



2021-2022 Psychology Postdoctoral Residency 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: December 15

REQUIREMENTS FOR COMPLETION

Residents must meet minimum performance standards for completion of the Psychology Postdoctoral Residency at the W.G. Bill Hefner Veterans Affairs Medical Center. These include:

- A 2,080 hour residency 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: Diagnostic, Theoretical, and Conceptual Skills; Psychological Interventions; Psychological Assessment; Consultation, Evaluation, and Supervision; Strategies of Scholarly Inquiry; and Ethics/ Professional Behavior.
- Resolution of any Performance Improvement Plans (PIP).
- Completion of an average of at least two hours of individual supervision per week.
- Completion of at least one hour of direct therapy observation (live, co-lead, or recorded) by each supervisor each semester.
- Submission of all supervision records and evaluations.
- Attendance to at least 75% of all scheduled didactic activities.
- Completion of a 12-month Behavioral Health Interdisciplinary Program (BHIP) team rotation.
- Completion of at least 15 integrated psychological assessments.
- Completion of at least two EBP protocols (individual or group).
- Completion of a CVT experience in either individual or group format.
- Maintaining at least one couples or family therapy case as part of the outpatient caseload.
- Satisfactory completion of two case presentations (1 assessment and 1 therapy) to the Psychology Department.
- Satisfactory presentation of a didactic training to the Psychology Department.

LICENSURE

The residency program is designed to meet guidelines for psychology licensure in North Carolina. Our supervisors are willing to work with residents towards licensure in other jurisdictions as well. The resident is responsible for ensuring any licensure guidelines for the state of their choosing are met.

ACCREDITATION STATUS

The Residency in Clinical Psychology at the **W.G. (Bill) Hefner Veterans Affairs Medical Center (VAMC)** in Salisbury, NC, has been fully accredited by the Commission on Accreditation of the American Psychological Association (APA) since 2012. We recently completed an APA site visit in 2017 and were accredited for 10 years. The Salisbury VA Health Care System abides by all APA guidelines and requirements in the selection and administration of post-doctoral residents. APA can be contacted at:

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

SELECTION PROCEDURES

ELIGIBILITY

A candidate for the W.G. (Bill) Hefner VAMC Psychology Residency Program must:

- Be a U.S. citizen.
- Complete an APA-accredited clinical or counseling psychology program prior to the residency start date.
- Complete an APA-accredited internship prior to the residency start date.
- Complete their dissertation prior to the residency start date.
- Highly regarded candidates will have supervised experience with clinical interviewing, objective psychological assessment, brief and long-term psychotherapy with a number of populations, and experience in academic writing.
- Additional eligibility requirements: www.psychologytraining.va.gov/eligibility.asp

Interested individuals who meet eligibility criteria should submit the following application materials on APPA CAS. All application materials are **due by December 15**:

- The APPA CAS Application for Psychology Residency.
- A cover letter indicating intent to apply to the residency program and training interests.
- A Curriculum Vitae.
- Official graduate transcript(s).
- A minimum of three letters of reference (at least one from an internship supervisor).

As an equal opportunity training program, the residency welcomes and strongly encourages applications from all qualified candidates regardless of race, ethnicity, religion, sexual orientation, disability, or other diversity status.

INTERVIEWS

Written application materials will be reviewed upon receipt. Applicants will be advised by February 1 as to their interview status. Due to COVID-19, interviews will only be conducted virtually or by phone in February. We will offer opportunities to meet additional staff and speak with our current residents. 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 VAMC Psychology Residency Program complies with all APPA CAS guidelines in the recruitment and selection of residents. Those accepted will be contacted by email regarding rotation assignments. They will begin the residency program in August, completing 2080 hours over a 12-month period. A resident's start date may be changed based on the candidate's internship completion date.



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 84,924. During 2017, the Salisbury VAMC 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 Latino, and 68 percent White. Current SVAMC 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.

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 VAMC 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 one-year Clinical Psychology Post-Doctoral Residency 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 VAMC. 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 VAMC promotes training and research for future health care providers. The Salisbury VAMC has had an academic affiliation with Wake Forest School 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 VAMC and Wake Forest Libraries.



