



# Psychology Internship Program

Huntington VA Medical Center  
1540 Spring Valley Drive  
Huntington, WV 25704  
(304) 429-6755  
<http://www.huntington.va.gov/>

**MATCH Number: 217511**  
**Applications Due: 14 November 2016**

## ***Accreditation Status***

The VA Psychology Internship at the Huntington VA Medical Center (VAMC) is fully accredited by the Commission on Accreditation of the American Psychological Association (APA). Our next accreditation site visit is scheduled for 2020.

Questions related to the program's accreditation status should be directed to the CoA:  
Office of Program Consultation & Accreditation  
American Psychological Association  
750 First Street NE, Washington, DC 20002-4242  
Phone: (202) 336-5979/Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## ***Application & Selection Procedures***

### **Criteria for acceptance into the program**

1. U.S. citizenship: The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. Education: Applicants must be enrolled in an APA- or Canadian Psychological Association (CPA)-accredited clinical or counseling psychology graduate program and be certified by their Director of Clinical Training as ready for internship. Applicants must have had a minimum of 500 hours of supervised graduate level pre-internship practicum experience (350 direct intervention hours and 150 direct assessment hours).
3. Registration with Selective Service: Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
4. Fingerprinting/background checks: Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Please see Section 8 of the Executive Order which established this process: <http://www.archives.gov/federal-register/codification/executive-order/10450.html> for further information.
5. Affiliation Agreements: To comply with federal and VA rules and provide interns with liability protection, a current and valid Affiliation Agreement between VA and the sponsoring doctoral program must be on file before the intern can be appointed. Most APA-approved doctoral programs already have an agreement on file.

Highly regarded candidates will have supervised experience with clinical interviewing, objective psychological assessment, and brief and long-term psychotherapy with varied populations, in addition to

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only minor dissertation requirements remaining. The selection committee will review applications and preference will go to trainees interested in receiving a generalist, rural, interdisciplinary experience consistent with the practitioner-scholar model.

As an equal opportunity training program, the Huntington VAMC Psychology Internship is committed to ensuring a range of diversity among interns with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. We welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. We are dedicated to providing access and reasonable accommodation to applicants during the interview and selection process and to interns during the training year. To request reasonable accommodation for any part of the application process, please contact Dr. Denise Harris, Director of Training, by telephone or email (contact information is in the next section of this document). Determinations on requests for reasonable accommodation will be made on an individual basis.

### Application Process

We rely on the Association of Psychology Postdoctoral and Internship Centers (APPIC) website for most application materials. Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPI application process:

- A cover letter indicating intent to apply to the internship program and internship training interests
- APPIC Application for Psychology Internship (AAPI)
- Curriculum Vita
- Official graduate transcript(s)
- Minimum of three letters of reference (in addition to the letter of verification from the Training Director)

A word processor file for the online AAPI is available through the APPIC web site at <http://www.appic.org/>. We will not be accepting hard copy applications.

Our APPIC Match number is: 217511

Send all application materials no later than **14 November 2016**.

In addition to the information requested by the AAPI, we require applicants who have been invited for an interview to submit a sanitized psychological assessment for review. The Director of Training must receive these reports no later than 26 December 2016.

If you have questions about the application process or the training program, please do not hesitate to contact:

**Denise A. Harris, Psy.D.**

**Director of Training**

Phone: (304) 429-6755 x2713

Fax: (304) 429-0287

Email: [denise.harris@va.gov](mailto:denise.harris@va.gov)

### Candidate Interviews

Application materials will be reviewed upon receipt. All personal interviews are conducted by invitation only. Intern applicants will be advised of their interview status by 09 December 2016. Please be sure to indicate a daytime telephone number in your application materials so you can be reached to schedule an interview. Interviews will be held in January 2017. We consider interviews to be a two-way process: the opportunity for us to meet you and learn more about you and the opportunity for you to meet us and gain a better understanding of our program. In addition to a meeting the psychology staff, candidates will interview with the Director of Training, 4 staff psychologists, and our current interns. The total interview

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process takes approximately 6 hours and lunch will be provided. For those who are invited for an interview and are unable to visit our program in person, we will be happy to arrange a telephone interview; a personal interview is not required to match with our program. We adhere strictly to the selection process guidelines established by the APPIC, including the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

### **Match Process**

We follow the match policies established by APPIC. Our program uses one match number for all positions. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission. Additional information regarding the match is available through the National Matching Services.

### **Benefits**

The anticipated stipend is \$24,014 for the year to be paid in equal installments over 26 biweekly pay periods. In addition, interns have 10 Federal holidays (New Year's Day, Martin Luther King, Jr.'s Birthday, George Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day) and accrue annual leave (AL) and sick leave (SL) at the rate of four hours per pay period. Leave may only be used after it has accrued. In addition to AL and SL, interns may be granted Authorized Absence (AA) to attend off-station conferences or seminars related to the profession of psychology or dissertation defense meetings. Interns are also eligible for health insurance and life insurance.

