DOCTORAL INTERSHIP
IN CLINICAL AND COUNSELING PSYCHOLOGY

2018-2019 INTERNSHIP BROCHURE
Application Deadline: November 1, 2018

Internship Rotation Match Codes
135914 Geriatric Neuropsychology & Rehabilitation
135915 Health Psychology
135916 Mental Health Clinic
135917 Neuropsychology
135918 Posttraumatic Stress Disorder (PTSD) Clinical Team
135920 Psychosocial Rehabilitation & Recovery
135921 Substance Use Disorders Clinic
135912 Telemental Health Services
135911 Toledo Community-Based Outpatient Clinic
135922 Women Veterans’ Mental Health

VA Ann Arbor Healthcare System
Mental Health Service (116)
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MEMBER, ASSOCIATION OF PSYCHOLOGY POSTDOCTORAL AND INTERNSHIP CENTERS
ACCREDITED BY THE COMMISSION ON ACCREDITATION
AMERICAN PSYCHOLOGICAL ASSOCIATION

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ACCREDITATION STATUS

The Doctoral Internship Training Program is accredited by the Commission on Accreditation of the American Psychological Association. The next Accreditation visit for this Program is expected in 2027. Questions about accreditation status, the accreditation process or comments regarding this program can be addressed to the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street N.E., Washington DC, 20002 (Telephone: 202-336-5979; TDD/TTY (202) 336-6123; Fax (202) 336-5978).

INTRODUCTION

The VA Ann Arbor Healthcare System (VAAAHS) offers an intensive, full-time Clinical Psychology internship program in a health system setting with inpatient, outpatient, and rehabilitation services. The program provides a unique opportunity to work with male and female Veterans across the adult lifespan experiencing a wide range of physical, emotional and interpersonal problems, while receiving careful supervision from highly skilled psychologists. The Armed Forces of the United States represent one cross-section of our nation with many aspects of diversity represented in the military veteran population. The program seeks to effectively teach how these parameters of individual difference and diversity should inform psychological practice.

MISSION AND GOALS

The philosophy and values of this program are centered in normative healthcare ethical values of beneficence, non-maleficence, and social contract in a context of public service. Its central mission is to contribute to the development of competent clinical psychologists.

The goals of the program are to 1) prepare the Intern to use the process of psychological assessment in a skilled manner, 2) prepare the Intern to use psychological interventions in a skilled manner, and 3) prepare the Intern to provide psychological consultation in a skilled manner. Various objectives in achieving these goals contribute to their achievement.
The orientation, nature, and operation of the program are consistent with a Scientist-Practitioner training program (i.e., Boulder Model). The program emphasizes evidence-based practice and provides education in translating this model to applied activities. The training model is to provide supervised experiences in assessment, intervention, consultation, and other profession wide competency domains that are sequential, cumulative, and graded in complexity.

To serve these aims, the training program welcomes applications from graduate students from programs in clinical/counseling psychology with excellent preparation in course work and introductory clinical and assessment practicum experiences. The program selects Intern candidates based on rigorous preparation, supervisor recommendations, and perceived synergy with our program. By this process, we identify and match optimally with Interns who have a readiness to continue developing fundamental skills associated with the clinical profession in a supervised setting. Thus, the program is designed around objectives to provide experiences in assessment, treatment, consultation, and scholarly support of practice that will enable Interns to move to the level of readiness for practice (see Competencies, Supervision and Intern Evaluation sections below). The program does not seek to train Interns to pursue a specific career path, although its character and methods have produced a preponderance of graduates whose career trajectories could be characterized as scientist-practitioner or practitioner-scholar. As a high-complexity VA Center with a strong academic affiliation, these outcomes are congruent with our overall mission. While we train Interns with the notion that they will continue on to careers of research and teaching along with practice, there are many professional trajectories we view as being fully successful and of benefit to the field.

VA ANN ARBOR HEALTHCARE SYSTEM (VAAAHIS)

The Ann Arbor VA Medical Center is located adjacent to the University of Michigan campus and medical center. Our medical center is a 105-bed general medical-surgical hospital, which includes an inpatient psychiatric unit, outpatient mental health clinics, substance use disorders treatment and extensive medical and other psychiatric outpatient and recovery services. The Community Living Center (CLC), specializing in short-term rehabilitation work, is attached to the Medical Center. Community Based Outpatient Clinics (CBOCs) provide outpatient mental health services to Veterans in the VAAHS catchment area but residing nearer to Jackson, Michigan; Flint, Michigan; and Toledo, Ohio.

The University of Michigan Medical School is the primary academic affiliate for VAAAHIS. All members of our training faculty have clinical track or instructional (tenure) track appointments in the Department of Psychiatry at the University of Michigan School of Medicine. Interns receive appointment to the Department of Psychiatry and School of Medicine with credentials from the University of Michigan that enable access to an extensive array of campus resources (e.g., libraries, media, statistical consultation and more).
Mental Health Service consists of just under 200 faculty and staff including the vast majority of our 33 psychologists. Psychology is well respected in the hospital with numerous psychologists holding important leadership positions including the Acting Associate Chief of Mental Health Service and several Clinic Chiefs and Program Leads. VAAAHS has offered an accredited high-quality Clinical Psychology internship training since 1983. Over 125 Interns have graduated from our program and many have gone on to develop academic and clinical leadership careers. Mental Health Service provides care to approximately 12,000 veterans annually. Psychologists are active participants in this care providing assessment, consultation, and treatment in all areas.

Please note we utilize separate codes for the APPIC match based on each rotation.

The process of having different codes for applicants goes a long way to ensure that we match with applicants who have those interests. Applicants may apply to one or more codes. Interns can be confident that they will receive the Major rotation with which they match. Thus, you should rank the code associated with your first-choice rotation. You may rank other codes, but there is no guarantee of getting your first-choice rotation if you match on a different code. Rotations other than the matching rotation are allocated based on intern preference, availability of rotations/ supervisors, and training needs. We construe the internship year as one where a psychologist rounds out his or her general training as a psychologist rather than a year of specialization. As such, one important element in your rotation consideration is your “balance” as a psychologist. Regardless of the future specialization of the Intern anticipated in the future, Internship training is considered by APA to be broad in scope in its operation and aims.

Important facts about these codes that comprise the Internship:

1. Applicants may apply to one or more rotation codes.
2. Interns will have a major rotation associated with the code with which they match.
3. To ensure that we can provide the training experiences most suited to your experience and goals, it can be particularly helpful to us to specify in your cover letter or application the rotations, interest areas, and educational/career trajectories you are predominantly considering.

Noteworthy strengths of the internship program are the breadth and diversity of excellent training activities available. In all, the VA Ann Arbor Healthcare System offers ten major rotations, each are six months in duration. All Interns complete two major rotations (22-24 hours/week) during the year. Interns also select two of our six-month minor rotation offerings (12 hours/week). Please see the Major and Minor Rotation figure below for an overview of the numerous options available. During the training year, all Interns will participate in at least one rotation in assessment and at least one rotation in intervention. Additional, didactic activities
Internship Brochure

(e.g., seminar, case conference, rounds, supervision of supervision) account for about 10% of the training experience.

**Internship Rotation Options**

Interns participate in two six-month majors and two six-month minors during the training year.

Of the four rotations, Interns must complete at least one rotation (major or minor) in both assessment and intervention.

*Note. These minors are not considered an assessment nor an intervention minor.*
ROTATIONS

Major Rotations

Geriatric Neuropsychology/Rehabilitation (Community Living Center; CLC)
Primary Supervisor(s):
Julija Stelmokas, Psy.D.

An Intern who completes a rotation at the CLC will gain exposure to assessment and intervention services for (generally) older adults admitted to a post-acute rehabilitation unit (known as the Community Living Center). CLC residents are generally admitted for specific functional needs, often in the context of deconditioning secondary to a prolonged hospitalization, medical management (e.g., antibiotic treatment, cancer treatment, wound healing), along with other cardiac, pulmonary, or neurologic conditions. The Intern will learn how to complete brief cognitive/behavioral health screens and focused neuropsychological assessments that meaningfully contribute to the Veteran’s rehabilitation and discharge planning. Common referral questions include the need to establish baseline cognitive testing following neurologic injury or acute/critical illness, differential diagnosis (e.g., dementia versus delirium versus mood disorder), capacity assessment, and determination of level of care needs following discharge. Intervention opportunities abound in terms of providing behavioral health interventions, including brief cognitive-behavioral interventions and integration of motivational interviewing. Common referrals for behavioral health interventions include adjustment to a general medical condition, lifestyle changes (e.g., smoking or alcohol cessation, diet, sleep hygiene) and other mood concerns (e.g., grief, depression, anxiety). There may be additional opportunities for cognitive rehabilitation interventions. It is expected that direct clinical work will also include attendance at interdisciplinary meetings and family meetings. Further clinical opportunities may also include consult-liaison assessment/intervention throughout the hospital. Didactic opportunities are also available through the VA’s Geriatric Research Education and Clinical Center (GRECC), including attendance at a monthly interdisciplinary clinical case conference composed of CLC providers as well as VA GRECC research conference. The outpatient neuropsychology rotation may also be of interest to those wishing to gain additional neuropsychology training during their internship year. It is common, but not required, that trainees also complete a rotation through outpatient neuropsychology as their second major or minor rotation.

Neuropsychology
Primary Supervisor:
Robert Spencer, Ph.D.

This rotation has several components designed to help the Intern learn skills for the diagnosis and treatment of patients with physical and neurological problems, understand adjustment to chronic disease, and promote maintenance of positive health behavior. Understanding of brain-behavior relationships is integral to the training. Interns will see both inpatients and outpatients with known and suspected organic brain problems. The Interns will learn neuropsychological test procedures, interpretation of test data, and the application of test results to patient treatment plans. In addition, students have an opportunity to attend Neurology rounds and seminars to enhance their knowledge of brain functioning. Special seminars in diagnosis are regularly offered. Students in this rotation are typically assigned two neuropsychological cases for
diagnosis each week. The geriatric neuropsychology/rehabilitation rotation may also be of interest to those wishing to gain additional neuropsychology training during their internship year.

**Health Psychology**
Primary Supervisor:
Lindsey Bloor, Ph.D. ABPP

The health psychology concentration emphasizes functional assessments and brief interventions for patients presenting in ambulatory care settings. Exposure to Interprofessional practice and the “medical home” model are important elements in learning. The Intern will gain experience with chronic pain management, MOVE! Weight Management, and tobacco cessation services with some additional options. Working with the Pain Clinic (and Brent Coy, Ph.D.), the Intern will learn to provide comprehensive, bio-psychosocial assessments. Collaboratively, the Intern will also co-facilitate CBT based chronic pain management classes, and some associated services within Primary Care. Interns are an integral part of the MOVE! Weight Management program, facilitating behavior change enhancement and stress management classes in this program. Using motivational interviewing, the Intern will collaborate with Pharmacy and Nursing to offer tobacco cessation services as well. There are additional options to work with patient education and health behavior modification programs such as the Diabetes Education, and phase II Cardiac and Pulmonary Rehabilitation programs. The Intern may also conduct liver organ transplant and/or bariatric surgery mental health evaluations. Therefore, assessment and consultation skills, and both individual and group intervention modalities are aspects of this concentration. We aim to provide the intern with experience in working as part of medical teams in different parts of the hospital setting, consult with referring providers, and practice serving as a representative of the field of psychology in the broader healthcare setting.

**Mental Health Clinic (MHC)**
Primary Supervisor:
Rebecca Lusk, Psy.D., ABPP
Chelsea Cawood, Ph.D.

Training in the Mental Health Clinic includes thorough and careful diagnostic assessment and psychotherapy training with a wide variety of outpatient clients. Interns learn risk assessment and crisis intervention techniques, interviewing and assessment skills, and other screening techniques. Individual therapy cases and group therapy experiences (depression and anxiety, for example) are available. The clinic offers an opportunity to work closely with a variety of mental health professionals. Treatment approaches include empirically supported strategies, such as CBT, Motivational Interviewing, and Solution-Focused/Strategic Therapies. There are opportunities for Interns to work with individuals with a wide range of psychopathology from diverse backgrounds. Further, there is flexibility to accommodate individual Intern interests in terms of caseload, the development and implementation of treatment groups, and program assessment and evaluation activities.
Posttraumatic Stress Disorder Clinical Team (PCT)
Primary Supervisors:
Erin Smith, Ph.D.
Katherine Porter, Ph.D.

The PCT functions as an outpatient specialty clinic within the medical center. This multi-disciplinary team provides comprehensive assessment, treatment, and research-based protocols to patients with PTSD. The Intern will attend teaching rounds, perform assessments, and follow cases within this specialty clinic. Interns will have opportunities for training and practice in specialized PTSD evaluation and empirically supported treatments, including Prolonged Exposure and Cognitive Processing Therapy. In addition to weekly individual supervision, Interns participate in weekly PCT staff meetings. This includes clinical case presentations, evaluation presentations, and didactic presentations on topics related to PTSD. Prospective interns interested in PTSD and trauma with a primary focus on female Veterans and/or PTSD secondary to military sexual trauma (MST) may also wish to review the Women Veterans Mental Health rotation description below.

Psychosocial Rehabilitation & Recovery (VEAR)
Primary Supervisor:
Beau Nelson, Ph.D.

The Psychosocial Rehabilitation and Recovery (PSR&R) rotation offers treatment opportunities across many different specialty clinics (e.g., Psychosocial Rehabilitation & Recovery Center; Mental Health Intensive Case Management, Acute Inpatient Mental Health, Compensated Work Therapy, etc.) spanning the full continuum of care. The focus of PSR&R is heavily weighted towards improving Veterans functioning. This means we work to help individuals develop and pursue their personal living, learning, and socialization goals in the hope of facilitating their mental health recovery. The PSR&R rotation offers a variety of training opportunities in initial and diagnostic assessments; recovery action planning; group-based EBPs (e.g., Social Skills Training, Illness Management & Recovery, Dual Diagnosis, CBSST, Cognitive Enhancement Therapy, Wellness Recovery Action Planning, etc.); individual therapy (solution-focused and CBT for Psychosis approaches); community-based work helping Veterans apply the skills they’ve learned or developed in groups; program development and evaluation; and working with peer-based services. Additional PSR&R opportunities are also available in the areas of home visits (MHICM), outreach, and working with community partners.

Substance Use Disorders Clinic (SUDC)
Primary Supervisors:
Jamie Winters, Ph.D.
Joseph VanderVeen, Ph.D.

The SUDC rotation includes training in assessment and diagnosis, treatment planning, participating in multidisciplinary treatment, and training in empirically supported intervention approaches for individuals with substance use disorders with and without comorbidities. Psychological treatment approaches include Cognitive Behavioral Therapy (CBT), Motivational Interviewing/Enhancement Therapy, Behavioral Couples Therapy, Harm Reduction,
Mindfulness Based Relapse Prevention, and Contingency Management. The clinic provides core therapy groups using CBT, as well as a number of specialty interventions, (e.g., DBT, emotion regulation, IMR, behavioral pain management, insomnia treatment). There are opportunities for Interns to work with individuals with a wide range of psychopathology from diverse backgrounds in terms of age, ethnicity and socioeconomic status on both the outpatient and inpatient units. Further, there is flexibility to accommodate individual Intern interests in terms of caseload, the development/implementation of treatment groups, and program assessment/evaluation activities. Finally, there are a variety of research opportunities available.