TRAINING MODEL AND PROGRAM PHILOSOPHY

The Post-Doctoral Psychology Residency Program at the Salisbury VAMC is committed to preparing new graduates for entry-level generalist practice in professional psychology. This does not preclude Residents from selecting a focus area and choosing rotations to promote a specialization, such as trauma. The training occurs in an intellectually challenging and professionally nurturing environment.

The philosophy of our residency program is that advanced clinical skills, with a foundation in evidence-based practice, form the foundation for competent, independent, professional functioning as a psychologist. Residents provide direct clinical care to Veterans, participate in and lead interdisciplinary teams, and teach others.

The Clinical Psychology Residency Program's overarching purpose is to produce new practitioner-scholars who have the requisite knowledge and skills for advanced independent practice of professional psychology within a variety of clinical and academic settings.

PROGRAM AIMS & COMPETENCIES

The postdoctoral Residency has the following aims, with the listed competencies and definitions of how these competencies are evaluated:

AIM #1: To produce psychologists with advanced skills in psychological assessment and diagnosis.

A. Competencies:

1. The Resident is familiar with a diverse range of psychological theories and models.
2. The Resident considers multiple perspectives as well as diversity issues in assessment and diagnosis.
3. The Resident knows and applies empirically-supported assessment and diagnostic procedures in psychological practice.

B. Evaluation of Competencies:

1. Demonstrates knowledge of empirical support for procedures employed in psychological assessment.
2. Demonstrates skills in diagnostic interviewing; establishes appropriate relationships and elicits relevant information.
3. Demonstrates skill in observing behavior and incorporating this observational data.
4. Demonstrates the necessary skills and abilities to assess the extent to which patients are potentially dangerous to themselves or others.
5. Demonstrates the ability to select appropriate tests, techniques, or procedures to aid in psychological assessment when indicated.
6. Demonstrates the ability to adapt assessment approaches to the needs of special populations or culturally diverse patients.
7. Demonstrates the ability to administer, score and interpret psychological tests according to standardized protocols.
8. Demonstrates the ability to integrate interview, observational, historical, and psychological test data in a clear and coherent fashion.
9. Demonstrates proficiency in the preparation of written reports. Provides clear, concise and useful information in accordance with professional and organizational standards.

AIM #2: To produce psychologists with advanced skills in psychological interventions.

- A. Competencies:
 - 1. Considers multiple perspectives in treatment.
 - 2. Conceptualizes presenting problems using these theories to guide clinical interventions.
 - 3. Applies empirically supported interventions in psychological treatment.
- B. Evaluation of Competencies:
 - 1. Demonstrates a well-developed theoretical/conceptual foundation for understanding behavior and guiding interventions.
 - 2. Integrates relevant data into a meaningful and coherent conceptualization and can develop strategies or interventions based on this conceptualization.
 - 3. Demonstrates knowledge of formal diagnostic categories (i.e. DSM-5) and the ability to apply these schemas to individual patients.
 - 4. Demonstrates knowledge of empirical support for psychological intervention procedures employed.
 - 5. Develops appropriate short-term and long-term treatment plans.
 - 6. Demonstrates the ability to adapt interventions to the needs of special populations or culturally diverse patients.
 - 7. Establishes effective working relationships; is aware of and makes use of process and interactional factors in the relationship.
 - 8. Demonstrates the ability to handle crisis situations with clients.

AIM #3: To produce psychologists with advanced skills in consultation, supervision, and teaching.

