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Accredited by the
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INTRODUCTION

Welcome to our internship brochure! We hope this document will answer your questions about what we offer. Our program, now in its 24th year, adheres to a generalist model and provides services to veterans (and their families) in a rural, predominately Appalachian cultural setting.

PSYCHOLOGY SETTING

The James H. Quillen VAMC provides an APA-accredited pre-doctoral psychology internship within the Mental Health Service. The facility is part of the Mountain Home Healthcare System and includes 35 doctoral psychologists who serve patients in outpatient, acute care, short stay rehabilitation, and residential settings. Each of the 35 psychologists has a primary assignment to a specific program, such as Primary Care, Consultation-Liaison, Substance Use Disorders Program, Posttraumatic Stress Program, etc. Of the 35, 24 Psychologists are currently faculty members in our Internship Program.

We are especially proud to note that 11 Mountain Home internship graduates are employed on our staff of 35 psychologists. Also, 4 of the 35 have been at Mountain Home for 20 years or more, providing professional continuity, institutional memory, medical center leadership, and mature mentors for newer staff members.

Nearly all psychologists are involved in other pursuits, such as teaching, administrative duties, program coordination, or research. Monthly training sessions and scheduled business meetings help to promote a professional solidarity among this large and decentralized psychology staff. Interns are viewed as junior colleagues, and issues of professional identity development and work-life balance are at the forefront of the internship year.

Located on a park-like campus of more than 200 acres in Johnson City, Tennessee, the James H. Quillen Veterans Affairs Medical Center (VAMC) at Mountain Home is the primary medical and surgical teaching hospital for the James H. Quillen College of Medicine at East Tennessee State University (ETSU). Physician residency training programs in surgery, medicine, family medicine and psychiatry are actively involved in health care delivery, as are ETSU training programs in nursing and other health care professions. The various clinical departments in the hospital have long track records of commitment to training and to the promotion of an atmosphere conducive to interdisciplinary exchange and development. Built at the turn of the century, Mountain Home has been designated by the National Park Service as a National Historic Landmark. Only three other national homes for disabled volunteer soldiers have been awarded this distinction. The medical center won the Carey Award in 2013, meaning that we were identified as one of the top two VAMCs in the nation.

ACCREDITATION STATUS

The pre-doctoral internship at the James H. Quillen VA Medical Center is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). We have been fully accredited since August 23, 1996, shortly after our internship program was first established. We were re-accredited for seven years in November 2015. Our next site visit will be held in 2022.

As an APA-accredited internship program, the faculty follows APA standards regarding prerequisites for predoctoral internship training. To address questions or concerns about the accreditation status of the internship program, applicants may contact the Committee on Accreditation at the following address:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE Washington, DC 20002-4242
Telephone: 202-336-5979
Fax: 202-336-5978
<http://www.apa.org/ed/accreditation>
Email: apaaccred@apa.org

PROGRAM STRUCTURE

The internship program is administered through the Psychology section at James H. Quillen VAMC. A Training Committee, chaired by the Psychology Training Director, oversees admissions and evaluation procedures, training policy, rotation selections, and training goals for interns. The Committee meets monthly to execute administrative duties, set policy, monitor program developments, and facilitate a smooth and effective internship of the highest quality possible for each intern. General meetings of the Committee are open to interns.

The internship requires a minimum of 2,080 training hours, carries a stipend of ~~\$24,014~~\$26,422, and comprises 1 calendar year, beginning the week of the July 4th holiday. Other benefits include: health insurance coverage, paid vacation and sick leave, all federal holidays off, and 40 hours of paid professional leave. To provide a well- integrated model of predoctoral internship training, our program features:

1. The rotational system consists of three major rotations, each of which lasts four months. Interns work about three days a week in their major rotations.
2. Concurrently, interns select two minor rotations, lasting six months each. Interns work one day per week in their minor rotations.
3. Two non-VA, off-site rotations are available (Supervision and ETSU's Center of Excellence for Children in State Custody).

4. Interns are given private offices, close to one another and to several supervisors.
5. Peer supervision (also known as “intern bonding time”) is from 3:30-4:30 pm the first Friday of the month, with other times available at the discretion of the interns.
6. Specific rotations are chosen by each intern, in conjunction with recommendations from internship faculty and the parent university. The most weight is given to interns’ preferences, with the additional goal of ensuring that interns round out any previously-missed major areas of practice. The faculty believe that interns should have experience with residential, seriously mentally ill, geriatric, and substance using populations prior to graduation, to round out generalist training. Additionally, interns select an individual psychotherapy supervisor to work with for the entire year as they see longer-term therapy cases. This supervisor also functions as a professional mentor.
7. A year-long seminar series that combines didactic and clinical case material. Attendance is required.
8. Opportunities are made available for professional and personal growth via such activities as teaching, workshop presentations, supervision of a practicum student (where available), research, and participation in professional conferences.
9. For a \$20 key fee for the year, interns have access to the employee gym.
10. Interns are encouraged to participate in activities held at JHQVAMC, including participation in our Multicultural Diversity Committee.

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Major Rotations

Assessment

Supervisor: Dr. Meagan McPherson

The Mental Health Clinic (MHC) is the James H. Quillen VA Medical Center's all-purpose mental health outpatient clinic, which serves Veterans reflecting the full spectrum of mental health needs. Diagnosis of MHC outpatients range from relatively mild problems (e.g. adjustments disorder) to more severe psychopathology such as schizophrenia, personality disorders, dual diagnosis, and neurocognitive disorders. Multidisciplinary treatment services offered within the MHC include individual therapy, group therapy, couples therapy, pharmacotherapy, and psychological assessment. The principle rotation goals are to refine the intern's skill in the areas of case conceptualization, differential diagnosis, and treatment planning via information gathering and therapeutic psychological assessment approaches (Finn and Tonsager, 1992). Brief interventions for therapy patients may be offered on a case-by-case basis, as the primary training emphasis is in assessment and consultation.

The objective of the MHC assessment rotation is on accurate and complete acquisition, interpretation, and synthesis of the available data sources. MHC testing referrals are varied and will be matched to suit the intern's interests and training needs. Frequently utilized tests include the following: Minnesota Multiphasic Personality Inventory – 2 (and MMPI-2-RF), Personality Assessment Inventory (PAI), Wechsler Adult Intelligence Scale – IV (WAIS), Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), select subtests of the Halstead-Reitan Neuropsychological Battery, and the Neuropsychological Assessment Battery (NAB). Please note that this rotation offers experience in neuropsychological screening evaluations and does not suffice for the requisite internship training for board certification in clinical neuropsychology.

An essential part of this rotation will be collaborating with other staff, including providing feedback and treatment recommendations to various disciplines of referring providers. The primary model of consultation utilized is Caplan's client-centered mental health *collaboration*, meaning the intern will function as an internal consultant to the MHC teams and will share equal responsibility for the overall outcome of the patient. The primary goal of consultation is educative between the specialist (intern) and collaborator (referral source), with the patient being the target of intervention.

Geriatric Patient Aligned Care Team (Geri-PACT)

Supervisor: Dr. Denise Gross

As part of the outpatient primary care program, this experience offers the opportunity to learn about the physical and mental health care needs of older adults in a collaborative setting. The intern will be part of an interprofessional team which consists of a physician, psychologist, nurse, RN nurse care manager, psychiatrist, social worker, pharmacist, and dietician. The intern has the opportunity to strengthen their assessment and therapy skills while also learning how psychology's unique knowledge and skills combine with those of other specialties to provide integrated, coordinated care to older adults and their families. Brief assessment and psychological interventions are targeted at reducing the impact

of psychological disorders on physical health and medical issues and may include behavioral medicine issues (compliance, weight, smoking, etc.), depression, anxiety, grief, family issues, caregiver stress, and dementia-related behavioral problems. The intern will learn how to provide abbreviated clinical services in an integrated model, consult with other specialties, and develop the basic knowledge necessary for working in a medical setting, such as medical terminology, common medical disorders, and commonly prescribed medications. There is also an option of co-leading the structured Memory and Aging group through the Memory Care Clinic.

