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Clinical Psychology Postdoctoral Residency
Charlie Norwood Veterans Affairs Medical Center
1 Freedom Way (26)
Augusta, GA 30904

Director of Psychology Training
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Applications Due: January 18, 2021

General Information

The Charlie Norwood VA Medical Center (CNVAMC) has two (3) postdoctoral Residency positions in Professional Psychology. All positions are generalist in nature. Two positions have a major emphasis in Interprofessional Team-Based Care and a minor emphasis in geropsychology. One position has a major emphasis in Military Sexual Trauma and a minor emphasis in female veterans' health. The Residency is a one-year, full-time training program (2,000 total hours) with an average expected workload of 40 hours per week of direct service delivery and other training activities. Fellows successfully completing the program will meet the requirement for the Post-Doctoral Supervised Work Experience needed for professional licensure as a Psychologist in the State of Georgia.

APA Accreditation

The postdoctoral residency at the CNVAMC was established in 2014 and received 10 year accreditation in April 2019 by the Commission on Accreditation of the American Psychological Association. For current update and accreditation status, please contact Dr. Nazem. Questions regarding the accreditation process and status may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

The Office of Program Consultation and Accreditation can be reached online at:
www.apa.org/ed/accreditation

STIPEND AND BENEFITS

Postdoctoral Fellow positions at the CNVAMC are funded by the Office of Academic Affiliations for the Department of Veterans Affairs. Fellows receive a competitive stipend paid in 26 biweekly installments. VA Residency stipends are determined annually by OAA and are locality adjusted to reflect the relative costs of living for different geographical areas. The stipend for Fellows at the CNVAMC for the 2021-22 training year is \$46,222. Fellows qualify for the same paid leave and healthcare benefits as VA employees and have a choice of medical, dental, and vision plans. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12. No funds are available for relocation.

Over the course of the year, Fellows earn approximately 13 vacation days and 13 sick days, in addition to 10 federal holidays. Fellows who work 40 hours per week can fulfill their commitment and still have

time for vacations and sick leave. The CNVAMC's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Director of Psychology Training.

Postdoctoral Fellows at the CNVAMC are provided with all rights, benefits, and responsibilities associated with "Employee" status. As such, they are expected to comply with all medical center policies pertaining to employee behavior, including leave.

Fellows may also apply for limited hourly credit for attendance at national and regional professional meetings and workshops through their primary supervisor and Postdoctoral Training Committee.

Application and Selection Procedures

Psychology postdoctoral Fellows at the CNVAMC must have a doctoral degree in clinical or counseling psychology from an APA-accredited training program, and must have completed an APA-accredited psychology doctoral internship. It is expected that most applicants will still be on internship at the time of application and that some will still be working on other graduate program requirements (e.g., dissertation); however, all requirements for the doctoral degree, including internship and dissertation, must be completed successfully prior to the start of the Residency. Selection for the Residency is considered provisional until all requirements for the doctoral degree are met, and offers will be revoked if the degree requirements are not completed by the designated start date for the Residency:

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, and 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. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant, or exchange visitor documents.
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/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPT's 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.
6. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - 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>

Additional information regarding eligibility requirements (with hyperlinks)

Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2

- Selective Service website where the requirements, benefits and penalties of registering vs not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005):

(b) *Specific factors.* In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1)** Misconduct or negligence in employment;
- (2)** Criminal or dishonest conduct;
- (3)** Material, intentional false statement, or deception or fraud in examination or appointment;
- (4)** Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5)** Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6)** Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7)** Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8)** Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1)** The nature of the position for which the person is applying or in which the person is employed;
- (2)** The nature and seriousness of the conduct;
- (3)** The circumstances surrounding the conduct;
- (4)** The recency of the conduct;
- (5)** The age of the person involved at the time of the conduct;
- (6)** Contributing societal conditions; and
- (7)** The absence or presence of rehabilitation or efforts toward rehabilitation.

The CNVAMC is an Equal Opportunity Employer. The Psychology Service actively supports and is in full compliance with the spirit and principle of Affirmative Action in the recruitment and selection of staff and Fellows. We provide equal opportunities in employment and training for all qualified persons and do not discriminate on the basis of race, color, religion, sex, national origin, age, disabilities, ethnicity, or sexual orientation. In accordance with federal government employment regulations, only citizens of the United States are eligible for training positions funded by the Department of Veterans Affairs.

The CNVAMC is committed to the recruitment and training of diverse postdoctoral Fellows. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Applications from qualified minority individuals are encouraged. Individuals who wish to be considered in part on the basis of a diversity variable should indicate their interest in the cover letter of their application.

Interested applicants should submit their materials online via APPIC's centralized application service (APPA-CAS). To apply, candidates should submit the following:

1. A cover letter that describes your postdoctoral training goals and perceived fit with our program. In your letter, please describe your previous educational and clinical experience relevant to the training offered in our program, your assessment of your training needs, and your general career goals. Please review our complete brochure thoroughly before applying. **Please specify if you are applying to the Interprofessional track or Military Sexual Trauma track (or both).**
2. A copy of your Curriculum Vita.
3. A letter from the Chair of your Dissertation Committee describing the progress of your dissertation and anticipated defense date if not yet complete, or confirming successful completion.
4. Three letters of recommendation from supervisors who are directly familiar with your clinical work. At least one letter must be from an internship supervisor. If your dissertation Chair is providing one of your letters, he/she may address your dissertation status within that letter. A separate, fourth letter on this subject is not required in that circumstance.
5. An official transcript of your graduate work

Deadlines: Applications must be received online by January 18, 2021 to receive consideration. The Director of Psychology Training and select members of the Training Committee will review all submitted applications in detail and will select some candidates for interviews. All applicants will be notified of their interview status by e-mail. It is the responsibility of the applicant to ensure that correct and up-to-date contact information is supplied in the online application. Interviews will be held virtually in February 2021.