### **Psychology Setting**

The psychology service at the Huntington VAMC currently employs 22 psychologists. The psychology section is part of the Mental Health Clinic (MHC). Psychologists, psychology interns, and psychology practicum students serve in the following clinics/teams: General Mental Health (GMH), Health Behaviors & Prevention (HB&P), Home-Based Primary Care (HBPC), Pain Psychology, Primary Care-Mental Health Integration (PC/MHI), Palliative Care, Psycho-Social Oncology, Substance Use Disorders (SUD), Trauma Recovery Program (TRP), Psychosocial Rehabilitation and Recovery Center (PRRC), Compensation and Pension (C&P), and Gateway Clinic.

### **Training Model and Program Philosophy**

The primary goal of the internship program is to prepare interns for entry-level generalist practice in professional psychology.

The internship training program is based on a practitioner-scholar model of training in the area of applied clinical practice with a special emphasis on rural Appalachian culture. It is designed to train generalist interns with self-decided focus areas to function as independent, ethical, and competent professional psychologists. The internship training program subscribes to the following characteristics most commonly associated with the practitioner-scholar model of training: A scholarly approach to practice via reflection and critical thinking, an application of empirically-based research data to clinical practice, an emphasis on the psychologist as an avid consumer of empirical research, recognition of the importance of generating knowledge through practice, an expectation that interns will attend and become active participants in scheduled weekly academic/didactic activities, and development of mentoring relationships.

Thus, our philosophy is to implement and promote established, reliable, valid, and effective treatment modalities and protocols to the greatest extent possible and to actively encourage our interns to draw upon the body of empirical literature to enhance the development of their professional skills over time. As practitioner-scholars, we strive to remain abreast of current empirical findings in our chosen areas of professional practice and to further our knowledge of treatment advances to inform clinical decisions. Consistent with the overarching training mission, goals, and objectives, the training program has identified

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objective competencies designed to monitor interns' progress across rotations and throughout the internship year. These competencies were developed with the goal of being sequential, cumulative, and graded in complexity, while also identifying the minimum level of successful achievement necessary to meet the overall goals and objectives for each rotation. The training program works from a developmental model in which interns move from close supervision and instruction to relatively independent practice, assuming increasing levels of professional responsibility over the course of each rotation and the internship year.

Psychology staff take seriously their obligation to contribute to the development of well-rounded, competent clinical psychologists prepared for the independent practice of psychology. They are supportive, highly available for consultation, and genuinely interested in the professional development of each intern.

### ***Training Schedule and Rotations***

The training schedule includes a combination of required major rotations and elective minor rotations. Interns will participate in four major rotations (up to two days each, actual time depends on training plan), selected from GMH, TRP, PRRC, SUD, HBPC, Health Psychology, or Pain Psychology (completing two major rotations each six months). In addition, interns may elect to complete a minor rotation (up to one day a week; actual time depends on training plan) in one of the following areas: C&P, Gateway Clinic, Military Sexual Trauma (MST), PTSD/SUD, or suicide prevention. An EBT mentorship program is embedded into the program, as is mental health consultation, extensive training and experience in psychological assessment, and training and experience in providing supervision. Interns may also receive training/experience in telemental health. During orientation week interns will meet with the Director of Training to finalize their training plans.

### ***Program Goals and Objectives***

Our training goals and objectives are defined by the following ten core competencies that we expect the intern to fully develop by the completion of their internship year. These competencies include the profession-wide competencies required by the CoA's Standards of Accreditation.

- ***Develop Broad-Based Skills in Psychological Assessment:*** Interns select and implement multiple methods of evaluation that are based in empirical literature. Interns assess a client's strengths and needs accurately and develop appropriate diagnostic formulations to inform case conceptualization, diagnosis, and effective treatment. Interns communicate assessment findings (reports and oral feedback) in an accurate and effective manner. Evaluations will provide a diagnostic opinion, discuss both strengths and limitations in the person's overall functioning, and offer recommendations relevant to intervention planning.
- ***Develop Broad-Based Skills in Psychological Interventions:*** Interns demonstrate a capacity to work effectively with a broad range of clients with diverse treatment needs and concerns. This includes gaining knowledge and experience in providing evidence-based therapies to specific populations. Therapeutic modalities may include individual, group, and couples therapy. Interns are expected to develop the ability to evaluate the effectiveness of their clinical interventions and modify interventions strategies as necessary to ensure effective treatment, especially for treatment refractory clients.
- ***Develop Strategies of Scholarly/Empirical Inquiry:*** Interns engage in ongoing scholarly/empirical inquiry related to their clinical work. They consult the literature and integrate relevant theories and practices generated from empirically derived research and program evaluation related to mental illness and health into their clinical work. They demonstrate independent critical thinking skills when presenting/discussing research and disseminate research or other scholarly activities (e.g., case conferences, presentations, publications) at the local (including the internship program), regional, or national level.

