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Applications due: **November 1, 2020**

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**Accredited by the**  
**American Psychological Association**  
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## INTRODUCTION

Welcome to our internship brochure. We hope you are staying healthy during this stressful year! The COVID-19 pandemic has created many personal and professional challenges around the world. As such, we live with uncertainty about what next week will bring, much less the next training year! We update this brochure knowing that we cannot definitively predict how specific training opportunities will look in 2021-2022. We can say that we will continue to utilize telehealth and technology-based service delivery platforms where appropriate. Our current class of interns is reporting to the VA to work, and they are providing a mix of telehealth and in-person clinical services. Their health and safety are top priorities, and we have processes in place to support them working from home (telework agreements, laptops) if needed. Our previous class of interns worked from home from April-June 2020. We will continue to be transparent and flexible about how we administer this program, so we can respond effectively to our changing situation. Please feel free to reach out to us if you have any questions or concerns.

Some things have not changed: our program, now in its 26th year, adheres to a generalist training model (and practitioner-scholar framework) and provides services to veterans and their families in a beautifully mountainous, predominately rural 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, employing 38 doctoral psychologists who serve patients in outpatient, acute care, short stay rehabilitation, and residential settings. Each of the 38 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 38, 22 Psychologists are currently faculty members in our Internship Program. Participating in our internship is an elective experience; psychologists are not required to do so. This sets us apart from some VAs, and it ensures that only staff who are committed to training are involved in our program.

We are especially proud to note that 15 Mountain Home internship graduates are employed on our staff of 38 psychologists. Also, three Training Committee members have been at Mountain Home for 25 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 program coordination, program evaluation, teaching or administrative duties. Monthly training in-services and scheduled committee meetings help promote 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, which is bestowed on 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  
<https://www.apa.org/education/grad>  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

## PROGRAM STRUCTURE

The internship program is administered through the Psychology section of the Mental Health Department at the James H. Quillen VAMC. The 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 the program, and facilitate an 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 \$26,166, 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 3:30-4:30pm 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 gain experience in 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 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 JHQMAMC, 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 an 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.

### **Outpatient Mental Health Clinic (OMH)**

**Supervisor(s): Drs. David Bumgarner and Ben Smith**

The OMH rotation provides an opportunity to participate in a wide array of generalist training experiences. The Mental Health Clinic (MHC) serves as the hospital's primary hub for general outpatient mental healthcare and, as such, provides treatment primarily for trauma, anxiety and depression, among other presenting concerns (e.g., serious mental illness, PTSD, OCD, BPD, etc.). Specialty care experiences, such as psychodiagnostic assessment, are also available for interns who choose this rotation. Additionally, while the majority of training opportunities on this rotation are individual in nature, interns will also have the option to participate in couples and/or group therapy experiences. The outpatient clinic includes three interdisciplinary teams, each consisting of a combination of psychologists, psychiatrist and/or psychiatric nurse practitioner, nurses and social workers. This rotation is offered as a major rotation.

Specific training opportunities on the OMH rotation:

- Evidence-based interventions (e.g., CPT, IBCT)
- Attend care coordination meetings (i.e., interdisciplinary meetings focused on facilitating care between/within different VA treatment programs)
- Facilitate/co-facilitate process/psychoeducational therapy groups
- Consultation with interdisciplinary treatment team
- Staff referrals to clinic with outpatient MH social workers/psychologists

- Conduct psychotherapy intake evaluations
- Administer and interpret assessment instruments (e.g., PAI, MMPI)
- Measurement-based treatment programming

### **Post-Traumatic Stress Program (PTSP)**

#### **Supervisors: Drs. Mandi Deitz 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. 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) depending on 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 and Courtney Cook**

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 Residential Rehabilitation and Treatment Program (PRRTP)**

#### **Supervisors: Drs. Matthew Dwyer and Jessica Turner**

The Psychosocial Residential Rehabilitation Treatment Program (PRRTP) 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 PRRTP team include a program coordinator, two psychologists, three social workers, a psychiatrist, and a certified peer support specialist. The PRRTP 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 PRRTP are: PTSD, Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, and Depression with psychosis.

