktop. Additional resources are available through interlibrary loan programs. R&AA provides live satellite programs daily via closed circuit monitors throughout the medical center, making access extremely convenient. Programs are also recorded for those unable to attend. Borrowing privileges and extensive use of computerized library search services are available from the Salisbury VAHCS and Wake Forest Libraries.

TRAINING MODEL AND PROGRAM PHILOSOPHY

The Predoctoral Psychology Internship Program at the Salisbury VAMC is committed to providing comprehensive generalist training to qualified interns. The training occurs in an intellectually challenging and professionally nurturing environment.

The philosophy of our internship program is that recovery-oriented, comprehensive, generalist skills form the foundation for competent, independent, professional practitioners in psychology. Developing these skills is accomplished through clinical and didactic experiences emphasizing the practitioner-scholar approach. This generalist emphasis does not preclude developing a focus area. Specialized clinical opportunities are available for interested interns. In addition, the neuropsychology track intern's experience will be more focused on assessment and related interventions than on generalist training.

As practitioner-scholars, interns will be expected to develop a theoretical framework for their clinical work and to demonstrate competence in utilizing evidenced-based interventions and assessment approaches. Interns will be expected to recognize diversity issues and provide services in a culturally competent manner. They are also expected to demonstrate knowledge of empirical support for the psychological interventions they apply. Core competencies for the internship year include: (i) Research, (ii) Ethics and Legal Standards, (iii) Individual and Cultural Diversity, (iv) Professional Values, Attitudes, and Behaviors, (v) Communication and Interpersonal Skills, (vi) Assessment, (vii) Intervention, (viii) Supervision, and (ix) Consultation and Interprofessional/Interdisciplinary Skills. Interns will be evaluated on the core competencies.



PROGRAM AIMS & COMPETENCIES

The aim of our program is to provide the high quality clinical and didactic experiences necessary for transforming doctoral level interns into competent, scientifically grounded practicing psychologists. We believe that the following focus areas of our training program are congruent with the core competencies and will prepare our interns to meet this challenge. Interns will be provided feedback on these competencies at least quarterly.

1) RESEARCH:

Element 1: Acquisition and Evaluation of Literature

The intern demonstrates competency with identifying, obtaining, and critically evaluating literature for ongoing discussion with supervisors and staff on how research informs practice with regard to therapy and assessment cases as well as structured training activities.

Element 2: Application of Literature

The intern reviews and comprehends the literature in preparation for supervision discussions as well as for seminars and didactics when appropriate. The intern demonstrates sound knowledge of theoretical orientation(s) and supports case conceptualizations with relevant literature. Interns will also demonstrate knowledge of formal diagnostic categories (i.e. DSM 5) and the ability to apply the schema to individual patients.

Element 3: Dissemination of Scholarly Work

The intern demonstrates the ability to effectively disseminate research or other scholarly work at the local, regional, or national level (e.g. through case presentations, in individual and group supervision, in treatment team meetings, and in didactics as facilitators as well as active participants).

Relevant Training Activities

Interns are required to complete 2 case presentations to other psychology trainees and training committee staff. These case presentations include discussion of the intern's acquired and applied literature related to the case. Interns also provide a minimum of one didactic for trainees and staff per year on a topic of their choosing and to be approved by their supervisor. Interns are also expected to acquire and apply literature to therapy and case discussions in clinical supervision throughout the year and this particular activity is evaluated by supervisors quarterly.

2) ETHICAL AND LEGAL STANDARDS:

Element 1: Ethical, Legal, and Professional Knowledge

The intern demonstrates knowledge consistent with the APA Ethical Principles of Psychologists and Code of Conduct. The intern is also knowledgeable of local, state, and federal statutes and guidelines that govern health service psychology as well as VA policies that are covered during the orientation period.

Element 2: Ethical Awareness

The intern maintains awareness of their own limits of competency and seeks consultation as needed. The intern demonstrates independence with regard to recognition of ethical concerns that may arise in the course of providing clinical services and will discuss matters as they arise in clinical supervision.

Element 3: Ethical Manner

The intern conducts themselves in an ethical manner in all professional activities and maintains appropriate relationships with supervisors, peers, staff, and Veterans. They maintain timely and appropriate records and documentation consistent with professional and organizational standards.

Relevant Training Activities

Interns participate in weekly consultation (or more often if needed) with clinical supervisors regarding any ethical or legal issues related to patients or other ethical dilemmas with colleagues, supervisors, or other staff. Attendance at didactics regarding ethical and legal issues for a minimum of four hours each semester is also required.

3) INDIVIDUAL AND CULTURAL DIVERSITY

Element 1: Personal and Other Awareness

The intern demonstrates awareness of their own individual and cultural diversity as well as their own beliefs, attitudes, and biases related to other cultures and topics of diversity including age, race, ethnicity, religion, sexual orientation, disability, and other potential differences and similarities that can affect how the intern interacts with others.

Element 2: Knowledge of Diversity Standards

The intern demonstrates knowledge of current research and theory as related to areas of diversity through all professional activities including research, training, supervision/consultation, and service.

Element 3: Integration of Diversity Knowledge in Conduct

The intern applies this knowledge in a variety of activities and roles throughout the internship including therapy, assessment, supervision, and staff interactions. This includes application of knowledge in a way that helps the intern further develop effectiveness with others that differ from themselves, or whose identities or beliefs may conflict with their own.

Relevant Training Activities

Interns participate in a Diversity Series led by staff members including members of the Diversity Committee. Interns address diversity issues in the context of their work on the clinical rotations, general psychotherapy cases, and psychological testing cases. Interns will include discussion of diversity issues with both of their case presentations and will address issues of diversity in supervision through all rotations.

4) PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Element 1: Professional Behavior

The intern demonstrates behavior that reflects professional values and attitudes including honesty, integrity, professional identity, seeking accountability, continuity in learning/developing, and genuine concern for the welfare of others.

Element 2: Self-Awareness and Reflection

The intern works to develop strong self-awareness and engages in self-reflection regarding their personal and professional functioning. The intern engages in various learning and professional activities to improve performance, maintain self-care, and become more professionally effective.

Element 3: Reception of Feedback

The intern receives feedback from supervisors and training staff with a sense of openness and responds to requests for adjustments in practice and behavior as determined appropriate in supervisory relationships.

Element 4: Development of Independence

The intern responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Relevant Training Activities

Interns receive education in professional values, attitudes, and behaviors throughout the year in various didactics. Interns are expected to demonstrate professional behavior, practice self-awareness and reflection, and maintain a positive, professional attitude in all training activities. Supervisors and training staff shall also model this behavior.

5) COMMUNICATION AND INTERPERSONAL SKILLS

Element 1: Maintaining Effective Relationships

The intern develops and maintains effective relationships with all Veterans, training staff, support staff, as well as communities and organizations.

Element 2: Communication

The intern communicates appropriately and professionally through all verbal, nonverbal, written, and typed communication. The intern also comprehends all communication or seeks supervision or consultation when clarification is necessary. The intern demonstrates a depth of knowledge regarding professional language and concepts.

Element 3: Interpersonal Effectiveness

The intern demonstrates effective interpersonal skills and the ability to manage challenges in communication in a professional manner.

Relevant Training Activities

Activities meeting these elements are integrated throughout the training year as communication and interpersonal skills are observed and evaluated through all supervisory experiences and interns' communication with multidisciplinary staff throughout rotations and clinical duties. Didactics on understanding the culture and expectations of interns' communication are provided. Supervisors and training staff will model this area of competency for trainees at all times.

6) ASSESSMENT

Element 1: Knowledge of Diagnostic Systems and Understanding Human Behavior from a Holistic Recovery Perspective

The intern demonstrates understanding of the DSM-5 categories and diagnoses as well as the ability to incorporate observational data. The intern applies knowledge of the recovery model of the Veteran's Health Administration to include acknowledgment of Veterans' strengths.