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- **Develop Skills in Consultation and Interprofessional/interdisciplinary skills:** Interns demonstrate knowledge and respect for the roles and perspectives of other professionals. They develop skills in consultation, which include consultations on complex clinical cases. They provide direct consultation to individuals and their families, other healthcare professionals, interdisciplinary teams, and/or interprofessional groups.
- **Develop Skills in Supervision:** Interns demonstrate understanding of the theories, procedures, and practices of supervision and demonstrate this knowledge in direct or simulated supervision (i.e., role-played supervision with others, peer supervision with other trainees).
- **Develop Effective Communication and Interpersonal Skills:** Interns demonstrate a thorough grasp of professional language and concepts and produce and comprehend written, oral, and nonverbal communications that are informative and well-integrated. They demonstrate effective interpersonal skills and develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They manage difficult communication effectively.
- **Develop Professional Values, Attitudes, and Behavior:** Interns behavior reflects the attitudes and values of psychology and the ability for self-reflection to promote professional growth. They demonstrate continued professional growth as they move toward independent functioning in the profession of psychology. This includes openness and responsiveness to supervision, participation in professional activities, continual review of scholarly material, involvement in production of scholarly material (when applicable), and progress toward securing a postdoctoral position or job, subsequent to completion of internship training. Interns will respond professionally in increasingly complex situations with a greater degree of independence as their internship year progresses.
- **Understanding of Ethical and Legal Standards:** Interns demonstrate knowledge of APA Ethical Principles of Psychologists, APA Code of Conduct, relevant laws, regulations, rules, policies, and guidelines governing psychologists, and standards of professional conduct and rigorously adhere to these standards in all professional activities. Interns recognize ethical dilemmas and apply ethical decision-making processes to resolve them. Interns respond professionally in increasingly complex situations with a greater degree of independence as the internship year progresses.
- **Develop Sensitivity to Individual and Cultural Diversity:** Interns develop a breadth of understanding and knowledge of issues pertaining to diversity across the training year and demonstrate understanding of how self and others are shaped by cultural diversity and context. They demonstrate the ability to independently and effectively apply this knowledge in all professional activities (including assessment, treatment, and consultation) with a range of diverse individuals and groups during their internship year. Cultural diversity is defined as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
- **Develop Sensitivity to Rural Appalachian Culture:** Interns develop understanding and specific knowledge of rural Appalachian culture. They use this knowledge to understand how their clients respond to assessment and treatment and how they can work more effectively within this culture. They demonstrate the ability to independently and effectively apply this knowledge in all professional activities (including assessment, treatment, and consultation) during their internship year.

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### **Program Structure**

The Huntington VAMC in Huntington, WV offers a year-long, full-time, funded doctoral psychology internship. We will have three full-time internship positions for the class of 2017-2018. As mentioned previously, the internship year is divided into two six-month rotations (two major rotations per six-month time period). Rotation assignments are based on consideration of both the intern's interests and identified training needs. Every effort is made to assign a set of clinical rotations that will balance the intern's interests with needs to ensure a broad range of clinical experiences.

The required workweek is 40 hours. Clinical activities comprise approximately 75% of the intern's time each week with the remaining time devoted to didactic training and administrative activities. Interns will have a supervisor from each rotation who is responsible for his/her training experience during that specific rotation. Interns can expect at least four hours of individual supervision and three hours of didactic training per week. Interns will also meet with the Director of Training every other week to address administrative issues.

### **Training Experiences**

Our program offers an emphasis on rural Appalachian culture. Of the 24 counties served by the Huntington VA Medical Center, 18 are considered rural. The rural Appalachian culture is a fascinating and very old one, with beliefs about psychological care that can present barriers to treatment. Interns will learn ways of overcoming the many obstacles that go with rurality and poverty, as development of such a skill set is the gateway to relieving suffering for many of our Veterans.

Interns will be assigned tasks of increasing difficulty and complexity over the course of their training year. As interns grow and mature into the role of independent professional psychologists, the intensity and scope of supervisory and mentoring roles will change accordingly. By the end of the training year, we anticipate that the interns will use supervisors more as consultants rather than supervisors who must constantly monitor all intern decisions.

Below is a list of rotations that will be available for psychology interns at our internship. The specific program developed by an intern must receive the approval of the Director of Training.

The following are Major rotations:

- ♦ General Mental Health (GMH): The GMH outpatient clinic is divided into 3 Behavioral Health Interdisciplinary Programs (BHIPs) which provide a full range of mental health treatment to Veterans diagnosed with various mental health and personality disorders including mood disorders, anxiety disorders, and psychotic disorders. Interns completing this rotation will work as part of an interdisciplinary treatment team providing individual psychotherapy, consultation, diagnostic assessment, and treatment planning. Interns may also gain experience with group psychotherapy or exposure to evidence-based therapies including cognitive behavioral therapy for depression (CBT-D), cognitive behavioral therapy for insomnia (CBTI), cognitive processing therapy (CPT), and acceptance and commitment therapy (ACT).
- ♦ Health Psychology: The Health Psychology rotation may include experiences in HB&P, PC/MHI, Pain Psychology, Palliative Care, and Psycho-Social Oncology. The HB&P experience may include problem-solving training, shared medical appointments, MOVE group (weight loss), tobacco cessation, motivational interviewing training, completing presurgical mental health assessments for bariatric surgery and/or transplants, and participating in the development, implementation, and evaluation of facility prevention programs. Involvement in Palliative Care may include individual/family therapy for end of life or bereavement. Involvement in the Psycho-Social Oncology may include screening for mental health symptoms, individual therapy, oncology support group, and attending Tumor Board meetings. When working with the pain psychologist, interns may be involved in pain evaluations, pre-surgical evaluations for pain implants, and pain management group. Finally, when working with the PC/MHI psychologist, interns may be involved in mental health consultations, very