The VA Office of Academic Affiliations has mandated that all VA postdoctoral training programs abide by the APPIC Postdoctoral Selection Guidelines. Accordingly, we will notify selected applicants on the recommended Uniform Notification Date of Monday, February 22, 2021. We will utilize the reciprocal offer option prior to that date if a selected applicant receives a bona fide offer from another postdoctoral training program. Applicants who receive offers from the CNVAMC will be allowed to briefly hold regular (non-reciprocal) offers. Applicants will be notified as soon as they are no longer under consideration and when all positions have been filled. The anticipated start date for 2021-2022 is August 16, 2021.

For questions about the application process or the training program please contact the Director of Psychology Training at sarra.nazem@va.gov.

All offers of acceptance for a postdoctoral position within the CNVAMC Psychology Postdoctoral Residency Program are strictly contingent upon applicants having completed all requirements (clinical, academic, and administrative) for the doctoral degree. In other words, you cannot start a Postdoctoral Residency if you are not “postdoctoral.”

If an offer is extended, you will be informed that you must provide evidence that you have completed all academic requirements no later than August 1, 2021. This can take the form of a copy of the diploma or a written attestation of such from your University Department Chair. If you have not defended your dissertation by August 1, 2021, we will also accept documentation from your Department Chair or Dissertation Advisor confirming your defense date prior to August 17, 2021.

If you have not completed all your requirements by August 1, you may request an extension. If, at the end of the extension you have not received the doctoral degree, or if the Residency does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process may be re-opened and you may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.

One exception to this policy is in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between August 1 and August 15th. In such case, an extension will be granted.

Fellows have raised the issue of a graduation date that occurs after the start of the Residency year. Our policy has been that the completion of all academic (including university acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Residency. In other words, it is acceptable if your graduation date occurs after August 1, 2021 as long as you can provide documentation that you have completed all academic, clinical, and administrative responsibilities. The Fellow is responsible for looking into how this intersects with state specific licensing board regulations.

Charlie Norwood VA Information

The CNVAMC is a two-division medical center providing tertiary care in medicine, surgery, neurology, psychiatry, rehabilitation medicine, and spinal cord injury. The Downtown Division is authorized 166 beds (58 medicine, 37 surgery, and 71 spinal cord injury). The Uptown Division, located approximately three miles away, is authorized 123 beds (68 psychiatry, 15 blind rehabilitation and 40 rehabilitation medicine). In addition, a 132-bed Restorative/Nursing Home Care Unit and a 60-bed Domiciliary are located at the Uptown Division. The medical center serves as a network resource for the treatment of spinal cord injury, blind rehabilitation, post-traumatic stress disorder, and psychiatry patients. The primary service area for the CNVAMC includes 17 counties in Georgia and 7 in South Carolina, and approximately 48,000 veterans are served. The CNVAMC serves as a regional resource for the treatment of spinal cord injury, post-traumatic stress disorder, substance abuse, blind rehabilitation and general psychiatry. Psychologists at the CNVAMC are afforded training opportunities that entail the full array of psychological services within these facilities including individual/family/group psychotherapy, psychological assessment, and diagnostic/treatment planning within interdisciplinary health care teams. Consultation/liaison training experiences are available in the Domiciliary Rehabilitation Treatment

Program, Medical Rehabilitation units, Substance Use Recovery Clinic, Trauma Recovery Clinic, Women's Health Program and the VAMC Center for Spinal Cord Injury.

Psychology Training

Within the Medical Center, Psychology training is conducted within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from the following disciplines: psychology, psychiatry, social work, and nursing. The mission of the MHSL is patient care, training, and research. The Director of Psychology Training and the Training Committee oversee psychology training activities. The entire Psychology Service consists of approximately 20 doctoral level psychologists representing diverse theoretical orientations, clinical specialties, and areas of interest & expertise. Psychologists have major leadership roles within hospital clinics and programs, and have recognized national expertise and leadership within VHA as well as national psychology organizations. Several psychologists in the Trauma Recovery Programs are nationally certified in evidence-based trauma interventions and some serve as Trainers and Consultants for the National Center for PTSD and VA Central Office Training Initiatives in Prolonged Exposure Therapy, Cognitive Processing Therapy, Interpersonal Therapy, and Cognitive Behavioral Therapy for Depression. Staff psychologists have authored textbooks, written numerous professional articles, and helped to develop clinical programs. In addition, psychologists have served on national VHA Work Groups, Task Forces, and QUERIs. Training experiences also involve Primary Care, Geriatrics, Emergency Medicine, and a variety of other specialty areas. To date, nearly all training activities take place at the Uptown Division of the Medical Center.

In addition to the postdoctoral training program, the CNVAMC offers an APA-accredited psychology doctoral internship program as part of a consortium with Augusta University, as well as advanced practicum training for local psychology doctoral students from programs including Augusta University and the University of Georgia. Postdoctoral Fellows have the opportunity to supervise these junior trainees over the course of the training year.

Client Population

While the VA patient population is predominantly adult male, there are opportunities for clinical work with women, married couples, and families. And specifically for the postdoctoral residency, special emphasis is placed on working with female veterans. Fellows work with patients who differ widely in race, socioeconomic status, sexual orientation, physical ability, education, and degree of psychopathology. Psychological services are provided to veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the psychiatric patients, Fellows will encounter a wide range of disorders including depression, anxiety, substance abuse, PTSD, schizophrenia, bipolar disorder, and personality disorders. In the area of medicine and surgery, there are opportunities to work with conditions such as neurodegenerative disorders and other neurological disorders, chronic pain, addictions, sexual dysfunction, nicotine addiction, palliative care, hospice, geriatrics, and HIV/AIDS.

Local Area Information

Drawn to Augusta, Georgia in the late 1800's by the mild climate, presidents, industrialists, and socialites came via private rail cars to winter at resort hotels dotting the landscape of the classic Southern city. William Howard Taft and John Rockefeller were among the luminaries whose names

graced the guest registries of properties such as the Bon Air Hotel and [Partridge Inn](#), and heirs to the Singer Sewing Machine Company were often in residence during the winter months.