Element 2: Interviewing

The intern demonstrates the ability to complete comprehensive diagnostic interviews, including appropriate history and the ability to understand human behavior within context.

Element 3: Test Selection and Administration

The intern demonstrates the ability to select appropriate tests, techniques, and methods for psychological assessment, taking into account relevant empirical literature and issues of diversity for each Veteran assessed. The intern demonstrates the ability to administer assessments appropriately.

Element 4: Interpretation and Report Writing

The intern demonstrates independence in scoring and interpretation of assessments accurately and will consult with specialty providers and supervisors as needed with the expectation that less consultation will be necessary as the year progresses depending on the type of assessment and the intern's respective level of experience.

Element 5: Communication of Findings

The intern communicates findings effectively in both written and oral format to the supervisor and to the Veteran. Clear and concise recommendations will be provided to the requesting provider in a timely manner.

Relevant Training Activities

Interns are required to demonstrate competence in a specified list of common assessments during the orientation period and this competence is evaluated by psychometrists and neuropsychologists. Interns will demonstrate competence by completing at least 10 comprehensive psychological assessments during the training year. They also complete an assessment presentation that includes all elements of this competency mentioned above. Interns also complete various clinical rotations that offer additional opportunities for diagnostic interviewing and assessment skill building that is evaluated throughout the year.

7) INTERVENTION

Element 1: Therapeutic Rapport

The intern demonstrates the ability to establish and maintain therapeutic rapport with Veterans and will maintain awareness of and utilization of process and interactional factors in the relationship.

Element 2: Case Conceptualization

The intern develops case conceptualizations informed by psychological theory and research and will review case conceptualizations in weekly individual and group supervision as appropriate.

Element 3: Treatment Planning

The intern formulates appropriate treatment plans in collaboration with Veterans that include evidence-based interventions.

Element 4: Intervention

The intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Element 5: Clinical Decision Making and Modification

The intern applies relevant research literature with regard to making clinical decisions and modifies and adapts evidence-based approaches as necessary with respect for diversity and

when a clear evidence-base is lacking. The intern manages crises appropriately with supervisor involvement as necessary.

Element 6: Evaluation of Intervention

The intern evaluates the effectiveness of intervention through the course of therapy and adapts goals and methods appropriately.

Relevant Training Experiences

Clinical and health interns will maintain a psychotherapy caseload including individuals and couples (a minimum of 5-7 Veterans at any given time depending on frequency and type of treatment as well as the intern's other clinical experience during any particular quarter). They will also facilitate group psychotherapy. The structure and requirements regarding psychotherapy differ among rotations and will be more clearly defined by the rotational supervisors and explained in the intern's quarterly evaluations. The neuropsychology intern will complete evaluations (number/week will vary based on the rotation setting) and have the opportunity to be involved in cognitive rehabilitation groups.

8) SUPERVISION SKILLS

Element 1: Knowledge of Supervision Practices

The intern demonstrates and develops further knowledge of clinical supervision including supervision models and practices acquired through training in didactic activities and supervision experiences on internship (individual, group, and peer supervision). The intern demonstrates the ability to compare their supervisors' approaches to supervision with other models experienced in past supervision relationships and the ability to discuss models and expectations of supervision.

Element 2: Rapport and Effective Supervision

The intern demonstrates the ability to develop and maintain appropriate relationships with psychology trainees and will demonstrate the ability to provide productive feedback to other trainees in the supervision settings (peer supervision, group supervision, consultation, and potentially layered supervision of a practicum student).

Relevant Training Experiences

At minimum, the intern is required to participate in weekly group supervision with fellow trainees where they will have opportunities to lead this experience in the second semester which will include discussing cases and overall issues related to training. The intern will provide consultation services to other disciplines as appropriate on some rotations. The intern also participates in monthly peer supervision to discuss developmental or program issues as well as clinical issues under supervision of psychology residents. Although not required, the intern may also participate in the individual supervision of a practicum student. The intern also participates in several didactics focused on the development of supervision skills.

9) CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Element 1: Knowledge of and Respect for Roles and Other Perspectives

The intern demonstrates knowledge and respect for the roles and perspectives of other professions involved in treatment teams including psychiatry, social work, nursing, primary care, peer support, as well as other specialties and support staff throughout the medical center.

Element 2: Communication with Veterans and Families

The intern communicates effectively with Veterans and their families through verbal, written and electronic means.

Element 3: Interdisciplinary Communication and Collaboration

The intern works effectively with interdisciplinary professionals to address referral questions, offer treatment recommendations, and coordinate patient care. The intern seeks input from other disciplines when needed and utilizes treatment teams appropriately.

Relevant Training Experiences

Interns are required to participate in treatment team meetings across various rotations and will collaborate with various disciplines in planning for Veteran care.

PROGRAM STRUCTURE

The Salisbury VAHCS Predoctoral internship year is designed to be sequential, cumulative, and graded in complexity. As the year progresses, there are increasing expectations for the interns' performance in the core competencies as they develop knowledge, experience, and expertise. Developing a professional identity and confidence are important parts of preparing for independent professional practice. Upon successful completion of the program, the intern will be able to function effectively as an independent professional psychologist in today's healthcare environment.

ROTATIONS

Approximately one half of the intern's clinical time (approximately 16 hours per week) will be spent providing outpatient care and consultation in their primary rotation as a clinical, health, or neuropsychology intern. The second half of the intern's clinical time will be spent in one major (six-month) or two minor secondary rotations. Secondary rotations are selected according to the intern's interests and training needs. In all settings, full participation in the interdisciplinary team process, as an ongoing member or as a consultant, will be an integral part of training. Supervision will be provided by supervisors within each rotation.

This design will provide ample opportunity to develop skills in psychological assessment and evidenced-based individual and group psychotherapy treatment; develop, co-facilitate, and/or lead programming; recognize, understand and deliver culturally sensitive interventions; and to provide clinical consultation to various populations.



Internship Option #1 2 Major Rotations	Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	Clinical Psych	Behavioral Health Interdisciplinary Program (BHIP) General Mental Health Clinic Outpatient Care and Consultation (~14-16 hrs/wk, including 90 minutes of individual supervision)											
	Health Psych	Whole Health and Home-Based Primary Care (HBPC) (~14-16 hrs/wk, including 90 minutes of individual supervision)											
	Neuro	Neuropsych Outpatient (~14-16 hrs/wk, including 1.5 hrs of neuropsych and neuroanatomy seminars, 90 minutes of individual supervision, and optional research activities)											
	All interns	Major Secondary Rotation #1 (~14-16 hrs/wk)						Major Secondary Rotation #2 (~14-16 hrs/wk)					
Didactics (~4hrs/wk); Group Supervision (1 hr/wk);													

Internship Option #2 1 Major and 2 Minor Rotations	Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	Clinical Psych	Behavioral Health Interdisciplinary Program (BHIP) General Mental Health Clinic Outpatient Care and Consultation (~14-16 hrs/wk, including 90 minutes of individual supervision)											
	Health Psych	Whole Health and Home-Based Primary Care (HBPC) (~14-16 hrs/wk, including 90 minutes of individual supervision)											
	Neuro	Neuropsych Outpatient (~14-16 hrs/wk, including 1.5 hrs of neuropsych and neuroanatomy seminars, 90 minutes of individual supervision, and optional research activities)											
	All interns	Major Secondary Rotation #1 (~14-16 hrs/wk)						Minor Secondary Rotation #2 (~14-16 hrs/wk)			Minor Secondary Rotation #3 (~14-16 hrs/wk)		
Didactics (~4hrs/wk); Group Supervision (1 hr/wk);													