**Telemental Health Services**
Primary Supervisor:
Lisa Valentine, Ph.D.

The VA is dedicated to improving access to care for Veterans using telehealth and telemedicine. Telemental health (TMH) is rapidly becoming the wave of the future, with ample opportunity for research and program development. Interns working with Dr. Valentine will have the opportunity to conduct evidence-based evaluations and interventions for a wide variety of mental health disorders using clinical video technology (CVT) to the community-based outpatient clinics (CBOCS), community partners, and to veterans’ homes. Specific evidence-based modalities available include cognitive behavioral therapy (CBT) for depression and anxiety, CBT-Insomnia, CBT-Chronic Pain, Acceptance and Commitment Therapy (ACT), and Behavioral Couples Therapy (BCT). Common presenting concerns include depressive disorders, bipolar disorders, and anxiety disorders. However, the TMH team gets all types of referrals and will work with trainees to assign cases that fit interests or learning needs. In supervision, special attention will be paid to development and maintenance of therapeutic rapport, as well as risk assessment and safety procedures using this modality. Interns will gain experience developing and navigating relationships with administrative and clinical staff at multiple locations. Interns will also attend the weekly telemental health team meeting, which includes case consultation as well as administrative topics that are important in promoting and disseminating the telemental health service. Interested interns will be encouraged to be involved in research and program development projects as time permits.

**Toledo Community-Based Outpatient Clinic (CBOC)**
Primary Supervisor:
Amy Bixler, Psy.D.

The vision of the Toledo CBOC rotation is to develop entry-level clinicians with strong professional identities as psychologists and comprehensive clinical skills based in evidence-based interventions. The CBOC (located in Toledo, Ohio approximately 50 minutes from the Ann Arbor VA hospital site) is an exceptionally large facility offering a wide variety of mental health services in an integrated outpatient setting. Clinical training occurs within the context of specific program areas including General Mental Health Clinic, PTSD, SUD-C, or PCMH. During this rotation, Interns develop clinical skills in areas of assessment, interdisciplinary consultation, and/or treatment with attention to the specific needs of the population at hand. The Intern will become skilled at 1) assessment of associated psychiatric diagnostic nomenclature and DSM nosology, 2) writing well-organized evaluation reports, 3) providing feedback to
Veterans, 4) useful case conceptualization and treatment planning, 5) therapeutic intervention, 6) providing consultative feedback to other disciplines, and 7) developing thoughtfulness about the cultural and individual diversity of veterans. Training opportunities are diverse and interns completing a rotation at the CBOC are expected to collaborate with their supervisors to plan their internship experiences in a manner that both maximizes their individual training goals, and improves upon identified weaknesses. Interns' responsibilities and autonomy grow as the training year progresses.

**Women Veterans’ Mental Health**

Primary Supervisor:

Minden Sexton, Ph.D.

This rotation involves evidence-based intervention and assessment within the outpatient mental health clinics (PTSD, MHC, SUDC) and/or health clinics. Interns develop a highly-individualized training plan and may elect to focus in a single clinic or may incorporate clinical care opportunities from multiple settings. The focus on women’s mental or behavioral health training will involve participation in both individual and group therapy offerings germane for women Veterans and training in common intersections between military culture, gender issues, and other aspects of diversity. Options include, but are not limited to, trauma-focused treatments for PTSD (CPT, PE), Military Sexual Trauma (MST)-related concerns, DBT, Skills Training in Affective and Interpersonal Regulation (STAIR for PTSD), interpersonal violence-related concerns, Wellness Group for Women, mood disorders, consultation/liaison/motivational enhancement services integrated within the Women’s Health Clinic (WHC) to promote engagement in care, peripartum mental health, and brief interventions within the Substance Use Disorders Clinics. During the rotation, Interns are valued committee members of the Women Veterans’ Mental Health Working Group and often select collaborative administrative, programmatic, and/or outreach activities consistent with the AAVHA Women’s Mental Health Strategic Plan. A wealth of VA and University of Michigan research and program evaluation opportunities specific to women’s mental and physical health, military sexual trauma, and PTSD are available to Interns who have completed their dissertations through selection of an associated research minor and are available, to a lesser extent, for consideration as part of the clinical major. **Interns with interest in providing trauma-focused therapy with women Veterans diagnosed with PTSD are required to attend the PE/CPT trainings.**

**Minor Rotations**

**Advanced Assessment for Outpatient Treatment Planning**

Primary Supervisor(s):

Heather Cochran, Ph.D.

This rotation focuses on gaining experience with assessment and differential diagnosis in a therapy setting. Depending on the interns’ background and other training experiences, referrals may be from the outpatient Mental Health Clinic (MHC), Posttraumatic stress Clinical Team (PCT), and/or the Substance Use Disorders Clinic (SUDC). Emphasis is placed on differential clinical diagnoses using structured/semi-structured clinical interviews, such as the SCID
(Structured Clinical Interview for DSM), ADIS (Anxiety Disorders Interview Schedule), and CAPS (Clinician Administered PTSD Scale). Additionally, in cases where there is significant diagnostic complexity, the rotation includes additional psychodiagnostic testing (e.g., MMPI-2, MCMI-III, PAI). Finally, supervision includes a focus on improving conceptualization of mental disorders, developing patient-centered treatment plans for complex clinical trajectories, further cultivating evaluation/report-writing skills, and determining best practices for communicating assessment findings to the referring clinician, the treatment team, the Veteran, and Veterans’ family members, as appropriate.

**Compensation & Pension**
Primary Supervisors:
Michael Ransom, Ph.D.

Interns have the opportunity to interview, observe, and assess Veterans seeking financial compensation for a broad range of psychological disorders. The central responsibilities of the rotation involve psychological and neuropsychological assessment of Veterans spanning the entire age range. These evaluations involve a review and integration of the Veteran's Claims File (service medical records, etc.), computerized records, interview, and administration of psychometric measures. Interns are introduced to the idea of rendering a “medical opinion” in the context of a medico-legal evaluation.

**Psychological Assessment**
Primary Supervisors:
Robert Spencer, Ph.D.

Interns practice and learn our battery of neuropsychological tests at the start of the year in addition to reviewing standard objective and personality test procedures. Interns complete a minimum of four diagnostic and/or neuropsychological evaluations each month. Psychological testing experience includes not only interpretation of tests, but also organization and integration of interview and history data.

**Couples & Family Intervention**
Primary Supervisor:
Jamie Winters, Ph.D.

Interns on this minor rotation have the opportunity to see couples utilizing the Behavioral Couples Therapy Model (BCT), Behavioral Family Therapy for SMI, and the Integrative Behavioral Couples Therapy model (IBCT). Cases may be referred for numerous presenting problems (marital distress, substance use, SPMI, etc.). Interns also provide evidence-based CBT for partner abuse. Opportunities for providing parenting skills training for Veterans and family education are also available experiences on this rotation.

**Dialectical Behavior Therapy**
Primary Supervisors:
Rebecca Lusk, Psy.D., ABPP
Heather Cochran, Ph.D.
The DBT Minor is a 6-month training experience where interns will co-facilitate a DBT skills group, provide DBT screening assessments to Veterans being considered for DBT admission, attend the weekly DBT consultation group, and attend a weekly DBT didactic lecture. A licensed psychologist who is intensively trained in DBT will provide supervision. Additional supervision may occur with various licensed social workers that are intensively trained in DBT. Interns who are interested in learning DBT psychotherapy with an individual client will be required to make a 12-month commitment to participating in the DBT team.

**Geriatric Neuropsychology/Rehabilitation (Community Living Center; CLC)**

Primary Supervisor:
Julija Stelmokas, Psy.D.

The CLC minor rotation will reflect a scaled down version of the major rotation. An Intern who completes a rotation at the CLC will gain exposure to assessment and intervention services for (generally) older adults admitted to a post-acute rehabilitation unit (known as the Community Living Center). CLC residents are generally admitted for specific functional needs, often in the context of deconditioning secondary to a prolonged hospitalization, medical management (e.g., antibiotic treatment, cancer treatment, wound healing), along with other cardiac, pulmonary, or neurologic conditions. The Intern will learn how to complete brief cognitive/behavioral health screens and focused neuropsychological assessments that meaningfully contribute to the Veteran’s rehabilitation and discharge planning. Common referral questions include the need to establish baseline cognitive testing following neurologic injury or acute/critical illness, differential diagnosis (e.g., dementia versus delirium versus mood disorder), capacity assessment, and determination of level of care needs following discharge. Intervention opportunities abound in terms of providing behavioral health interventions, including brief cognitive-behavioral interventions and integration of motivational interviewing. Common referrals for behavioral health interventions include adjustment to a general medical condition, lifestyle changes (e.g., smoking or alcohol cessation, diet, sleep hygiene) and other mood concerns (e.g., grief, depression, anxiety). There may be additional opportunities for cognitive rehabilitation interventions. It is expected that direct clinical work will also include attendance at interdisciplinary meetings and family meetings. Further clinical opportunities may also include consult-liaison assessment/intervention throughout the hospital. Didactic opportunities are also available through the VA's Geriatric Research Education and Clinical Center (GRECC), including attendance at a monthly interdisciplinary clinical case conference composed of CLC providers as well as VA GRECC research conference.

**Home Based Primary Care (HBPC)**

Primary Supervisor:
Saudia Major, Ph.D.

VA Home-Based Primary Care (HBPC) is a program that provides comprehensive longitudinal primary care in the homes of Veterans with complex chronic disabling diseases. The care is delivered by an interdisciplinary team comprised of medicine, nursing, social work, nutrition, pharmacy, and psychology. HBPC can be a rich and rewarding context in which to provide, and receive, mental health training for Psychology Interns. This training context allows for collaboration with interdisciplinary teams, provides exposure to innovative care practices, and gives trainees a glimpse into the home life of Veterans who are usually seen in outpatient office or hospital based settings. During this rotation, trainees can expect to develop skills in
Geropsychology, Behavioral Medicine, decisional capacity assessments, management of caregiver burden, and other psychological issues related to the aging process.

**Pain Management**
Primary Supervisor:
Brent Coy, Ph.D.

The Pain Management minor rotation includes training experiences in assessment and intervention with Veterans presenting with a variety of chronic pain conditions. Training opportunities include assessment as well as individual and group CBT interventions for chronic pain and associated mental health issues. The experience will also include working as part of medical teams in our hospital setting, consulting with referring providers and participating in the integration of psychology in the broader healthcare setting.

**PTSD Therapy Minor (Cognitive Processing Therapy and/or Prolonged Exposure Therapy)**
Primary Supervisors:
Heather Cochran, Ph.D.
Erin Smith, Ph.D.
Katherine Porter, Ph.D.

This rotation may be available depending upon availability of supervisors. On this rotation, Interns will focus on gaining knowledge and experience implementing Prolonged Exposure and/or Cognitive Processing Therapy with Veterans diagnosed with PTSD. Additionally, Interns may have opportunities to deliver other interventions with the veteran PTSD population, including CBT for Insomnia, Panic Control Treatment, or Motivational Interviewing to enhance treatment engagement. Typical rotation activities involve: individual therapy (a case load of 4-6); opportunity to learn and administer Clinician Administered PTSD Scale (CAPS) for post-treatment assessment; supervision (one hour of individual supervision per week and participation in a PE/CPT consultation meeting with other Interns and trainees in PCT); and a weekly PCT team meeting. *Interns interested in focused training in the areas of women Veterans’ trauma and/or PTSD secondary to military/non-military sexual trauma are encouraged to review the women’s mental health major and minor rotations.*

**Primary Care Mental Health (PCMH) Integration**
Primary Supervisors:
Cathy Donnell, Ph.D.

With supervision by Primary Care Mental Health Psychologist, Interns in this concentration will work with the interdisciplinary PCMH Integration Team to offer: Brief PCMH assessment; Individual, brief psychotherapy interventions drawn from evidence based therapies, including CBT, ACT, PST, and Motivational Interviewing; group treatment opportunities with depression workshop (ACT) and problem solving training (PST); Medication care management by telephone; Assist with transitioning patients to specialty mental health services when appropriate; Opportunities with program development within developing PCMH objectives; Collaborative multidisciplinary approach to intervention in PCMH; Consultation with Primary
Care Physicians, Clinical Pharmacists, Nursing Staff, and specialty clinic professionals; and Understanding of and experience with mental health integration via Patient Aligned Care Team (PACT) and Medical Home Model of Care.

**Psychosocial Rehabilitation & Recovery (PSR&R)**
Primary Supervisors:
Nicholas Bowersox, Ph.D.

Training experiences provided on this rotation include: initial assessments & Recovery Action Planning; diagnostic assessments; EBP groups (Social Skills Training, Illness Management & Recovery, Dual Diagnosis, CBSST, Cognitive Enhancement Therapy, Wellness Recovery Action Planning, amongst other groups opportunities); individual Therapy with CBT for Psychosis; community-based work focusing on applying skills learned/develop in groups; program development & evaluation experience; and working with peer-based services.

**Psychotherapy**
Primary Supervisor:
Chelsea Cawood, Ph.D.
Jessica Schubert, Ph.D.
Rebecca Sripada, Ph.D.

Interns are expected to master basic principles of short-term individual psychotherapy, utilizing techniques relevant to our population. Training emphasizes empirically supported specific and non-specific therapy approaches/strategies delivered in individual and group formats. These techniques include cognitive-behavioral treatment and motivational interviewing/enhancement. Cases are drawn from a wide variety of complaints and types of psychological problems.

**Substance Use Disorders Clinic (SUDC)**
Primary Supervisors:
David Morris, Ph.D.
Kirstin Lauritsen

This minor is a scaled down version of the major rotation, but still include opportunities for the Intern to participate in intake assessments, treatment planning, group therapy, and individual therapy.

**Substance Use Disorder Intensive Outpatient Program**
Primary Supervisor:
Joseph VanderVeen, Ph.D.

The Substance Use Disorder Intensive Outpatient Program (SUD-IOP) includes training in an intensive outpatient setting. Veterans attend programming for an average of 4 weeks. The program is designed for Veterans diagnosed with substance use disorders with short-range, focused treatment and recovery goals. Psychological treatment approaches include Cognitive Behavioral Therapy (CBT), Mindfulness Based Relapse Prevention (MBRP), and Motivational
Interviewing/ Enhancement Therapy (MI/MET) on both an individual and group level which address substance dependence, co-morbid psychiatric disorders, and Veteran wellness.

**Telemental Health Services**

Primary Supervisor:
Lisa Valentine, Ph.D.
Jessica Schubert, Ph.D.

The VA is dedicated to improving access to care for Veterans using telehealth and telemedicine. Telemental health (TMH) is rapidly becoming the wave of the future, with ample opportunity for research and program development. Interns working with Dr. Valentine will have the opportunity to conduct evidence-based evaluations and interventions for a wide variety of mental health disorders using clinical video technology (CVT) to the community-based outpatient clinics (CBOCS), community partners, and to veterans’ homes. Specific evidence-based modalities available include cognitive behavioral therapy (CBT) for depression and anxiety, CBT-Insomnia, CBT-Chronic Pain, Acceptance and Commitment Therapy (ACT), and Behavioral Couples Therapy (BCT). Common presenting concerns include depressive disorders, bipolar disorders, and anxiety disorders. However, the TMH team gets all types of referrals and will work with trainees to assign cases that fit interests or learning needs. In supervision, special attention will be paid to development and maintenance of therapeutic rapport, as well as risk assessment and safety procedures using this modality. Interns will gain experience developing and navigating relationships with administrative and clinical staff at multiple locations. Interns will also attend the weekly telemental health team meeting, which includes case consultation as well as administrative topics that are important in promoting and disseminating the telemental health service. Interested interns will be encouraged to be involved in research and program development projects as time permits.