This rotation additionally provides the opportunity to gain experience in geriatric cognitive and neuropsychological assessment. The intern will learn to administer, score, and interpret a variety of instruments, write focused reports, and communicate results to patients, families, and providers. Brief cognitive screenings to establish baselines are common in Geri-PACT and the intern may also perform more detailed cognitive assessments through the Memory Care Clinic. In addition, there is an opportunity to perform neuropsychological evaluations targeted at the differential diagnosis of dementia on a consultation basis. Patients typically have multiple comorbid medical conditions (hypertension, cardiac disease, diabetes, apnea) and the intern will have the opportunity to learn about the impact of neurologic and non-neurologic conditions on cognitive functioning.

Post-Traumatic Stress Program (PTSP)

Supervisors: Drs. Arash Farshid and Andrew Presnell

The Post-Traumatic Stress Program (PTSP) is an outpatient specialty clinic devoted to the evaluation and treatment of Posttraumatic Stress Disorder. The PTSP comprises a small, well-integrated, interdisciplinary staff providing direct care to Veterans and significant others. Program staff also provide consultation to other programs within the VAMC as well as to Vet Centers in Johnson City and Knoxville.

Interns participating in the PTSP clinic can expect to learn more about the wide range of PTSD-related clinical presentations by conducting PTSD intakes using the CAPS-5, utilizing other assessment measures, and writing intake reports. Interns will also be given the opportunity to learn Evidence-Based Treatments (e.g., Cognitive Processing Therapy) by co-facilitating group CPT-C and by utilizing this modality with individual patients. Interns may have the opportunity to observe and receive training in other modalities (i.e., Prolonged Exposure) pending patient needs represented in the clinic at that time. Other psychotherapy group facilitation opportunities are available, including: Moral Injury, PTSD 101 (psychoeducation), Partners (for partners of Veterans diagnosed with PTSD), Anger Management for PTSD, OEF/OIF/OND, WWII/Korea, and Vietnam. Interns also will participate in weekly PTSP interdisciplinary (psychiatrist, nurse practitioner, nurse, social worker, psychologists) staff meetings.

Primary Care- Mental Health Integration (PC-MHI)

Supervisors: Drs. Erin Armour, Bill Finger, Emily Beck

PCMHI clinicians and interns provide same-day access to clinical assessment and treatment for those experiencing mental health symptoms and behavioral health issues utilizing a co-located, collaborative model of care. PCMHI reduces the development of more severe mental health symptoms through collaborative, interdisciplinary consultation and early identification of subclinical conditions. Interns on the PCMHI rotation function as co-located, integrated members of primary care teams. They

complete brief functional interviews and provide feedback directly to the referring provider, triage and refer to appropriate specialty mental health clinics, provide individual short-term problem/solution-focused interventions targeted to reduce symptoms and improve health and quality of life, and provide longitudinal follow-up using structured, measurement-based assessment of progress utilizing the Behavioral Health Lab (BHL).

Psychology Consultation-Liaison Program

Supervisor: Dr. Christine Adler

Psychology Consultation-Liaison is available as a major rotation with an emphasis in Oncology/Palliative Care. Dr. Adler specializes in Health Psychology and Palliative Care, and consults with Medical, Extended, Surgical, and Palliative Care Clinics. Depending on their areas of interest, the intern's responsibilities may include any of the following: therapy, assessment, and consultation with patients facing serious and/or life-threatening illness, their families, and medical center staff; decisional capacity and pre-surgical psychological evaluations; participation in illness and bereavement support groups; spiritual exploration and meaning-centered therapy; interdisciplinary team patient care; and biomedical ethics consultation.

Psychosocial Recovery and Treatment Program (P RTP)

Supervisors: Drs. Matthew Dwyer and Jessica Turner

The Psychosocial Recovery and Treatment Program (P RTP) comprises a team of mental health professionals delivering psychosocial care in a residential setting. The target population is veterans who have been diagnosed with severe and persistent mental illness. The members of the P RTP team include a program coordinator (who is also a psychologist), two psychologists, three social workers, a psychiatrist, and a certified peer support specialist. The P RTP team's goal is to help veterans who have severe and persistent mental illness through provision of the following services:

- Frequent supportive contacts within the residential setting
- Psychological assessment, individual therapy, and group therapy
- Social skills training
- Assistance in identifying and reaching their own individualized goals of recovery
- Education about their symptoms and how to seek assistance for them
- Education about the recovery model, self-advocacy, and peer support
- Effective and proactive management of medications
- Education in use of community resources to maintain a healthy lifestyle
- Connection with as many resources as possible, including financial support, social support, physical support, emotional support, and spiritual support, to reach and maintain recovery and rehabilitation goals.

The purpose of these services is to reduce the number and length of psychiatric hospitalizations in patients with severe and persistent mental illnesses. The most frequent diagnoses in the PRTP are as follows: PTSD, Bipolar, Schizophrenia, Schizoaffective Disorder, and Depression with psychosis.

The intern in the PRTP program will see veterans for psychotherapy (individual and group work) and case management services. Supervision is provided in both direct and indirect formats. The intern will participate in groups and receive direct supervision. He or she will see individual patients and record the sessions for indirect supervision. The intern will be involved in every stage of the PRTP program.

Additionally, the intern on this rotation can gain experience in the evidence-based treatment modality of Cognitive Processing Therapy (CPT). The intern will work with the PRTP team regarding new referrals received, to determine the appropriateness of the referral. The intern and her or his supervisor will meet with the veteran for a screening appointment. The intern will then present the results of the screening to the team to determine admission into the program for the veteran. The intern will assist in developing treatment goals and desired outcomes with the veteran, the veteran's support system, and PRTP treatment team members. The intern will continue to work with the veteran and provide psychotherapy, psychoeducational, and case management services. Some interns will be provided the opportunity to initiate a time-limited psychoeducational group with the more stable veterans. The intern may also be involved in crisis intervention services BUT ONLY WITH SUPERVISION and primarily in an observational role. It is not unusual for this rotation to have to provide a certification of need to the ER. The intern may observe this process in vivo, including the decision whether someone needs to be committed. Finally, the intern will also be involved in the administrative aspects of program management, patient care, program planning, and staff development. Groups that the intern may be able to observe and co-facilitate are social skills training for schizophrenia, CBT for depression and anxiety, cognitive processing therapy for PTSD, emotional coping skills, and several other groups devoted to psychosocial recovery from psychiatric illness. This is a highly-integrated multidisciplinary team that is devoted to the recovery of those with chronic and severe mental illness.