Internship Option #3 1 Major and 2 Minor Rotations	Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
	Clinical Psych	Behavioral Health Interdisciplinary Program (BHIP) General Mental Health Clinic Outpatient Care and Consultation (~14-16 hrs/wk, including 90 minutes of individual supervision)											
	Health Psych	Whole Health and Home-Based Primary Care (HBPC) (~14-16 hrs/wk, including 90 minutes of individual supervision)											
	Neuro	Neuropsych Outpatient (~14-16 hrs/wk, including 1.5 hrs of neuropsych and neuroanatomy seminars, 90 minutes of individual supervision, and optional research activities)											
	All interns	Major Secondary Rotation #1 (~14-16 hrs/wk)						Minor Secondary Rotation #2 (~7-8 hrs/wk)			Minor Secondary Rotation #3 (~7-8 hrs/wk)		
Didactics (~4hrs/wk); Group Supervision (1 hr/wk);													

Inpatient and Outpatient Rotation Options

Inpatient Rotations	Outpatient Rotations
Acute/Chronic Psychiatry Geropsychology* Substance Abuse Residential Rehabilitation Treatment Program (SA-RRTP) PTSD Residential Rehabilitation Treatment Program (PTSD-RRTP)*	Behavioral Health Interdisciplinary Program (BHIP) Home-based Primary Care (HBPC)* Whole Health* Neuropsychology* Primary Care Mental Health Integration (PCMHI) Psychological Assessment Posttraumatic Stress Disorder Clinical Team (PCT)* Military Sexual Trauma (MST)* Psychosocial Rehabilitation Recovery Center (PRRC)* Suicide Prevention
*Not available as a minor rotation.	

SUPERVISION

Over sixty psychologists comprise the core faculty and supervisory staff of the internship program (see section on Training Faculty). Interns will be assigned a primary supervisor for their primary rotation for the first six months of their 12-month outpatient experience. Another faculty member will serve as their primary supervisor for the second six months. A secondary supervisor will supervise the intern's secondary rotation each semester. Interns will receive at least ninety minutes of individual supervision from each supervisor each week. Interns will also receive weekly group supervision with the Training Directors and Clinical Psychology Residents to discuss clinical issues, particularly the implementation of evidenced-based practices. Peer supervision is provided monthly by the Clinical Psychology Residents to offer non-clinical peer support as interns progress through their training year. Thus, interns will receive at least 4 hours of formal supervision each week and supervisors are also available for emergent consultation as needed.

Supervisors will assist the intern in establishing a caseload, adjusting to work in the clinical arena, and acquiring the types of experiences necessary for that particular individual to grow in the role of psychologist or neuropsychologist. Live observations rooms, audiotapes, videotapes, and telehealth platforms may be used in the supervision process. Supervisors will mentor the intern via modeling (teaching and supervising the skills and professional demeanor appropriate to that particular setting). Supervision transitions from directive to a more collegial style as the intern progresses toward independent practice. Supervisors will ensure that the intern's objectives are met and will write midterm and final evaluations of intern performance, incorporating the feedback of any psychologists who provide additional supervision.



TRAINING EXPERIENCES

REQUIRED YEAR-LONG ROTATIONS

Clinical psychology interns are required to complete a 12-month rotation with a Behavioral Health Interdisciplinary Program (BHIP) team. Health psychology interns are required to complete Whole Health and HBPC rotations. The neuropsychology intern completes a 12-month rotation in outpatient neuropsychology.

- **Behavioral Health Interdisciplinary Program (BHIP)**
 - Required for the clinical psychology interns, two 6 month rotations.
 - Rotations may occur at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
 - Interns will function as part of a BHIP team, meeting with Veterans to determine treatment needs and providing consultative services.
 - A full range of evaluation, psychotherapy, and consultative services are available in the general mental health clinic.
 - Assessment services include cognitive evaluations, personality assessment, intelligence testing, and capacity evaluations.
 - Individual, marital/couples, family, and group therapies are available, based on clinical indications. Some of the current therapy groups include: Cognitive Processing Therapy, Seeking Safety, Dialectical Behavioral Therapy, Anger Management, Grief, Interpersonal, and various psychoeducational groups.
 - The goal of the internship is for each intern to have a highly varied caseload, not only in terms of population and psychopathology, but also in terms of the psychological knowledge and skills required to meet the Veteran's needs.

- **Whole Health and Home-Based Primary Care (HBPC)**
 - Required for the health psychology interns, 6 months each.
 - **Home-Based Primary Care (HBPC)**
 - The HBPC team operates similarly to a primary care clinic, with one notable difference: instead of the Veterans traveling to the clinic for their appointments, the clinic travels to the Veterans' homes to deliver all needed services. The HBPC team is a multidisciplinary group that includes a Nurse Practitioner, a Nurse Case Manager, an Occupational Therapist, a Physical Therapist, a Dietician, a Social Worker, and of course, a Psychologist.
 - Veterans enrolled in this program must be home-bound, meaning that the Veteran has functional deficits, such as mobility or sensory impairments, that make it difficult or impossible for the Veteran to leave the home without significant assistance. In addition, the Veteran must have a primary diagnosis that is medical in nature.
 - Common medical problems include Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, various types of cancer metastasis, Cerebral Vascular Accident (CVA), severe Traumatic Brain Injury (TBI), Diabetes, and dementia, to name a few. Interns will also work with Veterans suffering from less commonly seen diseases such as Huntington's Chorea and Amyotrophic Lateral Sclerosis (ALS), often referred to as Lou Gehrig's Disease.
 - Many Veterans have concurrent mental health issues that the intern will be responsible for assessing, diagnosing, and treating. Most typically seen are

mood disorders, panic, PTSD, and anxiety. Common treatment interventions consist of helping Veterans cope with chronic illness and lifestyle changes, assisting Veterans in understanding and being an active participant of their treatment plan, and providing stress management skills training to caregivers.

- Opportunities exist for interns to utilize evidence-based practices, such as Cognitive Processing Therapy for PTSD (CPT) and Acceptance and Commitment Therapy for depression (ACT), in accordance with internship program training requirements. Additionally, the intern will be called upon to provide the behavioral health treatment of chronic pain, tobacco use, and tinnitus.
- Interns will learn to perform decisional capacity evaluations to assess the capability of HBPC Veteran to make informed decisions such as health care decisions, financial decisions, choosing a fiduciary, and choosing to live independently.
- This training opportunity will focus upon the provision of empirically supported mental health interventions, as well as the role of a psychologist in an integrated approach between primary care providers and mental health providers.

○ **Whole Health**

- The Whole Health rotation involves working in collaboration with a Health Psychologist with clinical emphasis on health coaching in service of health promotion and disease prevention.
- This rotation may involve work in a variety of areas including the MOVE! Program which focuses on diet/nutrition education and healthy weight management as well as other groups such as Tobacco Cessation, Chronic Pain Management, Sleep, Mindfulness and Meditation, and Tinnitus Management. Services may be provided in individual and group contexts.
- Assessment opportunities are available including pre-spinal cord stimulator, pre-organ transplant, and pre-bariatric surgery evaluations.
- Additional opportunities through Whole Health include staff education about health and wellness as well as some potential services through Primary Care Mental Health Integration (PCMHI).
- An optional experience is to complete heartrate variability biofeedback (HeartMath) and complete cases under supervision.

● **Outpatient Neuropsychology**

- Required for the neuropsychology intern, two 6 month rotations.
- The Neuropsychology department includes five neuropsychologists (three of whom are board certified), two psychometrists, and one support staff.
- If an intern is interested in a Neuropsychology postdoctoral program, the training experience can be tailored towards that goal in terms of number and variety of cases.
- Rotations may occur at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
- Assessment services include evaluations for ADHD, differential diagnosis (type of dementia, dementia vs. mental health etiology), cognitive impairment secondary to neurological condition (Parkinson's, multiple sclerosis, post-stroke), head injury and blast exposure, pre-surgery (DBS, organ transplant), and capacity evaluations. On occasion, Polytrauma evaluations may be available.
- Veterans served range in age from 20s through 90s with most presenting as medically complex with numerous comorbidities.