**Women Veterans’ Mental Health**

Primary Supervisor:
Minden Sexton, Ph.D.

The Women Veterans’ Mental Health minor rotation includes focused training experiences in assessment and treatment with Women Veterans. Supervisors and Interns will collaborate to develop a training experience with particular attention to the interest of the Intern and availability/needs of women. Some examples may include training in empirically-based interventions for anxiety and depressive disorders, providing consultation/liaison services to women presenting to the Women’s Health Clinic, clinical care following Interpersonal Violence and/or Military Sexual Trauma (with focus on a related EBT based on presentation such as Prolonged Exposure or Cognitive Processing Therapy), or approaches to Women Veterans’ care within the Substance Use Disorder Clinics (SUDC and/or SUD IOP). Involvement in women’s mental health related administrative activities and program development/evaluation projects are also offered within the minor rotation.
Administrative Leadership
Primary Supervisor:
Jamie Winters, Ph.D.

The goal of this rotation is to prepare interns for leadership responsibilities faced by many psychologists in their careers. Interns will learn about leadership roles typically held by psychologists as well as supervisory styles. Interns will have the opportunity to work directly on administrative projects and receive mentorship and supervision from one of the Ann Arbor VA’s psychologists. The administrative projects may involve quality improvement, program evaluation, and productivity analysis. Navigating organizational changes and facilitating staff development will be part of the rotation as well.

Applied Clinical Research

Psychology Interns have the opportunity to work directly on a research project and receive mentorship and supervision from one of the Ann Arbor VA’s psychologists. The goals of this training experience are to: (1) gain a broader exposure to VA research in clinical populations of Veterans and/or (2) to conduct a smaller study that compliments the supervisor’s ongoing research. The resulting research project could involve a secondary analysis of existing data or the collection of pilot data. The project should have a sound research design that will ultimately lead to a publication or a presentation by the Intern. This rotation is only open to Interns who have defended their dissertation. The supervisor and the Intern will work together to develop the specific content and timeline for the research project.

Research Training

We believe that progress in understanding human behavior can come from testing hypotheses generated in clinical observations. Research involvement is therefore a necessary component of the modern health-oriented clinical psychologist. For these reasons, an understanding of the value of research is an important facet of our internship. Interns who have completed their doctoral dissertation and whose clinical case load and didactic activities allow it, are encouraged to team up with a staff member's current research work or produce a small original study (this can be as part of the Applied Clinical Research Minor or outside of the rotations) that is relevant to hospital programs and that matches the interest of a faculty psychologist who could serve as a mentor and supervisor for the project.

Staff at the VA is involved in many kinds of clinical research efforts, including VA and NIH funded projects (often in conjunction with other University of Michigan faculty). These activities provide students with knowledge of psychology's interface with related health disciplines. Staff is involved with projects in a variety of departments, such as Surgery, Psychiatry, Neurology, Internal Medicine, Neuroscience, the VA Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), the University of Michigan Addiction Center, and the Mental Health Research Institute. As well as having our own computer hardware, the VA has access to the resources of the University of Michigan Computing Center, including design and statistical seminars and project consultation.
Faculty is also involved as members of NIH or VA Research Committees and can introduce the intern to the elements of good peer research review. In a similar fashion, a number of faculty are active on editorial boards as editors, board members, or regular reviewers of research manuscripts and can mentor interns on how constructive peer reviews can improve the quality and utility of research.

The academic commitment of our staff is reflected in its involvement in a variety of funded research activities. During 2017, members of the psychology internship faculty published 298 peer-reviewed scientific papers. Additionally, Psychologists at VAAAHS have been awarded several VA and DOD funded randomized clinical trials. See Staff Biographies and Recent Publication sections for more information about the thriving research activities at the Ann Arbor VA.

**DIDACTICS, MEETINGS & CONFERENCES**

Didactic offerings for Interns grow naturally out of involvement in patient contacts. Since students already have basic courses in psychological theory, personality and psychopathology in their clinical programs, our didactic teaching concentrates on translating theory to applied work, offering technical information about specific diagnostic and treatment modalities, addressing ethical issues in the clinical setting, and survey literature bearing on Veterans treated in this medical center. Lectures, seminars and group discussion using extensive case material are led by the staff and consultants to meet these goals. These activities account for approximately 10% of Intern time. These learning experiences are enriched by lectures at the University of Michigan's Departments of Psychiatry, Psychology, Neurology and other relevant departments and services. All interns attend Psychology Didactics, Case Conference, Professional Development Seminar, and at least one additional hour weekly of engagement in educational opportunities as selected by the intern from our multitude of opportunities.

Here is a partial listing of specific offerings:

**Psychology Didactic Seminars**

The didactic seminar series runs throughout the year on a weekly basis and provides essential instruction and interactive programs with content focusing on essential psychology education. Topics covered include military culture and its implications for psychology care, identification and management of patient suicide risk, ethical dilemmas in health care, violence prevention and intervention, best practices for use of tests of psychopathology, diversity and individual differences as keys to understanding in assessment and treatment, evaluation methodology and practice, couples treatment, difficult pain syndromes, and much more. Interns have direct involvement in tailoring the Didactic series content to meet class needs each year. A list of the Psychology Didactic Seminar Offerings for a recent internship year is below.
<table>
<thead>
<tr>
<th><strong>Date</strong></th>
<th><strong>Topic</strong></th>
<th><strong>Faculty</strong></th>
<th><strong>Competencies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td>Suicide Prevention and VA Procedures</td>
<td>Tucker</td>
<td>Assessment; Reflective Practice</td>
</tr>
<tr>
<td><strong>Week 2</strong></td>
<td>Military Culture</td>
<td>Lusk, Thomas, Nelson</td>
<td>Interdisciplinary Systems; Individual &amp; Cultural Diversity</td>
</tr>
<tr>
<td><strong>Week 3</strong></td>
<td>Orientation to the Military Service: Coming Home OEF/OIF</td>
<td>Lauver, Nowitzke</td>
<td>Interdisciplinary Systems; Individual &amp; Cultural Diversity</td>
</tr>
<tr>
<td><strong>Week 4</strong></td>
<td>Women Veterans Mental Health</td>
<td>Sexton</td>
<td>Individual &amp; Cultural Diversity; Reflective Practice</td>
</tr>
<tr>
<td><strong>Week 5</strong></td>
<td>Principles and Practices of Case Management</td>
<td>Buckles</td>
<td>Ethical-Legal-Standards-Policy</td>
</tr>
<tr>
<td><strong>Week 6</strong></td>
<td>Telehealth and Telemental Health Concepts and Practice</td>
<td>Buckles</td>
<td>Assessment, Intervention, Consultation</td>
</tr>
<tr>
<td><strong>Week 7</strong></td>
<td>Evidence-Based Practice</td>
<td>Cochran</td>
<td>Assessment, Intervention, Consultation</td>
</tr>
<tr>
<td><strong>Week 8</strong></td>
<td>Interpersonal Therapy</td>
<td>Lusk</td>
<td>Intervention</td>
</tr>
<tr>
<td><strong>Week 9</strong></td>
<td>Military Sexual Trauma</td>
<td>Thomas</td>
<td>Assessment, Intervention, Consultation, Diversity</td>
</tr>
<tr>
<td><strong>Week 10</strong></td>
<td>Geriatrics</td>
<td>Stelmokas</td>
<td>Assessment; Intervention; Diversity</td>
</tr>
<tr>
<td><strong>Week 11</strong></td>
<td>The Other Anxiety Disorders: Social Anxiety, Phobia &amp; Panic Attacks</td>
<td>Smith, Porter</td>
<td>Relationships; Ethical-Legal-Standards-Policy; diversity</td>
</tr>
<tr>
<td><strong>Week 13</strong></td>
<td>Bariatric &amp; Transplant Evaluations</td>
<td>Lindsay-Westphal</td>
<td>Assessment, Consultation</td>
</tr>
<tr>
<td><strong>Week 14</strong></td>
<td>Substance Use Disorders</td>
<td>Winters, Vanderveen</td>
<td>Assessment, Intervention</td>
</tr>
<tr>
<td><strong>Week 15</strong></td>
<td>MMPI</td>
<td>Putnam</td>
<td>Assessment, Ethical-Legal-Standards-Policy</td>
</tr>
<tr>
<td><strong>Week 16</strong></td>
<td>Grief Therapy</td>
<td>Cochran</td>
<td>Intervention</td>
</tr>
<tr>
<td><strong>Week 17</strong></td>
<td>Augmenting Clinical Competencies with Veterans Who Identify as Sexual or Gender Minorities</td>
<td>Sexton, Bennett</td>
<td>Intervention; Assessment; Diversity; Systems; Ethical-Legal-Standards-Policy</td>
</tr>
<tr>
<td><strong>Week 18</strong></td>
<td>Pain Management</td>
<td>Coy</td>
<td>Intervention; Assessment; Systems</td>
</tr>
<tr>
<td><strong>Weeks 19/20</strong></td>
<td>Evidence Based Treatments for Anxiety Disorders I &amp; II</td>
<td>Smith, Porter</td>
<td>Intervention</td>
</tr>
<tr>
<td><strong>Week 21</strong></td>
<td>Dialectical Behavior Therapy</td>
<td>Lusk, Cochran</td>
<td>Intervention</td>
</tr>
<tr>
<td><strong>Week 22</strong></td>
<td>ACT: Evidence &amp; Controversies</td>
<td>Sexton</td>
<td>Intervention; Scientific Methods</td>
</tr>
<tr>
<td><strong>Week 23</strong></td>
<td>Interpersonal Violence</td>
<td>Winters</td>
<td>Assessment; Intervention</td>
</tr>
<tr>
<td>Week</td>
<td>Topic</td>
<td>Instructor</td>
<td>Course Components</td>
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</tr>
<tr>
<td>24</td>
<td>Behavioral Addictions</td>
<td>Coughlin</td>
<td>Assessment; Intervention</td>
</tr>
<tr>
<td>25</td>
<td>Treatment of Couples/Dyads</td>
<td>Winters</td>
<td>Assessment-Diagnosis-Case Concept; Intervention</td>
</tr>
<tr>
<td>26</td>
<td>Religion &amp; Spirituality</td>
<td>Stelmokas, Smith</td>
<td>Diversity; Reflective Practice</td>
</tr>
<tr>
<td>27</td>
<td>Unified Protocol</td>
<td>Sripada</td>
<td>Intervention</td>
</tr>
<tr>
<td>28</td>
<td>Primary Care/Mental Health Practice</td>
<td>Donnell</td>
<td>Assessment-Diagnosis-Case Conceptization</td>
</tr>
<tr>
<td>29</td>
<td>Behavioral Medicine</td>
<td>Bloor, Spencer</td>
<td>Assessment-Diagnosis-Case Concept; Research</td>
</tr>
<tr>
<td>30/31</td>
<td>Assessment and Treatment of Sleep</td>
<td>Sexton, Spencer</td>
<td>Assessment; Intervention</td>
</tr>
<tr>
<td>32</td>
<td>Opiate Epidemic &amp; VA Policy</td>
<td>Winters</td>
<td>Research; Intervention; Ethical-Legal-Policy</td>
</tr>
<tr>
<td>33</td>
<td>Socioeconomic Status and Care</td>
<td>Richards</td>
<td>Diversity; Reflective Practice</td>
</tr>
<tr>
<td>34</td>
<td>Traumatic Brain Injury: Essentials for Psychologists</td>
<td>Putnam</td>
<td>Assessment</td>
</tr>
<tr>
<td>35</td>
<td>Personality and Semi-Structured Assessment</td>
<td>Spencer</td>
<td>Assessment; Intervention</td>
</tr>
<tr>
<td>36</td>
<td>CBT with Suicidal Veterans</td>
<td>Ilgen</td>
<td>Assessment; Intervention; Research; Ethical-Legal-Policy</td>
</tr>
<tr>
<td>37</td>
<td>Forensic Issues in Psychology</td>
<td>Putnam</td>
<td>Management-Administration; Ethical-Legal-Policy</td>
</tr>
<tr>
<td>38</td>
<td>Evidence Based Nightmare Reduction (ERRT)</td>
<td>Favorite</td>
<td>Reflective Practice: Individual &amp; Cultural Diversity</td>
</tr>
<tr>
<td>39</td>
<td>Diversity in Practice: Cultural</td>
<td>Stelmokas</td>
<td>Reflective Practice: Diversity</td>
</tr>
<tr>
<td>40</td>
<td>Recovery Model</td>
<td>Nelson</td>
<td>Assessment; Reflective Practice; Intervention</td>
</tr>
<tr>
<td>41</td>
<td>Capacity/Competency Evaluations</td>
<td>Aronson</td>
<td>Assessment; Ethical-Legal-Policy</td>
</tr>
<tr>
<td>42</td>
<td>Women Veterans Behavioral Health</td>
<td>Bloor</td>
<td>Assessment; Intervention; Diversity</td>
</tr>
<tr>
<td>43</td>
<td>Treatment Adherence</td>
<td>Vanderveen</td>
<td>Intervention; Research</td>
</tr>
<tr>
<td>44</td>
<td>Rural/Urban/Suburban Culture</td>
<td>Cochran</td>
<td>Individual &amp; Cultural Diversity</td>
</tr>
<tr>
<td>45</td>
<td>EBPs for SMI</td>
<td>Nelson, Bowersox</td>
<td>Assessment; Intervention</td>
</tr>
<tr>
<td>46</td>
<td>Race and Ethnicity</td>
<td>Valentine</td>
<td>Individual &amp; Cultural Diversity</td>
</tr>
</tbody>
</table>
Clinical Case Conference

Clinical case conference is a weekly scheduled case conference presented by Interns presenting current diagnostic, neuropsychological, behavioral medicine or psychotherapy material of interest with teaching impact and value.

Supervision of Supervision

Clinical faculty provide didactic and experiential education regarding supervisory models and strategies to facilitate supervisee growth. Interns engage in an applied experience providing weekly tiered supervision and receive training on supervisory models and developing supervisory competencies in multiple domains. Topics involving evaluating supervisee competencies, power dynamics, providing challenging feedback, augmenting trainee self-reflection and skill acquisition, diversity, and ethics are included among other related issues.

Professional Development Seminar

A Professional Development brown-bag lunch with the training director is also held weekly for the Interns. This hour serves multiple functions. First, it allows for a regular conversation with the training director about progress in the internship program. Additionally, topics related to professional development, ethics, and current events in the field are discussed. Sample topics are presented below.