Moderate temperatures also allowed equestrians to house their horses, and polo matches became places to see and be seen by the social set, creating a culture of refinement that added to the region's appeal. Without snow to hamper outdoor activities, Augusta soon became known as the "[winter golf capital of America](#)," representing the epitome of luxury, elegance, and Southern hospitality that stretched well into the twentieth century for this new breed of Augustans.

With its place well-established as a resort destination, Augusta was a natural choice for the nation's most famous amateur golfer to select as the location for a golf course and club. The course opened in December of 1932, hosting its first invitational tournament in 1934. For over thirty years, the competition attracted a mostly local audience, but in 1964, television coverage drew spectators from across the globe. The event sold out, and the flower-studded beauty and grace of Augusta was displayed on a world stage; confirming its well-earned reputation for tradition, hospitality, and heritage. As it has for over fifty years, the [Masters Tournament](#) continues to offer an opportunity to share in the celebration of excellence that has made it the world's most prestigious sporting event; and the city is proud to welcome those who arrive each April to share the time-honored traditions that mark this rite of spring.

Downtown Augusta is home to many of Augusta's most popular [attractions](#), locally owned [restaurants](#) and [nightlife](#). Affordable public parking and walkability make exploring downtown easy. [First Fridays](#) are a monthly celebration of Augusta's fun and funky spirit with live music and performances, exhibition openings and more throughout downtown. From March through November, the Augusta Market brings local and regional tastemakers and artisans of all kinds to the 8th Street entrance to the Riverwalk.

Boasting pleasant summers and mild winters, Augusta is an excellent year-round destination. Summers in Augusta have an average high temperature of 90.6°F and an average low of 67.8°F. In the winter, the average high is 58.9°F and the average low is 34.4°F.

The Augusta area is rich in resources for medical research and treatment. Just outside of downtown, the Medical District is home to Augusta University and the Augusta University Cancer Center, Children's Hospital of Georgia, CNVAMC, and University Hospital. Professional seminars and workshops are offered year-round in the private sector and may offer reduced tuition fees to Fellows.

Program Philosophy and Training Model

Training Program Mission Statement. The mission of the CNVAMC's Psychology Postdoctoral Residency is to train Fellows to effectively function in roles that combine clinical service and scholarly inquiry. The program is generalist in nature, prioritizing the development of well-rounded clinical skills. Even though this is classified as a general *clinical* residency training, this program emphasizes the provision of integrated primary care to veterans and the treatment of military sexual trauma.

The Residency also places a major emphasis on Interprofessional Team-Based Care Psychology and a minor emphasis on Geropsychology, with a focus on delivery of evidence-based clinical services. Fellows spend approximately 60% of their time in Primary Care Psychology activities throughout the training year, and approximately 20% of their time in Geropsychology units throughout the training

year. The purpose of the program is to provide the postdoctoral Fellows with a variety of opportunities for advanced training in psycho-behavioral interventions with patients manifesting medical conditions.

Training Philosophy. The goal of the CNVAMC Psychology Postdoctoral Residency is to produce a professional clinician who functions competently and ethically, is able to lead interdisciplinary care teams, collaborate effectively with a wide range of health care professionals, and to deliver care to our Veterans with empirically-based and patient-centered clinical practices. The training program helps the Fellow to set practical goals for the year and then creates an appropriate training program to meet the goals. Emphasis is placed on learning the philosophical and technical approaches grounded in empirical research and current professional standards. The training philosophy of the Residency is grounded in the premise that supervision is developmental in nature. As such, postdoctoral Fellows are viewed as mature, self-motivated adult learners who bring diverse accumulated life experiences to their training. These life experiences serve as a rich resource that is enhanced by and also enhances the training environment. Our program emphasizes the development of mutually derived learning objectives and a collegial relationship between supervisor and the postdoctoral Fellow.

Training Model. This Postdoctoral training program supports the foundational value of the scientist-practitioner model of training for the professional psychologist. Scientific methods can both inform us of the human experience and guide in the development and implementation of therapeutic responses to life problems. Therefore, training in scientific methods should be a core endeavor for the development of the professional psychologist. For the information achieved through scientific methods to be effectively integrated into clinical practice, however, systematic methods of observation and inquiry along with critical reasoning must be employed from an idiographic perspective. Furthermore, the practice of professional psychology entails an intense interpersonal experience that requires skills of communication and social interchange that enable the clinician to successfully engage another in diagnostic and therapeutic processes. The program's structure allows for both breadth and depth of clinical experiences, as well as exposure to a variety of intervention approaches and professional issues. Fellows are here for training and professional development, not service delivery; consequently, didactics, training seminars, and any other educational activities take priority in a Fellow's schedule.

Diversity Statement. The CNVAMC serves veterans who represent a wide variety of dimensions of diversity, including but not limited to gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The CNVAMC's Psychology Postdoctoral Residency is deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, Fellows develop awareness, knowledge, and skills to enhance multicultural competence through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to veterans with diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence within the mental health profession and society as a whole.

The CNVAMC Mental Health Service has made efforts to recruit and maintain a diverse psychology staff in a geographic region with limited ethnic and racial diversity. As such, the Residency Program places a high value on attracting a diverse group of Fellows and on maintaining an awareness of diversity issues during the residency year. The program appreciates the fact that attracting a diverse group of Fellows is important, not only for the residency, but for the staff as well. Throughout the training year, the training program provides various learning activities and trainings that build upon the

multicultural competency from graduate training. For example, the training program schedules a number of seminars directly dealing with a variety of diversity topics. We have speakers discuss issues of multicultural competency, religion/spirituality, gender, sexual orientation, culture, and age. The topics vary year to year, in large part due to the requests of the individual training cohort and their needs as determined by the Director of Psychology Training.

Program Goals and Objectives

The Psychology Postdoctoral Residency at the CNVAMC strives to promote the development of the full range of generalist skills required for independent functioning as a psychologist, as well as specialized skills in the areas of Health Psychology, Geropsychology, and female veterans' mental health.