- Cases are specifically selected based on the intern's training goals; they are NOT assigned based on clinic need. The intern will work with the supervisor to identify the types of cases and training experiences that will best benefit their development.
- Interns can elect to participate in one or more of the FACT (Functional Adaptation and Cognitive re-Training) programs.
 - The FACT program is a multidisciplinary team intervention designed for Veterans with a concussion or mild/moderate brain injury who continue to have cognitive complaints. Small groups focus on compensatory strategies, psychoeducation on brain injury, social comprehension and skill development, and vocational skills. The intern may observe and participate in group sessions.
 - The second FACT program is SmartThink. It is a large group available to any Veteran who would like to improve memory, attention, or other cognitive function. It covers 6 modules or topics including Healthy Brain, Sleep, Attention, How Memory Works, How to Improve Memory, and Problem Solving. The intern will initially observe the modules followed by co-facilitating the group.
- Participation in the MIRECC Functional Neuroanatomy and Advanced Neuropsychology seminars is required.



INPATIENT/RESIDENTIAL ROTATIONS

- **Acute/Chronic Psychiatric Units**

- A 23-bed acute unit provides short-term inpatient treatment for a variety of mental health problems (e.g., severe depression, relapsing psychotic disorders, acute PTSD episodes, detoxification of substance abuse disorders, and severe adjustment disorders, among others). The primary treatment goal is stabilization and discharge into continuing outpatient care or transfer to more specialized residential care as needed.
- A 23-bed chronic unit is for Veterans requiring longer-term psychiatric hospitalization. The population on this unit includes Veterans with severe psychiatric and behavioral problems that interfere with community placement and Veterans needing additional stabilization and treatment.
- Rotation provides the intern with a broad range of clinical experiences. Interns provide short-term/problem-focused individual and group psychotherapy. Interns conduct psychological evaluations (e.g., diagnostic, cognitive screening, capacity, etc.). Interns participate in interdisciplinary treatment team meetings, participate in family sessions, and provide consultation to the treatment team as appropriate.
- Opportunities exist for unit programming and didactic participation based on length of rotation and individualized training goals.



- **Substance Abuse-Residential Rehabilitation Treatment Program (SA-RRTP)**

- SA-RRTP is a 35-bed residential treatment unit for Veterans with substance use disorders.
- The interdisciplinary team is comprised of staff from psychology, psychiatry, social work, nursing, substance abuse counseling, vocational rehabilitation, and support services.
- The program follows a combined psychotherapy, psychoeducation, and aftercare approach to treatment. The SA-RRTP program utilizes cognitive-behavioral relapse prevention techniques, motivational interviewing, and other evidenced-based interventions for Veterans with primary substance abuse and dual diagnoses.
- An intern rotating through SA-RRTP will be involved in participation in the multidisciplinary team process, individual and group psychotherapy, psychological assessment, and participation in psychoeducational programming. Interns may also have the opportunity to participate in program development and in-service training.

- **Posttraumatic Stress Disorder-Residential Rehabilitation Treatment Program (PTSD-RRTP)**

- The PTSD-RRTP offers a 23-bed, 6-week, residential program for the treatment of male and female combat Veterans with combat-related PTSD.
- The multidisciplinary team is comprised of staff from psychology, psychiatry, social work, nursing, medicine, and support services.
- The program goal is to help the Veteran recover from their traumatic experiences.
- Interns co-facilitate an extended Cognitive Processing Therapy (CPT) group several times per week and provide psycho-educational groups or classes. The intern will also go on therapeutic exposure outings in the community. Additionally, the intern will participate in weekly interdisciplinary staff meetings.
- Additional opportunities, including exposure to non-traditional treatment approaches such as tai chi, yoga, and acupuncture, are available according to intern training needs and time considerations.



- **Geropsychology**

- Geropsychology training opportunities are available in several settings, including the outpatient rotation, long-term care (the Community Living Center), and Hospice/Palliative Care.
- The Community Living Center (CLC) is a 120-bed inpatient facility which provides long-term care for elderly and disabled Veterans, short-term rehabilitation services for Veterans recovering from illness or injury, and specialized care for Veterans with dementia. The CLC offers a unique opportunity for interns to work with older adults with complex medical, social, cognitive, and psychiatric conditions.
- The Hospice/Palliative Care program is a 12-bed inpatient hospice unit which affords interns the opportunity to obtain experience in addressing psychological issues faced by Veterans and their families at the end-of-life.
- The geropsychology training experiences emphasize the opportunity to collaborate with interdisciplinary teams, and aim to help interns develop specialized knowledge and skill competencies in the psychological assessment and treatment of older adults.
- This rotation can also be tailored for the neuropsychology intern to complete bedside cognitive and capacity evaluations, to provide consultation to the interdisciplinary treatment team, and to assist in the development of behavioral modification plans for cognitively impaired Veterans through STAR VA.



OUTPATIENT ROTATIONS

- **Behavioral Health Interdisciplinary Program (BHIP)**
 - Required for clinical psychology interns; health and neuropsychology interns may elect a rotation in a BHIP.
 - See page 14 for a description of BHIP.
- **Home-Based Primary Care (HBPC)**
 - Required for health psychology interns; clinical and neuropsychology interns may elect a rotation in HBPC.
 - See page 14 for a description of HBPC.
- **Whole Health**
 - Required for health psychology interns; clinical and neuropsychology interns may elect a rotation in Whole Health.
 - See page 15 for a description of Whole Health.
- **Neuropsychology**
 - Required for neuropsychology interns; clinical and health interns may elect a rotation in neuropsychology. See page 15 for a description of Neuropsychology.
- **Primary Care - Mental Health Integration (PCMHI)**
 - PCMHI is a mental health team embedded in the primary care setting to receive warm hand-offs from primary care staff. The team includes health psychologists, clinical social workers, and a psychiatrist working collaboratively with medical staff in a fast-paced environment.
 - Referred patients are seen within minutes of referral (unless the patient opts for a later scheduled appointment).
 - PCMHI staff offer treatment in the primary care setting for multiple concerns, such as anxiety, depression, bereavement, adjustment disorder, stress, chronic pain, coping with illness, and lifestyle issues affecting mood and health.
 - The Primary Care-Mental Health Integration rotation emphasizes quick delivery of mental health services, effective communication among interdisciplinary staff, and attention to medical conditions and medication effects as they relate to psychological functioning. Interns in PCMHI will have opportunities for rapid assessment, co-facilitation of small groups and classes, consultation with medical providers, crisis intervention, and short-term therapy.

- **Posttraumatic Stress Disorder Clinical Team (PCT)**
 - The PCT is devoted to the treatment of Veterans, active duty, national guard, and reservists presenting with PTSD due to combat, childhood abuse, accidents/disasters, and other traumatic events.
 - The clinic offers a range of services including psychoeducational groups, coping-based therapies, and trauma-focused evidenced-based practices.
 - Interns will develop specialized skills to assess and differentiate trauma sequelae; co-facilitate and/or lead psychoeducational and trauma-focused group therapies including CPT; and provide individual CPT or PE to appropriate Veterans.
 - The PCT continues to serve Veterans of previous conflicts while seeing a growing number of OEF/OIF/OND Veterans.

- **Military Sexual Trauma (MST)**
 - The Military Sexual Trauma (MST) is a recovery-based program with utilization of evidenced-based treatments to assist both male and female Veterans with MST in their recovery process.
 - Interns interested in this rotation would participate in all stages of treatment, including conducting MST intakes, doing individual therapy, and co-facilitating a wide variety of groups (MST Education, Seeking Safety, DBT skills, Shame Resilience, ACT, and CPT). Interns may also assist with various outreach events across the hospital.

- **Psychosocial Rehabilitation Recovery Center (PRRC)**
 - The PRRC assists Veterans with serious mental illness and significant functional impairment in their recovery journeys. PRRC programs seek to help Veterans integrate more fully into the community, make progress towards self-determined goals, and participate in meaningful life roles.
 - The PRRC is an outpatient transitional learning center where Veterans can learn skills that will aid them in this process and in promoting personal wellness.
 - The PRRC offers classes on a variety of topics, such as Social Skills Training, Illness Management and Recovery, Seeking Safety, Wellness Recovery Action Planning, Get Moving! Get Well!, and Coping Skills.
 - Additional services offered by the PRRC include peer support services, psychotherapy, nursing consultation, care coordination, and Veteran-centered recovery planning.
 - Interns completing a rotation in the PRRC will have the opportunity to become a member of a multidisciplinary treatment team, to facilitate or co-facilitate PRRC classes, to serve as a program Recovery Coach for Veterans, and to provide psychotherapy. Interns may also have the opportunity to engage in program development and evaluation.