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brief CBT, and tobacco cessation clinic. Each of these experiences involve working with multidisciplinary teams.

- ♦ Home-Based Primary Care (HBPC): The HBPC program provides comprehensive, interdisciplinary, primary care services in the homes of Veterans with complex and chronic disabling disease. The majority of the Veterans served by the HBPC program are geriatric and a large number of these Veterans live in rural areas. Interns rotating in this service will provide a full range of psychological services including assessment, diagnosis, and treatment employing individual and family psychotherapy and prevention-oriented services. In addition, interns may provide behavior management education to families of Veterans with dementia to teach them strategies to enhance their effectiveness as caregivers. Interns will provide ongoing consultation services to other HBPC team members (i.e., physician, nurses, pharmacist, dietician, social worker, and physical therapist) to assist in formulating effective care management plans. Interns serving in this rotation may also have the opportunity to work in delivering palliative care services within the home.
- ♦ Pain Psychology: Many Veterans suffer from chronic pain and are in need of multidisciplinary pain management. This rotation emphasizes training in clinical assessment and therapy skills and recognizes that clinical work is informed by well-designed research. The interns will receive didactic training, administrative staffing experience, experience working with multiple disciplines (including Primary Care, Specialty Medical Clinics, and Mental Health), and experience providing evaluation, group therapy, and individual therapy for Veterans experiencing chronic pain. The supervisor for this rotation will mentor and train the intern in biopsychosocial case conceptualization, pre-operative psychological clearance assessment for implantable pain therapies such as a spinal cord stimulator, evidence-based therapy for chronic pain (cognitive-behavioral therapy for chronic pain – CBT-CP), mindfulness-based stress reduction (MBSR), and biofeedback interventions (heart-rate variability-HRV) related to the treatment of chronic pain management.
- ♦ Psychosocial Recovery & Rehabilitation Center (PRRC): PRRCs are transitional educational centers that strive to assist, inspire, and empower Veterans with serious mental illness to reclaim their lives by instilling hope, validating Veteran's strengths, teaching skills, and facilitating community integration. The PRRC is based on the expectation that all people, including those with serious mental illness and significant functional impairment, have the capacity to learn, change, and develop meaningful self-determined life goals. PRRC programming utilizes the recovery model and is geared toward empowering Veterans to work toward achieving their self-defined goals. Interns completing a rotation in the PRRC will receive education about the recovery model and psychosocial rehabilitation complete initial assessments/treatment plans and provide group psychotherapy/psychoeducation. Interns will also develop/conduct their own PRRC group under the guidance of the PRRC psychologist. Limited exposure to individual psychotherapy may also be available, but the main treatment modality in this rotation is group therapy. In addition, interns may assist with other PRRC activities, including PRRC recreational and community integration activities.
- ♦ Substance Use Disorders (SUD): This team offers an intensive outpatient treatment program (9 hours of programming a week for 8 weeks), a general outpatient weekly group (3 hours of programming a week for 6 months), aftercare groups (2 hours of programming a week for 6 months), and a buprenorphine substitution program (1.5 hours of programming a week for 6 months, biweekly programming afterwards for up to two years). Group programming consists of both psychotherapy support/process groups and psychoeducational groups spanning a wide range of relevant topics. Staff often make referrals for detoxification and residential treatment for Veterans. The long-term goal of treatment is abstinence, however, individual psychotherapy is available for Veterans with goals other than abstinence. Additionally, any Veteran may participate in individual psychotherapy to address substance abuse issues, as well as for treatment for dual diagnoses (i.e., SUD and another psychiatric condition, commonly depression or PTSD). Interns have the opportunity to assess and treat Veterans in early, as well as later phases, of the recovery process. Interns will also be involved in weekly interdisciplinary team meetings.