Substance Use Disorders Program (SUDP)

Supervisors: Drs. Jerome Cook and David Bumgarner

The Substance Use Disorders Program (SUDP) offers comprehensive training for a variety of populations suffering from substance use disorders. It is a multidisciplinary residential and outpatient treatment program for Veterans with substance use disorders. SUDP, under the supervision of Dr. Cook, comprises two segments. Treatment in Segment I is based on empirically supported interventions including Cognitive-Behavioral Coping Skills and Twelve-Step Facilitation therapies. Cognitive-Behavioral Coping Skills structured group therapy offers treatment based on identification and practice of skills for avoiding relapse, such as refusal skills, problem-solving, crisis planning, etc. Twelve-Step Facilitation structured group therapy emphasizes familiarization with twelve-step recovery program principles and encouraging participation in Alcoholics Anonymous/Narcotics Anonymous. In addition, group lectures provide information to Veterans on a wide range of alcohol and drug education topics. Segment II begins a transitional aftercare phase in which Veterans continue to address substance abuse issues while integrating a recovery program with work therapy, recreation therapy, and ongoing individual and/or group therapy. Additional group interventions are offered, such as CBT for Depression, Stages of Change,

and SMART Recovery orientation are utilized to help Veterans identify psychological and emotional determinants to their addictive disorders. Individual training in Motivational Enhancement Therapy (a motivational interviewing approach to substance use) and contingency management is also available. Intern duties will include group and individual psychotherapy, screening, diagnostic assessments, readings/self-study, and learning to function as an interdisciplinary team member in a residential/outpatient substance abuse treatment environment.

*This rotation can be selected as either a major or a minor rotation.

Minor Rotations

Behavioral Medicine Electives

Supervisors: Drs. Julie Culligan, Shelley Silvers, Chris Adler, Greg Gilliam

An intern in this rotation will select a set of one or two experiences designed to broaden his or her understanding of how psychologists contribute to various aspects of patient care within a large medical center.

Examples include (but are not limited to):

- Participating in the Health Promotion & Disease Prevention Program, under the direction of Dr. Julie Culligan, Health Behavior Coordinator. Program initiatives include:
 - Participation in newly proposed clinic, “Project Resilience” that is an active self-management/integrative medicine clinic for Veterans experiencing issues related to pain. Clinical activities to include: Mindfulness-Based Cognitive Therapy, Acceptance & Commitment Therapy, active self-management coaching, yoga, tai chi, and anti-inflammatory diet classes. Opportunity for data drive quality improvement research and program development available.
 - the MOVE! program for weight management and healthy lifestyle choices
 - the option to learn health behavior coaching, utilizing the Whole Health model, including work with bariatric surgery candidates
 - the option to be involved with the primary public health initiatives of the Health Promotion & Disease Prevention Committee
 - the option to teach primary care staff communication skills and motivational interviewing to better partner with patients
- Observing and participating in transplant (Dr. Chris Adler) and bariatric surgery (Dr. Culligan) evaluations.
- Observing and participating in the provision of rural mental health services through the Home Based Primary Care Program with Dr. Greg Gilliam. This will include exposure to the service delivery models of the Community Based Outpatient Clinics (CBOCs) in Southwest Virginia.

- Participating in the Interventional and Behavioral Pain Clinic, with Dr. Shelley Silvers. In addition to consultation/individual therapy experiences, this rotation may include:
 - Learning CBT for Chronic Pain (an evidence based therapy)
 - Participating in multidisciplinary treatment team meetings
 - Learning to conduct spinal cord stimulator treatment evaluation
 - Providing brief education on pain self-management in a group format
 - Educating other providers about self-management of chronic pain
 - Observing yoga for chronic pain class

As part of this rotation, an intern would be able to visit CBOCs to work with psychologists providing the above services at those locations. Psychologists working in the above areas would provide supervision/oversight for the specific services provided.

This rotation provides access to clinics and services that are not otherwise available to interns as a formal rotation. It allows them to obtain more information about various roles, assisting with future career directions and increasing marketability.

Evaluation criteria will be tailored to the chosen experiences. Interns can expect to gain increased competency in the areas of consultation-liaison, medical and mental health integration, assessment, and providing psychoeducation to groups.

Child Consultation - ETSU Center of Excellence for Children in State Custody (COE)

Supervisor: Dr. Michele Moser

The ETSU COE is a TennCare grant funded organization that provides consultative and direct services for children with complex physical and mental health needs who are in state custody or at risk of state custody. The COE offers brief consultations, multidisciplinary comprehensive consultation conferences, and interdisciplinary comprehensive assessments for children and adolescents in custody and at risk of custody. The psychologist's role includes: completing comprehensive record reviews; participating in brief consultations to Department of Children's Services Staff (DCS); participating along with the COE child and adolescent psychiatrist in providing comprehensive consultations in the context of a multidisciplinary staffing that may include DCS staff, foster parents, biological parents, school personnel, court personnel, therapeutic services providers, and others; and participating as part of a multi-disciplinary evaluation team performing clinical interviews and targeted psychological assessment procedures as indicated. Interns can expect to be exposed to the complex systems that serve children and participate in the consultative activities of the COE. Additionally, the intern will be exposed to COE multisystem projects that target development of training collaboratives to train frontline service providers with specialized interventions for treatment of trauma and attachment problems in children.

Clinical Research

Supervisor: As arranged, from faculty listing

This rotation can be an avenue through which an intern works to complete his or her dissertation research, with the support and supervision of a qualified internship faculty member.

Additionally, a small number of internship faculty are involved in research programs. Interns can choose to work with a supervisor who has a research project. Duties will vary on this rotation, according to the needs of the given intern and the specific research program. Duties may include literature review, design input, running subjects, data analysis, or drafting articles for journal submission. It is the opinion of the internship faculty that interns should not be tackling new research projects until they have completed research for their dissertations.

Compensation and Pension Program

Supervisor: Dr. Maureen Bibby

Compensation and Pension evaluations (C&Ps) are forensic assessments conducted with a veteran in order to determine if he/she has a functional impairment which is: a) interfering with his/her ability to work, b) affecting his/her family/social relationships and c) is related to his/her military service. A C&P examiner also makes recommendations concerning the degree of impairment found. These evaluations are performed with the veteran present, either in the office or through TeleMental Health. The examination consists of an interview, review all treatment notes, and a review of the veteran's history in his/her Claims File (C-file). This contains the veteran's claim, claim history, military service records and medical records. The intern has an opportunity to see a variety of clients and diagnoses. Psychometric testing is done as needed. This minor rotation is an excellent opportunity to hone diagnosing skills as well as learn to write a clear, concise forensic report within a relatively short time period.

Couple and Family Therapy

Supervisor: Dr. Brian Abbott

Interns rotating with Dr. Abbott will gain specialized instruction and clinical experience in the provision of couple and family therapy tailored to the unique needs of veterans and their families. The rotation is designed to accommodate interns with varying degrees of prior training in family therapy. Less experienced interns will have an opportunity to observe family sessions before picking up their own cases, whereas more experienced interns will have ample opportunity to work with complex cases. Interns choosing this rotation can expect to receive intensive supervision either through co-therapy or review of recorded sessions. They will learn to conduct a thorough assessment of couple/family functioning that informs case conceptualization and treatment planning. They will learn to think and conceptualize cases from a systemic perspective. Common clinical issues presented by couples/families in this rotation include the following: infidelity, post-deployment readjustment, blended family issues, sexual dysfunction, parenting problems, domestic violence, and family adjustment to medical illness. In particular, interns will gain an appreciation for the complex interplay between individual psychopathology and family functioning and how family therapy can serve as an effective primary and adjunctive treatment for many different types of mental health problems. Dr. Abbott has served as national consultant for the implementation of Integrative Behavioral Couple Therapy within the VA system. He is a licensed psychologist with extensive training in couple and family therapy. He currently serves as the Local Evidenced-based Psychotherapy Coordinator at the James H. Quillen VAMC.

Polytrauma

Supervisor: Dr. Rodney Sullivan

The Polytrauma evaluation at Mountain Home starts with a physiatrist who evaluates OEF/OIF veterans who tested positive on the TBI screen, and a Social Worker and RN case manager who assess case management needs. Further evaluation and treatment by other members of the team may be recommended, depending on the veteran's symptoms. These services include physical therapy, occupational therapy, kinesiotherapy, neuropsychological testing, speech evaluation and therapy, audiology evaluation, mental health and PTSD evaluation, and ongoing case management.