- **Suicide Prevention (SP)**

- The rotation focuses broadly on increasing understanding of VA SP resources and the functions of the SP team, and on improving suicide risk assessment and management skills.
- Rotation duties include attending weekly team meetings, case managing Veterans with a High Risk Flag (HRF), responding to Veterans Crisis Line (VCL) calls, and reviewing records to provide recommendations about the assignment, renewal, or discontinuation of a HRF.
- Interns in this rotation may be called upon to act as a liaison between trainees and SP staff to best coordinate information and training, and are in an excellent position to provide consultation to other teams and providers about SP services.
- Attendance at an Applied Suicide Intervention Skills Training (ASIST) workshop, as well as monthly Morbidity and Mortality (M&M) presentations are expected.
- This rotation offers a unique opportunity for program development and related small research projects to be completed over the course of the rotation. Interns are encouraged to select a question or topic of interest to them and that addresses a need within the SP program. Possible topics might include:
 - Developing a protocol for managing high frequency VCL callers.
 - Hospital-wide training for staff (recognizing and assessing for risk, appropriate documentation, when and how to submit a consult for review by the SP team, etc.).
 - Identifying how DBT principles for managing suicidality can be incorporated and applied within the VA system.
 - Researching information and organizing findings about suicide risk within special populations.
 - Developing an “FAQ” or quick resource folder for providers hospital-wide to assist in responding to questions about suicide risk, documentation, contacts and resources, etc.
- Optional activities may include participation in SP outreach events, helping to develop materials for a monthly SP mailing, responding to consultative requests for unique cases, and assisting in the development and facilitation of staff trainings.
- Several training opportunities are available. Examples have included Veterans in Pain training by American Chronic Pain Association and online teleconferences relating to suicide and/or management of risk factors.



DIDACTICS and ADDITIONAL TRAINING EXPERIENCES

Interns will spend an average of 4 hours per week in seminars and didactic activities; the neuropsychology intern will have an additional 1.5 hours of relevant didactics on Wednesday afternoons. Didactic offerings are usually scheduled on Fridays. All seminars and didactic activities will support the program's efforts to produce practitioner-scholars capable of translating theory, knowledge, and scientific inquiry into practice. Didactic offerings will incorporate the application of an empirical knowledge base to case formulation, including awareness of multicultural and diversity issues, treatment planning, and treatment implementation.

- **Didactics**

- Trainings in Evidenced Based Practices (EBPs) are provided. Interns will choose from a series of EBP trainings at the beginning of the year to have the opportunity to implement those skills during the internship. Other EBP overviews and trainings are provided throughout they year to ensure familiarity with a wide variety of interventions. Ongoing supervision in the delivery of these therapies develop competence. These therapies may include but are not limited to:
 - Cognitive Processing Therapy (CPT)
 - Prolonged Exposure (PE)
 - Eye Movement Densensitization and Reprocessing (EMDR)
 - Cognitive Behavioral Therapy for Depression (CBT-D)
 - Acceptance and Commitment Therapy (ACT)
 - Interpersonal Psychotherapy (IPT)
 - Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
 - Problem Solving Therapy (PST)
 - Motivational Interviewing and Motivational Engagment Therapy (MI/MET)
 - Social Skills Training (SST)
 - Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD)
- All psychology interns will attend a **Core Psychology Seminar Series** forming the heart of the internship's didactic program. The seminar series will be taught by doctoral-level psychology staff, supplemented occasionally by other relevant disciplines (e.g., pharmacy, psychiatry). Initial seminars will focus on psychology-specific content such as assessment, clinical conceptualization, and treatment of psychopathology frequently encountered within the Veteran population. Interns will also be oriented to the military and other aspects of diversity represented in the Veteran population. Psychology interns will also be able to select other topics based on their interests and identified needs.
- Additional training needs will be addressed through the **Professional Issues Seminar**. The series will provide a supportive forum for the review and exploration of issues relevant to the professional and ethical practice of psychology. Among the topics to be highlighted are interprofessional team functioning, models of consultation, boundary issues, cultural diversity, use of the relationship within psychotherapy, legal and ethical issues in the delivery of psychological services, recognition of one's personal and professional limitations, and career development. Interns will be exposed to varying approaches to the conceptualization and treatment of a broad range of presenting psychological disorders through attendance at regular Journal Clubs and Case Conferences. These are presented by psychology staff (including interns) on the first Friday of every month.

- In addition to the above, interns will attend an ongoing series of **Continuing Education Workshops**, organized by the Northwest Area Health Education Center (NW AHEC) of Wake Forest University's School of Medicine. These monthly workshops are presented by visiting mental health professionals for three to eight hours depending on the topic. These seminars cover topics specifically requested by Mental Health and Behavioral Sciences staff.
- On Wednesdays from 3:00-4:30 PM, trainees with a interest in neuropsychology may participate in the MIRECC Fellowship Seminars which were created to meet Houston Conference Guidelines for postdoctoral training in neuropsychology. Recently, these seminars have become nationally attended using video teleconferencing by interns, post-docs, and psychologists from several VAMCs across the nation as well as from Wake Forest School of Medicine.
 - **Advanced Neuropsychology Seminar:** meets twice monthly to cover an array of clinical neuropsychology topics. Participants are provided with readings relevant to each topic and are expected to arrive prepared to actively participate in discussion. MIRECC neuropsychology fellows, other postdoctoral residents (clinical psychology), medical residents (neurology, psychiatry, pharmacology, and rehab), and predoctoral interns are invited to attend. Seminars involve a mix of guest speakers, didactics, and board certification mock exams.
 - **Functional Neuroanatomy Series:** meets twice monthly to cover an array of functional neuroanatomy topics. The seminar series is led by a research neurobiologist. Participants are provided with readings relevant to each topic and are expected to arrive prepared to actively participate in discussion. Other postdoctoral fellows/residents as well as predoctoral interns are invited to attend these seminars.
- **Additional Training Experiences**
 - Three additional opportunities are available for interns to gain specialized experience in clinical hypnosis, family therapy, and research. The time commitment for these options must be negotiated out of the other rotations.
 - The **Clinical Hypnosis Seminar** is a one-year commitment which meets 90 minutes a week for the entire training year. During the first half of the year, participants are exposed to the history, theory, phenomena, and controversies of contemporary hypnotic practice. Various inductions and the uses of clinical hypnosis are learned through didactic, observational, small group experiential, and clinical practice. During the second half of the year, seminar participants begin to see Veterans for clinical hypnosis, as appropriate to participant skill level and interests. Supervision and instruction are provided by the Clinical Hypnosis Consultation Team, made up of Dr. John Hall (contact person), Dr. Christina Vair, Mr. Bill Hayes, Ms. Sara Kennedy, Ms. Becky Norman, and Dr. Yoshiko Yamamoto.
 - The **Marriage, Couples, Family Therapy (MCFT)** gives the intern experience in co-facilitating therapy as well as receiving live supervision and feedback. Initially, the intern would be paired with a staff psychologist. As the training year progresses, interns may be paired with other trainees. The therapy sessions may be observed by other psychology and mental health staff and students as part of the training process.

Feedback will be provided to the therapists by the observation team and provided to the couple/families by the therapists. Interns will have the opportunity to be a co-therapist or observer for a variety of cases, including a multi-family group.