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- ♦ Trauma Recovery Program (TRP): This team is composed of staff from the Posttraumatic Stress Disorder (PTSD) clinical team, Operation Enduring Freedom, Iraqi Freedom, and New Dawn (OEF-OIF-OND) clinical team, and Military Sexual Trauma (MST) team. This specialized outpatient program provides diagnostic consultation and mental health treatment to Veterans seeking treatment for problems developed as a result of exposure to traumatic life events. The team treats problems related to combat trauma, military sexual trauma, and other trauma experienced by our Veteran population. Treatment modalities focus on evidence-based interventions and include individual and group psychotherapy. Some psychoeducational groups may also be offered in the program. Individual treatment modalities include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT), and Cognitive Behavioral Therapy for Insomnia (CBTI). Group interventions may include in vivo exposure, anger management, CBTI, Imagery Rehearsal Therapy (IRT), and Integrated Care for Smoking Cessation. Interns may be involved in all aspects of treatment including consultation, diagnostic assessment, treatment planning, individual psychotherapy, group psychotherapy, and interdisciplinary staffing. Interns will gain knowledge of assessment tools and interview techniques utilized in diagnosing PTSD. The main training goal for this rotation is to help interns gain competence in the skill of diagnosing PTSD and to become comfortable and familiar with the evidence-based principles and guiding rationale underlying effective treatment interventions for Veterans who are diagnosed with PTSD.

The following are elective Minor Rotations:

- ♦ Compensation & Pension: C&P examinations are conducted to determine the presence or absence of mental health disabilities related to military service and to determine the extent of current impairment arising from any such disabilities. In many VA hospitals psychologists are assigned the task of these medical/legal examinations. The psychology staff members most involved with this process have considerable forensic experience, which is utilized in an effort to provide Veterans with fair and objective evaluations. Interns interested in pursuing a career with the VA may find this an especially valuable rotation.
- ♦ Gateway Clinic: The Gateway Clinic is the entry point into the Mental Health Clinic, thus staff in this clinic assess a broad spectrum of mental health and substance abuse conditions. Gateway staff receive referrals from a variety of sources and provide Veterans with intakes to determine the appropriate referral within the Mental Health Clinic. In addition, the clinic is responsible for responding to inpatient consults generated by the Emergency Department and inpatient medical providers. Consults may relate to suicidal or homicidal thoughts or behaviors, acute psychosis, substance abuse, withdrawal, or intoxication, or more routine evaluations (i.e., depression or anxiety). When these evaluations lead to recommendations for inpatient hospitalization, Gateway staff work with the transfer office and medical providers to facilitate the transfer to another appropriate facility. Other evaluations include review/evaluation of positive Audit-C scores for each new admission and post-surgery evaluations for all Veterans who have amputations. Intern responsibilities will include direct patient care as well as consultation with a variety of professionals regarding medication recommendations, stabilization for transfer, and discharge planning for outpatient care.
- ♦ Military Sexual Trauma: Military sexual trauma is the term that the Department of Veterans Affairs uses to refer to sexual assault or sexual harassment that occurred while the Veteran was in the military. The MST rotation would afford opportunities in complex trauma work, outreach/education, and individual/group therapy modalities for this population. Interns have the opportunity to conduct intakes/consults, provide individual therapy, and to facilitate or co-facilitate group therapy for military sexual trauma survivors.
- ♦ Posttraumatic Stress Disorders/Substance Use Disorders: Veterans often present to mental health with multiple comorbid diagnoses and training and expertise in treating these patients from a holistic perspective is in high demand. Specifically, in the VA population, PTSD and Substance Abuse frequently co-occur and this trend is expected to continue to increase in the coming years. The PTSD-SUD minor rotation will provide the intern with exposure to both PTSD and SUD assessment,

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diagnosis, and treatment, with particular emphasis placed on the timing of interventions, motivational interviewing, and stage of change techniques. Interns will collaborate with two interdisciplinary teams and gain confidence and skills in managing high complexity/high risk patients. Interns will co-lead a weekly Seeking Safety Group and also provide individual therapy.

- ♦ Suicide Prevention Team: The Suicide Prevention Coordinators (SPCs) are located in Mental Health, and facilitate implementation of suicide prevention strategies at the local level through education, monitoring, and coordination activities. The SPCs identify Veterans at risk for suicide, track appointments, provide case management services, and coordinate enhanced care as needed. The SPCs are also in charge of following up with any National Veteran Crisis Line calls within the Huntington VAMC catchment area. The SPCs educate providers, Veterans, families, and members of the community about risk factors and warning signs for suicide, as well as treatment options. The SPCs function as coordinators for the care of Veterans at risk of suicide and advisors to the MHC, facility leadership, program managers, and other staff concerning suicide prevention strategies at the individual patient level.

Other learning activities:

### Consultation:

Interns will also receive training in consultation services via our Gateway Clinic. Interns will be expected to complete a minimum of five consultations during the training year. Interns who elect to complete the Gateway Clinic minor rotation will receive more extensive training in consultation services.

### Diversity Journal Club:

Interns participate in a monthly interdisciplinary Diversity Journal Club. Interns and staff members rotate selecting a current research journal article focused on intervention/assessment with diverse populations and leading the discussion of the article. All clinicians working in the MHC are invited to participate. The purpose of this educational club is to discuss and reflect upon current research in psychology and to strengthen the scientific skill of critically analyzing research.