<table>
<thead>
<tr>
<th>Ethics</th>
<th>Supervision Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Risk Assess &amp; Mgmt</td>
<td>ABPP &amp; other certifications</td>
</tr>
<tr>
<td>Mandatory reporting</td>
<td>Private Practice</td>
</tr>
<tr>
<td>The Neurological Exam</td>
<td>Clinical Consultation</td>
</tr>
<tr>
<td>Networking</td>
<td>Grant writing 101</td>
</tr>
<tr>
<td>Staff positions v. postdocs</td>
<td>Not the Grantee: Research</td>
</tr>
<tr>
<td>VA Research Careers</td>
<td>Implementation Science</td>
</tr>
<tr>
<td>Academic careers</td>
<td>EPPP: Bio bases</td>
</tr>
<tr>
<td>Job postings -Ethics dilemma</td>
<td>Leadership Roles</td>
</tr>
</tbody>
</table>
### Mental Health Grand Rounds

The weekly VA Mental Health Service Grand Rounds serve as an opportunity for medical and psychology staff, trainees, and field experts to provide lectures, seminars, cutting-edge findings, and research. Interns are encouraged to attend and present clinical and research-based topics in this forum. Our offerings for a previous Grand Round season are presented below.

#### Sample VA Grand Rounds Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenter(s)</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>September 17</strong></td>
<td>Paul Pfeiffer, M.D. &amp; John McCarthy, M.D.</td>
<td>Advancing Our Understanding of Suicide Risk Among VHAA Patients: Contributions of Ann Arbor-Based Investigators</td>
</tr>
<tr>
<td><strong>September 24</strong></td>
<td>Kenneth Adams, Ph.D., ABPP</td>
<td>TBI/PTSD Presentation After Military Deployment: Rediscovering Accurate Expectations (Clinical Update)</td>
</tr>
<tr>
<td><strong>October 1</strong></td>
<td>Rebecca Lusk, Psy.D., Beau Nelson, Ph.D. &amp; Erin Smith, Ph.D.</td>
<td>Findings from a Pre-Treatment Intervention to Facilitate Engagement in Psychotherapy in MHC (Clinical Research)</td>
</tr>
<tr>
<td><strong>October 8</strong></td>
<td>Rebecca Lusk, Psy.D. &amp; Nick Bowersox, Ph.D.</td>
<td>Military Culture</td>
</tr>
<tr>
<td><strong>October 15</strong></td>
<td>Adrienne Saxton, M.D., Resident</td>
<td>Antidepressant Efficacy of Ketamine in Treatment-Resistant Major Depression (Journal Club)</td>
</tr>
<tr>
<td><strong>October 22</strong></td>
<td>Christina LaRosa, M.D., Resident</td>
<td>Case Presentation</td>
</tr>
</tbody>
</table>
## Sample VA Grand Rounds Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker(s)</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>October 29</strong></td>
<td>Lisa A. Martin, Ph.D., University of Michigan-Dearborn</td>
<td>The Experience of Symptoms of Depression in Men vs. Women: Analysis of the National Comorbidity Survey Replication (Journal Club)</td>
</tr>
<tr>
<td><strong>November 5</strong></td>
<td>Jennifer Marola, Ph.D., Postdoctoral Fellow</td>
<td>Measuring Executive Function and Depressive Symptoms in Ischemic Stroke Patients</td>
</tr>
<tr>
<td><strong>November 12</strong></td>
<td>Heidi Burns, M.D., Resident</td>
<td>Case Presentation</td>
</tr>
<tr>
<td><strong>November 19</strong></td>
<td>Jason Hicks, MSW</td>
<td>Sex Talk isn’t Dirty: A Conversation about the Assessment and Treatment of Sexual Disorders</td>
</tr>
<tr>
<td><strong>December 3</strong></td>
<td>Jamie Winters, Ph.D. &amp; Lisham Ashrafioun, M.S., Psychology Intern</td>
<td>Improving Treatment Adherence</td>
</tr>
<tr>
<td><strong>December 10</strong></td>
<td>Linda Saab, M.D., Resident</td>
<td>EMDR: A Meta-Analysis (Journal Club)</td>
</tr>
<tr>
<td><strong>December 17</strong></td>
<td>Daniel Wurzelmann, M.D., Resident</td>
<td>Case Presentations</td>
</tr>
<tr>
<td><strong>January 7</strong></td>
<td>Kenneth Silk, M.D.</td>
<td>Pharmacotherapy for BPD</td>
</tr>
<tr>
<td><strong>January 14</strong></td>
<td>Lauren Edwards, M.D., Resident</td>
<td>Psychiatry Case Conference</td>
</tr>
<tr>
<td><strong>January 21</strong></td>
<td>Denis Birgenheir, Ph.D., SMITREC Postdoctoral Fellow</td>
<td>Anxiety Disorders Among VHA Patients with Schizophrenia</td>
</tr>
<tr>
<td><strong>January 28</strong></td>
<td>Katheryn Maguire, Ph.D.</td>
<td>Communication and Its Impact on Stress and Coping in Military Families</td>
</tr>
<tr>
<td><strong>February 4</strong></td>
<td>Chandra Sripada, M.D., Ph.D.</td>
<td>Treatment of ADHD (Clinical Update)</td>
</tr>
<tr>
<td><strong>February 11</strong></td>
<td>Nakita Natala, M.D., Resident</td>
<td>Well-being and Suicidal Ideation of Secondary School Students from the Military (Journal Club)</td>
</tr>
<tr>
<td><strong>February 18</strong></td>
<td>Jenni Wang, M.D., Resident</td>
<td>Case Conference</td>
</tr>
<tr>
<td><strong>February 25</strong></td>
<td>Minden Sexton, Ph.D. &amp; Jerren Weekes-Kanu, Ph.D., Postdoctoral Fellow</td>
<td>Infertility: Psychosocial Correlates, Military-Specific Contexts, and Status of Mental Health Intervention Research</td>
</tr>
<tr>
<td><strong>March 4</strong></td>
<td>Thomas Park, M.D., Resident &amp; Aaron Weiner, Ph.D., Postdoctoral Fellow</td>
<td>Ambulatory Detox from Alcohol: Considerations and Best Practices</td>
</tr>
<tr>
<td><strong>March 11</strong></td>
<td>Daniel Wurzelmann, M.D., Resident</td>
<td>Need for Feedback</td>
</tr>
<tr>
<td>Date</td>
<td>Speaker(s)</td>
<td>Title</td>
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</tr>
<tr>
<td>March 18</td>
<td>Nicolette Gable, Ph.D., Fellow</td>
<td>Walking While Thinking in Late-life Depression</td>
</tr>
<tr>
<td>April 1</td>
<td>Randy Roth, Ph.D., Percival Pangilinan, M.D., Jennifer Marola, Ph.D.,</td>
<td>Understanding the Nature and Assessment of Mild Traumatic Brain Injury</td>
</tr>
<tr>
<td></td>
<td>Postdoctoral Fellow &amp; Sara Rampinski, LMSW</td>
<td></td>
</tr>
<tr>
<td>April 8</td>
<td>Paul Wright, M.D., Resident</td>
<td>Case Conference</td>
</tr>
<tr>
<td>April 15</td>
<td>Laura Anderson, M.D., Resident</td>
<td>A Trial of Prazosin for Combat Trauma PTSD with Nightmares in Active-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Duty Soldiers Returned from Iraq and Afghanistan (Journal Club)</td>
</tr>
<tr>
<td>April 22</td>
<td>Tom Fluent, M.D.</td>
<td>Adult ADHD: The Rest of the Story (Clinical Update vs. Research)</td>
</tr>
<tr>
<td>April 29</td>
<td>Edward Thomas, LMSW, BCD</td>
<td>Challenges in Care Related to Military Sexual Trauma</td>
</tr>
<tr>
<td>May 6</td>
<td>Erin Sparapani, M.S., Psychology Intern &amp; Jennifer Loar, MSW</td>
<td>Ethical Considerations and Psychosocial Challenges in Caring for a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Young OEF-OIF Patient with Serious Disabilities (Case Presentation)</td>
</tr>
<tr>
<td>May 13</td>
<td>Jennifer Alkema, M.D. &amp; Iquo Nafiu, M.D.</td>
<td>The Role of Vitamin D in Mood and Cognition (Clinical Update)</td>
</tr>
<tr>
<td>May 20</td>
<td>Kristin Lamp, Ph.D., Postdoctoral Fellow</td>
<td>Resilience Following Trauma in Veteran Populations</td>
</tr>
<tr>
<td>May 27</td>
<td>Mel Whalen, Ph.D., Comprehensive Gender Services Program, UM</td>
<td>Assessment and Treatment with Transgender Patients</td>
</tr>
</tbody>
</table>

**Special Training, Workshops & Institutes**

During the year special programs focusing on topics such as supervision, advanced psychopathology test interpretation, individual and cultural differences, and psychopharmacology are on the schedule for Interns.

Some recent examples include:

- **Prolonged Exposure Therapy Training & Cognitive Processing Therapy**
- **Telemental Health Training**
- **Motivational Interviewing Workshop**
- **Supervision Institute**
- **Neurological Examination Demonstration**
• Neuroimaging Workshop
• Assessment Seminar
• Geropsychology Seminar

**Elective Seminars**

An unusually rich selection of special lectures and seminars in psychology and related fields is available to Ann Arbor VA Interns through the University of Michigan. Interns may also attend relevant offerings as they occur. Upcoming UM Psychiatry Department events can be found at [http://www.psych.med.umich.edu/events/*](http://www.psych.med.umich.edu/events/*). UM Depression Center events are listed at [http://www.depressioncenter.org/events/*](http://www.depressioncenter.org/events/*).

Commonly attended events include:

- **UM Department of Psychiatry Grand Rounds Schedule** ([http://www.psych.med.umich.edu/events/GrandRounds.asp*](http://www.psych.med.umich.edu/events/GrandRounds.asp*))
- **UM Depression Center Colloquium Series**
- **UM Evidence-Based Medicine Seminar**
- **UM Annual Albert Barrett Neuroscience Lecture** (March)
- **Military Support Programs and Networks (M-SPAN)** (National Research Summit on Reserve Component Military Families, April at UM)
- **UM Annual Albert J. Silverman Research Lecture and Conference** (May)
- **UM Annual Waggoner Lecture** (October)
- **UM Hutt Lecture** (November)
- **UM Kenneth Silk Lecture** (November)

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**FORMULATING THE TRAINING PLAN**

**Establishing Individual Internship Goals**

The Clinical Training Director will meet with Interns during the first few weeks to identify an initial training plan. Generally, these will be largely based on trainees’ interests and career goals and related to the profession-wide competencies. Additionally, we will collaborate with you to identify training opportunities that may further hone skills in identified growth areas to best position graduates in our program to be maximally competitive in the professional trajectories they hope to advance in following internship. Our faculty possesses tremendous knowledge and experience in postdoctoral training, national networking connections to facilitate continued specialty study or work, the demands and expectations of faculty positions, and application competitiveness regarding VA and hospital careers. We welcome the opportunity to work with you to prepare for the next stage in your professional development.
### Sample Intern Schedule with PTSD Major and Substance Use Disorders Minor

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>SUD Therapy Case</td>
<td>PTSD Orient. Group</td>
<td>PTSD PE Therapy Case</td>
<td></td>
</tr>
<tr>
<td>830</td>
<td></td>
<td>PTSD PE Case</td>
<td>Relapse Prev. Group</td>
<td>Didactics Seminar</td>
</tr>
<tr>
<td>900</td>
<td>PTSD CPT Therapy Case</td>
<td>PTSD Evaluation &amp; Documentation</td>
<td>Supervision</td>
<td></td>
</tr>
<tr>
<td>930</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1000</td>
<td>PTSD CPT Therapy Case</td>
<td>PTSD CPT Case</td>
<td>Supervision</td>
<td></td>
</tr>
<tr>
<td>1030</td>
<td></td>
<td>Relapse Prev. Group</td>
<td>Didactics Seminar</td>
<td></td>
</tr>
<tr>
<td>1100</td>
<td>Lunch</td>
<td>VA Grand Rounds</td>
<td>Lunch</td>
<td>Prof. Dev. Lunch</td>
</tr>
<tr>
<td>1130</td>
<td>SUD Group</td>
<td>SUD Therapy Case</td>
<td>SUD Therapy Case</td>
<td>SUD Group Supervision</td>
</tr>
<tr>
<td>1200</td>
<td>CPT Group</td>
<td>PTSD PE Therapy Case</td>
<td>PTSD PE Therapy Case</td>
<td>SUD Group Supervision</td>
</tr>
<tr>
<td>1230</td>
<td>Lunch</td>
<td>Supervision of Supervision</td>
<td>PE Group Meeting</td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>SUD Group</td>
<td>SUD Therapy Case</td>
<td>SUD Therapy Case</td>
<td></td>
</tr>
<tr>
<td>200</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>230</td>
<td>PTSD PE Therapy Case</td>
<td>PTSD Team Meeting</td>
<td>Supervision</td>
<td></td>
</tr>
<tr>
<td>300</td>
<td></td>
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<td></td>
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<tr>
<td>330</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>400</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

* Unscheduled hours and no-show/cancellation appointments provide sufficient time for note writing, ad hoc supervision, workshops, and other didactic activities/readings

<table>
<thead>
<tr>
<th>Major</th>
<th>Minor</th>
<th>Didactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>(24 hours)</td>
<td>(12 hours)</td>
<td>(4 hours)</td>
</tr>
</tbody>
</table>

### COMPETENCIES AND MINIMUM LEVELS OF ACHIEVEMENT FOR ENTRY AND SUCCESSFUL COMPLETION

The minimum levels of achievement we seek for the beginning of the internship are consonant with “Readiness for Internship,” in the Profession-wide competencies which are seen in the document, “Standards of Accreditation” which is available on the APA website. The minimum level of achievement for the successful completion of the internship is 2,000 hours of supervised participation of the program as well as the attainment/demonstration of 100% of the competencies at the “Readiness for Practice” level.

Because we strongly believe that clinicians require extensive knowledge of psychological theory and thought, a thorough didactic program is offered which complements the Intern's clinical work and includes (among other things) training in understanding the importance of research in clinical problems. The didactic offerings are not intended to recapitulate knowledge gained at the graduate, doctoral educational level in the classroom, but to broaden and expand understanding.
of advanced concepts, techniques, and practical understanding. Further details are provided below in the sections on Intern Supervision and Intern Evaluation.

**Intern Supervision**

Knowledge is enriched through experiential, supervised training involving direct provision of care to our Veterans. All Interns receive, at a minimum, two hours of scheduled individual supervision with licensed clinical psychologists during the week. Our site adopts a developmental model of supervision aimed at increasing clinical complexity over the course of the training experience in concert with the Interns’ initial level of skill and their developing abilities. Supervisors, in accordance with the APA Standards of Accreditation described above, work with Interns to evaluate proficiencies in particular settings and collaborate to provide a trajectory for growing competence. This process serves to augment professional development with anticipation of successful attainment of entry-level generalist professional competencies across training domains by the completion of internship.

Supervisors at our program represent a diverse representation of clinical and supervisory orientations. As a result, our supervisory styles will vary. Our large faculty is highly committed to rigorous education and development of trainees and Interns have ample opportunity for ad hoc supervision as needed. Additional supervisory commitments will be determined in collaboration with the supervising faculty and/or rotation. For instance, many rotations involving highly specialized or technical skills may require additional supervisory time or preparation.