An intern working on this rotation would have the opportunity to participate in Polytrauma team meetings, shadow and work with Dr. Sullivan as he provides consulting neuropsychology services, and shadow other specialties as they provide patient care. Additionally, an intern may be able to provide some counseling and support services to veterans and their families. This allows an intern to see the full, interdisciplinary scope of care delivery to these complex patients.

Psychology Program Evaluation

Supervisors: Various Faculty

Program evaluation is the application of social research tools that contribute to decisions on installation, continuation, expansion, certification, or moderation of programs (Online Psychology Dictionary). As Dr. Steve McCutcheon stated at the 2016 APPIC Membership Conference, “we [psychologists] are uniquely positioned to use our research training to provide program evaluation data to drive healthcare decisions. Interns have many opportunities to practice this skill, which is highly transferable to future employment. Examples include measuring outcome metrics and medical cost offset, evaluating access barriers, updating policies and program materials, and providing data for continuous quality improvement projects. The supervisor and activity will vary, depending on the program. Interns should select 1-2 programs to focus on during this rotation. Options include: PC-MHI, MOVE, The Employee Wellness Program, PRTP, and PTSP. Other program options may be available on a case-by-case basis.

Spinal Cord Injury Clinic

Supervisor: Dr. Erin Armour

The James H. Quillen Veterans Affairs Medical Center Spinal Cord Injury (SCI) Clinic is the only support clinic of the tertiary SCI clinic in Augusta, Georgia. It is also the only Augusta support clinic approved by the National SCI Program to provide complete annual evaluations for veterans with spinal cord injuries. During the Spinal Cord Injury Clinic, minor rotation; the psychology intern will function as a member of an inter-disciplinary team, which includes a physician, as well providers from nursing, nutrition, social work, kinesiotherapy, and prosthetics. As part of this inter-disciplinary team, the intern will work directly with other providers to assist veterans with spinal cord injuries, multiple sclerosis, and ALS not only adjust psychologically to their disabilities, but to live the highest possible quality of life with them. The intern will attend weekly team meetings to review and discuss scheduled appointments. The intern will have the opportunity to ask pertinent medical and social work-related questions, and shadow Polytrauma and other SCI providers. The intern will also complete 2-5

psychosocial evaluations per week of veterans with spinal cord injuries, multiple sclerosis, and/or ALS; including assessment of history of injury or diagnoses, as well as how the veteran's diagnosis potentially impacts mood, completion of activities of daily living, and/or perceived quality of life. Opportunities to provide individual and marital therapy will also be available upon veteran request for such psychological services. Finally, through required readings, supervision, and direct patient contact; the intern will have the opportunity to learn about the biculturalism and models of disability; and how a veteran's subscription to these models can influence psychological and functional adjustment to disabilities.

Substance Use Disorders Program (SUDP)

Supervisor: Drs. Jerome Cook and David Bumgarner

Please see [rotation description](#) listed under major rotations.

Supervision – ETSU Behavioral Health and Wellness Clinic

Supervisor: Dr. Diana Morelen

The Behavioral Health and Wellness Clinic is the departmental training clinic for ETSU's APA-accredited doctoral program in clinical psychology. Within this minor rotation, an intern will spend the first several weeks on didactics focusing on an evidence-based supervision model, and then he or she will begin to provide supervision and agency documentation for graduate student therapists. The clinic treats children, adults, and seniors living in Northeast Tennessee. Common presenting problems include: depression, anxiety, trauma exposure, sexual orientation/attraction, identity development, learning problems, and family systems issues. This rotation can be especially valuable for interns who hope to supervise doctoral students and/or interns in their careers. This minor rotation will be offered on Mondays and only for the first six months of the internship year (July-December).

Year-Long Rotation

Long-Term Psychotherapy Supervision

Supervisors: Various

Since the inception of our internship program, Mountain Home has placed a high value on providing interns with the opportunity to engage in long-term psychotherapy with veterans. Most of the Training Committee faculty do double-duty as rotation supervisors and offer themselves as long-term psychotherapy supervisors. Interns are expected to carry an active long-term caseload of 3-5 patients and to attend weekly, hour-long supervision sessions. Interns are encouraged to select a supervisor based on the following criteria: interest in the supervisor's theoretical orientation, interest in the supervisor as a mentor, interest in the supervisor's professional identity, and/or interest in the supervisor's expertise with a specific patient population.

APPLICATION AND SELECTION PROCESS

Applicants must be U.S. citizens in good standing with and recommended for internship by an APA-accredited Ph.D. or Psy.D. program in clinical or counseling psychology, and they must have completed 3 full years of graduate study leading to the doctorate. The applicant must demonstrate interests and goals that are consistent with the internship program, the ability to apply assessment and intervention knowledge in clinical areas, appropriate ethical conduct, the interpersonal skills necessary for the professional practice of psychology, and sufficient research skills as evidenced by dissertation progress.

The James H. Quillen pre-doctoral psychology internship requires a minimum of 1,000 total hours of supervised clinical experience (intervention + assessment). Under the category of assessment, the internship looks for a variety of assessment experience that includes traditional objective and projective assessment. Although the faculty would prefer that applicants have exposure to projective assessment, we will consider candidates without this experience. The number of integrated reports expected is based on applicant group averages for prior years.

The faculty strongly prefers applicants who have their dissertation proposal approved by the start of the internship.

The preceding criteria serve as general guidelines for rating applicants and are not fixed rules. Faculty must rely upon their professional judgment in making decisions about intern applicants.

Applications are accepted through November 1. The Quillen VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. All things being equal, consideration is given to applicants who identify themselves as veterans, as members of historically underrepresented groups on the basis of racial or ethnic status, as representing diversity on the basis of sexual orientation, or as representing diversity on the basis of ability status. These factors may be indicated on the application, if an applicant wishes to do so.

This internship program participates in the Matching Program administered by National Matching Services Inc. (NMS) on behalf of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Only those applicants who participate in the Match can be matched to our internship program. All applicants must obtain an applicant agreement package from NMS and register for the Match to be eligible to match. Applicants can request an applicant agreement package from NMS through their web site at <http://www.natmatch.com/psychint/> or by e-mail at psychint@natmatch.com.

Applicants may contact NMS at either of the following addresses:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario
Canada, M4S 3B1

Telephone: (800) 461-6322
Fax: (844) 977-0555

Or

Acceptances and notification procedures follow the Association of Psychology Postdoctoral and Internship Centers (APPIC) Match Policies. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. APPIC Match Policies are available on the APPIC web site:

<https://www.appic.org/Internships/Match/Match-Policies>

For purposes of the Internship Matching Program, the program code number for the James H. Quillen VA Psychology Internship Program is: **156111**.

The internship program utilizes the AAPI Online application forms that are available at the APPIC website. Applicants will access the AAPI Online via the "Applicant Portal," which means that they will use their internet browser to create an account, enter information into the various fields of the AAPI, and ultimately submit their completed application to internship sites. Once an applicant has completed all aspects of the application, she/he chooses the "designated" sites to which the application is submitted electronically.

The AAPI Online website is: <https://www.appic.org/>

At that website, full instructions are available for use of the APPIC Online.

Application Checklist

Each applicant is required to submit a complete set of application materials, including the following:

1. A completed AAPI application form, including the Academic Program's Verification of Internship Eligibility and Readiness. We do not require any supplemental materials.
2. Curriculum Vitae.