The intern in the PRRTP program will see veterans for psychotherapy (individual and group work), psycho-diagnostic assessments, 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 program.

Additionally, the intern on this rotation can gain experience in the evidence-based treatment modality of Cognitive Processing Therapy (CPT). The intern will also work with the PRRTP team regarding new referrals to the program to determine the appropriateness of the

referral. The intern and a screening team (which typically involves the intern's supervisor) will meet with referred veterans for a screening appointment. The intern will assist in developing treatment goals and desired outcomes with the veteran, the veteran's support system, and 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)**

#### **Supervisor: Dr. Jerome Cook**

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. 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

### Acute Inpatient Mental Health Services

**Supervisor: Dr. C. Adam Love**

This rotation will focus on sharpening the intern's knowledge, skills and abilities in providing psychological services on an acute inpatient mental health unit, as well as on inpatient medical units where assessment or consultation is needed. Some of the challenges in terms of providing care on an acute unit are as follows:

- Length of stay varies from patient to patient.
- Psychotherapy that focuses on crisis intervention and short-term, solution-focused skill building instead of on long-term treatment planning.
- At any given time, the milieu on the unit may be different. This means that different treatment approaches may be more beneficial on a given day – depending on the milieu of the unit at the time.

The intern will have the opportunity to provide several different services during the completion of the rotation. As an example, the hours in a given week will be filled by some of the following services:

- Co-facilitating a weekly group on the unit (DBT skills focused) with the supervisor.
- Participation in one treatment team meeting per week, which will provide interdisciplinary interaction and will facilitate collaboration with diagnosis, treatment planning, and discharge planning for each patient on the unit.
- Individual therapy with 1-2 patients weekly (or as needed) that focuses on crisis intervention and solution-focused therapy.
- Individual supervision for one hour weekly.
- Psychological Assessment: The intern will be able to administer the Personality Assessment Inventory to assist with diagnostic clarification. There will also be the option of performing a memory assessment to look at possible dementia at times. In addition, the intern will write up the results and will share with the treatment team as assigned.
- Decisional Capacity Assessment: Intern will observe supervisor completing a Decisional Capacity Interview/Assessment and will have the opportunity to assist in the completion of an assessment as needed. Will discuss the ethical dilemmas associated with capacity and look at the template provided by the VA.
- Enhance case formulation and treatment through supervision, recommended readings, consultation, and provision of therapeutic activities.

In Acute Services, we serve veterans with the entire spectrum of psychiatric diagnoses and presenting issues, including depression, suicidal/homicidal ideation, psychotic disorders, PTSD, personality disorders, anxiety disorders, health issues, marital issues, family issues and substance abuse issues. Most patients present with multiple diagnoses from this list.

**Responsibilities:** Interns' responsibilities will vary depending on training goals, experience, and availability. Responsibilities will be negotiated with Dr. Love and will likely vary on a week-to-week basis (see above opportunities).

**Recommended Readings:** Will assign during supervision with intern depending on the interests of the intern.

### **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. Duties will vary on this rotation, according to the needs of the intern and 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 research is completed their dissertations.

### **Cognitive Processing Therapy (CPT)**

#### **Supervisors: Drs. Mandi Deitz and Andrew Presnell**

This rotation involves learning and implementing CPT with multiple patients who have Posttraumatic Stress Disorder (PTSD). Trainees will develop an understanding of how to implement a manualized protocol while maintaining rapport and engagement, and how to apply core clinical concepts to specific patient presentations.

CPT is one of the most effective and strongly recommended treatments for healing from PTSD. Over the course of twelve sessions, patients learn to reassess the impact that trauma has had on their lives, particularly as it pertains to their beliefs about themselves, others, and the world in areas such as blame/responsibility, safety, trust, power/control, esteem, and intimacy.

Those who would like to achieve provisional VA CPT provider status may do so through this rotation. VA CPT provider status involves attending a 2-day CPT workshop, completing two full CPT cases, and participating in six months of weekly consultation calls with regional CPT trainer Dr. Catherine Hearne.