- Although the internship year is devoted to the development of clinical skills, an optional **research experience** is available. Research at the Salisbury site of the Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) focuses on neuropsychology and neuroimaging of post-deployment conditions. For interns with interest in completing a research project with the MIRECC, an individualized experience will be tailored. This will be based on available projects in the MIRECC at that time, number of interns interested, and individual intern goals and interests. A variety of possible projects will be identified, and the intern will select a project to join. A typical experience will include attendance at lab meetings monthly to update progress, participating in writing meetings, contributing to a manuscript to earn co-authorship, and/or presentation at a conference or meeting. Time expectation is 2 hours per week, lasting through the completion of the project which may occur outside of the standard 40 hour/week tour.

ADMINISTRATIVE POLICIES AND PROCEDURES

At the time of this publication, funding is available for six interns (three clinical, two health psychology, and one neuropsychology). The stipend for the year is \$26,166 with full health benefits. No unfunded or part-time positions are available. Interns receive 10 federal holidays and 15 days of leave for illness, vacation, or personal time. Interns may also receive up to 5 days of administrative leave for continuing education or conference attendance.

The Salisbury VAHCS Psychology Internship program has established due process procedures for the training program (these are detailed in our Psychology Training Program, MH & BS Service Line Memorandum 11M-2-00-6). Our program does not require self-disclosure as part of the training year application process or training year activities. We will collect no personal information about you when you visit our website.

LOCAL INFORMATION

The W.G. (Bill) Hefner Veterans Affairs Medical Center is located in Salisbury, North Carolina. Salisbury is nestled in the rolling hills of the Central Piedmont region and is a small city of approximately 34,000 with significant historical and natural attractions. The larger metropolitan areas of Charlotte, Winston-Salem, and Greensboro are all within a 45-minute drive. Beach and mountain resort areas are easy weekend trips with lakes and many fine golf courses in close proximity. The pleasant climate and relatively affordable cost of living make the area a popular relocation or retirement area.

While providing all the attractions of a small town, Salisbury also offers many big city amenities including a symphony, an art gallery, local live theater, children's theater "The Norvell," historic museums, and opportunities for dining and entertainment. The nearby metropolitan areas offer many additional cultural opportunities including theater, opera, regional fairs and festivals, and professional sports. Carowinds and the National Whitewater Center are both located in Charlotte. For sports enthusiasts, Charlotte is home to the Carolina Panthers NFL team and the Charlotte Hornets NBA

team. Kannapolis, NC is home to the Chicago White Sox Single A minor league team, the Intimidators, and downtown Charlotte is the home of the White Sox AAA team, the Charlotte Knights, and the minor league AHL hockey team, the Charlotte Checkers. Many well known collegiate teams, including UNC-Chapel Hill and Duke, are also found in the Carolinas. Concord, NC is home to Charlotte Motor Speedway, where two major NASCAR races are held yearly. Concord also has a historical downtown area and Concord Mills, a popular shopping mall, and Great Wolf Lodge and Water Park which attracts visitors from throughout the southeast. The Charlotte area has consistently ranked in recent top 10 lists of popular moving destinations for millennials.

Salisbury is easily accessible from Interstate 85. Air travel is convenient through either of two major airports (the Charlotte-Douglas International Airport or the Piedmont Triad Airport). Amtrak train service and bus lines are also available.



TRAINING STAFF

Name	Title	Degree (Date)	Interests
Laura M. Abood, Ph.D.	PCMHI, Charlotte HCC	University of New York at Binghamton (1993)	Health psychology/behavioral medicine; Mindfulness; Program development and management; Interdisciplinary team work; Geriatrics
Lisette Acevedo-Cruz, Psy.D.	BHIP, Charlotte HCC	Carlos Albizu University (2003)	Individual and group psychotherapy; Sexuality and Health; Recovery Model of mental health; Interdisciplinary Team Work; Interpersonal Therapy; Prolonged Exposure; ACT
John Allmond, Psy.D.	BHIP, Salisbury VAMC	Regent University (2009)	Cognitive Behavioral Therapies; Health psychology; Marriage and Family; Integration of Faith/Spirituality in Treatment
Patricia P. Ansbro, Psy.D.	BHIP, Salisbury VAMC; Marriage, Couples, and Family Therapy	Baylor University (1991)	Interpersonal psychotherapy; Couples and family therapy; Anger Management; Interdisciplinary Team Functioning; ACT
Cheri Anthony, Ph.D.	Suicide Prevention Program Manager	University of Southern California (1989)	Suicide Prevention; Psychology Administration; Gerontology
Jacky Aron, Ph.D.	BHIP, Kernersville HCC	Auburn University (1990)	Individual and group psychotherapy; PTSD and Anxiety disorders; CBT; CPT; PE; ACT
Lynnette Austin, Psy.D.	Coordinator, PRRC	Carlos Albizu University (2002)	Cognitive-Behavioral Therapy; ACT; Forensic Psychology.
Shanyn Aysta, Psy.D., ABBP	Local Recovery Coordinator	Rosemead School of Psychology, Biola University (2001)	Recovery model of mental health; Object-relations psychotherapy; Integration of faith systems and psychotherapy; Supervision; Whole Health Coaching
Haleigh Barnes, Ph.D.	BHIP, Charlotte HCC	Rosemead School of Psychology in Clinical Psychology (2018)	Psychodynamic; Cognitive-Behavioral Therapies; Trauma-focused therapies; Skills Training in Affective and Interpersonal Regulation (STAIR)
Michelle E. Barnett, Ph.D.	HBPC, Charlotte HCC	University of Alabama (2006)	Psychological assessment; Forensic and risk assessment; Caregiver interventions; Psychology training and teaching
Jikesha Benton-Johnson, Psy.D.	Coordinator, Peer Support Services	Georgia School of Professional Psychology in Clinical Psychology (2008)	Cognitive Behavioral Therapy; Military Sexual Trauma; Wellness & Resiliency; Recovery Model
Frank Bettoli, Ph.D.	BHIP, Salisbury VAMC	University of Kentucky (1997)	Humanistic, Existential, and Interpersonal Therapy; Dual Diagnosis; Personality Disorders; Trauma
Stephanie Boyd, Ph.D.	BHIP, Charlotte HCC	University of Georgia (2009)	Mindfulness and Whole Health; Women's Health; LGBTQ Health
Natalie Brescian, Ph.D.	Geropsychologist, Community Living Center and Hospice	Colorado State University (2010)	Geropsychology; Cognitive and capacity evaluation; Dementia; End-of-life issues; Interprofessional team development; Teaching; Medico-legal issues
Brandon Bryan, Psy.D.	Coordinator, PCT and PTSD-RRTP; Co-Training Director	Virginia Consortium Program in Clinical Psychology (2008)	Humanistic and Cognitive-Behavioral Therapies; Trauma and Resilience; Moral Injury