3. Three letters of evaluation from individuals familiar with recent academic and clinical performance.
4. Official transcripts of all graduate training.
5. Faculty will screen applicants for personal interviews. The faculty will then offer, to selected applicants, an opportunity to interview in-person with our faculty and to see our facilities. The latest interview notification date is December 15. Interviews will be scheduled during the months of December and January. An applicant may contact the Psychology Training Director by e-mail or at (423) 979-2893 to inquire about an interview or the status of his or her application. An in-person interview is not required for acceptance into this internship. Telephone interviews with the Psychology Training Director and selected faculty members can also be arranged.

The appointment to an intern position is contingent upon the individual's application being cleared through a national data bank to screen for possible ethical and legal violations and the individual passing a pre-employment physical exam. Interns must pass employment screenings through the Health and Human Services, Office of Inspector General, List of Excluded Individuals and through the National Practitioner Health Care Integrity and Protection Data Bank, as well as a fingerprint check, before their appointment becomes official. Interns must also pass a pre-employment physical and vaccine reconciliation completed by a VA hospital before they can begin the internship.

Finally, it is important to note that a Certification of Registration Status, Certification of U.S. Citizenship and Drug Screening are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you must sign it. All interns must complete a Certification of Citizenship in the United States prior to beginning the internship. We will not consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as is other staff.

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Duck Pond at entrance to JHCVAMC Campus
Photo by Stephen Smith, Psy.D.

Training Model and Program Philosophy

The Psychology Internship Program adheres to a generalist model of education and training. The internship faculty provides an intensive training experience to predoctoral psychology interns. In all experiential activities in our training program, we promote the development of a strong, professional identity that incorporates critical thinking, ethical practice, multicultural sensitivity, and self-reflectivity. We believe that sound clinical practice develops from an understanding of empirical knowledge and critical, scientific thinking. We want to encourage interns to develop professional attitudes and skills that will enable them to help effectively those whom they serve and to do so in an ethical manner. We desire to promote competency in dealing with issues of individual and cultural diversity. We encourage interns to develop professional skills in self-reflectivity. The essential characteristics of this model involve development of interlocking skills to foster a career-long process of psychological service.

Program Goals and Objectives

We believe this generalist model to be an effective one for training interns and for promoting the advancement of psychology as a profession. The goals of our training program are in keeping with this generalist training orientation. They are as follows:

- Goal 1. Interns will develop the clinical and professional skills to practice psychology competently as a generalist.
- Goal 2. Interns will obtain a diverse range of clinical training experiences to enable them to function competently as generalists.

- Goal 3. Interns will demonstrate competent skills in scientific inquiry, in critical thinking, and in integrating scientific knowledge into current practice situations.
- Goal 4. Interns will develop competent skills in professional behavior and ethical practice.
- Goal 5. Interns will demonstrate professionally competent behavior in dealing with individual and cultural diversity.
- Goal 6. Interns will demonstrate professionally competent behavior in self-reflectivity.

Our program adheres to the American Psychological Association's Standards of Accreditation (SoA). Within these standards, nine core competencies are expected to be the focus of internship training:

Core Competencies and Skills

Research

Ability to critically evaluate research, integrate research knowledge into professional activities, disseminate research or other scholarly activities, show awareness of potential sources of bias, design and/or implement program evaluation.

Ethical and legal standards

Ability to demonstrate knowledge of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; demonstrate knowledge of and act in accordance to relevant laws, standards, regulations, and policies governing health service psychology in the Mountain Home VA Medical Center as well as the organizational, state, and federal levels; demonstrate the ability to recognize and articulate ethical dilemmas as they arise with patients; apply ethical decision-making processes to resolve dilemmas; exhibit professionalism and ethical behavior in all activities.

Individual and Cultural Diversity

Ability to be generally sensitive and responsive to issues of individual and cultural diversity; understand how personal/cultural history, attitudes, and biases may affect understanding and interaction with different people (self-reflectivity); demonstrate knowledge of current theory and research related to addressing diversity across all professional activities (scholarly awareness); integrate self-reflectivity and scholarly awareness of diversity in the conduct of all professional roles; work effectively with individuals whose diversity creates conflict with worldviews; apply knowledge and demonstrate effectiveness in working with a range of diverse individuals.

Professional values, attitudes, and behaviors

Ability to demonstrate concern for the welfare of others and their general well-being in all professional contexts; develop and maintain effective relationships with a wide range of individuals; appropriately manage boundaries in all professional activities; receptive to supervision and ongoing learning and actively seek feedback in a professional manner; demonstrate awareness of own areas of competence and appropriate level of confidence in working with patients; demonstrate awareness of areas of limitations; recognize how personal characteristics impact clinical work; integrate self-knowledge into clinical practice; demonstrate ability to assess consequences of own actions; accountable, dependable, responsible, and shows initiative; respond professionally to increasingly complex situations with a greater degree of independence commensurate with training.

Communication and interpersonal skills

Ability to clearly communicate orally and in writing; reflect thorough grasp of professional language and concepts; develop and maintain productive and respectful relationships with clients, peer/colleagues, supervisor, and other professional disciplines; demonstrate non-verbal communication to further develop effective relationships; manage difficult and/or conflictual interpersonal processes with balance of respectfulness, appropriate boundary-setting, and assertive communication.

Assessment

Ability to discern referral question; select appropriate assessment methods based on best available empirical literature, appropriateness to referral question, and diversity characteristics of patient; effectively uses of interview techniques; competence in test administration; interpret assessment findings to guide case conceptualization, classification, and recommendations; effectively communicate finding in written format; provide oral feedback to patient and/or referral source in effective and sensitive manner.

Intervention

Ability to establish and maintain effective relationships with recipients of psychological services; develop evidence-based case formulation and intervention plans specific to service delivery goals; demonstrate competence in assessing risk factors and utilize appropriate procedures with at-risk patients; implement intervention informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables; implement specific interventions taught; manage cases and apply relevant research literature and program goals to clinical decision making; modify and adapt evidence-based approaches effectively; evaluate therapy content, process, and

intervention effectiveness and adapt goals and methods consistent with ongoing evaluation.

Supervision

Ability to demonstrate knowledge of supervision theories and models from the scientific literature; provide constructive feedback/guidance; address boundary and power differential issues in the supervisory relationship; appropriately address resistance and other challenges; integrate awareness and knowledge of individual and cultural diversity in supervision; demonstrate awareness of and adherence to ethics in supervision.

Consultation and interprofessional/interdisciplinary skills

Ability to discern referral source and question; develop evidence-based case formulation; utilize knowledge of consultation models and practices to select appropriate consultation strategy; demonstrate knowledge of and respect for the roles and perspectives of other professions; implement consultation through intentional collaboration with individuals and their families, other health care professionals, interprofessional groups, and health systems; make concise documentation with timely feedback to the referral source; actively participate in clinic and interdisciplinary meetings.



Intern class of 2015-2016

Supervision

Frequent formal supervision is a high priority of the James H. Quillen VAMC internship program. Each intern should receive a minimum of 4 hours per week of regularly scheduled supervision, of which 2 hours are on an individual basis. On average, our interns obtain over 5 hours of supervision weekly. Some faculty will supervise via a hands-on approach of having interns collaborate in their clinical sessions. All internship faculty are expected to be flexible enough with their time to allow for unscheduled, informal supervision opportunities.

Our goal is that each intern will have 2 faculty supervisors who qualify as mentors. Mentors provide interns with professional role models whom they may observe performing professional activities and with whom they may discuss professional issues or problems. Mentors are operationally defined from ratings derived from the interns and faculty rating forms.