- A. Competencies:
 - 1. Functions as an integral member of multidisciplinary teams.
 - 2. Provides informed psychological consultation to other mental health and medical professionals.
 - 3. Knows when to pursue formal and informal supervision and how to integrate the information.
- B. Evaluation of Competencies:
 - 1. Demonstrates an understanding of the team treatment process, including both the role of the psychologist and the role of the other disciplines on the multidisciplinary team.
 - 2. Demonstrates effective communication with other members of the treatment team and makes appropriate contributions to the team treatment process.
 - 3. Responds to consultation requests in a timely and appropriate manner.
 - 4. Utilizes formal and informal supervision to enhance and expand professional competence.
 - a. The Resident will provide monthly peer supervision to six APA accredited interns.
 - b. The Resident will take a lead role in delivering psychological services with residents and other staff (i.e. MCFT, groups, and assessments.)
 - 5. Understands how their own personality and life experiences affect the therapeutic relationship.
 - 6. Is aware of limits of their own competency and seeks appropriate consultation and/or refers appropriately
 - 7. Presents psychological concepts in an approachable and informative manner to professionals, paraprofessionals, students, and lay persons using diverse methods.

- a. The Resident will lead a career development panel for interns.
- b. The Resident will complete two case presentations.

AIM #4: To produce psychologists with advanced skills in scholarly inquiry.

A. Competencies:

1. Conceptualizes, designs, and implements research designs.
2. Reviews research areas compatible with scholarly inquiry.

B. Evaluation of Competencies:

1. Demonstrates competence in critically reviewing and synthesizing existing research.
 - a. The Resident will participate in a weekly didactic presentation.
 - b. The Resident will participate in bi-weekly Neuroanatomy seminars.
 - c. The Resident will attend AHEC presentations that fit the Resident's specific training goals as agreed upon with the Primary Supervisor.

AIM #5: To produce psychologists with advanced skills in organization, management, administrative, ethical, and diversity issues related to psychological practice, training, and research.

A. Competencies: Attends to and responds to facility and departmental organization and management requirements in a timely manner.

B. Evaluation of Competencies:

1. Demonstrates knowledge of and behavior consistent with APA ethical guidelines.
2. Demonstrates knowledge of and behavior consistent with VA policy and relevant statutes regulating professional practice.
3. Complies with departmental and facility organization and management requirements in a timely manner.
 - a. The Resident attends monthly departmental staff meetings.
 - b. The Resident completes institutional training regarding professional conduct in the VA system on time.
4. Consistently demonstrates sensitivity to individual and cultural differences and diversity issues in all activities.
 - a. The Resident's weekly supervision sessions include attention to cultural and individual diversity; sensitivity to issues is assessed in supervision.
 - b. The Resident's weekly didactics include a focus on cultural and individual diversity.
 - c. The Resident will attend diversity-specific seminars.
5. Develops a professional identity that allows application of the practitioner-scholar model.
6. Maintains appropriate relationships with supervisors, peers, support staff, and other members of other professional disciplines.
7. Maintains timely and appropriate records and documentation consistent with professional and organizational standards.



PROGRAM STRUCTURE

The resident completes a 2,080 hour residency year. Clinical rotations are determined in consultation with supervisors and the Training Director. Rotations are designed to address relative clinical skill weaknesses as well as improve skills in the Resident's particular clinical interest area. The clinical experiences focus on the Resident's training needs rather than on clinical service delivery. Outpatient mental health services are an integral part of the training throughout the training year. The Resident provides short and long term individual and group psychotherapy throughout the year with patients with diverse psychopathology. At least 15 integrated assessment reports will be completed, and the Resident functions as a consultant in multi-disciplinary teams. Approximately 2 to 4 hours a week of didactic training is required.

Sample Residency Option #1: 2 Major Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Primary Clinical	General Mental Health Clinic Outpatient Care and Consultation (~12-16 hrs/wk, including 1 hour of individual supervision)											
Secondary Clinical	Major Secondary Rotation #1 (~12-16 hrs/wk, 1 hour of supervision)						Major Secondary Rotation #2 (~12-16 hrs/wk, 1 hour of supervision)					
Didactics	Neuropsychology Seminar Series, Neuroanatomy Seminar Series, Diversity Video Teleconference, AHEC Trainings, other Didactics, and Group Supervision (4 hrs/wk)											

Sample Residency Option #2: 1 Major and 2 Minor Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Primary Clinical	General Mental Health Clinic Outpatient Care and Consultation (~12-16 hrs/wk, including 1 hour of individual supervision)											
Secondary Clinical	Major Secondary Rotation #1 (~12-16 hrs/wk, 1 hour of supervision)						Minor Secondary Rotation #2 (~12-16 hrs/wk)			Minor Secondary Rotation #3 (~12-16 hrs/wk)		
Didactics	Neuropsychology Seminar Series, Neuroanatomy Seminar Series, Diversity Video Teleconference, AHEC Trainings, other Didactics, and Group Supervision (4 hrs/wk)											