Name	Title	Degree (Date)	Interests
David L. Butler, Ph.D., ABN	Clinical Neuropsychologist, FACT and SmartThink Coordinator	Virginia Tech University (1982)	Neuropsychology; Cognitive rehabilitation; Sleep
Meghan Cody, Ph.D.	PCMHI, Kernersville HCC	University of Virginia (2012)	Evidence-Based Practices; Cognitive-Behavioral Therapies; Integrated Primary Care Psychology; Exposure Therapy for Anxiety and Related Disorders
Megan Constance, Psy.D.	Clinical Psychologist Outpatient Mental Health, BHIP Team Juliet.	Midwestern University (2019)	Acceptance and Commitment Therapy, Mindfulness Based Interventions, PTSD/MST, Clinical Supervision
Lynda Cox, Psy.D.	BHIP, Kernersville HCC	Nova Southeastern University (1994)	Trauma; Substance abuse
Candace Decaires-McCarthy, Psy.D.	PCT, Kernersville HCC; LGBT Point of Contact	Rutgers University (2014)	PTSD Recovery; Evidence Based Treatments; Couples Psychotherapy; LGBT issues and Telehealth
Ryan A. DeHaas, Ph.D.	BHIP, Salisbury VAMC; SA-RRTP	Rosalind Franklin University of Medicine and Science (2002)	Assessment and treatment of primary substance abuse and dual-diagnosis; Anxiety sensitivity and substance abuse; Health psychology and behavioral medicine; Psychological adjustment to acute and chronic medical conditions
Herman Diggs, Ph.D.	Supervisory Psychologist, Kernersville HCC	Southern Illinois University at Carbondale (2015)	CBT for addictive disorders; Mindfulness Based Relapse Prevention; Gambling disorder treatments; Evidence-based psychotherapy
Linda Duthiers, Ph.D.	BHIP, Kernersville HCC	Auburn University, Counseling Psychology 2005	Identity development (Racial/Ethnic, Sexual Orientation/Gender Identity, etc.); Existential/Humanistic therapies; Dynamic therapies; CBT; ACT; DBT; Moral injury; Childhood and adult trauma
Kristie Earnheart, Ph.D.	HBPC, Charlotte HCC	University of North Texas/University of North Texas Health Science Center Consortium (2006)	Geropsychology; Medical Psychology; Death and Dying/End of Life Issues
Kara Felton, Psy.D.	BHIP, Charlotte HCC	Marywood University (2017)	Severe Mental Illness; Person-Centered Care; Recovery-Oriented Treatment; Trauma and Resilience; Diversity and Inclusion; Suicide Prevention; Training and Supervision; Issues of Sexuality; Dual Diagnosis
Megan Freese, Ph.D.	PCT, Salisbury VAMC; Telehealth Specialist	Illinois Institute of Technology (2009)	Evidence-based treatments for PTSD (e.g., CPT, PE, CBCT); ACT; Providing evidence-based treatments via telehealth technology; Parenting.
Nancy Furst, Psy.D.	PCT, Charlotte HCC; Local Evidence Based Psychotherapy Coordinator; LGBT Veteran Care Point of Contact	American School of Professional Psychology; D.C. (2013)	Trauma & PTSD; Cognitive Behavioral Therapies; Mindfulness; ACT; Supervision and Training; Telemental Health; Transgender Health Care; Couples Therapy; Evidence based psychotherapies

Name	Title	Degree (Date)	Interests
Angela Gonzalez-Gonyer, Psy.D.	PCT, Charlotte HCC	American School of Professional Psychology at Argosy University; Hawaii (2010)	Cognitive-Behavioral Therapies; Interpersonal process; Certified in the following trauma-focused therapies: EMDR, PE, CPT
Jennifer Haist, Ph.D.	PTSD/SUD Psychologist, Salisbury VAMC	West Virginia University (2014)	Evidence-based practices with emphasis on PTSD and SUD treatment; ACT; Trauma and Resilience; Diversity issues
John Hall, Ph.D., ABPP	Whole Health Pain Psychologist; LGBT Veteran Care Coordinator	University of Louisville Clinical (1995)	Chronic and Acute Pain; Disability Mitigation; Clinical Hypnosis; Sexual Orientation and Gender Identity
Lise Hall, Ph.D.	Compensation and Pension Examiner, Kernersville HCC	Xavier University (2002)	Trauma responses and treatment; Treating moral injuries; Psychology of abusers/sadists and dynamics of abusive/dominating relationships; Loss and end of life issues; Human-animal bonds and mutual benefits
Elizabeth Howarth, Ph.D.	PRRC, Salisbury VAMC	Southern Illinois University Carbondale (2012)	Serious Mental Illness; Psychosocial Rehabilitation and Recovery; Diversity Issues
Cassie Hudson, Ph.D.	BHIP, Charlotte HCC	University of North Carolina at Charlotte (2014)	Patient-Centered Care; Posttraumatic Growth (PTG); Recovery; Trauma; Health Psychology; Interdisciplinary Teams; Training, Education & Supervision; Program/Systems Evaluation & Improvement; Traumatic Brain Injury (TBI)
Kristin Humphrey, Ph.D., ABPP	Supervisory Psychologist, Charlotte HCC	Michigan State University (2007)	Evidenced based psychotherapies for PTSD; Depression; Insomnia; Telemental health
Lyssa Israel, Ph.D.	BHIP, Salisbury VAMC	Fairleigh Dickinson University (1996)	CBT; Trauma; LGBTQ; Mindfulness and Mindful Living
Lauren Jacobs, Psy.D.	PCT, Salisbury VAMC	Regent University (2019)	Evidence-Based Practices for PTSD; Resiliency and trauma; Gender and PTSD; Couples and family therapy; Multicultural issues
Alex Jadidian, Ph.D., ABPP	BHIP, Charlotte HCC	University of Florida (2014)	Cognitive Behavioral and Integrated Therapy; Evidenced Based Therapies; Attention Deficit Hyperactivity Disorder
Bianca Jones, Psy.D.	BHIP, Charlotte HCC	Xavier University (2012)	Assessment and treatment of PTSD; CPT; CBT-I; DBT; Multicultural considerations in psychotherapy.
Rachael Kelleher, Ph.D.	BHIP, Kernersville HCC	University of North Carolina at Greensboro (2018)	Integrative approaches to clinical practice using a biopsychosocial perspective; CBT; ACT; DBT; Strength-based therapies; Compassion-focused Therapy
Richard Kennerly, Ph.D.	Coordinator, Neuropsychology	University of North Texas (2006)	Neuropsychological Assessment; Alzheimer's Disease; TBI; ADHD; Cognitive Rehab; CES; Biofeedback
Matthew Konst, Ph.D.	Director, VISN 6 Telemental Health Hub	Louisiana State University (2008)	Humanistic and Cognitive-Behavioral Therapies; Telemental Health; Whole Health; Trauma and Resilience; Moral Injury
Seth S. Labovitz, Ph.D., CGP	BHIP, Salisbury VAMC	Ohio State University (1992)	Group Psychotherapy; Humanistic and Experiential Psychotherapy; Psychological Assessment

Name	Title	Degree (Date)	Interests
Jennifer Luescher, Ph.D.	PCMHI, Charlotte HCC	University of Florida (2004)	Evidenced-Based Practices; Trauma and Resilience; Diversity and Inclusion
Holly Miskey, Ph.D., ABPP-CN	Neuropsychologist; Co-Director MIRECC Postdoctoral Fellowship, Co-Training Director	University of North Carolina at Greensboro (2013)	Executive functions; Prefrontal lobe; PTSD and cognitive functioning
Theodore L. Moretz, Ph.D.	PTSD-RRTP	Indiana State University (1996)	Cognitive Behavioral and Existential therapies; Posttraumatic stress; Malingering
Leah Powell, Ph.D.	BHIP, Charlotte HCC	Indiana State University (2006)	Cognitive Behavioral Therapies; Trauma Focused Therapies; EMDR; Marital Therapy
Julianne Y. Richard, Ph.D.	Acute/Chronic Inpatient Unit	Oklahoma State University (2018)	Severe and Persistent Mental Illness; Solution Focused Brief Therapy Interventions; Motivational Interviewing; Evidenced Based Practices (PTSD, Schizophrenia, Social Skills Training, etc.); Training, Education, and Supervision; Psychological Assessment
Kevin Richard, Ph.D.	PTSD-RRTP	Oklahoma State University (2018)	Humanistic and Cognitive-Behavioral Therapies; Motivation and Emotion; Narrative Therapy; Cognitive Therapy; Solution Focused Therapy
Ashley Rose, Psy.D.	BHIP, Salisbury VAMC	Marshall University (2013)	Sleep intervention (IRT/CBT-I); CBT; Personality disorders; Trauma and Resilience; Rural health
Ramona Rostami, Ph.D.	Neuropsychologist, Salisbury VAMC, Kernersville HCC	Fuller Graduate School of Psychology (2018)	Dementia; CVAs; TBI; Cognitive Rehabilitation; Neuroanatomy
Meredith Rowland, Ph.D.	Coordinator, Transitional Residence House	Binghamton University (2009)	Substance abuse treatment; Exposure therapy; Behavioral psychology; Group psychotherapy; Psychological assessment
Stephen Russell, Psy.D.	Supervisory Psychologist, Salisbury VAMC	Regent University (2005)	Recovery; Psychosocial Rehabilitation; Serious Mental Illness; Religious/Spiritual Diversity
Tamara Scott, Ph.D., MPH	Whole Health; Health Behavior Coordinator; Health Promotion Disease Prevention Program Manager	University of North Carolina at Charlotte (2016)	Health Psychology and Behavioral Medicine; Cognitive Behavioral Therapy; Cultural adaptation of evidenced based interventions; Public Health; Program development
Kossi Sevon, Psy.D.	BHIP, Kernersville HCC	Illinois School of Professional Psychology, Chicago (2017)	Evidence-based psychotherapies (CBT-D, PE, CPT, & DBT); Psychological assessment; Anger management; Trauma/Stressor-related disorders; Anxiety & Depressive disorders; International psychology; Supervision
Janice Shieh, Psy.D.	HBPC, Salisbury VAMC	University of Denver Graduate School of Professional Psychology (2000)	Contextual Behaviorism; Social Justice; Evidenced-Based Therapies
Robert Shura, Psy.D., ABPP-CN	Co-Director MIRECC Postdoctoral Fellowship; Polytrauma Neuropsychologist	Marshall University (2013)	Performance and Symptom Validity; TBI; ADHD; Psychometrics; Neuroanatomy
Amy Smith, Psy.D.	MST Coordinator; VISN 6 MST Point of Contact	Regent University (2010)	Treatment of PTSD including MST-related issues; Women's issues; ACT