During each half of the internship year, Interns will meet for a minimum of one hour each with their Major and Minor rotation supervisors. Interns are expected to arrive at supervision appointments prepared. Interns that will likely gain the most from this experience are those characterized by openness to learning that includes the abilities to receive and provide feedback respectfully and candidly. Major and Minor Rotation Supervisors will be primarily responsible for the completion and review of Intern performance and will provide verbal and written feedback during formal evaluation periods and as warranted throughout the year. The Training Directors and members of the Psychology Training Committee (PTC) may also provide further information for evaluation of performance as our Interns frequently interact and learn with other psychologists and interdisciplinary faculty. Supervision will involve direct observation or review of recorded material of the intern at least every six months. Additionally, the Intern class engages in rotation/intervention specific group supervision, case conference meetings involving Staff and Intern presentation of case material, and didactic seminars that provide additional opportunity for Intern development.

Supervisors and Interns are expected to adhere to the policies outlined in VHA Handbook 1400.04 (Supervision of Associated Health Trainees). All providers of care are obliged to follow the APA Ethical Principles of Psychologists and Code of Conduct.
Intern Evaluation

Interns in the VAAHS Program are entitled to a reasonable expectation that faculty will be providing to them observations and feedback on their performance in professional tasks of assessment, treatment, and consultation. In addition, faculty is also expected to provide ongoing observations about the professional and scientific development of the Intern as they progress through the program.

Accordingly, it is always and continuously in order for Interns to request feedback or observations about their work. “How am I doing?” is a question that faculty are always to expect and respond to in a collegial and informative way.

More formal performance evaluation in the VAAHS Internship Program has several components. These include:

1) **The Intern self-rating of Profession-wide Competencies:** Done at internship start and internship end by Intern Self-Rating with Director of Clinical Training Review

2) **Supervisor Rating of Intern on the Profession-wide competencies:** Done at the end of the first rotation (6 months) and again at Internship end (12 months) with Director of Clinical Training Review

Evaluation of performance is carefully linked to the overall mission and goal of the program to contribute to the development of competent clinical psychologists. The Program accomplishes this goal by placing internship training into an overall framework of training for the development of a Psychologist.

The Supervisor Evaluation of Intern forms are reviewed with the Intern and both Supervisor and Intern Sign the form indicating that it has been reviewed. As warranted, additional members of faculty may provide formal competency-related feedback based on direct oversight or experience with the Intern. These forms are turned into the DCT, who will aggregate the forms and provide consolidated feedback to the Interns at the end of the first rotation and at the completion of the internship.
Jamie J. Winters, Ph.D.
Acting Associate Chief of Clinical Operations and Administration & Chief Psychologist
Director of Clinical Training
SUDC, Couples Therapy, Administrative Leadership & Applied Clinical Research Supervisor
jamiewin@umich.edu

Dr. Winters serves as the Training Director of the VAAAHS training programs. She is the Acting Associate Chief and Chief Psychologist of the Mental Health Service and a Clinical Assistant Professor at the University of Michigan Department of Psychiatry. She earned her doctoral degree at the University of Maryland, Baltimore County and completed a postdoctoral fellowship at the Research Institute on Addictions. Dr. Winters is closely involved with Interns throughout the programming year and supervises several of the available rotations. Her clinical activities entail substance use disorder and treatment, substance use and violence, behavioral couples therapy, intimate partner violence, Motivational Interviewing, and implementation of empirically supported treatments. Dr. Winters focuses on research elucidating factors associated with substance use disorders and treatment outcome, substance use and violence, behavioral couples therapy, and intimate partner violence.

Amy Bixler, Psy.D.
Chief, Toledo Mental Health Clinic
Toledo CBOC Supervisor
amy.bixler2@va.gov

Dr. Bixler is the Chief of Clinical Services of the VA Mental Health Clinic at the Toledo Community Based Outpatient Clinic. She also serves as a supervisor for University of Toledo doctoral psychology students completing practicum training. She holds an academic Clinical Instructor appointment with the Department of Psychiatry, University of Michigan Medical School. Dr. Bixler completed her Psy.D. at the University of Indianapolis. Her clinical interests include trauma-based treatment, dialectical behavioral therapy implementations, anger management, and personality disorders.

Lindsey Bloor, Ph.D., ABPP
Health Behavior Coordinator
Health Psychology & Applied Clinical Research Supervisor
lindsey.bloor2@va.gov

Dr. Bloor is a Clinical Psychologist in the Health Psychology program at the Ann Arbor VA and Clinical Assistant Professor of the Department of
Psychiatry at the University of Michigan. She is a graduate of the University of Utah and is an ABPP Diplomate. Her clinical interests include Veterans’ behavioral health, primary care mental health integration, and women Veterans’ behavioral health. She serves as a primary supervisor for Interns electing the Health Rotation. Her research interests primarily concentrate in the areas of social support and mental and physical health; mediators and moderators of the social support-health association; gender and cultural distinctions with social support and health; and coping with chronic conditions.

Nicholas W. Bowersox, Ph.D., ABPP
Psychosocial Rehabilitation & Recovery (PSR&R) Supervisor & Applied Clinical Research Supervisor
Nicholas.Bowersox@va.gov

Dr. Bowersox is a Staff Psychologist in our Psychosocial Rehabilitation and Recovery Center (PRRC), an Evaluation Specialist at the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC) and the National Quality Enhancement Research Initiative (QUERI), and a Clinical Assistant Professor with the University of Michigan Medical School’s Department of Psychiatry. He received his doctoral degree in Clinical Psychology from Marquette University and completed our VA Advanced Fellowship in Health Services Research Program. Dr. Bowersox’ clinical and research interests include evaluating treatment disparities for patients with serious mental illness (SMI), evaluating systems-wide treatment patterns for patients with SMI with the goal of identifying factors associated with improved functioning and reduced disability, investigating reasons for loss-to-care and treatment resumption for patients with SMI, and investigating the intersection of recovery and integrated care for patients with SMI within the VA medical system.

Chelsea Cawood, Ph.D.
Mental Health Clinic Supervisor
Chelsea.Cawood@va.gov

Dr. Cawood is a Clinical Psychologist in the outpatient Mental Health Clinic. Dr. Cawood specializes in dialectical behavior therapy for borderline personality disorder, and evidence based treatments for mood and anxiety disorders. Her research interests include novel adaptations of DBT, non-suicidal self-injury, personality disorders, and effectiveness/program evaluation of evidence-based treatments in clinical settings. Dr. Cawood earned her Ph.D. from Eastern Michigan University. Dr. Cawood has presented on Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and Dialectical Behavior Therapy.
Heather M. Cochran, Ph.D.
PTSD-SUD Specialist;
Local Evidence Based Psychotherapy Coordinator
Advanced Assessment for Outpatient Treatment Planning, DBT, & PTSD Treatment Minor
Heather.cochran@va.gov

Dr. Cochran is a Staff Psychologist in the PTSD and SUD clinics at the Ann Arbor VA, and a Clinical Instructor with the Department of Psychiatry, University of Michigan Medical School. She completed her Ph.D. in clinical psychology at Central Michigan University, and her internship at the University of Oklahoma Health Sciences Center. Her clinical interests include evidence based PTSD treatment and integrating trauma-focused treatment with interventions for concurrent conditions, particularly substance use disorders (SUD) and borderline personality disorder. Dr. Cochran serves as a VA Consultant in Prolonged Exposure (PE) Therapy for the national dissemination of PE, and locally she provides supervision to psychology trainees utilizing PE or Cognitive Processing Therapy (CPT). She is involved in program development for veterans with PTSD and SUD diagnoses as well as the provision of concurrent PE and Dialectical Behavior Therapy (DBT). Additionally, she serves as the Local Evidence Based Psychotherapy Coordinator for the Ann Arbor VA HCS, and is actively involved in program evaluation of the implementation, sustained delivery, and fidelity of evidence based psychotherapy practices. Her research interests primarily concentrate in issues of implementation, attrition, and outcomes of evidence based psychotherapies.

Amy Collings, Ph.D.
Health Behavior Psychologist, Flint CBOC
amy.collings@va.gov

Dr. Collings is the Health Behavior Psychologist at the Community-Based Outpatient Clinic (CBOC) in Flint, a Clinical Instructor with the University of Michigan Department of Psychiatry, and a Lecturer with the University of Michigan-Flint campus. She completed her Ph.D. at Eastern Michigan University and her health psychology focused postdoctoral fellowship at Genesys Regional Medical Center through the Consortium for Advanced Psychology Training, Michigan State University College of Human Medicine. Her clinical interests include integrated primary care, weight management, tobacco cessation, behavioral pain management, and the implementation of empirically supported treatment. Research interests surround integrated primary care and eating behavior.
**Brent Coy, Ph.D.**  
Pain Psychologist  
Pain Management/Health Psychology Supervisor  
william.coy@va.gov

Dr. Coy is a Clinical Psychologist in the Health Psychology program and an Instructor with the UM Medical School’s Department of Psychiatry. He earned his Ph.D. in Clinical Psychology from Bowling Green State University. Dr. Coy specializes in health psychology, pain management, interventions for wellness, managing chronic disease, and CBT for anxiety disorders. His research interests include the role of anxiety in rehabilitation outcome and factors influencing healthy behavior change. He serves as an Intern Supervisor for the Health Psychology/Pain Management minor rotations.

**Cathy Donnell, Ph.D.**  
Primary Care Mental Health Supervisor  
cathy.donnell@va.gov

Dr. Donnell is an attending Staff Psychologist for the Primary Care Mental Health Clinic. She holds a Clinical Assistant Professorship at the UM Psychiatry Department and an Adjunct Faculty position with Eastern Michigan University. Dr. Donnell is also associated with private practice work entailing bariatric surgery evaluations and psychotherapy for adults with affective disorders and women with reproductive health issues. She completed her Ph.D. at George Washington University and Postdoctoral Fellowship at the University of Michigan’s Physical Medicine and Rehabilitation Program. Dr. Donnell’s clinical interests include the application and efficacy of Acceptance and Commitment Therapy (ACT) with different clinical populations, application of evidence based psychotherapies to primary care populations, problem solving therapy/training, and health psychology. Her research foci include Primary Care Mental Health interventions and use of evidence based therapies, coping with chronic illness, palliative care and family grief responses among Veterans, application of ACT, health psychology and women’s mental and physical health (specifically related to Ob/Gyn), and examination of psychological constructs in the prediction of pain and function among chronic pain populations (e.g., pelvic pain, fibromyalgia, back pain).

**Todd K. Favorite, Ph.D.**  
PTSD Psychologist  
tfavor@umich.edu

Dr. Favorite is an attending clinical psychologist on the PTSD Clinical Team at the Ann Arbor VA. He earned his Ph.D. in Clinical Psychology at Fielding Graduate University. He has been the director of the University of Michigan Psychological Clinic since 2010. He holds a Clinical
Assistant Professor position in the University of Michigan Department of Psychiatry. His clinical and research areas are in the area of the co-occurring symptoms of PTSD, chronic depression, and insomnia. From a psychological training perspective, Dr. Favorite has a background in psychodynamic as well as cognitive-behavioral methods and views the psychotherapy integration as an important evolution in the practice of psychosocial treatments. He is internationally certified as an advanced trainer for the Cognitive Behavioral Analysis System for Psychotherapy (CBASP) and has conducted research and published on the use of this integrative system of treatment for co-existing psychological symptoms.

Benjamin Hampstead, Ph.D., ABPP
Applied Clinical Research Supervisor
bhampste@med.umich.edu

Dr. Hampstead is a board-certified Clinical Neuropsychologist who earned his PhD in Clinical Psychology (Neuropsychology emphasis) from Drexel University. He is an Associate Professor in Psychiatry and Staff Neuropsychologist in the VA Ann Arbor Healthcare System. Dr. Hampstead’s research focuses on non-pharmacologic approaches to maximize cognitive functioning in older adults. Specifically, he uses techniques like cognitive rehabilitation and non-invasive electrical brain stimulation to enhance learning and memory, typically within the context of a randomized controlled trial format. Dr. Hampstead integrates these techniques with functional and structural neuroimaging in order to predict treatment response, identify the neuroplastic changes following treatment, and plan/develop new interventions. Funding for this work has or currently does come from the Department of Veterans Affairs, National Institute on Aging, and the Michigan Alzheimer’s Disease Center. Dr. Hampstead also has an active line of research evaluating the use of brain stimulation as a novel treatment for our Veterans with posttraumatic stress disorder thanks to funding from the National Institute of Mental Health.

Mark Ilgen, Ph.D.
Applied Clinical Research Supervisor
Mark_Ilgen@va.gov

Dr. Ilgen is a Clinical Psychologist at the Ann Arbor VA. He also holds the positions of Associate Professor at the University of Michigan Department of Psychiatry and Research Investigator with the VA Center for Clinical Management Research. He obtained his Ph.D. at the University of Colorado. Dr. Ilgen’s primary interests include treatment evaluation research on methods for improving the treatment of alcohol or drug use disorders, examining of the association between alcohol or drug use and risk for suicide, intervention development and evaluation for treating chronic pain in individuals with alcohol or drug use disorders, and health services research on program policies linked to varying rates of suicide.
Elizabeth A. Imbesi, Ph.D.
Psychologist, Toledo Community-Based Outpatient Clinic
Toledo CBOC Supervisor
Elizabeth.Imbesi@va.gov

Dr. Imbesi is the attending Psychologist in the Primary Care Mental Health Clinic at the Toledo Community Based Outpatient Clinic. She received her Ph.D. from the University at Buffalo. She completed her internship at the VA Western New York Healthcare System, and received specialized training in Health Psychology/Primary Care Psychology during her fellowship at the Consortium for Advanced Psychology Training, Michigan State University College of Human Medicine. Her clinical and research interests include diabetes management, chronic pain, psycho-oncology, multiculturalism, technology, and ethics.

Kirstin Lauritsen, Ph.D.
Substance Use Disorders Clinic
Kirstin.Lauritsen@va.gov

Dr. Lauritsen is a Staff Psychologist in the outpatient Substance Use Disorders Clinic and a Clinical Instructor at the University of Michigan Medical School. She earned her Ph.D. from Bowling Green State University and completed her pre-doctoral internship at the VA Ann Arbor Healthcare System. Dr. Lauritsen is interested in research regarding use of marijuana, synthetic cannabinoids, and synthetic cathinones. She has also conducted research evaluating substance use treatment providers’ attitudes and beliefs about harm reduction interventions. Her clinical interests include motivational interviewing and cognitive behavioral therapies for substance use disorders. Recently, she has begun examining how female veterans presenting for treatment of substance use disorders differ from their male counterparts.

Carol Lindsay-Westphal, Ph.D.
Primary Care Mental Health
Health Psychology Supervisor

Dr. Lindsay-Westphal is a Staff Psychologist at AAVHA and a Clinical Instructor with the University of Michigan Medical School. She earned her degree in Clinical Psychology from Northwestern University, where she completed the health psychology training track. Her primary interest is facilitating lifestyle change for enhanced health. During her career she has worked in tobacco cessation, the VA's MOVE Program for weight management, psychology training, and the outpatient Mental Health Clinic. She holds VA certification in Acceptance and Commitment Therapy for Depression, and Prolonged Exposure Therapy for PTSD. As the Bariatric Psychologist, she completes pre-surgical psychosocial evaluations for weight loss.
surgery candidates, and assists with their pre- and post-surgical adaptation. Dr. Lindsay-Westphal also enjoys trainee supervision and contributing to the multidisciplinary Bariatric Surgery Team.