Sample Residency Option #3: 1 Major and 2 Minor Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Primary Clinical	General Mental Health Clinic Outpatient Care and Consultation (~12-16 hrs/wk, including 1 hour of individual supervision)											
Secondary Clinical	Major Secondary Rotation #1 (~12-16 hrs/wk, 1 hour of supervision)						Minor Secondary Rotation #2 (~7-8 hrs/wk)			Minor Secondary Rotation #3 (~7-8 hrs/wk)		
Didactics	Neuropsychology Seminar Series, Neuroanatomy Seminar Series, Diversity Video Teleconference, AHEC Trainings, other Didactics, and Group Supervision (4 hrs/wk)											

Inpatient and Outpatient Rotation Options

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

SUPERVISION

Over sixty psychologists comprise the core faculty and supervisory staff of the residency program (see section on Training Faculty). Residents will be assigned a primary supervisor for the entire training year and at least two secondary supervisors for six months each. Residents will receive at least one hour of individual supervision from each supervisor each week. Residents will also receive weekly group supervision with the Training Director to discuss clinical issues, particularly the implementation of evidenced-based practices. Thus, residents will receive at least 3 hours of formal supervision each week and supervisors are also available for emergent consultation as needed.

Supervisors will assist the resident 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. Live observations rooms, audiotapes, videotapes, and telehealth platforms may be used in the supervision process. Supervisors will mentor the resident 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 resident progresses toward independent practice. Supervisors will ensure that the resident's objectives are met and will write midterm and final evaluations of resident performance, incorporating the feedback of any psychologists who provide additional supervision.

TRAINING EXPERIENCES

All residents have a primary rotation in outpatient general mental health services throughout the entire training year. The second half of the resident's clinical time will be spent in one major (six-month) or two minor (three-month) secondary rotations. 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.

- **Behavioral Health Interdisciplinary Program (BHIP)**
 - Required for 12 months.
 - BHIP rotations may occur at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.

- As mentioned previously, Salisbury VAMC is a designated "Mental Health Center of Excellence". A full range of evaluation, psychotherapy, and consultative services are available in the general mental health clinic.
- Residents will function as part of a BHIP team, meeting with Veterans to determine treatment needs and providing consultative services.
- Assessment services can include cognitive screenings, personality assessment, intelligence testing, ADHD diagnostic assessments, health psychology evaluations, and capacity evaluation.
- 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 residency is for each resident 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.

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. Direct admissions, transfers from other units within the hospital, and transfers from other regional hospitals are accepted.
- 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 resident with a broad range of clinical experiences. Residents provide short-term/problem-focused individual and group psychotherapy. Residents conduct psychological evaluations (e.g., diagnostic, cognitive screening, capacity, etc.). Residents 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.
 - A resident rotating through SA-RRTP will be involved in participation in the multidisciplinary team process, individual and group psychotherapy, psychological assessments of Veterans, and participation in psychoeducational programming. Residents 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.
 - Residents co-facilitate an extended Cognitive Processing Therapy (CPT) group several times per week and provide psycho-educational groups or classes. The resident will also go on therapeutic exposure outings in the community. Additionally, the resident 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 resident 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, rehabilitation services for Veterans recovering from illness or injury, and specialized care for Veterans with dementia. The CLC offers a unique opportunity for residents to work with older adults with complex medical, social, and psychiatric conditions.
- The Hospice/Palliative Care program is a 12-bed inpatient hospice unit which affords residents 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 residents develop specialized knowledge and skill competencies in the psychological assessment and treatment of older adults.