The following specific goals and objectives represent the areas in which postdoctoral Fellows at the CNVAMC are evaluated:

GOAL 1: COMPETENCE IN THE INTEGRATION OF SCIENCE AND PRACTICE

Objective: Seeks Current Scientific Knowledge

Displays necessary self-direction in gathering clinical and research information; seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas

GOAL 2: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

Objective: Patient Rapport

Consistently achieves a good rapport with patients

Objective: Sensitivity to Patient Diversity

Sensitive to the cultural and individual diversity of patients; committed to providing culturally sensitive services

Objective: Awareness of Own Cultural and Ethnic Background

Aware of own background and its impact on clients; committed to continuing to explore own cultural identity issues and relationship to clinical work

GOAL 3: COMPETENCE IN ETHICS AND LEGAL MATTERS

Objective: Knowledge of Ethics and Law

Demonstrates good knowledge of ethical principles and state law; consistently applies these appropriately, seeking consultation as needed

GOAL 4: COMPETENCE IN PROFESSIONAL VALUES AND ATTITUDES

Objective: Professional Interpersonal Behavior

Professional and appropriate interactions with treatment teams, peers, and supervisors, seeks peer support as needed

Objective: Seeks Consultation/Supervision

Seeks consultation or supervision as needed and uses it productively

Objective: Professional Responsibility and Documentation

Responsible for key patient care tasks (e.g., phone calls, letters, case management), completes tasks promptly; all patient contacts, including scheduled and unscheduled appointments and phone contacts are well documented; records include crucial information

Objective: Efficiency and Time Management

Efficient and effective time management; keeps scheduled appointments and meetings on time; keeps supervisors aware of whereabouts as needed; minimizes unplanned leave, whenever possible

Objective: Administrative Competency

Demonstrates a growing ability to accomplish administrative tasks; prioritizes appropriately; shows a growing autonomy in management of larger administrative, or clinical projects appropriately, seeking consultation as needed

GOAL 5: COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS**Objective: Maintenance of Effective Relationships**

Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Objective: Communication

Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.

Objective: Difficult Communication

Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

GOAL 6: COMPETENCE IN REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE**Objective: Seeks Consultation/Supervision**

Seeks consultation or supervision as needed and uses it productively

Objective: Uses Positive Coping Strategies

Demonstrates positive coping strategies with personal and professional stressors and challenges; maintains professional functioning and quality patient care

GOAL 7: COMPETENCE IN SCIENCE, RESEARCH, AND EVALUATION**Objective: Knowledge of Program Evaluation Methods**

Demonstrates good knowledge of techniques of program evaluation

Objective: Program Development and Implementation

Designs and proposes new patient care initiatives in the form of individual and group interventions

Objective: Needs Assessment

Consults with various hospital staff concerning patient care needs

GOAL 8. COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/ INTERDISCIPLINARY SYSTEMS

Objective: Consultation Assessment

Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question

Objective: Consultative Guidance

Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods, and principles

Objective: General Medical Knowledge

Demonstrates good knowledge and understanding of specific medical/psychiatric conditions related to identified areas of interdisciplinary care

Objective: Team Membership and Building

Is fully integrated as a valued and contributing member of a medically-focused interprofessional treatment team.

Objective: Use of Motivational Interviewing

Demonstrates improved skill and ability in effectively using motivational interviewing to engage Veterans in health improvement.

GOAL 9: COMPETENCE IN ASSESSMENT

Objective: Diagnostic Skill

Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification; utilizes historical, interview, and psychometric data to diagnose accurately

Objective: Psychological Test Selection and Administration

Promptly and proficiently administers commonly used tests in his/her area of practice; appropriately chooses the tests to be administered; demonstrates competence in administering a variety of diagnostic measures

Objective: Psychological Test Interpretation

Interprets the results of psychological tests in his/her area of practice; demonstrates competence interpreting chosen measures

Objective: Assessment Writing Skills

Writes a well-organized psychological report; answers the referral question clearly and provides the referral source with specific recommendations

Objective: Feedback Regarding Assessment

Plans and carries out a feedback interview; explains the test results in terms the patient and/or caregiver can understand; provides suitable recommendations and responds to issues raised by patient or caregiver

GOAL 10: COMPETENCE IN INTERVENTION

Objective: Patient Risk Management and Confidentiality

Effectively evaluates, manages, and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues; collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed; discusses all applicable confidentiality issues openly with patients

Objective: Case Conceptualization and Treatment Goals

Formulates a useful case conceptualization that draws on theoretical and research knowledge; collaborates with patient to form appropriate treatment goals

Objective: Therapeutic Interventions

Interventions are well-timed, effective and consistent with empirically supported treatments

Objective: Effective Use of Emotional Reactions in Therapy

Understands and uses own emotional reactions to the patient productively in the treatment

Objective: Group Therapy Skills and Preparation

Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety, and confidentiality. If the group is psychoeducational, prepares material for group, and understands each sessions goals and tasks

GOAL 11: COMPETENCE IN SUPERVISION

Objective: Knowledge and Application of Supervision Methods

Demonstrates good knowledge of supervision and is able to apply a variety of theoretical models of supervision

Objective: Rapport with Supervisees

Able to establish effective working relationships with supervisee(s)

Objective: Supervision of Supervision

Demonstrates ability to use supervision of supervision in an effective way to explore own growth as a supervisor

Objective: Evaluation of Supervisees

Demonstrates an ability to provide constructive/corrective feedback and evaluation of supervisees' competencies

Program Structure

Orientation

Fellows begin the training year with several days of orientation to the VA, the Medical Center, and the training program. Fellows meet with the Director of Psychology Training and with supervisors from all clinical rotations to review the training opportunities available with each. Fellows also meet with relevant Mental Health leadership representatives. This process allows time for Fellows to begin to develop familiarity with the Medical Center, clinical activities, record keeping, personnel issues, and

procedures specific to the Mental Health Service Line. Fellows will inform the Director of Psychology Training of their elective rotation preferences at the end of orientation.