Time Allocation

A minimum of 25% of the intern's time, or 520 hours, must involve patient care. Formal supervision will account for at least 200 hours of the training experience but possibly as much as 300 hours (approximately 15%). This will entail a minimum of 4 hours of formal supervision per week. The allocation of formal supervision time is as follows:

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

- ✚ 1 hr. per week Administrative/Supportive Group Supervision
- ✚ 1 hr. per month (at minimum) Peer Group Supervision
- ✚ 1 hr. per week Individual Supervision (Long Term Psychotherapy)

Another 250 hours should be devoted to didactic training (12%). Research/reading, staff meetings, and administrative duties may comprise 250 hours (12%) of the interns' time. Administrative duties unrelated to patient care are not generally assigned to interns.

Intern Evaluations

With regular monitoring and communication, problems or deficiencies that arise may be resolved quickly before becoming compounded. Interns have a right to be kept regularly informed of their progress throughout the program.

Interns will receive written mid-point and end-point evaluations by their rotation supervisors. At these designated times, interns will also complete self-assessments. The development of self-reflectivity is a critical aspect of interns' work with supervisors and of the internship training process. Interns complete self-assessments of their performance as part of the evaluation process.

During the year, interns will not only receive but also will have the opportunity to provide evaluative data. At the end of each rotation, interns submit formal ratings of the site and supervision received on the Rotation and Supervisor Evaluation Form. Interns also provide ratings and comments regarding each session in the year-long internship seminar series.

Other Training Experiences

Seminars

Seminars will be held most Fridays throughout the internship year. The topics are divided into 8 series. Some of the series and topics are listed below:

- Psychological Assessment (*e.g., Neuropsychological Assessment, Projective Assessment, MMPI-II, MMPI-RF, and PAI, plus integrating assessment findings*)
- Psychological Interventions (*e.g., Dynamic Psychotherapy, Acceptance and Commitment Therapy, Prolonged Exposure, Cognitive Processing Therapy, Cognitive Therapy, Common Factors/Integration of Empirically Based Treatments*)
- Professional Practice (*e.g., Private Practice, Job Hunting, Suicide Prevention, Psychopharmacology, Supervision, Multidisciplinary Consultation*)
- Multiculturalism & Diversity (*e.g., Disability Awareness, Appalachian Culture, Psychotherapy with LGBTQ Clients, Transgender Health Issues*)
- Health Psychology (*e.g., Health Behavior Coaching, Oncology and Psychology, Pain, Dementia, Sexual Issues & Psychotherapy*)

Interns are required to attend and participate in the seminars. Seminar sessions will combine didactic material with a focus on specific case illustrations. Some faculty will present their own clinical

cases for discussion.

Other training opportunities afforded the interns are monthly Psychology In-service presentations and Grand Rounds (in Medicine, Gerontology and Psychiatry). Interns may participate in additional seminars or professional presentations, as agreed upon by their rotation supervisors and the Psychology Training Director. Each intern presents a topic of scholarly work or research at one of the monthly Psychology In-services during the internship year.

The faculty in the Psychology Internship Program offer training to psychology interns in multiple empirically based treatment models (including Prolonged Exposure, Acceptance and Commitment Therapy, Motivational Interviewing, Integrative Behavioral Couple Therapy, Cognitive Processing Therapy). These models are taught within the context of the intern seminar series, rotation assignments, and individual supervision.

Along with the focus on special populations within the Intern Seminar Series, interns attend a series of seminars in culturally competent psychotherapy. Interns may also participate in the Multicultural Diversity Committee to evaluate, plan, implement, and monitor our efforts to become a more culturally competent organization. They also complete a multi-cultural diversity project designed to enhance their understanding of diversity issues.

Multicultural Diversity Project

Each year, the interns complete a multicultural diversity project of their choosing that is designed to enhance their understanding of diversity issues. Consultation with training faculty and other providers is encouraged. This project is often presented as an in-service to the psychology staff to help promote diversity openness and awareness within internship training and throughout mental health services at the James H. Quillen VAMC.



Examples of Past Projects:

- Updated internship materials and programmatic structure to increase awareness and use of local multicultural resources
- In-Service: Understanding the “Q” in LGBTQ
- In-Service: How to Handle Client Prejudice in Therapy
- Created updated TMS Module on Cultural Competency that is required each year for all James H. Quillen VAMC staff
- In-Service: Intersection of Therapist and Client Identities

Along with the focus on multicultural diversity within the Intern Seminar Series, all interns participate in weekly group supervision, with emphasis on concepts such as military, VA, and Appalachian culture. In addition, interns participate in a quarterly Journal Club in which they read and discuss articles related to diversity as a means of exploring interns’ multicultural experiences during the internship year.

Interns are also encouraged to be active members on the Multicultural Diversity Committee to evaluate, plan, implement, and monitor JHQVAMC efforts to become a more culturally competent

institution. A part of this committee's focus is finding presenters who can instruct our staff and trainees on multicultural concepts at the monthly Psychology In-services.

REQUIREMENTS FOR COMPLETION

Minimal Standards

Supervisors evaluate intern performance on the Intern Evaluation Form at the end of a rotation, which provides a rating scale for the 9 core competencies and their specific skill areas. They rate interns on 5-point Likert scales.

Supervisors meet monthly to review and to discuss intern progress in the Psychology Training Committee. Supervisory level 4 is the expected exit level for interns graduating from the internship program, except for some specialized areas of practice. At this level of supervision, the intern needs occasional supervision; competency is attained at the entry level psychologist position with continued supervision recommended; documentation of supervision on site is required while in training status; direct observation is not required.

Exit Criteria

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

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

LOCALITY AND DIVERSITY AWARENESS

The James H. Quillen VA Medical Center (VAMC) was originally the Mountain Home Branch of the National Home for Disabled Volunteer Soldiers, founded in 1903. Our VA is in Johnson City, Tennessee (pop. 63,813); with neighboring cities Bristol and Kingsport, the Tri-Cities area comprises a metropolitan area of 0.5 million people. Johnson City is a thriving university town with a commercial emphasis on management, professional, and service occupations. Service and retail industries predominate the local

economy. Low crime rates, moderate climate, ease of commuting, low cost of living, scenic beauty, and a friendly small-town ambiance are all desirable factors reported by those who have been attracted here. The surrounding area is rural, mountainous, and beautiful, with a rich historical past, a vibrant Appalachian culture, and exceptional outdoor recreation opportunities. Five Tennessee Valley Authority (TVA) lakes, 10 ski slopes, whitewater rafting, and the Appalachian Trail are less than an hour away by car. Smoky Mountain National Park is within 2-hour drive. The immediate area also provides community theater, other performing arts, numerous Appalachian folk festivals, and a surprising abundance of restaurants and retail shopping. The VAMC is located approximately 100 miles from Knoxville, Tennessee, and approximately 65 miles from Asheville, North Carolina.

Although the faculty is cognizant of the relatively homogenous ethnicity of the population in East Tennessee, we strive to address diversity issues and have made self-education and staff education in diversity awareness a formal part of our program efforts. As the area continues to diversify, the staff has made efforts to increase access for mental health services to more traditionally stigmatized populations to include female veterans, those with cognitive deficits, and those identifying as LGBTQ or transgender. In addition, interns have a variety of opportunities to work with veterans and other local populations with physical limitations, homelessness, low socioeconomic status, and limited education / literacy. We teach our faculty supervisors and interns to incorporate sensitivity to individual and cultural diversity into what they do on a practical, clinical level. We established a Multicultural Diversity Committee 18 years ago, to help monitor and promote our awareness as a culturally competent organization. We regard multicultural competence as essential to the mission of the Psychology Service.