### **Couple and Family Therapy**

#### **Supervisors: Drs. Brian Abbott and Heather Zapor**

Interns in the couple and family rotation 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 conceptualize cases from a systemic perspective, gain exposure to a number of theoretical approaches for treating couples, and learn principles of child development and effective parenting. Common clinical issues presented by couples/families in this rotation include the following: PTSD, depression, anxiety, 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 relationship 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.

### **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, the Whole Health Program, PR RTP, 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 as 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 Steven LaRowe**

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).



## **Whole Health: Integrative Mental Health (WHIMH)**

**Supervisor: Dr. Julie Culligan**

- Participation in Interdisciplinary Whole Health Program, which includes: Complementary and Integrative Health (CIH) approaches, health and wellness coaching, integrative mental health modalities, and clinical teaching opportunities. Interdisciplinary team includes: Psychologists, Acupuncturist, Chiropractors, Physical Therapists & Physical Therapy Assistants, Social Worker, Chaplain, Functional Medicine Registered Dietitian, and Health Coaches.
- Participate in integrative mental health approaches, such as: Mindfulness, HeartMath biofeedback, hypnotherapy, CBT-I, guided imagery, health coaching.
- Participate in complementary movement approaches, such as yoga, tai chi, yoga Nidra, with goal of integrative movement into emotional wellness.
- Opportunity to participate in health coach training by NBHWC accredited VA program.
- Participate in interdisciplinary supervision to develop holistic approach to diagnosis and treatment.
- Participate in interdisciplinary programs, including “Project Resilience,” an active self-management/integrative medicine clinic for Veterans experiencing issues related to pain, and Integrative Mental Health group for Veterans experiencing mental health conditions. Clinical activities to include: Mindfulness-Based Cognitive Therapy, Acceptance & Commitment Therapy, active self-management coaching, yoga, tai chi, and anti-inflammatory diet classes.
- Participate in “My Story” program, learning patient-provider communication skills while facilitating and transcribing Veteran’s “story” into medical record.
- Participation in weekly journal article review to introduce/understand scientific basis for Integrative approaches.
- Opportunity to observe work with VHA national program office (Office of Patient Centered Care & Cultural Transformation), role of National Field Advisor for Whole Health Coaching.
- Program Development opportunities, as well as opportunity for data drive quality improvement research and program development available.
- The option to introduce clinical and administrative staff to Whole Health principles by teaching Whole Health 102 and/or primary care staff communication skills and motivational interviewing clinical staff.

## **Year-Long Rotation**

### **Long-Term Psychotherapy Supervision**

**Supervisors: Various**

Since the inception of our internship program, Mountain Home has placed a high value on proving 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**

<https://www.psychologytraining.va.gov/eligibility.asp>

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.

In normal years, the James H. Quillen pre-doctoral psychology internship requires a minimum of 1,000 total hours of supervised clinical experience (intervention + assessment + supervision). We will take into account potential decreases in clinical hours due to COVID-19. 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, it is not an exclusion criteria. 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 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, first-generation college students, 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 <https://natmatch.com/psychint/> or by e-mail at [psychint@natmatch.com](mailto: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:

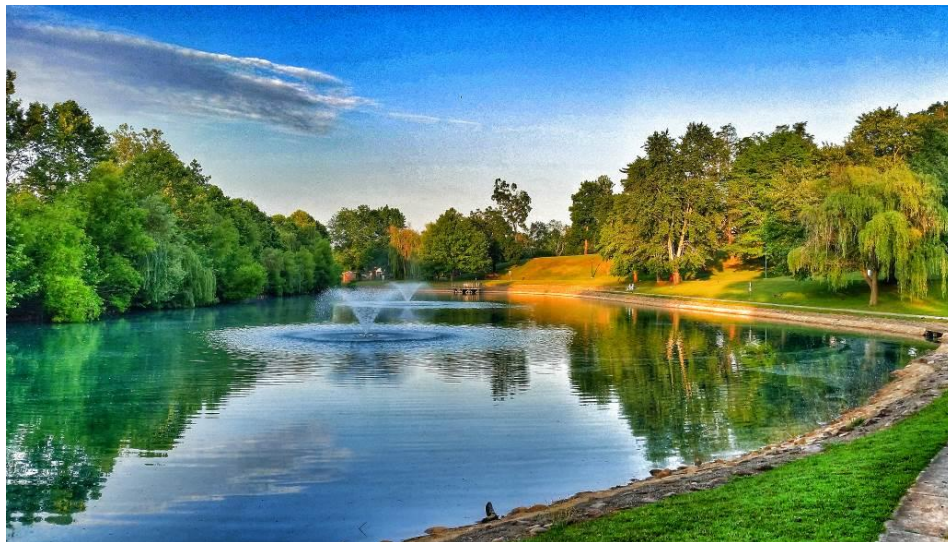
1. A completed AAPI application form, including the Academic Program's Verification of Internship Eligibility and Readiness. We do not require any supplemental materials.