Training Plans and Evaluation

During orientation, Fellows complete a self-assessment of their relative strengths and weaknesses with respect to the goals and objectives described above. The Overall Supervisor then meets individually with each Fellow to develop a personalized training plan for the year. The goal of the training plan is to identify needed and desired learning activities to round out the Fellow's general training, to further develop fundamental clinical skills, to address deficits in skill or experience, and to gain exposure to new patient populations and methods of assessment and intervention. The Director of Psychology Training makes every effort to honor the preferences of the Fellow; however, they reserve the right to require certain training experiences if a significant need is identified. The training plan may be revisited and amended at any point in the training year as new interests or needs are identified. At mid-year and end-of-year, all Fellows will formally review their training plans and progress with the Director of Psychology Training and the Postdoctoral Training Committee. Evaluation of Fellow progress is ongoing throughout the training year and occurs both informally and formally. Informal feedback is provided continually in weekly supervision and in communication between training staff members. Fellow progress is formally discussed by the training staff in monthly meetings of the Postdoctoral Training Committee; areas of strength and areas for growth are documented in the Committee's meeting minutes. Fellows are also formally evaluated by each of their clinical supervisors at the end of each quarter; the written feedback is reviewed between Fellow and supervisor and is submitted to the Director of Psychology Training for inclusion in the training file. At a minimum, Fellows meet with the Director of Psychology Training and the Postdoctoral Training Committee twice (at mid-year and at end-of-year) for formal discussions of progress and review of training plans. Additional formal feedback may be scheduled as needed.

Training Activities - Emphasis Areas

Interprofessional Care Fellows

The training objective of the interprofessional care postdoctoral residency positions is to provide Fellows with a broad and comprehensive clinical education within Geriatric and Primary Care settings, with an emphasis on training in care for older adult Veterans. Fellows work within the Primary Care Mental Health Integration (PCMHI) and Geriatric interdisciplinary care teams, which involve direct collaboration with professionals from various disciplines including psychiatry, social work, nursing, chaplain service, pharmacy, dieticians, and medical center physicians. Postdoctoral Fellows work as a member of these teams and also serve as consultants and didactic resources to non-psychology professional groups during the training year.

Fellows have opportunities to provide brief interventions, short-term counseling, and assessment; facilitate interdisciplinary health behavior groups, and provide patient centered communication training and consultation. Fellows also have the opportunity to develop expertise in geriatrics. Fellows participate in clinical supervision of psychology interns under the supervision of the licensed psychologist. Fellows work with postdoctoral training staff to customize a training year to meet their individual needs, preferences, and abilities. The general structure is as follows:

Major Emphasis (approximately 60% of Fellow's time):
Primary Care/Behavioral Health

Minor Emphasis (approximately 20% of Fellow's time):
 Inpatient Geriatric Units/CLC's
 Hospice/Palliative Care

Minor Emphasis (approximately 10% of Fellow's time):
 General Therapy cases
 Assessment/Testing Consults

Didactics/Supervision/Teaching (approximately 10% of Fellow's time)

Primary Care Mental Health Integration (PCMHI): The Fellow in PCMHI gradually moves into the role of the assigned primary care team's integrated psychologist. PCMHI focuses on population-based care, with an emphasis on brief consultation and brief psychotherapy services. The Fellow learns behavioral health consultation services, often providing shared evaluation and treatment. Patient care activities are interdisciplinary and comprehensive treatment plans are for medical and mental health concerns. Consultation with a provider often occurs to facilitate care for patients with complex concerns.

The Fellow is trained at quickly forging a relationship, performing a focused assessment focusing on patient's goals and overall functioning, assessing for suicidal risk, providing psychoeducation and brief interventions, referring appropriately, and handling emergent crises. The focus is on providing brief problem focused interventions, developing concrete goal-driven recommendations to improve health status and prevention, functional outcomes and symptom reduction, and teaching self-management skills/home based practices as a means for patient wellness and improved function. Interventions are operationally defined so that the PACT can support them. Intermittent visit strategies for short-term interventions and referrals to specialty behavioral health care for patients when greater intensity is needed are used. An awareness of community referral sources is also emphasized. Fellows in the Interprofessional focus area participate in a monthly multidisciplinary PCMHI case conference

Geropsychology: A specific emphasis of learning is the delivery of mental health services to older adults. Hence both Fellows participate throughout the residency year in at least one full-day of learning about and delivering services to the older adult. The CNVAMC has four Community Living Centers that provide comprehensive physical, mental, psychosocial care to elderly patients who need care at this level. The CLC's provide Fellows long term care, short term rehabilitation, and hospice experience. There are two dementia units, one locked and one unlocked. Fellows will learn about issues specific to a geriatric population such as dementia and delirium as well as end of life issues (to include Hospice care teams). There are opportunities for psychoeducation, skill training, psychotherapy, and support for families and caregivers, as well as staff. The center has a multidisciplinary staff: Nurses, Physician's Assistant, social workers, physicians, psychiatrist, Geropsychologist, recreation therapist, music therapist, dietician, and chaplain. Other rehabilitation disciplines participate as needed.

The Geropsychologist on staff participates in team meetings for the CLC, Palliative, and Hospice Units. The Geropsychologist works with each of the Fellows one day per week during the entire year of residency. The psychologist along with the Geropsychiatrist provide formal training to the Fellows in assessment techniques with older adults as well as therapeutic interventions and increase

the scope of knowledge about the physical and mental health needs of elderly veterans. As a member of the team, the Fellow is expected to provide input and the psychological perspective about the presenting problems of the elderly veteran with whom the Fellow is working to the respective team and the family. The Fellow rounds with the Geropsychiatrist and Geropsychologist one morning per week for six months on the Hospice Unit. In addition, the Fellow is expected to complete a composite of courses online that address Geropsychology, issues of aging, and the unique needs of the older adult.

General Therapy Cases: To round out the generalist nature of the training program, in addition to the training experiences in the emphasis areas outlined above, Interprofessional Fellows are expected to carry a caseload of approximately three general (long- or short-term) individual, group, or couples/family psychotherapy cases. Cases are assigned by the Director of Psychology Training and are supervised by various members of the Training Committee with the goal of exposing Fellows to various theoretical orientations and areas of expertise.