OUTPATIENT ROTATIONS

- **Psychological Assessment**

- The Psychological Assessment rotation (only available as a minor rotation) allows Residents a deeper assessment experience without electing for a full 6-month neuropsychology rotation.
- A key component to the rotation is increasing knowledge and clinical skill with a core set of common measures (MMPI-2/RF, RBANS, PAI, Rorschach, etc.) across a number of referral contexts. The goal is to deepen assessment knowledge and skill through an increased and focused assessment experience based on the Resident's training goals.
- Possible assessments of focus may include health psychology evaluations (pre-surgery evaluations, transplant assessments), brief cognitive evaluations, psychiatric diagnostic clarity assessments, ADHD assessments, and capacity evaluations.
- Trainees on this rotation will learn to accurately administer, score, and interpret various instruments and generate reports using precise language. Evidence-based assessment and advanced interpretive knowledge are stressed.
- At least 8 evaluations are expected to be completed. Assessment type and tests used will be based on interests and training needs of individual Resident.



- **Neuropsychology**

- The Neuropsychology department includes five neuropsychologists (three of whom are board certified), two psychometrists, and one support staff.
- 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 resident's training goals; they are NOT assigned based on clinic need. The resident will work with the supervisor to identify the types of cases and training experiences that will best benefit their development.
- Residents 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 resident 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 resident will initially observe the modules followed by co-facilitating the group.

- **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.
- Residents 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. Residents may also have the opportunity to engage in program development and evaluation.

- **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.
 - Residents 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.
 - Residents 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). Residents may also assist with various outreach events across the hospital.

- **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 (PC-MHI).



- **Primary Care - Mental Health Integration (PC-MHI)**

- PC-MHI 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).
- PC-MHI 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. Residents in PC-MHI will have opportunities for rapid assessment, co-facilitation of small groups and classes, consultation with medical providers, crisis intervention, and short-term therapy.

- **Suicide Prevention (SP)**

- The rotation focuses broadly on increasing understanding of VA SP resources and the functions of the SP team, and on 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.
- Residents 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 M&M events 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. Residents 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.).
 - Considering 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.
- Additionally, 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.

RESEARCH

The Salisbury VAMC is a key site in the Mid-Atlantic Mental Illness Research, Education and Clinical Center (MA-MIRECC), one of 10 MIRECC centers nation-wide which act as major translational research programs for the VA. Residents may choose to participate in post-deployment mental health and traumatic brain injury research and collaborate with the two MIRECC research fellows. Additionally, collaboration among the Residents at the Hefner VAMC, other VAMCs in VISN 6, and Wake Forest School of Medicine offer a wide breadth of research opportunities.

DIDACTICS and ADDITIONAL TRAINING EXPERIENCES

Residents will spend an average of 4 hours per week in seminars and didactic activities. 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. Residents will choose from a series of EBP trainings at the beginning of the year to have the opportunity to implement those skills during the residency. 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)
- The **Psychology Seminar Series** is taught by doctoral-level psychology staff, supplemented occasionally by other relevant disciplines such as Pharmacy or Psychiatry.
- Residents may choose to attend alternating weekly 1½ hour **Neuropsychology Seminars and Functional Neuroanatomy Seminar Series** which focus on understanding the biological and psychological functioning of the brain. Seminars are structured for the postdoctoral level and for Houston Conference Guidelines for postdoctoral training in neuropsychology for the MIRECC Fellows. Seminars involve a mix of guest speakers, didactics, group discussion, and board certification mock exams. Beginning in 2016, this seminar expanded nationally, with numerous other training sites videoconferencing in to attend as hosted by the Salisbury site.

- A required monthly **Diversity Video-Teleconference** (V-Tel) is offered solely to post-doctoral residents by a consortium of 12 VAMCs around the country. Each month, a presentation and discussion focuses on a different aspect of diversity.
- In addition to the above, residents 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. There are also monthly scheduled Psychiatry Grand Rounds from Wake Forest University which are available and broadcasted via V-Tel equipment in the outpatient mental health clinic. There are also monthly Psychiatry Journal clubs which faculty and trainees may attend.
- Residents will also select from a variety of specialized topics of virtual monthly national conferences to attend covering such topics as PTSD, geropsychology, Best Practices, Measurement Based Care, and other speciality topics.