### In-service Training for Mental Health Staff:

Interns will work together to develop/present an in-service for the MHC, focusing on individual and cultural diversity. Interns select the specific topic they would like to present in consultation with the DOT. The in-service will be one hour in length and will be presented during the second 6-month rotation.

### Intern Case Conference Series:

Once a month the interns participate in a case conference that provides an opportunity for trainees & psychologists to present challenging cases to their peers and colleagues and receive feedback/suggestions. Psychology staff and interns facilitate these conferences on a rotating basis. These presentations will also provide the interns with the opportunity to receive feedback on their presentations in preparation for the mid-year and year-end treatment and assessment competencies.

### Intern Seminar Series:

The Intern Seminar Series meets weekly for three hours. VA staff as well as distinguished colleagues from the community will provide seminars on a range of clinical and ethical issues consistent with the internship's ten core competencies. Below is a sample of our didactics from previous training years:

- Understanding Military Culture
- General Issues in Recovery
- Motivational Interviewing
- Prolonged Exposure Therapy
- Cognitive Processessing Therapy
- Assessing Posttraumatic Stress Disorder
- Integrative Behavioral Couples Therapy
- Substance Use Disorders and Differential Diagnosis
- Psychopharmacology
- Professionalism
- Military Sexual Trauma
- Diagnosing Serious Mental Illness
- Violence Risk Assessment
- Culture of Poverty

#### Patient Education Project:

Each intern will develop a patient education PowerPoint during the internship year. The project topic will be chosen from a list generated by MH staff. This project provides the intern an opportunity to develop in-depth knowledge about a particular mental health topic over the course of the internship year.

#### Psychological Assessment:

Extensive training and experience in psychological assessment is an important component of the internship experience and is embedded in all rotations. Interns receive in-depth training in psychological assessment and are expected to complete a minimum of 10 assessment batteries during the training year. Assessment assignments are based on clinical interest, training needs, expertise, and availability.

Supervision: Interns will receive training about models and practices of supervision and will have the opportunity to provide supervision to practicum students.

#### Telemental Health:

Training and experience in telemental health may also be part of the intern training experience in various rotations. Telemental health is an alternative to face-to-face visits and is frequently used with our rural population. It is typically used to increase access in geographically remote areas where no current services exist, to provide alternative services in areas where it is difficult to recruit staff, to increase efficiency in places where travel time for current VHA clinicians would significantly diminish their clinical time, and to provide medication management.

#### Training in Evidence-Based Therapies (EBTs):

Our program emphasizes training in clinical skills and recognizes that clinical work is informed by well-designed research. As part of our commitment to this model, training in EBTs is a strong focus of our program. All of the psychologists in the MHC have training in EBTs, and most are certified through the VA. The interns will receive both didactic training and in vivo experience providing these therapies as they move through the various rotations. Each intern will select an EBT in which he/she wants to gain in-depth training and will be paired with a clinician certified in that specific treatment modality. The clinician will serve as a mentor and will train the intern in conceptualization and techniques inherent to the chosen EBT.

### ***Requirements for Completion***

Interns complete a 2,080 hour internship year. Interns are provided with an evaluation form that reflects the expected clinical competencies. In order to successfully complete the internship, rotation supervisors must assess each intern to have achieved a rating of 5 ("little supervision needed [intern exit/postdoctoral entry level]") or higher on 100% of the items in a given competency area on evaluations completed at the end of the internship year. Interns must also successfully complete two therapy competency presentations and two assessment competency presentations during the internship year. Successful completion requires achievement of an average rating of 3 ("Fully Successful [performance equivalent to level of training]") for the final two competencies as assessed by the training committee members.

Along with developing clinical competencies, interns are expected to appear and conduct themselves as professionals. Veterans and staff will be treated with dignity and respect. The APA ethical guidelines and HIPAA regulations will be strictly adhered to, especially with regard to confidentiality of information, non-exploitation of patients, and avoiding conflicts of interest. Interns are responsible for conforming to all other medical center and Office of Personnel Management regulations concerning conduct and behavior.

### ***Facility and Training Resources***

Interns are provided with office space and all necessary computer and software support. The MHC has a wide array of psychological, neuropsychological, and forensic assessment instruments, as well as related books and software programs. Hospital administration routinely approves requests for new materials. Administrative support in the MHC is quite generous and the Mental Health Chief has assigned dedicated

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time to an administrative person for support of the internship. The Huntington VA Medical Center has a library located on the grounds that is affiliated with the Marshall University School of Medicine. In addition, the MHC has its own library. These libraries provide a wide variety of access to professional books and journals that interns will be encouraged to utilize. Also, computer access to on-line training and journals is readily available to all staff, including interns.

### ***Administrative Policies and Procedures***

The Huntington VA Medical Center's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Director of Training.

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is included in the internship manual distributed to every intern during orientation and reviewed with them during orientation. A copy of our due process policy is available on request.

**Privacy policy:** We collect no personal information from you when you visit our website.

**Self-Disclosure:** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern's performance and such information is necessary to address these difficulties.

### ***Training Staff***

All staff involved in the training/supervision of interns have protected time for internship activities.