Assessments/Psychological Testing Consults: Fellows are required to complete a minimum of two psychological testing cases during the training year. Consults are submitted by providers throughout the Mental Health Service Line and are assigned to Fellows, who will be supervised by a member of the Training Committee. The emphasis of this training experience is on enhancing general diagnostic skills, clinical interviewing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. As such, there is no standard test battery or report format.

Military Sexual Trauma Fellows

This track provides general clinical psychology residency training, with an emphasis in military sexual trauma. Specific emphases include: 1) evidence-based assessment and treatment of military sexual trauma; 2) behavioral medicine interventions addressing common problems among female veterans; 3) interdisciplinary consultation; 4) development of clinical supervision competencies; and 5) identification of, understanding, and addressing ethical issues common among female populations.

Fellows provide psychological services in the Trauma Recovery Clinic and in the Women's Primary Care Clinic. Fellows also participate in clinical supervision of psychology interns under the supervision of the licensed psychologist.

Major Emphasis (approximately 70% of Fellow's time):
Trauma Recovery Clinic

Minor Emphasis (approximately 20% of Fellow's time):
Women's Primary Care Clinic

Didactics/Supervision/Teaching (approximately 10% of Fellow's time)

Trauma Recovery Clinic: In the Trauma Recovery Clinic, the Fellow assumes the psychologist's role by performing intake assessments, educating the veteran and family (if available and desired by the veteran) about PTSD and/or MST and the EBP treatments and collaborating with the veteran on the veteran's preference for treatment. The Fellow participates actively in interprofessional team conferences concerning patient care and service delivery by contributing the knowledge and expertise in psychology of women to the team. The team conference and the subsequent

development of an interdisciplinary treatment plan are cornerstones of the experience. In the conferences, the integrated assessment is discussed and all aspects of patient needs, preferences, goals, education, and health promotion as well as self-management are addressed. Relationships with other disciplines are forged by respect and understanding of their contributions and ongoing communication and collaboration.

The Fellow carries a panel of patients (about 90% women) that represent a wide range of diversity in culture, age, socioeconomic status, race, education, military experience, sexual preference, etc. The Fellow's patients come from a number of sources, including direct consults, self-referrals (some for MST), intrateam requests for psychological intervention, and supervisor selection of cases. Referrals may be for PTSD assessment, complex integrated assessment cases, cognitive assessments, individual therapy, and group therapy using evidence based treatment for PTSD.

Women's Health Clinic: The Women Veterans Health Program promotes the health, welfare, and dignity of women veterans and is a component of the Primary Care Service. The Women's Health Clinic encompasses a dedicated staff that provides primary care and gender specific care for assigned female veterans. The clinic provides a wide range of services including general preventive medicine and specialty care services including STD screening, birth control planning, pregnancy screening and medical management, breast and cervical cancer screenings, gynecological care and menopausal management. It is multidisciplinary and utilizes the clinical expertise of a clinical psychologist, social worker, nutritionist and doctor of pharmacy as well as three physicians and nursing staff. The clinic operates according to the Primary Care/Mental Health Integration model in which a co-located psychologist provides brief initial assessments, short-term individual therapy, and referrals to specialty mental health services. Fellows working with the Women's Health Clinic will gain experience working with female veterans in group and individual therapy, as well as conducting assessments. Interventions will focus on general health-related issues, such as weight management, chronic pain and stress reduction, as well as health concerns specifically related to females, including coping with infertility or unwanted pregnancy, care giving issues, and coping with diagnosis of diseases affecting women, such as cancer (i.e., breast, ovarian, uterine, etc.), heart disease, and sexually transmitted diseases. Each Fellow will complete a six-month rotation working in the Women's Health Clinic one day per week.

The specific Women's Health Primary Care-Mental Health Integration skills trainees will develop as postdoctoral Fellows include:

1. Gaining perspective and experience on the role of a psychologist in a women's primary care clinic and working as a member of an interdisciplinary team.
2. Conducting brief but comprehensive psychological assessments and treatment plans with female veterans as referred by primary care providers who are either: (a) experiencing a mental health crisis; (b) new to mental health services, (c) in need of specialty care mental health services and/or (3) transferring mental health care from another VA or outside provider.
3. Providing initial screening for such sensitive issues as military sexual trauma, combat trauma, and childhood trauma and discussing veteran's treatment options to consider.
4. As appropriate, providing short-term psychotherapy (4-6 sessions) for a variety of presenting problems including anxiety; depression; chronic pain and debilitation; relationship and/or

adjustment issues; dealing with a serious medical illness; grief and loss; acute reaction to sexual trauma and/or intimate partner violence; and homelessness/poverty.

5. Gaining experience with brief therapy techniques including, but not limited to motivational interviewing, cognitive-behavioral therapy, and behavioral activation, as well as providing solid generalist practice.
6. Assisting various medical staff (i.e., physicians, nurses, medical Fellows) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors;
7. Completing and submitting, in written form and on a timely basis, the consultative requests assigned during the course of this training experience.
8. Participating in interdisciplinary research projects and or group therapy assignments as possible.

Other Training Activities

Elective Minor(s): Fellows select one or two minor training experiences outside the emphasis areas, which will account for up to 10% of their time. Fellows have the option of choosing one minor for 6 months, or two minors of 3 months' duration each. Options include specialized mental health services such as Inpatient Psychiatry, the Trauma Recovery Clinic (TRC), Geropsychology, the Substance Use Recovery Clinic (SURC), general outpatient mental health, suicide prevention, Primary Care/Mental Health Integration (e.g., Women's Health, OEF/OIF, general PC). Fellows may also choose to participate in an ongoing VA research study as an elective minor, pending availability, or to propose and develop a new minor training experience.

Supervision: Postdoctoral Fellows are considered junior colleagues and are expected to demonstrate a considerable degree of autonomy and self-motivation. APA guidelines require that Fellows receive a minimum of two hours of individual supervision each week. Supervision of psychotherapy cases is provided by at least two licensed psychologists, each of whom typically spends one hour per week reviewing cases with the Fellow. Supervision of assessment work involves additional scheduled, formal supervision. Less formal supervision occurs during seminars and through mentoring from training staff. Supervision by professionals from other disciplines may be arranged when desired and appropriate.