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 interviews. Virtual interviews will then be offered to selected applicants. This process will also include the opportunity to meet virtually with the Training Director, current interns, and other rotation supervisors. Due to COVID-19, all interviews/meetings will be conducted virtually for the 2021-2022 training year. 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 her or his application.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment. The following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter.

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
  - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
- 7. Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
- 8. Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>



**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 humility and ongoing learning about 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; effective 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.



## 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.



Photo of 2018-2019 Intern Class

## 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, Kinetic House-Tree-Person Drawing, MMPI-II, MMPI-RF, and PAI, plus integrating assessment findings*)

- Psychological Interventions (e.g., *Acceptance and Commitment Therapy, Prolonged Exposure, Cognitive Processing Therapy, Motivational Interviewing, Couple and Family Therapy*)
- 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, When Patients Are Racist, Transgender Health Issues*)
- Health Psychology (*Medical Transplant Evaluations, Oncology and Psychology, Dementia, Whole Health Coaching*)

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, Oncology 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:**

- Provided workshop on self-care to recently incarcerated Appalachian women in recovery from substance use disorders

- 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.

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. Competency 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 competency, 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. 66K); 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 20 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>.

## **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.



## **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

**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

**Beck, Emily, 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

**Bumgarner, David, Ph.D.**, \*†§ East Tennessee State University, 2015; Outpatient Mental Health, Staff Psychologist

**Professional interests:** rurality and health, substance use treatment, psychospiritual aspects of therapy (forgiveness, mindfulness, compassion).

**Personal hobbies and activities:** Spending time with family, hiking, biking, listening to and playing music

**Cook, Courtney L., Ph.D.**, \*†§ East Tennessee State University, 2017; Staff Psychologist

**Professional interests:** Primary care mental health, ACT, process work, attachment, transgender healthcare

**Personal hobbies and activities:** Time with friends and family, my cats, nonsensical television, reading, traveling, laughing and not taking life too seriously

**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

**Deitz, Mandi F., Ph.D.**, \*† East Tennessee State University, 2014; PTSD Staff Psychologist

**Professional interests:** Combat-Related PTSD in Rural Appalachian Veterans

**Personal hobbies and activities:** Backpacking, camping, hiking (basically any outdoor activity), and playing the banjo

**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:** Travel, military and Appalachian history, keeping up with my teenagers,



hiking, wrangling two large dogs

**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

**LaRowe, Steven D., Ph.D.,** \*† Florida State University 2002; Staff Psychologist

**Professional interests:** Substance abuse, program evaluation

**Personal hobbies and activities:** Musician, home projects, hiking

**Love, C. Adam, Psy.D.,** \*†§ Regent University, 2010; Acute Services Psychologist

**Professional interests:** Serious and persistent mental illness; Religious and Spirituality Integration with Mental Health; Personality Assessment and differential diagnosis; Mindfulness and Dialectical Behavior Therapy

**Personal hobbies and activities:** Music – both playing guitar and attending concerts; Spending time with family and kiddos; Learning about history; Keeping up with the Dallas Cowboys

**McPherson, Meagan, Psy.D.,** \*† The Wright Institute, Berkeley, CA, 2011; Clinical Psychologist, Substance Use Disorders Program