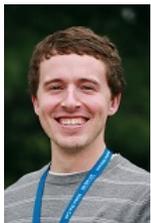
**Chadwick B. Ackison:** PC/MHI

**Degree:** PsyD, Clinical Psychology, 2008

**Graduate School:** Regent University

**Internship:** Malcolm Grow Medical Center, Joint Base Andrews, 2007-08

**Clinical Interests:** Behavioral health consultation in primary care, geriatrics, health psychology/ biopsychosocial model, mindfulness based models of wellness, couple therapy, chronic pain management



**Michael Bias:** SUD Program, SUD rotation supervisor

**Degree:** PsyD, Clinical Psychology, 2014

**Graduate School:** Marshall University

**Internship:** Federal Medical Center, Lexington, KY, 2013

**Clinical Interests:** Substance abuse, motivational interviewing, criminality, common factors of psychotherapy, personality disorders



**Dawn Brock:** TRP

**Degree:** PsyD, Clinical Psychology, 2008

**Graduate School:** Antioch University, New England

**Internship:** Malcolm Grow Medical Center, USAF, 2007-2008

**Clinical Interests:** EMDR for military, medical, and environmental trauma and behavioral change (including the Feeling State Addictions Protocol (FSAP) & image transformation therapy (ImTT), individual psychotherapy/trauma treatment for emergency/first responders, critical life events/disaster & emergency response/

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preparedness, grief & loss (including end-of-life therapy), somatic psychology for management of pain/chronic health conditions through mindfulness-based stress reduction (MBSR) and yoga therapy.

**ABPP:** Clinical Psychology



**Lauren Davidson:** TRP Team Leader, TRP rotation supervisor, Training Committee member

**Degree:** PsyD, Clinical Psychology, 2010

**Graduate School:** Argosy University at Tampa

**Internship:** Wright State University Consortium, 2010

**Clinical Interests:** PTSD treatment, CPT, PE, IRT, SMI treatment, Rorschach testing



**Jason "Jake" Flick:** SUD Program

**Degree:** PsyD, Clinical Psychology, 2011

**Graduate School:** Antioch University New England

**Internship:** VA Pittsburgh Healthcare System, 2011

**Clinical Interests:** Substance use disorders, motivational interviewing, motivational enhancement therapy



**Megan Green:** C&P psychologist, C&P rotation supervisor

**Degree:** PsyD, Clinical Psychology, 2008

**Graduate School:** Marshall University

**Internship:** Gulf Coast Veterans Healthcare System, 2008

**Clinical Interests:** Combat trauma, PTSD and co-morbid substance abuse disorders



**Karen Grippo:** PTSD-SUD Specialist, PTSD-SUD rotation supervisor, Local EBT Coordinator

**Degree:** PhD, Clinical Psychology, 2011

**Graduate School:** University of Central Florida

**Internship:** Eastern Virginia Medical School, 2010

**Clinical Interests:** PTSD and substance abuse co-morbidity, motivational interviewing, integrated care/behavioral medicine, MST, body image/eating disorders



**Denise Harris:** Director of Training, PRRC Team, PRRC rotation supervisor

**Degree:** PsyD, Clinical Psychology, 1992

**Graduate School:** Indiana State University

**Internship:** University of TN Clinical Psychology Internship Consortium, 1992

**Clinical Interests:** SMI treatment and recovery, program development, threat management, psychology training

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**Rachael Hatfield:** Gateway Team, Gateway rotation supervisor, assessment supervisor  
**Degree:** PsyD, Clinical Psychology, 2014  
**Graduate School:** Marshall University  
**Internship:** Huntington VA Medical Center, 2014  
**Clinical Interests:** Forensic, cognitive, and diagnostic assessment, behavioral medicine, consultation, and health psychology



**Jonathan Bert Hoopes:** PC/MHI, Health Psychology rotation supervisor  
**Degree:** PhD, Counseling Psychology, 2009  
**Graduate School:** University of Texas at Austin  
**Internship:** Bay Pines VAMC, 2009  
**Clinical Interests:** Trauma, health psychology, telemental health delivery



**Agnieszka Hornich:** GMH Team, assessment supervisor, Training Committee member  
**Degree:** PsyD, Clinical Psychology, 2008  
**Graduate School:** Marshall University  
**Internship:** Reading Hospital and Medical Center, 2008  
**Clinical Interests:** Neuropsychological assessment, treatment of anxiety disorders, mood disorders, and personality disorders



**Becca Hornung:** TRP, MST rotation supervisor  
**Degree:** PsyD, Clinical Psychology, 2015  
**Graduate School:** Spalding University  
**Internship:** Huntington VA Medical, 2015  
**Clinical Interests:** PTSD, complex trauma, MST, SUD, co-occurring disorders



**Jeffrey Jenkins:** GMH Team  
**Degree:** PsyD, Clinical Psychology, 2004  
**Graduate School:** Wright State University  
**Internship:** Wright State University Consortium, 2004  
**Clinical Interests:** Crisis intervention, high risk assessment, forensic issues, depressive and anxiety disorders, interpersonal/relational issues