- **Additional Training Experiences**

- Residents supervise the 6 psychology interns in weekly clinical group supervision and monthly peer supervision. Residents have opportunities to engage in individual layered supervision of other trainees in the delivery of clinical services.
- Two additional opportunities are available for Residents to gain specialized experience in clinical hypnosis and family therapy. 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 is 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 resident experience in co-facilitating therapy as well as receiving live supervision and feedback. Initially, the resident would be paired with a staff psychologist. As the training year progresses, residents may be paired with other trainees. The therapy sessions will 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. Residents will have the opportunity to be a co-therapist or observer for a variety of cases, including a multi-family group.
- Although the residency 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 residents 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 trainees interested, and individual resident goals and interests. A variety of possible projects will be identified, and the resident will select a project to join. A typical experience will include attendance to 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

The stipend for the year is \$46,102. No unfunded or part-time positions are available. At the time of this publication, funding is available for two residents. The Hefner VAMC Psychology Residency 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.

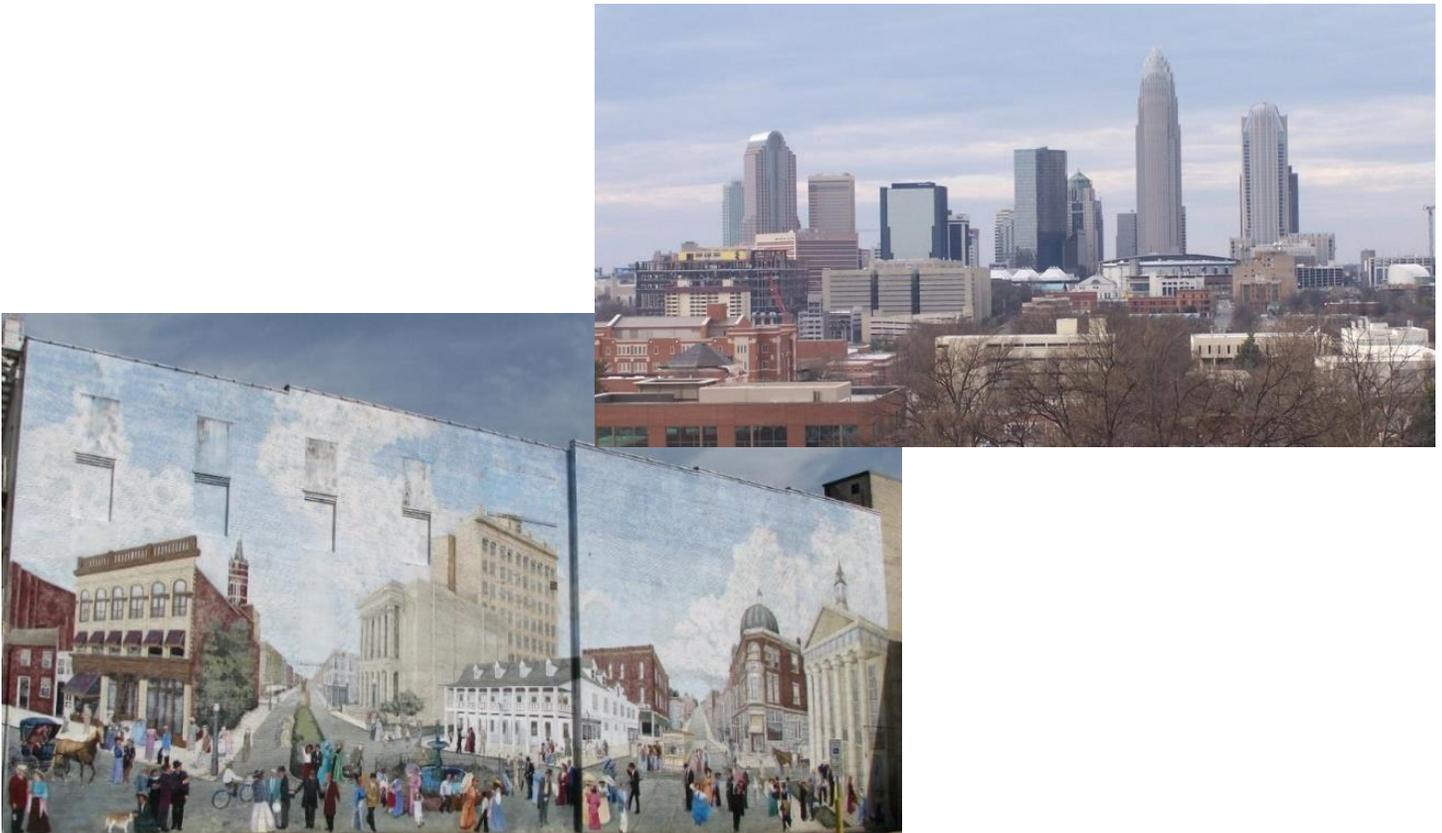
Residents receive 10 federal holidays, up to 5 days of administrative leave for continuing education/conference attendance, and 15 days of leave for illness, vacation, or personal time. The VA has also added health insurance as a benefit for VA residents. Borrowing privileges and extensive use of computerized library search services are available from the VAMC and Wake Forest Libraries.