**Rebecca Lusk, Psy.D., ABPP**  
Assistant Chief, Mental Health Clinic (MHC)  
Mental Health Clinic and DBT Rotation Supervisor  
rebecca.lusk@va.gov

Dr. Lusk is the Assistant Chief of the VA Mental Health Clinic. She holds a Clinical Instructor appointment with the Department of Psychiatry, University of Michigan Medical School. Dr. Lusk completed her Psy.D. at the University of Indianapolis and her postdoctoral fellowship with the Consortium for Advanced Psychology Training, Michigan State University College of Human Medicine. She is an ABPP Diplomate. Her clinical interests include cognitive behavioral applications and treatment outcomes, health and behavior change, borderline personality disorder, and the implementation of empirically supported treatment. She is involved in research activities concentrating on pre-treatment intervention in preparation for psychotherapy and program evaluation outcomes.

**Saudia Major, Ph.D.**  
Home Based Primary Care (HBPC)  
HBPC Supervisor  
Saudia.Major@va.gov

Saudia Major, PhD, is a Clinical Psychologist at the VA Hospital in Ann Arbor, MI and a Clinical Instructor with the University of Michigan medical School. She works in the Home Based Primary Care program, serving geriatric Veterans who suffer from chronic, medical ailments and subsequent depression and anxiety. Dr. Major also provides behavioral health services to seniors in skilled nursing facilities throughout SE Michigan. Dr. Major earned her doctorate in Clinical-Community Psychology from the University of South Carolina. She completed her internship and residency at Florida State Hospital, a forensic psychiatric hospital in Chattahoochee, FL. She has volunteered for the NMSS since 2004, and was a member of the NMSS North Florida Chapter Clinical Advisory Committee during her residence in FL. Clinical interests include suicide prevention, dementia, & caregiver stress. Dr. Major has been involved in research exploring the benefits of exercise on disease management, specifically mental illness and Multiple Sclerosis. Prior areas of research have included attachment theory, relationship satisfaction, and cardiovascular reactivity.
David Morris, Ph.D.
Substance Use Disorders Clinic (SUDC)
SUDC & Applied Clinical Research Supervisor
David.Morris@va.gov

Dr. Morris is a Clinical Psychologist in the outpatient Substance Use Disorder Clinic (SUDC) and a Clinical Assistant Professor at the University of Michigan Medical School. He earned his Ph.D. from the University of Missouri and completed postdoctoral training at the University of Michigan/VAAAHS consortium where he specialized in the treatment of SUD with particular emphasis on dual diagnoses. His clinical interests include utilization of measurement-based care to enhance treatment outcomes and evidence-based treatments for SUD and commonly co-occurring disorders. His research primarily focuses on better understanding how the co-occurrence of SUD with other psychiatric conditions (e.g., TBI, chronic pain, insomnia) relates to substance-related consequences, particularly interpersonal violence, and treatment engagement. Dr. Morris also is actively involved in a variety of research projects across the mental health service.

Clayton “Beau” Nelson, Ph.D.
Local Recovery Coordinator
Postdoctoral Fellowship VA Adult Track Lead
Psychosocial Rehabilitation & Recovery and Applied Clinical Research Supervisor
Clayton.Nelson2@va.gov

Dr. Nelson is a Clinical Psychologist and the Local Recovery Coordinator for the VA Ann Arbor Healthcare System, and holds a Clinical Assistant Professorship with the University of Michigan Medical School. He serves as the VA lead for the UM/VA Adult Track of the Postdoctoral Consortium. Dr. Nelson completed his doctoral degree at the University of Missouri-Kansas City and an Interprofessional Postdoctoral Fellowship in Psychosocial Rehabilitation and Recovery at the San Diego VA. His clinical interests include psychosocial rehabilitation, cognitive-behavioral therapy, motivational interviewing, and mental health recovery for individuals diagnosed with serious mental illness, particularly psychotic-based disorders. His research concentrates on psychophysiological indices of attentional and affective processes, motivational factors promoting mental health recovery, and computer-based interventions.

Katherine Porter, Ph.D.
Director, Practicum Training Program
PTSD and Applied Research Supervisor
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Dr. Porter is a Clinical and Research Psychologist at AAVHS and Clinical Assistant Professor with the University of Michigan Medical School. She
earned her doctoral degree at Eastern Michigan University. She currently serves as PI for multisite treatment outcome study and provides oversight of the VAAHPS practica training experiences. Dr. Porter’s clinical and research foci include treatment outcomes with Veterans experiencing PTSD; improving access to care and retention in empirically supported PTSD interventions; the intersections of trauma and somatic/pain complaints; trauma and aging; outcomes for Veterans with co-occurring legal problems; suicide and high risk behaviors; psychometric qualities of assessment instruments; and differential diagnoses specific to anxiety. She is actively involved in several research activities with the PTSD Research Team. In addition, Dr. Porter has an interest in applied biomedical ethics and is currently co-chair for ethics consultation within VAAHPS.

Michael Ransom, Ph.D.
Compensation & Pension Supervisor
Michael.Ransom@va.gov

Dr. Ransom is a Clinical Neuropsychologist and works in the Compensation & Pension department in Ambulatory Care at the Ann Arbor VA. He received his Ph.D. from the University of North Dakota and completed his postdoctoral training in Clinical and Research Neuropsychology at the University of Michigan. His primary clinical interests include the neuropsychology of mood disorders, dementia, traumatic brain injury, and sports concussion. His research activities have focused on cognitive functioning (particularly executive functioning) in individuals with mood disorders, with a focus on depression.

Jessica Schubert, Ph.D.
Mental Health Clinic Supervisor

Dr. Schubert is a Staff Psychologist in the outpatient Mental Health Clinic. She earned her Ph.D. from Binghamton University (SUNY) with specialization in EBPs for anxiety disorders. She completed her pre-doctoral internship at the Durham Veterans Affairs Medical Center and her postdoctoral fellowship at the University of Michigan Department of Psychiatry. Her fellowship emphasized both research and clinical practice with a dual concentration in Behavioral Sleep Medicine and Anxiety Disorders. Dr. Schubert’s clinical and research interests include improving the quality, efficiency, and dissemination of EBPs for anxiety disorders and understanding the impact of sleep disturbance on mental health as it relates to treatment outcomes.

Minden B. Sexton, Ph.D.
Women Veterans’ Mental Health Coordinator
Assistant Director of Clinical Training
Women Veterans’ Mental Health and Applied Research Supervisor
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Dr. Sexton is the Women Veterans’ Mental Health Coordinator, a Staff Psychologist in the PTSD Clinic, and a Clinical Assistant Professor with
Erin Smith, Ph.D.
Chief, PTSD Clinical Team
PTSD and Applied Research Supervisor
Erin.Smith3@va.gov

Dr. Smith is the Chief of the PTSD Clinical Team service. She holds a Clinical Instructor position with the Department of Psychiatry, University of Michigan Medical School. She attained her doctoral degree from Fuller Seminary and completed postdoctoral training in PTSD at the Ann Arbor VA. Administratively, Dr. Smith oversees the coordination of clinical and evaluation services in the PCT. Dr. Smith is a certified trainer and consultant in Prolonged Exposure (PE) Therapy and provides supervision of Interns utilizing PE or Cognitive Processing Therapy (CPT). Her clinical and research interests entail evidence-based interventions for PTSD, development of clinical interventions for PTSD, provision of evidence-based PTSD interventions in group formats, perceived perpetration, and spirituality and trauma.

Robert J. Spencer, Ph.D.
Chief, Neuropsychology
Postdoctoral Fellowship VA Neuropsychology Track Lead
Neuropsychology and Applied Research Supervisor
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Dr. Spencer is the Chief of the VA Neuropsychology Program and a Clinical Psychologist at VAAAHS. He is a Clinical Assistant Professor with the University of Michigan Medical School. He completed his doctoral degree in Behavioral Medicine/Clinical Psychology at the University of Maryland Baltimore County and his postdoctoral training in Neuropsychology at the Ann Arbor VA. He serves at the VA Neuropsychology lead for the UM/VA Postdoctoral Fellowship program. His clinical focus is in neuropsychological assessment. He is a consultant for the VA’s training...
program for cognitive behavioral therapy for insomnia. His program of research focuses on psychological and neuropsychological assessment and sleep.

**Rebecca Sripada, Ph.D.**  
Mental Health Clinic and Applied Research Supervisor  
[Rebecca.sripada@va.gov](mailto:Rebecca.sripada@va.gov)

Dr. Sripada is a Clinical Psychologist in the Mental Health Clinic. She is also an Assistant Professor in the University of Michigan Department of Psychiatry and a Research Scientist at the VA Center for Clinical Management Research, an HSR&D Center of Innovation. She obtained her Ph.D. at the University of Michigan and completed a postdoctoral fellowship as a VA Advanced Fellow at the VA Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC). Dr. Sripada’s primary research interests include PTSD care quality and predictors of PTSD treatment response and nonresponse. She also studies the influence of medical comorbidity and social support on PTSD treatment outcomes.

**Julija Stelmokas, Psy.D.**  
Geropsychology, Neuropsychology & Applied Research Supervisor  
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Dr. Stelmokas is an attending Staff Psychologist in the Community Living Center, a post-acute inpatient rehabilitation unit, and outpatient neuropsychology service and a Clinical Assistant Professor with the University of Michigan Department of Psychiatry. She earned her Psy.D. from Pacific University (neuropsychology track), and completed internship and post-doctoral training in clinical neuropsychology at the Ann Arbor VA/University of Michigan Consortium. She then completed an Advanced Geriatrics Fellowship through the Geriatric Research, Education and Clinical Centers (GRECC) at the Ann Arbor VA. Her clinical interests include geriatric neuropsychology and rehabilitation, integration of motivational interviewing in mental health interventions and neuropsychological assessment/feedback, positive psychology, and implementation of empirically supported treatment, specifically Acceptance and Commitment therapy and Problem-Solving therapy. Her research primarily focuses on cognitive and affective predictors of post-acute care outcomes, including rehabilitation engagement and functional outcome measurement.

**Lisa Valentine, Ph.D.**  
Telemental Health Supervisor  
[lisa.valentine@va.gov](mailto:lisa.valentine@va.gov)

Dr. Valentine is a Clinical Psychologist at the Ann Arbor VA Medical Center. She completed her Ph.D. in Clinical Health Psychology and Behavioral Medicine at the University of North Texas. She served on active-duty in the United States Air Force during her internship and post-
doctoral training. During her time in the military, she worked as a staff provider in the Mental Health Clinic, an element leader in the substance abuse prevention and treatment program, and as suicide prevention program manager. She serves as primary supervisor for the telemental health minor rotation. Clinical interests include providing evidence-based psychotherapies to rural and remote veterans and health behavior change. Her past research has focused on posttraumatic growth and meaning making following stressful events. Current research interests include efficacy and effectiveness of telemental health services, as well as quality improvement projects for the telemental health team.

Joseph VanderVeen, Ph.D.
Chief, Substance Use Disorders Programs
SUDC, SUD IOP, & Applied Research Supervisor
Joseph.Vanderveen3@va.gov

Dr. VanderVeen is the Chief of the Substance Use Disorder – Intensive Outpatient Clinic (SUD-IOP), Acting Chief of the Substance Use Disorders Clinic (SUDC), and holds a Clinical Assistant Professor position with the Department of Psychiatry, University of Michigan Medical School. He earned his doctoral degree at Texas Tech University and completed his internship at the University of Mississippi / Jackson VA consortium. Following this, Dr. VanderVeen completed a postdoctoral fellowship with an emphasis on substance use and co-occurring PTSD at the VA in Jackson. Dr. VanderVeen’s current clinical activities entail the use of motivational interviewing and evidence based practices for the treatment of substance use disorders. In regards to his research, Dr. VanderVeen’s interests have focused on substance use and the prevention of relapse. Specifically, he is interested in risk and resilience factors, such as impulsivity, as measures of relapse and repeated use of treatment services. Dr. VanderVeen has also published several articles on training and competency measures within clinical psychology doctoral programs as well as the internship match.

RECENT TRAINING FACULTY PUBLICATIONS
Past 5 Years (2012 – CURRENT)


Sripada, R. K., Bohnert, K. M., Ganoczy, D. & Pfeiffer, P. N (in press). Documentation of Evidence-Based Psychotherapy and Care Quality for PTSD. *Administration and Policy in Mental Health and Mental Health Services Research*.


### INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

#### Internship Program Admissions

**Date Program Tables are updated:** 8/30/2018

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 intern selection and practicum and academic preparation requirements:

Applicants must be a doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and meet all eligibility requirements for psychology trainees in VA.

**Eligibility Requirements for Psychology trainees in VA.**

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 HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: http://www.archives.gov/federal-register/codification/executive-order/10450.html.

5. Drug Testing. Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. Affiliation Agreement. To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at https://www.va.gov/oaa/agreements.asp (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. 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.

8. 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/oaas/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.

9. 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


Selection Process
Each completed application meeting minimum qualifications is assigned to three faculty readers. Readers who identify any conflict of interest or basis for bias return that application for another in its place. The raters make systematic assessments of 1) preparation, 2) letters of recommendation, and 3) likely synergy or “goodness-of-fit” between the applicant and this program. This program’s evaluation of the practica experiences of applicants is both qualitative and quantitative in nature. The balance of assessment, intervention, and supervision hours is considered in the light of the applicant’s stated career goals.

The ratings are aggregated and rank ordered. Discussions occur during designated faculty review sessions that lead to a rank order list and selection for interview. The faculty makes a considered judgment of the frequency, nature, and complexity of such experiences needed to function capably in the VAAAHS Internship. Applicant interviews play a more limited role in this training program and are primarily used to calibrate pre-interview scores if further information is gathered such as additional preparation experiences or information clarifying synergy that may be less apparent on the APPI.