**Christine Kemmner:** TRP, TRP rotation supervisor  
**Degree:** PsyD, Clinical Psychology, 2015  
**Graduate School:** Marshall University  
**Internship:** Huntington VA Medical, 2015  
**Clinical Interests:** Trauma, co-occurring SUD, crisis intervention, and anger management

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**Tina Lunsford Peterman:** GMH, GMH rotation supervisor, Health Psychology rotation supervisor  
**Degree:** PhD, Counseling Psychology, 2010  
**Graduate School:** University of Missouri  
**Internship:** Missouri Health Sciences Psychology Consortium (Harry S. Truman VAMC), 2010  
**Clinical Interests:** Treatment of anxiety and depressive disorders, ACT, CBT-I, grief and bereavement therapy, serious/chronic illness, end-of-life concerns, psychosocial-oncology, childhood trauma, psychoneuroimmunology, attachment theory.



**Linda Pennington:** Psychology Section Chief  
**Degree:** PsyD, Clinical Psychology, 2005  
**Graduate School:** Argosy University/Georgia School of Professional Psychology  
**Internship:** W.G. (Bill) Hefner VAMC, 2005  
**Clinical Interests:** PTSD, SUD, group psychotherapy, EBTs, smoking cessation, MST, threat management



**Ryan Price:** HBPC, HBPC rotation supervisor, Training Committee member  
**Degree:** PsyD, Clinical Psychology, 2010  
**Graduate School:** Marshall University  
**Internship:** VA Pittsburgh Healthcare System, 2010  
**Clinical Interests:** Geropsychology, behavioral medicine



**Shelia R. Robinett:** Clinical Pain Psychologist, LGBT Veteran Care Coordinator, Health Psychology rotation supervisor, Pain Psychology rotation supervisor  
**Degree:** PsyD, Clinical Psychology, 2012  
**Graduate School:** Marshall University  
**Internship:** Gulf Coast Veterans Health Care System, 2011-2012  
**Clinical Interests:** CBT-CP, MBSR, HRV biofeedback for chronic pain, EEG/QEEG neurofeedback, pre-operative psychological assessment for implantable pain management devices, psychological assessment and treatment of gender dysphoria, transgender Veterans, LGB Veterans, CPT, PTSD, MST.



**Billy Rutherford:** TRP, TRP rotation supervisor  
**Degree:** PsyD, Clinical Psychology, 2009  
**Graduate School:** Marshall University  
**Internship:** W.G. (Bill) Hefner VAMC, 2009  
**Clinical Interests:** CBT, PE, group psychotherapy, assessment of PTSD, clinical supervision, couple therapy



**Terra Sanderson:** HBPC-Charleston Team  
**Degree:** PsyD, Clinical Psychology, 2012  
**Graduate School:** Indiana University of Pennsylvania  
**Internship:** Charlie Norwood VAMC/Medical College of Georgia Consortium 2011-2012  
**Clinical Interests:** Geriatrics, physical medicine and rehabilitation, spinal cord injury, limb loss, caregiver support

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**R. Barry Scholes:** Health Behavior Coordinator, Health Psychology rotation supervisor

**Degree:** PsyD, Clinical Psychology, 1996

**Graduate School:** Florida Tech

**Internship:** Michael E. DeBakey VAMC, 1996

**Clinical Interests:** Health-related behavior change, weight management, tobacco cessation, spinal cord injury, motivational interviewing, problem-solving therapy/treatment, hypnosis, pre-surgical psychological evaluations.



**Aaron Upton:** Gateway Team, Gateway rotation supervisor

**Degree:** PhD, Clinical Psychology, 2011

**Graduate School:** University of Toledo, 2010

**Internship:** Lexington, Kentucky VAMC, 2010

**Clinical Interests:** Diagnostic assessment, multi-method assessment, clinical outcomes, motivational interviewing

### ***Local Information***

The Huntington VAMC is located in Huntington, West Virginia. The city of Huntington is the second largest in the state and is nestled along the Ohio River where the boundaries of West Virginia, Kentucky, and Ohio meet. Huntington has become known as a regional medical community as St. Mary's Hospital and Cabell-Huntington Hospital are the largest employers in the city. Huntington is also well-known as a university town thanks to the presence of Marshall University and its approximately 16,000 students. Huntington has a great selection of parks as well as a classic theatre, unique downtown shops, a local farmer's market, an antique district, and a town center which features the largest multiplex in the state. The area boasts a plethora of outdoor activities including one of the largest ATV trail systems in the country (Hatfield-McCoy system), white water rafting, and beautiful hiking trails. Beech Fork State Park, offering some of the best recreational experience in the southwestern section of the state, is located only 12 miles south of Huntington and is well known for recreational boating, fishing, and wildlife watching. Huntington is within easy driving distance to such culturally diverse metropolitan areas as Lexington, KY and Columbus and Cincinnati, OH.