Didactics: Fellows are required to participate in didactics, as described below, with additional elective didactic opportunities if desired.

Professional Development Didactic – This didactic is facilitated by MCG-AU faculty, occurs on a biweekly basis, and is required of all Fellows. Fellows join MCG-AU Fellows to discuss topics related to supervision, EPPP/licensure/Board Certification, career trajectory planning, preventing burnout, ethical/legal dilemmas, etc.

Geropsychology/Aging Didactic – This didactic occurs on a weekly basis and is required for the Interprofessional Care focused Fellows; it is optional for the MST focused Fellow. VA Geropsychology training programs have partnered together to develop a Geriatrics VTEL Seminar Series to increase each sites access to a variety of presenters and presentations focused on the development of competence in working with the aging Veteran population. Presentations

are directed at the postdoctoral training level and are given by a range of practitioners and researchers employed in a variety of settings. Each presentation includes a didactic presentation with opportunities for group discussion among all participating sites. Topics include: Geriatric psychopharmacology, Demographics of Aging, Ageism, Alzheimer's disease, Dementia, Delirium, Placement options, Hospice, Palliative Care, Nutritional concerns, Depression, Cognitive Assessment, Elder Abuse, Associations for the Aging, Bereavement, Sexuality, Psychotherapy, Suicidality, Caregiver fatigue, Cultural differences, Gender differences, PTSD, Chronic Illnesses in Aging, Career Potential in Gerontology, Death and Dying, Spiritual Considerations at the end of life, Substance Use, and Therapy considerations with the elderly.

Psychology of Women Didactic – This didactic occurs on a biweekly basis and is required for the MST focused Fellow; it is optional for the Interprofessional Care focused Fellows. This seminar is focused on review of current literature and research on women. A variety of clinical topics pertinent to the delivery of services to women are covered. The focus is to broaden understanding and sensitivity to the unique needs of women as well as enhance service delivery. The Fellow would participate in this seminar and would be responsible for selecting topics and facilitating discussion. The Psychology of Women faculty present include psychologists in specialty clinic, as well as women's primary care psychologist and Augusta University psychologists, along with psychology of women interns.

Elective Didactics – All Fellows have the option to attend elective didactics if they do not conflict with the Fellows' other required activities. For example, they may attend Augusta University Psychiatry Grand Rounds, which occur approximately every week during Augusta University's academic year. Grand Rounds presentations cover a wide range of topics including summaries of current research, treatment techniques, and presentations from prominent figures in psychiatry and the behavioral sciences.

Supervision Training: All Fellows have the opportunity to supervise one or more practicum students and/or psychology Interns on either an individual therapy case or a group within the Mental Health Service. Fellows are provided with supervision of supervision (1-2 hours per week).

Teaching: As junior members of the psychology training staff, Fellows are required to do at least two formal presentations on topics in their area of interest and/or expertise; at least one of these presentations must be in the psychology Interns' Problem Based Learning Seminar. In addition, Fellows may present in the psychology Interns' Professional Issues Seminar, the Primary Care Staff Education Meeting, or the Mental Health Staff Education Meeting. Alongside the Health Behavior Coordinator, there will also be additional opportunities to conduct in-service workshops teaching Motivational Interviewing techniques to other healthcare staff, such as nurses and physicians.

Outreach: Fellows are required to participate in two outreach activities designed to provide mental health education for consumers and providers on issues of prevention and treatment of mental health disorders based on the needs of the mental health consumers and providers. Fellows may also work with the Health Promotion and Disease Prevention committee for the Medical Center, which organizes annual campaigns for the flu shot, the Great American Smoke-Out, etc.

Requirements for Completion

Hours

Fellows must complete 2000 professional hours within the 52-week training year in order to complete the Residency. Fellows are encouraged to maintain a record of their hours. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2000-hour requirement.

Demonstration of Competency

As outlined above, Fellows are continuously evaluated throughout the training year. Evaluation focuses on the successful demonstration of competency in the areas outlined in the Program Goals and Objectives section above. Fellows must demonstrate at least an “Interdependent/monitoring supervision” level in all Level I (Integration of Science/Practice, Individual and Cultural Diversity, and Ethics and Legal Standards) areas by mid-year and at least an “Independent” level in all Level I areas by end-of-year in order to successfully complete the program.

Licensure

Throughout the training year, much emphasis is placed on preparing Fellows for licensure and independent practice. Specifically, the Professional Development seminar incorporates topics related to the process of obtaining licensure, including completing the EPPP, preparing for the jurisprudence examination, and completing critical licensing board paperwork in a timely fashion. At the completion of the Residency, Fellows will have completed, at a minimum, the 1500 hours of supervised direct service experiences required for licensure in the State of Georgia, as well as all other jurisdictions that fall under the Association of State and Provincial Psychology Boards.

Facility and Training Resources

Fellows have full access to the same level of clerical and technical support as staff psychologists. They are provided with computers that have full access to the hospital network, Microsoft Office, and access to the Internet. Printers and secure fax machines are readily available in all treatment areas of the hospital. Support staff is available to assist Fellows in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Medical Center’s bureaucracy. Fellows have access to technical support for their computers and telephones through the Information Technology Service, a representative of which works within the MHSL and is available by phone or email. The VA network has a number of psychological tests available for computer-based administration. In addition, the psychology staff has an extensive inventory of tests and test materials. Fellows are also able to use the Medical Center’s library, which provides them with access to computer-based resources, a variety of in-house materials, and almost unlimited access to materials available through affiliation with other libraries. Multimedia equipment, including video and audio machinery, can be accessed through the Medical Media Service.

Each Fellow has a private office in their primary work area. Offices are equipped with desks, computers, and locked cabinets to secure sensitive information and personal belongings. While space at the CNVAMC is always in high demand, Fellows are always provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center are used for group sessions and training seminars.

Training Staff

Depending on the elective and general therapy and assessment experiences chosen, Fellows may work with any of the approximately 15 members of the psychology training staff during the course of the year. Information for the core faculty for the Residency is listed below.