<p>| Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many: |
|-------------------------------------------------|-----------------|
| Total Direct Contact Intervention Hours         | Amount: 250     |
| Total Direct Contact Assessment Hours           | Amount: 200     |</p>
<table>
<thead>
<tr>
<th>Describe any other required minimum criteria used to screen applicants:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This internship program endorses and adheres to the following</td>
</tr>
<tr>
<td>readiness for internship criteria promulgated by The Council</td>
</tr>
<tr>
<td>of University Directors of Clinical Psychology (CUDCP) (see</td>
</tr>
<tr>
<td><a href="http://cudcp.us/">http://cudcp.us/</a>* for complete details):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1) The applicant meets or exceeds foundational and functional</td>
</tr>
<tr>
<td>competencies for “Readiness for Internship” as outlined by the</td>
</tr>
<tr>
<td>Revised Assessment of Competency Benchmarks in Professional</td>
</tr>
</tbody>
</table>
| Psychology. http://www.apa.org/ed/graduate/benchmarks-
| evaluation-system.aspx*                                         |
|                                                               |
| 2) The applicant has successfully completed a master’s thesis |
| (or equivalent).                                               |
|                                                               |
| 3) The applicant has passed program’s comprehensive or qualifying |
| exams (or equivalent).                                         |
|                                                               |
| 4) The applicant’s dissertation proposal has been accepted at |
| the time of application to the internship.                     |
|                                                               |
| 5) The applicant has successfully completed all required course |
| work for the doctoral degree prior to starting the internship |
| (except hours for dissertation and internship).                |
|                                                               |
| 6) The applicant has completed an organized, sequential series |
| of practicum experiences that involve formalized practicum     |
| experience in evidence-based assessment and therapy. The Trainee |
| completed at least 450 face-to-face hours of assessment/ |
| intervention and at least 150 hours of supervision by a clinical |
| psychologist who routinely employed individual and/or group    |
| supervision models and one or more of the following intensive |
| supervision methods (e.g., direct observation, co-therapy,     |
| audio/videotape review). An AAPI total of at least 700 hours |
| is strongly recommended.                                       |
|                                                               |
| 7) The applicant has contributed to the scientific knowledge   |
| within psychology, as evidenced by one or more of:            |
| • Publication contributions to papers, chapters or monographs  |
| • Participation and/or presentation of posters or papers at   |
| regional, specialty or national meetings                      |
| • Organized participation in funded research                  |
| • Formal teaching                                             |
| • Participation in student or trainee components of professional |
| organizations (e.g., APAGS, INS, ISTSS, RSA, etc.).           |
## Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit Support</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$28,634</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>NA</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>☑ Yes</td>
</tr>
<tr>
<td><strong>If access to medical insurance is provided:</strong></td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>☑ Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>☑ Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>☑ Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
</tr>
<tr>
<td>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?</td>
<td>☑ Yes</td>
</tr>
</tbody>
</table>

Other Benefits (please describe): As VA employees, interns also receive 10 paid Federal holidays. Interns may also be eligible for a limited amount of Administrative leave (i.e., professional development time) for a specific variety of reasons (e.g., presentation at a national conference, interviewing for a permanent or postdoctoral position at a VA following internship, etc.). The Training Director and appropriate VA personnel must approve decisions regarding Administrative leave. Interns also receive a joint University of Michigan (UM) appointment during their training. As described above, the VA and UM training experiences provide further administrative, clinical, and research support for internship training.

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

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Position</th>
<th>Total # of interns in the 3 cohorts</th>
<th>2014-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Setting</td>
<td>PD</td>
<td>EP</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

---

**Current & Past Interns**

**Our Current Intern Class (2018-2019)**

- **Nicola Bernard**, Michigan State University
- **Jamie Cisar**, John F. Kennedy University
- **Danielle Cooper**, Ohio University
- **Amanda Gerke**, Uniformed Services University
- **Sarah Kern**, University of Missouri-St. Louis
- **Ketrin Lengu**, Eastern Michigan University
- **Samantha Lewis**, University of Detroit Mercy
- **Courtney Motschman**, University at Buffalo
- **Sharon Nelson**, Eastern Michigan University
- **Benjamin Pfeifer**, Ohio State University
- **Lane Ritchie**, University of Denver
- **Amber Rochette**, Kent State University
## Recent Intern Classes (2012 – 2017)

### 2017-2018

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shannon Donofry</td>
<td>University of Pittsburgh</td>
</tr>
<tr>
<td>Julian Farzan-Kashani</td>
<td>University of Maryland Baltimore</td>
</tr>
<tr>
<td>Brian Gradwohl</td>
<td>Fuller Theological Seminary</td>
</tr>
<tr>
<td>Tyler Grove</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Devin Hanson</td>
<td>Wayne State University</td>
</tr>
<tr>
<td>Sharon Hasslen</td>
<td>Pacific Graduate School of Psychology</td>
</tr>
<tr>
<td>Emily Jefferies</td>
<td>Louisiana State University</td>
</tr>
<tr>
<td>Naomi Kane</td>
<td>Yeshiva University</td>
</tr>
<tr>
<td>Allison Lake</td>
<td>Indiana University-Bloomington</td>
</tr>
<tr>
<td>Elisa Marino</td>
<td>University of Texas-Austin</td>
</tr>
<tr>
<td>Alexander Weigard</td>
<td>Pennsylvania State University</td>
</tr>
<tr>
<td>Joseph Wielgosz</td>
<td>University Wisconsin-Madison</td>
</tr>
</tbody>
</table>

### 2016-2017

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elisabeth Batchos</td>
<td>Illinois Institute of Technology</td>
</tr>
<tr>
<td>Spencer Dawson</td>
<td>University of Arizona</td>
</tr>
<tr>
<td>Hilary DeShong</td>
<td>Oklahoma State University</td>
</tr>
<tr>
<td>Rebecca Grekin</td>
<td>University of Iowa</td>
</tr>
<tr>
<td>Andrew Hale</td>
<td>Western Michigan University</td>
</tr>
<tr>
<td>Kristen Lauritsen</td>
<td>Bowling Green State University</td>
</tr>
<tr>
<td>Lauren McSweeney</td>
<td>Eastern Michigan University</td>
</tr>
<tr>
<td>Valencia Montgomery</td>
<td>Roosevelt University</td>
</tr>
<tr>
<td>Jennifer Mundt</td>
<td>University of Florida</td>
</tr>
<tr>
<td>Jesica Rapier</td>
<td>Kent State University</td>
</tr>
<tr>
<td>Kathryn Tolle</td>
<td>Xavier University</td>
</tr>
<tr>
<td>RyAnna Zenisek</td>
<td>University of Nevada, Las Vegas</td>
</tr>
</tbody>
</table>

### 2015-2016

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diana Bennett</td>
<td>University of Utah</td>
</tr>
<tr>
<td>Margaret Davis</td>
<td>Auburn University</td>
</tr>
<tr>
<td>Julie Gass</td>
<td>University of Buffalo</td>
</tr>
<tr>
<td>Daniel Jones</td>
<td>Eastern Michigan University</td>
</tr>
<tr>
<td>Megan Kloep</td>
<td>Southern Illinois University</td>
</tr>
<tr>
<td>David Morris</td>
<td>U Missouri-Columbia</td>
</tr>
<tr>
<td>Christopher Nguyen</td>
<td>University of Iowa</td>
</tr>
<tr>
<td>Amy Paggeot</td>
<td>Eastern Michigan University</td>
</tr>
<tr>
<td>Jacob Raak</td>
<td>Central Michigan University</td>
</tr>
<tr>
<td>Annalise Rahman</td>
<td>Wayne State University</td>
</tr>
<tr>
<td>Jaclyn Reckow</td>
<td>University of North Dakota</td>
</tr>
<tr>
<td>Dede Ukueberuwa</td>
<td>Pennsylvania State University</td>
</tr>
<tr>
<td>Internship Brochure</td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td><strong>2014-2015</strong></td>
<td></td>
</tr>
<tr>
<td>RaeAnn Anderson</td>
<td>U Wisconsin-Milwaukee</td>
</tr>
<tr>
<td>Katie Kitchen-Andren</td>
<td>University of Wyoming</td>
</tr>
<tr>
<td>Cristina Bigras</td>
<td>University of Cincinnati</td>
</tr>
<tr>
<td>Katherine Buchholz</td>
<td>U Missouri- St. Louis</td>
</tr>
<tr>
<td>Cynthia Burton</td>
<td>San Diego State/UCSD</td>
</tr>
<tr>
<td>Catharine Fairbairn</td>
<td>University of Pittsburgh</td>
</tr>
<tr>
<td>Carolyn Mingione</td>
<td>University of Cincinnati</td>
</tr>
<tr>
<td>Phillip Raab</td>
<td>University of Hawaii-Manoa</td>
</tr>
<tr>
<td>Greer Raggio</td>
<td>Drexel University</td>
</tr>
<tr>
<td>Emily Standish</td>
<td>Wayne State University</td>
</tr>
<tr>
<td>Emily Stanley</td>
<td>University of Delaware</td>
</tr>
<tr>
<td>Lauren Taubitz</td>
<td>U Wisconsin-Milwaukee</td>
</tr>
</tbody>
</table>

| **2013-2014**       |
| Lisham Ashrafioum   | Bowling Green State University |
| Whitney Brown       | U Missouri-Columbia |
| Julia Craner        | University of Maine |
| Angela Fedewa       | Wayne State University |
| Bethany Grix        | Illinois Institute Tech |
| Maren Hyde-Nolan    | Wayne State University |
| David Kalmbach      | Kent State University |
| Alexis Matusiewicz  | University of Maryland |
| Natalie Nugent      | Eastern Michigan University |
| Kristen Sopko       | St. Louis University |
| Erin Sparapani      | American University |
| Julija Stelmokas    | Pacific University |

| **2012-2013**       |
| Emily Briceno       | Wayne State University |
| Shane Kraus         | Bowling Green State University |
| Kristen Lamp        | Loyola University (Chicago) |
| Jennifer Marola     | Illinois Institute of Psychology |
| Loren Post          | Case Western Reserve U |
| John Sturgeon       | Arizona State University |
| Jerren Weekes-Kanu  | University of Cincinnati |
| Catherine York      | University of Illinois-Chicago |

| **2011-2012**       |
| Julie Alberty       | Loma Linda University |
| Elizabeth Duval     | U Missouri-Kansas City |
| Elizabeth Echiverri-Cohen | University of Washington |
| Ashley Gearhardt    | Yale University |
| Trisha Merkley      | Brigham Young University |
| Lindsay Nelson      | Florida State University |
| Katherine Harris    | Northern Illinois University |
| Sara Wice           | Eastern Michigan University |
INTERNERSHIP DATES

For the 2019-2020 training year, the starting date is Monday, July 8, 2019 and the completion date is Friday, July 3, 2020. Expected hours are Monday through Friday 8:00 a.m. to 4:30 p.m. Rarely, a training opportunity may require attendance outside of these hours.

APPLICATION PROCESS & INTERVIEWS

Application Submission

APPIC has an online application process (AAPI Online). Click HERE* for information on submitting your application online.

For the 2019-2020 internship year, all applications received by November 1, 2018 will be guaranteed consideration. While this program may consider applications coming into the AAPI portal after that date, consideration is not guaranteed. This program does NOT require any materials supplemental to the AAPI online.

Interviews

Our current selection process is largely based on applicant preparation and synergy with our program as described in their APPIC materials and our ability to offer a training plan that would meet the needs and goals of the prospective intern. While interviews are currently part of our recruitment process, these are given limited weight in our selection decisions. We conduct interviews primarily to increase applicants’ awareness of the opportunities and procedures at our site for their decision-making but may consider additional information during the interview regarding synergy or further preparation experiences into account in our ratings. Interviews will be scheduled for early to mid-January. We recognize that interview travel can be costly and welcome candidates to interview onsite or by phone/Skype. We utilize behaviorally-based interviews and provide ample time for questions for applicants and opportunities for candidates to ask questions of faculty to facilitate your decision-making process. As some of our applicants indicate that they are applying to multiple codes and have interest in more information on a variety of major and minor opportunities, you are welcome and encouraged to reach out to other supervising staff to ask questions outside of the scheduled interview to better ascertain if our site will assist you in meeting your training goals. Typically, onsite interviewees will attend an overview of our program presented by the Training Director, meet with two faculty or training teams from their primary interest areas for a more formal interview, speak with current students, and attend an optional tour of the facility. In general, we are unable to accommodate additional site visits/tours outside of the interview time.
CONTACT THE TRAINING DIRECTOR

Jamie J. Winters, Ph.D.
Acting Associate Chief for Mental Health
Director of Psychology Training
Mental Health Service (116A)
VA Medical Center
2215 Fuller Road
Ann Arbor, MI 48105-2303
(734) 845-3414 (Voice)
Jamie.Winters@va.gov
jamiewin@umich.edu

Postdoctoral Opportunities

The VA has several postdoctoral positions:

- **SMITREC**: two year research focused postdoc (1-2 per year)
- **Adult Clinical program**: three 12-month positions (one Female Veterans’ Mental Health)
- **Neuropsychology**: 2 year postdoc admitting 2 each year
- **VA CCMR**: 2 year research postdoc open to multiple disciplines (multiple interns have taken this position)
- **Additional postdoctoral opportunities**: are available at the University of Michigan including in our Consortium for Adult, Child, and Neuropsychology, as well as the NIAAA T-32, other NIH T-32, or in PM&R.

Being in the VA, internship does confer an advantage to potential postdoctoral applicants to either program since you can get to know the program(s) first hand. Over the last 12 years, many VA Interns (1-2 per year) have gone on to the University of Michigan Postdoctoral Program.

The SMITREC post-doctoral fellowships in clinically applied research are based within the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) health services research group. These postdoctoral fellowships allow for significant research focus with some clinical time to allow further development of skills and make progress towards full licensure. Potential areas of focus include the study of effective treatments for: substance use disorder, affective disorders and psychotic disorders. For more information about these fellowships, please contact Nick Bowersox (Nicholas.Bowersox@va.gov).

The faculty as a group has strong knowledge of postdoctoral education in a number of emphasis areas (anxiety disorders, substance use, health psychology, neuropsychology, etc.) and actually does postdoctoral training in most cases. They know what it takes and faculty have an excellent national network of colleagues in the areas where you might want to pursue specialty study. You will get unsurpassed advice in this regard, which is a unique feature of our program.
**RECIPROCAL EVALUATION AND INTERN RECOMMENDATIONS FOR THE PROGRAM**

We are proud of our internship program and look forward to sharing it with Interns. We are committed to continued improvements and ongoing self-study of the training experience. Interns are asked for formal and informal perceptions, critical feedback, and recommendations for improving the clinical, supervisory, and didactic experiences. There are several methods for providing anonymous or public feedback to supervisors, the Training Directors, and/or the Psychology Training Team as well as more formalized procedures for feedback related to Intern grievances (see separate **Grievance Policy**).

**INTERNSHIP POLICIES**

**Non-discrimination Policy and Commitment to Diversity**

The Ann Arbor VA and our Training Committee ensure that applicants and trainees are not discriminated against in application to the Program and during their training experience. Our program places a strong value on diversity and multicultural competence including our formal non-discrimination policy, clinical and didactic programming, and the hospital’s attention and value of employees and Veteran consumers with diverse backgrounds and experiences. Several members of our training team have strong interests in the domains of multicultural competence and cultural and individual diversity as reflected in their Staff Biographies and Peer-Reviewed publication list provided in the brochure.

The VAAAHS Psychology Internship program adheres to the APPIC policy on non-discrimination, “Training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities.” The Department of Veterans Affairs is an Equal Opportunity Employer (EEO) and our training programs are dedicated to insuring a range of diversity within our internship. The internship program fully adheres to VA policy regarding EEO as detailed in VAAAHS memoranda. We also abide by Federal Executive Order 13160 specific to nondiscrimination on the basis of “Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs.”

**Grievance Policy**

Internship training at the VAAAHS is an intensive collaborative enterprise that relies upon the good faith effort of both faculty and students. It involves respectful and candid cooperation and interaction between the parties, and demands at all times the honoring of the qualities and differences that characterize us as people; and led us to a profession where these unique parts of personhood represent not only salient features in our work, but elements of humanity to be celebrated.
Yet, it is inevitable in such close and sensitive professional work that differences of opinion, dislikes, or even disputes may occur. This is to be expected rather than feared, and the ways in which we deal with problems mark our growth as people and professionals. We prefer as a psychological community to deal with conflict in a spirit and framework of alternative dispute resolution (ADR).

No issue that gives rise to a feeling of having been misunderstood or mistreated is out-of-bounds for attention in this training program. The faculty is required to deal promptly and affirmatively with issues or problems they may have with Interns.