The Office of Diversity Management and Equal Employment Opportunity (DM&EEO) provides leadership in creating and sustaining a diverse workforce free of discrimination at the Department of Veterans Affairs. For more information, visit the Web site at Office of Diversity and Inclusion, U.S. Department of Veterans Affairs. The Office of Diversity and Inclusion offers guidance to VA facilities on implementing activities for special observances at <https://www.diversity.va.gov/calendar/default.aspx>.

Sue, W. D., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M., LaFromboise, T., Manese, J. E., Ponterotto, J. G., & Vazquez-Nutall, E. (1998). The multicultural counseling competencies. In *Multicultural counseling competencies: Individual and organizational development* (pp. 35-46). Thousand Oaks, CA: Sage Publications.

Sodowsky, G. R., Kuo-Jackson, P. Y., & Loya, G. J. (1997). Outcome of training in the philosophy of assessment: Multicultural counseling competencies. In D. B. Pope-Davis & H. L. K. Coleman (Eds.). *Multicultural counseling competencies: Assessment, education and training, and supervision* (pp. 3-42). Thousand Oaks, CA: Sage Publications.

ADMINISTRATIVE POLICY AND PROCEDURES

Due Process in Action: The Identification and Management of Intern Problems or Impairment

The Intern Training Manual provides interns and faculty a definition of impairment, a listing of possible sanctions, and an explicit discussion of due process procedures. Also, included in these due process procedures are important considerations for remediation of problems or impairment, as well as detailed appeal and grievance procedures. The Psychology Training Director covers these issues during new intern orientation. The documents are available upon request.

Privacy Policy

We will not collect any personal information from you when you visit our website.

Self-Disclosure

In the supervision of interns, the faculty believes that an intern's awareness and use of self are important professional tools for facilitating interpersonal interactions. We believe that forming a positive working alliance is an indispensable ingredient in any helping relationship. We encourage interns to explore and understand those qualities and characteristics that they bring to each interpersonal encounter. We want interns to recognize, improve, and employ personal qualities that will assist them in forming effective working relationships with patients, peers, faculty, staff, and other members of the community.

The faculty is committed to promoting intern development, respecting intern privacy, and avoiding the misuse of power that can accompany multiple roles. Towards these ends, the faculty supervisors respect the ability of interns to choose what personal information is appropriate for disclosure to faculty. There are exceptions to this general rule. In some situations, it is necessary for faculty to evaluate or obtain assistance for interns whose personal problems prevent them from performing their training activities or professional duties in a competent manner or whose behavior may pose a threat to self or others. In these situations, the faculty may ask for personal information to make a responsible decision. In so doing, the faculty members will follow guidelines for remediation and due process described in the program manual. Although the faculty recognizes that interns may need or benefit from psychotherapy, supervisors do not establish therapy relationships with interns or with anyone with whom such an arrangement would create a potentially harmful or exploitative dual relationship.

PSYCHOLOGY TRAINING STAFF



Kneeling (left to right): Dr. Brian Abbott, Dr. Jerome Cook

Standing First Row: Dr. John Mosier, ACOS Mental Health; Dr. Jacqueline Kracker (no longer a member); Dr. Shelly Silvers; Dr. Laura Kelly (no longer a member); Dr. Myra Elder, Psychology Training Director; Dr. Christine Adler; Linda Arsenault, MA; Janice Bennett, Program Support Clerk (Volunteer)

Standing Second Row: Dr. Megan McPherson; Dr. Maureen Bibby; Dr. Caryn Glosch (no longer here); Dr. Silas (Greg) Gilliam; Dr. Rodney Sullivan; Dr. Jerry Buchanan (retired); Dr. Robert Hughes

Not Pictured: Dr. Erin Armour; Dr. Kat Barteck; Dr. Emily Beck; Dr. Andrew Bloch; Dr. Julie Culligan; Dr. Matthew Dwyer; Dr. Arash Farshid; Dr. William Finger; Dr. Denise Gross; Dr. Joel Hillhouse; Dr. Kerry Holland; Dr. Diana Morelen; Dr. Michele Moser; -Dr. Andrew Presnell; Dr. Jessica Turner; Angelique Achord, Program Support Clerk.

TRAINING STAFF PROFILES

* Denotes fulltime VA staff.

† Denotes faculty who are licensed.

‡ Denotes faculty who are provisionally licensed.

§ Denotes those Psychologists designated as Health Service Providers by the State of Tennessee.

Abbott, Brian, Ph.D., * †§ Texas A&M University, College Station, TX, 2005; Staff Psychologist, VA-wide consultant on Integrative Behavioral Couple Therapy and Coordinator, Evidenced-based Psychotherapy Program

Professional interests: Couple and family therapy, understanding link between interpersonal and intrapsychic process, treatment of trauma and personality disorders

Personal hobbies and activities: Exploring Appalachia, hiking, skiing, and spending time with family

Adler, Christine M., Ph.D., * †§ SUNY at Albany, 1989; Assistant Chief, Psychology Service; Staff Psychologist, Consultation-Liaison (Health Psychology)

Professional interests: Meaning-making in grief and loss; coping with life-threatening illness

Personal hobbies and activities: Exercise, travel and time w/family, volunteer work with American Cancer Society & Local Organ Procurement Agency

Armour, Erin, Psy.D., * †§ Wright State University School of Professional Psychology, 2012; Staff Psychologist

Professional interests: Animal-assisted therapy, adjustment to illness and disability, intimate partner violence, and the impact of nutrition on mental health

Personal hobbies and activities: Cooking, reading, writing, singing, hosting potlucks, and community service

Arsenault, Linda, M.A., L.S.P.E., * † East Tennessee State University, 1992; Licensed Senior Psychological Examiner, Neuropsychology Clinic Coordinator

Barteck, Katherine, Psy.D., * †§ Loyola University Maryland, 2012; Staff Psychologist, Transgender Health Facility Lead

Professional interests: Interpersonal process approach, primary-care psychology, chronic pain management, family dynamics, transgender care, and cultural competency

Personal hobbies and activities: Family time, hiking, bike riding, and general craftiness

Emily Beck, Ph.D. * †§ University of South Carolina, 2010; Staff Clinical Psychologist

Professional interests: Interpersonal neurobiology, trauma, attachment, ACT, DBT

Personal hobbies and activities: Goofing off with my 2-year-old, swimming, live music, a good cup of coffee, spending time outdoors

Bibby, Maureen, Ph.D., *†§ Auburn University, 2001; Staff Psychologist, Compensation and Pension Clinic

Professional Interests: Forensic assessment

Personal interests and hobbies: Time with family and friends, involvement in church, reading

Bloch, Andrew H., Psy.D. *†§ The Wright Institute, 2012; Staff Psychologist, Primary Care-Mental Health Integration Program

Professional Interests: Sleep disorders, Acceptance & Commitment Therapy

Personal hobbies and activities: Hiking, eating, worrying

Cook, Jerome, Ph.D., *†§ Vanderbilt University, 1992; Staff Psychologist, Substance Use Disorders Program

Professional interests: Psychology of addictive behavior; motivational interviewing; prevention and management of disruptive behavior; PTSD; mental health crisis response; ex-prisoners of war

Personal hobbies and activities: Soccer, outdoor activities, bluegrass music, German language/literature

Culligan, Julie, Ph.D., *†§ SUNY at Buffalo, 1997; Health Behavior Coordinator, Primary Care; Mental Health Clinic

Professional interests: Wellness behavior, motivation, health psychology

Personal hobbies and activities: NIA, dancing and playing with my children, drumming, music, and nutrition and fitness

Dwyer, Matthew, Ph.D., *† University of Kentucky, 2005; Staff Psychologist, Psychosocial Recovery Treatment Program

Professional interests: Trauma and recovery, clinical supervision, group therapy

Personal hobbies and activities: Skiing, hiking, astronomy, automobiles

Elder, Myra Q., Ph.D., *†§ Temple University, 1996; Psychology Training Director, Staff Psychologist;