Core Postdoc Training Committee Members (2021-2022):

Depending on the elective and general therapy and assessment experiences chosen, Fellows may work with any of the approximately 15 members of the psychology training staff during the course of the year. Information for the core faculty for the Residency is listed below.

ANGELA D. CORIANO, Psy.D. – Geropsychology Supervisor, Geropsychology Seminar Coordinator – (Clinical Psychology, Immaculata University, 2008) is the facility’s Geropsychologist and serves as the Geriatric Psychology supervisor for Community Living Center and Hospice Care. Prior to her work at the CNVAMC, she completed internship with and served in the United States Navy as a Psychologist.

SARAH DEAL Psy.D. – Primary Care Mental Health Integration (PCMHI) Supervisor – (Clinical Psychology, La Salle University, 2012) is a psychologist in a Primary Care Clinic for OEF/OIF Veterans providing evidence-based interventions in this setting. Dr. Deal completed her internship at Monterey County Behavioral Health and her residency at The Felton Institute in California.

DENISE EVANS, M.D. – Geropsychiatrist – (Board certified in Psychiatry, Medical College of Ohio, 1984). Dr. Evans provides psychiatric services to the facility’s geriatric service to include the palliative care, hospice, and community nursing home units. Dr. Evans has over 30 years of experience training medical students, Fellows, and other disciplines about aging and Mental Health as well as psychopharmacology.

REBECCA JUMP, Ph.D. – Military Sexual Trauma Supervisor – (Clinical Psychology, University of Florida, 2005) is the Facility Coordinator for MST services. Dr. Jump is the director of the MST specialization track and trains Fellows in PE and CPT for PTSD with additional training in chronic pain. She completed her internship at the CNVAMC.

SARRA NAZEM, Ph.D. – Director of Psychology Training - (Clinical Psychology, West Virginia University, 2013) is a clinical psychologist and Director of Psychology training at CNVAMC. Dr. Nazem completed her internship at the Palo Alto Health Care System and completed a two-year advanced psychology fellowship in suicide prevention at the Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC). Prior to joining the faculty at CNVAMC, Dr. Nazem was a Clinical Research Psychologist with the Rocky Mountain MIRECC. Her research, teaching, education, and clinical specialization is focused within the field of suicidology.

SHANNON ROGERS, Ph.D. –Military Sexual Trauma Supervisor – (Clinical Psychology, University of Tennessee – Knoxville, 2015) is a psychologist in the Trauma Recovery clinic and provides evidence based therapy for patients with Military Sexual Trauma. Dr. Rogers completed her internship and residency at the CNVAMC.

SARAH ROWLAND, Ph.D. – Director, Specialty MH Services; Military Sexual Trauma Supervisor, Psychology of Women Didactic Coordinator - (Clinical Psychology, Idaho State University, 2013) is a psychologist in the Trauma Recovery Center and provides CPT, MI, CBT services for patients with Military Sexual Trauma. Dr. Rowland completed her internship at the CNVAMC.

DANIELLE SUYKERBUYK, D.O. – PCMHI Psychiatrist – (DO, Oklahoma State University College of Osteopathic Medicine, 1997) is the consultative psychiatrist for Primary Care. Dr. Suykerbuyk completed her Residency in psychiatry at EAMC/MCG in 2001 and child and adolescent fellowship at MCG/EAMC in 2002. She has been board certified in adult psychiatry since 2003 and board certified in child psychiatry since 2004. Dr. Suykerbuyk was an active duty Army psychiatrist from 1997-2007 and the chief of the inpatient psychiatry ward and the consultation-liaison service at EAMC from 2004-2007. She worked as a child and adolescent psychiatrist for the Department of Juvenile Justice from 2002-2012. Dr. Suykerbuyk has been the psychiatrist for the OIF/OEF/OND primary care clinic at the CNVAMC since 2007.

Trainee Admissions, Support, and Outcome Data

Date Program Tables are updated: NOVEMBER 1

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on resident selection and practicum and academic preparation requirements:</p>
<p>We seek applicants who have a strong academic foundation from their university programs and have mastered basic skills in psychological assessment and intervention techniques from supervised practicum and internship experiences. We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship, strong skills in standard assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness-of-fit" with our Scientist-Practitioner model, and we look for Fellow applicants whose training goals match sufficiently the training that we can offer. We select candidates from many different kinds of programs and theoretical orientations, from different geographic areas, of different ages, of different cultural backgrounds, and with different life experiences. As part of our long-term, systematic, and coherent efforts to attract and retain Fellows from diverse backgrounds, we especially encourage applications from applicants with knowledge and experience with cultural diversity issues.</p>
<p>Describe any other required minimum criteria used to screen applicants:</p>
<p>Applicants must have received a doctorate from a Clinical, Counseling, or Combined Psychology program accredited by the American Psychological Association, the Canadian Psychological Association, or the Psychological Clinical Science Accreditation System, and have completed an APA- or CPA-accredited internship (or have completed a VA-sponsored internship) to be eligible for our program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible. All Fellows must be eligible for hiring by the VA which includes USA citizenship.</p>

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	\$46,222
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for resident? If access to medical insurance is provided	YES
Trainee contribution to cost required?	YES
Coverage of family member(s) available?	YES
Coverage of legally married partner available?	YES
Coverage of domestic partner available?	YES
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	YES
Other Benefits: Up to 5 days of approved educational/professional leave for conference attendance/licensure/and VAMC job search Malpractice coverage is provided under the federal tort claims act.	

Initial Post-Residency Positions

	2017-20
Total # of residents who were in the previous 3 cohorts	6
Total # of residents who remain in training in the residency program	0
Community mental health center	0
Federally qualified health center	0
Independent primary care facility/clinic	0
University counseling center	0
Veterans Affairs medical center	4
Military health center	0
Academic health center	0
Other medical center or hospital	1
Psychiatric hospital	0
Academic university/department	1
Community college or other teaching setting	0
Independent research institution	0
Correctional facility	0
School district/system	0
Independent practice setting	0
Not currently employed	0
Changed to another field	0
Other	0
Unknown	0