LOCAL INFORMATION

The W.G. (Bill) Hefner VAMC 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 re-location 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 new 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. 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 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 millenials.

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.



PSYCHOLOGY 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.	BHIP, Charlotte HCC	Midwestern University (2019)	Acceptance and Commitment Therapy, Mindfulness Based Interventions, PSTD/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
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

Name	Title	Degree (Date)	Interests
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.	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
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

Name	Title	Degree (Date)	Interests
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
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

Name	Title	Degree (Date)	Interests
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.	HBPC, Kernersville HCC; 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; PCMHI = Primary Care-Mental Health Integration; PCT = PTSD Clinical Team; SA-RRTP = Substance Abuse Residential Rehabilitation Treatment Program; MST = Military Sexual Trauma; PRRC = Psychosocial Rehabilitation and Recovery Center; HBPC = Home-Based Primary Care

PREVIOUS RESIDENTS' GRADUATE SCHOOLS

2020-2021

Marshall University
Wisconsin School of Professional Psychology

2019-2020

La Salle University

2018-2019

Oklahoma State University
Rosemead School of Psychology, Biola University

2017-2018

Argosy University, Chicago
University of Arkansas

2016-2017

University of Southern Mississippi
University of Tennessee - Knoxville

2015 – 2016

University of North Carolina-Charlotte
Regent University

2014 – 2015

University of Florida
Nova Southeastern University

2013 – 2014

Regent University

2012 – 2013

Argosy University, D.C.

2011 – 2012

Regent University

2010 – 2011

Tennessee State University

2009 – 2010

University of Missouri

2008 – 2009

Virginia Consortium Program in Clinical Psychology

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT

Important information to assist potential applicants in assessing likely fit with the program:

Applicants who are a good fit for our program should have specific goals of which clinical skills they plan to further refine while in residency. Furthermore, applicants should be prepared to have a high degree of independence while engaging in service delivery across a variety of rotations.

Other required minimum criteria used to screen applicants:

- Be a U.S. citizen.
- US Selective Service System Registration, if applicable (see www.sss.gov).
- Be enrolled in/completed an APA-accredited clinical or counseling psychology program.
- Be enrolled in/completed an APA-accredited predoctoral internship.
- Highly regarded candidates will have supervised experience with clinical interviewing, objective psychological assessment, and brief and long-term psychotherapy with a number of populations.
- Additional eligibility requirements: www.psychologytraining.va.gov/eligibility.asp

FINANCIAL AND OTHER BENEFIT SUPPORT FOR UPCOMING TRAINING YEAR

Annual Stipend/Salary for Full-time Residents	\$46,102
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Resident?	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 (PTO and/or Vacation)	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/Residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): 10 Federal holidays. Vision and Dental Insurance.	

INITIAL POST-RESIDENCY POSITIONS 2017-2020

(Aggregated Tally for the Preceding 3 Cohorts)

Total # of Residents who were in the 3 cohorts	5
Total # of Residents who remain in training in the residency program	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		4
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatry hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		1
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		