Name	Title	Degree (Date)	Interests
Annette Solomon, Ph.D.	PCMHI, Salisbury VAMC	Wright State University School of Professional Psychology (2003)	Multiculturalism; Substance Abuse/ Addictions; Humanistic and Cognitive-Behavioral Therapies; Health Psychology
J. David Spriggs, Psy.D.	PCMHI, Kernersville HCC	Wheaton College (2001)	Couples Therapy; Treatment of Depression; Spiritual Issues in Psychotherapy; Therapy with Older Adults; Therapy for people with Chronic Illness
Kathryn Stranahan, Psy.D.	Acute/Chronic Inpatient Unit	La Salle University (2019)	Severe Mental Illness; Cognitive Behavioral Therapies; CPT; Trauma; Suicide Prevention; Psychological and Risk Assessment; Forensics
Raphael D. Thigpen, Psy.D.	BHIP, Charlotte HCC	Wright State University School of Professional Psychology (2002)	Cognitive-Behavioral Therapies; Health Psychology; PTSD; Diversity/Multicultural Issues
Monica Lyn Thompson, PsyD, LPC	VISN 6 Telemental Health Hub	Illinois School of Professional Psychology at Argosy University, Chicago (2015)	EBPs for Trauma & PTSD; MST; LGBTQ+; Diversity/Multiculturalism; Social Justice; Training & Supervision; Couples Therapy with a focus on Consensually Non-Monogamous Relationship Structures.
Christina L. Vair, Ph.D.	Clinical Director, Whole Health	University of Colorado at Colorado Springs (2012)	Health psychology; Behavioral medicine; Complementary and Integrative modalities; Motivational interviewing; Clinician coaching/interdisciplinary team facilitation; Program development; Implementation science; Health equity
Ann Williams, Ph.D.	BHIP, Charlotte HCC	University of North Carolina at Greensboro (2012)	Assessment and treatment of PTSD; Evidence-Based Practices for PTSD and Depression; Serious and Persistent Mental Illness
Nicolas Wilson, Psy.D.	BHIP, Charlotte HCC	Forest Institute of Professional Psychology (2015)	Trauma treatment; Internal Family Systems
Yoshiko Yamamoto, Ph.D.	BHIP, Kernersville HCC; LGBT point of contact	Fielding Graduate University (2009)	Mindfulness; Hypnosis for PTSD, Anxiety, Depression, Chronic pain, and Smoking Cessation; DBT
Julia D. Yearwood, Psy.D.	BHIP, Charlotte HCC; MST	Florida Institute of Technology (2015)	Evidenced-Based Practices; Clinical Video Tele-Health; Health psychology and behavioral medicine; LGBT issues
Michael Zande, Ph.D.	VISN 6 Telemental Health Hub; Trainer, IPT for Depression	Nova Southeastern University (1988)	IPT for Depression; Cognitive Psychotherapy

VAMC = Veterans Administration Medical Center; HCC = Health Care Center; BHIP = Behavioral Health Interdisciplinary Program; HBPC = Home-Based Primary Care; PCMHI = Primary Care-Mental Health Integration; PCT = PTSD Clinical Team; MST = Military Sexual Trauma; SA-RRTP = Substance Abuse Residential Rehabilitation Treatment Program; PRRC = Psychosocial Rehabilitation and Recovery Center;

INITIAL POST-INTERNSHIP POSITIONS

Total number of interns who were in the 3 cohorts 2013-2018	31
Total number of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1

Primary Setting	Post-doctoral residency position	Employed position
Community mental health center		2
Federally qualified health center		
Independent primary care facility/clinic		1
University counseling center		
Veterans Affairs medical center	15	5
Military health center		
Academic health center		
Other medical center or hospital	2	
Psychiatry hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		4
Not currently employed		
Changed to another field		
Other		
Unknown	1	2

PREVIOUS TRAINEES' GRADUATE SCHOOLS

2020-2021

Marshall University
Nova Southeastern University
Palo Alto University
Regent University
University of North Carolina at Greensboro
Wright State University

2019-2020

Marshall University
Midwestern University
Nova Southeastern University
Spalding University
Wisconsin School of Professional Psychology
Wright State University

2018-2019

Georgia School of Professional Psychology
Midwestern University
Regent University (3 interns)
University of Buffalo

2017-2018

Argosy University, Chicago
Carlos Albizu University – San Juan
Fuller Graduate School of Psychology
Nova Southeastern University
Oklahoma State University
PGSP – Palo Alto University

2016 – 2017

Argosy University, Chicago
Carlos Albizu University – Miami
Georgia Southern University
James Madison University
Marywood University
PGSP – Palo Alto University
Regent University

2016 – 2017

Argosy University, Chicago
Carlos Albizu University – Miami
Georgia Southern University
James Madison University
Marywood University
PGSP – Palo Alto University
Regent University

2015 – 2016

Carlos Albizu University - Miami
Pacific Graduate School of Psychology – Stanford
PGSP – Palo Alto University
University of Akron
University of Southern Mississippi
Xavier University

2014 – 2015

Argosy University, Hawaii
Argosy University, Atlanta
Carlos Albizu University
Florida Institute of Technology
James Madison University
University of Indianapolis

2013 – 2014

Argosy University, Chicago
Immaculata University
Nova Southeastern University
Radford University
Spalding University
University of Florida

2012 – 2013

Argosy University, D.C. (2 interns)
Regent University
University of Central Florida

2011 – 2012

Argosy University, Atlanta
Regent University (2 interns)
Wright Institute

2010 – 2011

Indiana University of Pennsylvania (2 interns)
Nova Southeastern University
Regent University

2009 – 2010

Argosy University, Atlanta
Argosy University, Hawaii
University of Iowa
Virginia Consortium Program in Clinical Psychology

2008 – 2009

Argosy University, Atlanta
Illinois Institute of Technology
Marshall University
Pepperdine University

2007 – 2008

Indiana University of Pennsylvania
Wright Institute

2006 – 2007

Michigan State University
Nova Southeastern University

2005 – 2006

Argosy University, Washington, DC
Rosemead School of Psychology

Updated September 8th, 2020

2004 – 2005

Argosy University, Atlanta
University of Virginia

2003 – 2004

Nova Southeastern University
University of South Carolina

2002 – 2003

Argosy University, Chicago
Nova Southeastern University

2001 – 2002

Massachusetts School of Professional Psychology
University of Virginia & Cornell Law School

2000 – 2001

University of Connecticut
Wheaton College