Professional interests: Appalachian culture and its depiction in the media; the intersection of military and Appalachian cultures; complex PTSD

Personal hobbies and activities: Military history, watching performances by progeny, chauffeuring said progeny all over town, occasional sleep, travel

Arash Farshid, Ph.D., *† Auburn University, 2014; Staff Psychologist, Post-Traumatic Stress Program; Coordinator, Tele~~am~~mental Health

Professional Interests: EBTs for PTSD, cognitive processes underlying the etiology and maintenance of anxiety disorders, and increasing access to care for Veterans through the utilization of telemental health services

Personal Hobbies and Activities: Attending sporting events, reading, and spending time in Asheville

Finger, William, Ph.D., *†§ University of Missouri-Columbia, 1989; Coordinator, Primary Care-Mental Health Integration Program

Professional interests: Health Psychology (diabetes, spinal cord injury, chronic illness, sexuality)

Personal hobbies and activities: Kayaking, home brewing

Gilliam, Silas (Greg), Ph.D., *†§ Loyola University (Chicago), 1989; Staff Psychologist, HBPC and Compensation and Pension Program

Professional interests: Psychotherapy, weight management, coping with chronic illness

Personal hobbies and activities: Meditation, travel, time with family, theater, good restaurants

Gross, Denise K, Psy.D., *†Florida Institute of Technology 1989; Staff psychologist/ neuropsychologist, Mental Health Coordinator Compensation and Pension Program

Professional Interests: Neuropsychology of behavior, neuropsychological assessment with focus on dementia and TBI, psychological assessment, diagnostic evaluation

Personal interests: hiking/camping, spending time with my family and dogs, Humane Society volunteer activities, enjoying local events

Hillhouse, Joel, Ph.D., †§ SUNY at Albany, 1989; Professor of Community Health, East Tennessee State University

Holland, Kerry, Ph.D., †§ University of Missouri-Columbia, 1994; Clinical Director, East Tennessee State University Doctoral Psychology Program

Hughes, Robert B., Ph.D., *†§ Texas Tech University, 1979, Staff Psychologist; Neuropsychology Clinic

Professional interests: Brain injury assessment and cognitive rehabilitation; individual, marital and Christian counseling (private practice)

Personal hobbies and activities: Traveling and reading

McPherson, Meagan, Psy.D., *† The Wright Institute, Berkeley, CA, 2011; Supervisory Psychologist, Mental Health Clinic

Professional interests: therapeutic psychological assessment for PTSD and personality disorders, measurement based care, mindfulness, Control Mastery Theory

Personal hobbies and activities: chasing my two-year-old, trying to like my treadmill, eating delicious food and desserts, going to bed early, finding authentic human connection, and enjoying work/life balance

Morelen, Diana, Ph.D., † University of Georgia, 2014; Assistant Professor, ETSU, Department of Psychology

Professional interests: Perinatal mental health, infant mental health, trauma, dissemination and implementation of evidence-based programs, parenting, emotional development, diversity, supervision

Personal hobbies and activities: Yoga, running, nature-based activities, quality time with loved ones

Moser, Michele R., Ph.D., †§ Miami University (Ohio), 1992; Director and Psychologist, Center of Excellence for Children in State Custody, East Tennessee State University, Assistant Professor, Department of Psychiatry and Behavioral Science

Professional interests: Children's mental health and child welfare, dissemination of evidenced based practices in children's mental health, and trauma and attachment in children

Personal hobbies and activities: Reading and being active in the Intermountain Psychological Association

Mosier, John W. III, Psy.D., *†§ Pepperdine University, 2002; Staff Psychologist, Chief of Psychology Service

Professional interests: Substance abuse/addictive disorders; treatment of co-occurring PTSD and SUD; clinical intervention with spinal cord patients; behavioral medicine; relational and holistic approaches to psychotherapy; and working with LGBT populations

Personal hobbies and activities: Weight resistance training; hiking and outdoor recreation/sports, geographically inspired travel, politics/current events, and cultivating the relationships in my personal life^[AA1]

Presnell, Andrew, Ph.D., * † University of Alabama, 2014; Staff Psychologist

Professional interests: Posttraumatic Stress Disorder, Recreation Assisted Therapies, Moral Injury

Personal hobbies and activities: Fishing, camping, sporting events, and music

Robbins, Sherry L., M.D., † Quillen-Dishner College of Medicine, 1989; Assistant Professor of Clinical Medicine at ETSU, within the Department of Family Medicine, Co-Editor of *Tennessee Family Physician* journal, and full-time caregiver to my mother

Professional interests: Family Medicine as a specialty, preventative medicine, rural medicine, Appalachian culture and medicine, and death and dying issues (especially communication and coping skills)

Personal hobbies and activities: Photography, creative writing, crafts, genealogy and Appalachian folklore

Silvers, Shelley, Ph.D., *†§ Northern Illinois University, 2006; Coordinator, Multidisciplinary Pain Management Program

Professional interests: Management of chronic severe pain, treatment of panic disorder/OCD

Personal hobbies and activities: Cooking, weightlifting, boating

Sullivan, Rodney, Ph.D., *†§ Southern Illinois University, 1979; Staff Psychologist, Polytrauma Clinic, and private practice

Professional interests: Neuropsychology, Polytrauma

Personal hobbies and activities: Fishing

Turner, Jessica Ph.D., *†§ East Tennessee State University, 2013; Residential Psychological Services Program Manager, Acting Chief of Psychology

Professional interests: Intimate Partner Violence; Women's Health

Personal hobbies and activities: running, knitting, reading, cooking, spending time with my dogs, camping

INTERNSHIP ADMISSIONS, SUPPORT, and INITIAL PLACEMENT DATA

Date Program Tables are updated: July 30, 2018

PROGRAM ADMISSIONS

Applicants must be U.S. citizens in good standing with and recommended for internship by an APA-accredited Ph.D. or Psy.D. program in clinical or counseling psychology, and they must have completed 3 full years of graduate study leading to the doctorate. The applicant must demonstrate interests and goals that are consistent with the internship program, the ability to apply assessment and intervention knowledge in clinical areas, appropriate ethical conduct, the interpersonal skills necessary for the professional practice of psychology, and sufficient research skills as evidenced by dissertation progress.

The James H. Quillen pre-doctoral psychology internship requires 1,000 hours of supervised clinical experience (intervention + assessment). Under the category of assessment, the internship looks for a variety of assessment experience that includes traditional objective and projective assessment. Although the faculty would prefer that applicants have exposure to projective assessment, we will consider candidates without this experience. The number of integrated reports expected is based on applicant group averages for prior years.

The faculty strongly prefers applicants who have their dissertation proposal approved by the start of the internship.

The preceding criteria serve as general guidelines for rating applicants and are not fixed rules. Faculty must rely upon their professional judgment in making decisions about intern applicants.

Does the program require applicants have received a minimum number of hours of the following at the time of application? If yes, indicate how many:

Total Direct Contact Intervention Hours	1000 hours of supervised clinical hours (intervention + assessment)
Total Direct Contact Assessment Hours	
Describe any other required minimum criteria used to screen applicants	Completed 3 full years of graduate study, interests and goals consistent with program

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,422
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	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 Arrangements vary, depending on situation.
Other benefits (please describe)	Access to gym for small fee; Authorized Absence with prior approval; intern bonding time

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

<u>Initial Post-Internship Positions</u>
2015-2018

Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	ED
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	1
Veterans Affairs medical center	6	3
Military health center	0	1
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Post-doctoral residency position; “EP” = Employed position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.