**Professional interests:** therapeutic psychological assessment for co-morbid PTSD and SUD; biopsychosocial model of adversity (ACES), Polyvagal Theory; anything Brené Brown and Control Mastery Theory

**Personal hobbies and activities:** Rocking out to the Ghostbusters theme song with my sweet five-year-old son, mediating the blood feud between my dog and two cats, embracing gratitude and the mind-body connection with my at-home yoga practice, binging on Amy's Bowls and Ben & Jerry's ice cream, laughing loudly at inappropriate jokes, and spending time with my mom and my East Tennessee chosen family

**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

***Nekvasil, Samuel L., Ph.D.,*** \*†§ Purdue University, 2018; Staff Psychologist

**Professional interests:** Identity, meaning-making, and gender norms

**Personal hobbies and activities:** Anything outdoors—hiking, fishing, hunting, roaming

***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

***Smith, Ben N, Ph.D.,*** \*†§ University of Memphis, 2017; Outpatient Mental Health Clinic, Staff Psychologist

**Professional interests:** Integrated Behavioral Couple Therapy, Cognitive Behavioral Therapy

**Personal hobbies and activities:** making furniture, home renovations, yard work, hiking

***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 dogs, camping

**Veliz-Carizzoza, Michelle, Ph.D.,** \*† John F. Kennedy University, 2016, Staff Psychologist, Primary Care-Mental Health Integration Program

**Professional Interests:** Multicultural and diversity issues, Advocacy for Latino and underserved populations, Women and Gender Issues/Advocacy, Psychological Assessment, Acceptance and Commitment Therapy, Primary Care Mental Health, Work-life balance

**Personal Hobbies and Activities:** Spending time with family and being amazed by my 2-year-old each day, watching baseball (Dodger fan), watching basketball (Lakers fan), DIY projects, exploring restaurants and wineries, dancing, traveling, boardgames, video games, comics, and finding the humor (although dark at times) in all of life's curveballs.

**Zapor, Heather, Ph.D.,** \*† University of Tennessee, 2017; Staff Psychologist, Family Clinic

**Professional interests:** Couple and Family Therapy; Intimate Partner Violence

**Personal hobbies and activities:** Perfecting my many excel spreadsheets while watching the Bachelor. Podcasts and board games.

## **INTERSHIP ADMISSIONS, SUPPORT, and INITIAL PLACEMENT DATA**

Date Program Tables are updated: August 24, 2020

<b>PROGRAM ADMISSIONS</b>	
<p>Applicants must be U.S. citizens in good standing with and recommended for internship by an APA-accredited Ph.D. or Psy.D. program in clinical or counseling psychology, and they must have completed 3 full years of graduate study leading to the doctorate. The applicant must demonstrate interests and goals that are consistent with the internship program, the ability to apply assessment and intervention knowledge in clinical areas, appropriate ethical conduct, the interpersonal skills necessary for the professional practice of psychology, and sufficient research skills as evidenced by dissertation progress.</p> <p>The James H. Quillen pre-doctoral psychology internship requires 1,000 hours of supervised clinical experience (intervention + assessment + supervision). 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.</p> <p>The faculty strongly prefers applicants who have their dissertation proposal approved by the start of the internship.</p> <p>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.</p>	
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 +	<b>1000 hours of supervised clinical hours (intervention +</b>

Supervision Hours	<b>assessment + supervision)</b>
Total Direct Contact Assessment Hours	
	<b>*Limitations in hours caused by COVID-19 will be factored into admissions decisions.</b>
Describe any other required minimum criteria used to screen applicants	Completed 3 full years of graduate study, interests and goals consistent with program

<b><u>Financial and Other Benefit Support for Upcoming Training Year*</u></b>	
Annual Stipend/Salary for Full-time Interns	\$26,166
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 <b>prior</b> approval; intern bonding time

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

<b><u>Initial Post-Internship Positions</u></b>		
<b>2017-2020</b>		
Total # of interns who were in the 3 cohorts	14	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	<b>PD</b>	<b>ED</b>
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	7	5
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	1	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.