Similarly, Interns are enjoined to deal with their concerns in a forthright and candid way. The Training Director will respond in a timely and appropriate manner to support efforts to deal with problems. It is the Training Director’s responsibility that the environment for grievance resolution is free from rancor, personal animus, fear, or reprisal.

We operate in the following framework:

**Step One – Supervisor/Intern level (informal)**
Intern or faculty member will bring the problem, issue, or grievance to the attention of his/her supervisor (or if it relates to the Training Director, to that person). The party bringing the problem, issue, or grievance to bear has the responsibility to communicate the nature of the complaint, its origins and duration as they know them, and what possible actions might be responsive. If the parties can agree on responses, steps, or adjustments to be made, no further action is needed. The complainant communicates the problem and its resolution informally to the Training Director.

**Step Two – Intern/Training Director level (formal)**
If step one is unsuccessful, the complainant will submit the grievance in written summary form with appropriate qualifying or explanatory information to the Training Director. The Training Director will have five working days to meet with the parties involved individually and conduct any fact-finding needed. Based upon this information, the Training Director will meet with the parties together and issue a finding and recommendations to the parties within 15 days of the issuance of the complaint.

**Step Three – Psychology Training Committee level (formal)**
If step two is unsuccessful, the Training Director will convene the entire training faculty to act as a committee of the whole. The training faculty will elect a Chair pro tem to manage the deliberations. Neither the Training Director nor the parties will be privy to this set of deliberations, except as invited by the training faculty to elicit information. Based upon their deliberations, the training faculty will issue its joint findings and recommendations within 20 days of the issuance of the complaint.

**Step Four – Outside Mediation**
If step three is unsuccessful, the Chair pro tem of the Training Committee that reviewed the complaint and did not find successful resolution with refer the matter to the Chief of Staff, VAAAHS. The institution (through the Chief of Staff) will address the complaint through the use
of an external mediator, preferably a psychologist with experience in Alternative Dispute Mediation. Recommendations from this process will be binding on all parties.

**Due Process Policy**

While performance is reviewed and discussed with the intern at regular intervals, all Interns may be notified at any time that there is a serious concern about their professional performance. This is not a routine type of communication. Interns may also be informed that there are behaviors or conduct that are problematic for clinical care, training, or Staff/Intern welfare. This is not a routine type of communication.

In either of these events, it is essential that the Faculty/Staff member prepare a written concern. The written concern should be undertaken only after other steps to address the performance or behavior including review of performance and discussion with the intern have been unsuccessful.

The written concern should set forth the following elements:

1) The training-specific activity where there is a performance problem or behavior that is problematic. This description must be detailed and documentation must be provided that demonstrates the problem.
2) The specific training objectives that the problem impacts.
3) Efforts that have been made to address the problem.

The Director of Clinical Training and the Associate Director of Clinical Training will review the written concern and may do additional fact-finding as needed. If there is evidence that a solution is possible at this point, this will be explored.

Within five (5) working days of the receipt of the written concern the Director of Clinical Training will meet with the Intern and present the written concern along with an initial assessment of its salience. If there is a further opportunity for resolution at this point, the matter will be suspended pending resolution. If there is not an opportunity for resolution, the Intern will have three (3) working days to present a written response to the written concern. The Associate Director of Clinical Training will meet with the Intern to discuss the written response.

The written concern and written response will be presented to the next scheduled meeting of the Psychology Training Committee (PTC) to which all members have been formally invited. A Chair Pro-tempore will be elected by the Training Committee to run the Training Committee during any proceeding in which a written concern and written response are receiving deliberation. The Director of Clinical Training will present the written concern and the initial analysis and the Associate Director of Clinical Training will present the Intern response. If either the DCT or ADCT is the originator of the written concern, the training committee will elect a member to fulfill the role in the presentation of the written concern to the committee.

The PCT may, by a 2/3 vote, impose the following sanctions:
1) Probation (with an opportunity to improve in concrete steps within a defined time period; after which the probation may be lifted, extended, or another sanction may be imposed).
2) Suspension (with a definite time frame; with opportunities to remediate as feasible and with consequences related to the remediation process).
3) Dismissal (after an adequate opportunity to improve has not been successful and a problem seems to be sufficiently severe or important).

The imposition, lifting, or extension of a sanction must be approved by a 2/3 vote of the training committee. Sanctions require written notification of the Intern and the parent academic program of the following information:

1) The reasons and circumstances causing the action.
2) The timeframe for the sanction (final in the case of dismissal).
3) Steps to take to lift the sanction (except in the case of dismissal).
4) Consequences of training responses to the opportunity to improve (except in the case of dismissal).

Sanctions may be appealed within 15-calendar days notification. Appeal steps are as follows:

1) Written appeal to the training director and associate training director. An appeal decision will be given with notification within five working days.
2) If unsuccessful in step one, the Intern may appeal to the Psychology Training Committee and appear to present their case. An elected Chair Pro Tempore will chair the Committee. A two-thirds vote of the PTC excluding the training directors is required to sustain a sanction.
3) If this step is unsuccessful the Intern may appeal to the Associate Chief Of Staff for Education (ACOS-E) of the VAAAHS, who will review the matter and render a decision within 10 working days that will be binding on the program and the Intern.

Advisement and Termination Policies

The VAAAHS Internship-Specific Due Process Policy will govern dismissal from the psychology internship. Dismissal from internship is a grave consequence and is an action taken only in response to serious and persistent performance problems that render the Intern’s performance ineffective or potentially harmful to patients; or if there are behavioral problems that are 1) persistent, and interfere with the educational, clinical, research operations of the VAAAHS or 2) breaches of personal conduct that are harmful to patients, staff, or 3) offenses that breach VA regulations requiring dismissal or are commonly viewed as serious under the law.

A pattern of behaviors that would normally result in sanctions under the Michigan Psychology Licensing Act or that would be found as inimical to the APA Ethical Principles and Code of Conduct would be representative standards for consideration of such behaviors.
In cases where dismissal occurs, the Intern must pass through the normal clearance procedures dictated by Human Resources. All VA/UM materials and property must be surrendered, including identification cards. The program will retain the Intern training file in a secure manner. The event will be reported in summary and redacted form to the Commission on Accreditation, and the program will respond to any inquiries except any guidance offered by the CoA. Inquiries concerning the tenure of the Intern will receive a response indicating that they did not complete the program. Documentation of the events leading to the dismissal will be retained with the Program’s usual training files. The essential VA personnel file is maintained separately and is subject to Federal document and OPM regulations.

**APPIC Policies**

As a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), this internship adheres to APPIC policies. This includes, but is not limited to, the APPIC Policy on Internship Offers and Acceptances. Our faculty and facility will not offer, solicit, accept, or utilize any ranking-related information specific to any Intern applicant. Our program participates in the APPIC computer-matching program and abides by Association practices regarding notification of matched Interns.

**Frequently Asked Questions**

**How many applicants do you have? How many internship positions do you have?**

We had 179 applicants with completed applications in the APPIC portal last year. We matched with 12 Interns through the APPIC National Matching Service. Our applications come mostly from Ph.D. programs, but some from Psy.D. programs as well. We receive applications from both Clinical Psychology Programs and Counseling Psychology Programs. All of these applications are welcomed and all receive the same evaluation and scrutiny. School Psychology Program applicants are not considered. American Citizens attending APA-Accredited Canadian University Programs will be considered.

**On what do you base your evaluation of my application?**

We read your application carefully. Your online APPIC portal application is assigned to three reviewers for independent evaluation. Reviewers volunteer for this duty, and the reviewer cadre consists of psychologists and postdoctoral residents who of course have completed an internship and – in the case of residents - are at the stage of advanced study of a specialty. The Training Director, with the concurrence of the Associate Director makes the review assignments based upon your apparent interests and the special skills or specialization of the staff/fellow reviewer.

Reviewers are asked to review your application with an eye to three factors: 1) The general level of educational and professional preparation (this includes course work, clinical training/experience), and other achievements (e.g., research, professional activities, etc.); 2) The recommendation letters that have been submitted on your behalf, and 3) The judgment of the
reviewer on the fit or synergy between what you are seeking in internship training with what we have to offer. We (the Training Director & Associate Director) evaluate all the reviews and identify where there are discrepancies in rating and establish whether these are valid judgments or are in need of a re-review. Applications that demonstrate good preparation and potential fit with our program based on this initial rating are invited to interview. The preliminary rank order is based on the review of the APPI, not the interview, though interview information may result in minor adjustments to the final rank if warranted (i.e., improved clarity of synergy with our training program or further information regarding assessment or treatment experiences less well-detailed in the APPI, dissertation progress). Judgment of the Training Director(s) is final in assigning ratings.

**How do you translate that into decisions about ranking?**

The ratings of the three APPI reviewers and the interviewer(s) are made on an ordinal scale [from 1 (poor) to 5 (outstanding)] for each of the three factors cited above. Reviewers also make qualitative judgments and comments in personal note form. We average the ordinal rankings.

The faculty and fellows participating in the reviews meet to evaluate the outcomes of the averaged ranks in order and discuss the candidates, making known their appraisal and working out any divergent views. On the basis of our meetings, we create consensus lists. Information obtained at the interview generally carries minimum weight and any associated changes to the pre-interview score must be discussed and approved by training faculty by consensus.

Our outcomes in the match are usually quite good. We construe all of our ranked applicants as reflecting an Internship Applicant group – any one of whom we would be delighted to have in the incoming internship class. The unranked applicants are most often qualified. It is just the judgment of the faculty that there are stronger applicants that have more of what we are looking for and/or are a better match.

**What can I do to improve my chances of being ranked?**

Strictly speaking, not much. We really do base our evaluations on your application. *However*, we always are glad to hear from you after the interview about your impressions, in particular if you gained new information that helped you understand the internship better and/or want to provide updates of new accomplishments or information on your rotation preferences. Appropriate means for this type of communication are letters, cards, or e-mails. We will read each one we get and note any new information you share.

It is always appropriate to communicate to us your enthusiasm about the internship, but it is important to emphasize that we do not divulge ranking information. We also do not engage in illegal deal making that exchanges guaranteed rotation(s) for preferred ranking. While a national match has removed many of these kinds of behaviors from the internship application/selection enterprise, such problems do persist. We encourage applicants and programs to know and abide by APPIC Match Policies.
Faculty is also free to communicate with you their enthusiasm about your application; and some do this more extensively than others. It is important not to interpret communication (or lack thereof) as ranking information.

**Can we discuss the internship further with you after the interview?**

Yes, we are always glad to discuss the internship and you are free and encouraged to contact any of the faculty, postdoctoral fellows, or current interns to discuss the training.

**What levels-of-achievement are needed to complete the internship?**

The Ann Arbor VA is designed and offered as a scientist-practitioner program that is consonant with a general “Boulder Model” philosophy of education and training in psychology. While we train Interns with the notion that they will continue on to careers of research and teaching along with practice, there are many outcomes with careers that we see as being fully successful and good ones (e.g., joining a faculty to teach undergraduates psychology or joining a group practice in a community).

The minimum levels of achievement we seek at the outset are consonant with “Readiness for Internship” in the Profession-wide competencies as detailed in the Standards of Accreditation (APA, 2016). The minimum level of achievement for the successful completion of the internship is 2,000 hours of supervised participation in the program as well as the attainment of 100% of the competencies at the Readiness for Practice level.

**Is the workload reasonable here?**

Yes. There is no “work for its own sake” ethic here and we do not wish Interns to be working back-breaking hours. Revenue generation is not an issue here and your stipends are set by the VA’s Office of Academic Affairs in Washington, DC and are unrelated to your clinical activity. Naturally, you will learn about professional time management here, and that is one of important lessons we want every Intern to master as much as possible here for your own future professional effectiveness and personal welfare. However, our goal is to try to teach you to work efficiently, not excessively. Self-care is a value and skill we teach and wish you to embrace.

**ANN ARBOR LIFE & COMMUNITY**

**Local Information**

VAAAHS is centrally located within the mid-sized city of Ann Arbor. The US Census Bureau reports a city population of 113,394. “Tree Town” boasts heavily forested residential and recreational terrains. Detroit, Toronto, the Great Lakes, and skiing are brief drives away and Chicago is only a four-hour commute. Health services, technology, and research are central to the local community and the University of Michigan (UM) is vital to the Ann Arbor economy. All Interns receive a secondary appointment to UM which provides significant additional benefits for leisure and scientific pursuits. Ann Arbor has a long history of dedication to arts and cultural activities and is home to an avid base of sport enthusiasts.
The Ann Arbor area offers a wealth of activities and benefits for residents. Whether your pastimes include performing or visual arts, sports or recreational activities, shopping, enjoying festivals, casual or fine dining, family-friendly activities, or nightlife, Ann Arbor has you covered year-round. Visit the Ann Arbor Area Convention and Visitors Bureau (http://www.visitannarbor.org/*) for excellent recommendations.

Families rave about Ann Arbor. Award winning public schools and higher learning universities and colleges, myriad recreational activities, excellent pediatric and hospital resources, and safety were only some of the reasons the city was rated fourth in the nation by Parenting Magazine in 2010. Singles are similarly at home and ranked Ann Arbor first in the nation in 2012.

**Recent Awards and Recognition:**
- The Best 50 College Towns in America, #2 = Best College Review, 2015
- The 10 Most Educated Cities in America, #1 – Forbes, 2014
- America’s Best Main Streets – Fordor’s Travel, 2014
- Most Walkable Cities, #4 – Governing.com, 2013
- Top 100 Best Places to Live, #13 – Livability, 2013
- Ten Coolest Cities in the Midwest – MSN Travel, 2013
- Happiest Cities in America, #5 – The Daily Beast, 2012
- The Country’s Most Well-Read Cities, #4 – Kiplinger, 2012
- 20 Best Summer Vacation Destinations – Frommer’s, 2012
- America’s Most Creative Cities, #6 – Amazon, 2012
- Best Cities for Singles, #1 – Kiplinger Online, 2012
- America’s Greatest Main Streets - Travel & Leisure Magazine, 2012
- Best Digital City, #1 – Center for Digital Government and Digital Communities, 2012
- Top 25 Mid-Size Cities for Art, #18 – American Style, 2012
- Best Cities to Find a Job, #7 – US News and World Report, 2011
- Ten Best Cities for Families – Parenting Magazine, 2010
- Best College Sports Towns, #1 – Forbes Magazine, 2010
- America’s Top 50 Bike-Friendly Cities, 2010

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**FURTHER INFORMATION FOR PSYCHOLOGY PROFESSIONALS**

**Regional Information**

**Michigan Psychological Association (MPA)**
http://www.michiganpsychologicalassociation.org*
MPA has existed since 1935 and offers members legal advocacy, referrals, conferences and workshops, emergency services, public education, consultation, and discounts on professional services and products.

**Michigan Department of Licensing and Regularly Affairs (LARA) Board of Psychology**

**Michigan Mandated Reporter’s Resource Guide**
Michigan laws and guidance regarding suspected abuse or neglect of specific populations. In instances of suspected abuse or neglect contact Erin Smith, Ph.D./Katherine Porter, Ph.D. and your supervisor(s).

**Useful Information for Providers of Veteran Care**
The VA offers significant empirical findings and didactic information about military culture mental health. Details for providers and community specific to populations (i.e., Women Veterans, Veteran Students, Military Families, etc.) and common clinical problems and wellness (i.e. PTSD, depression, suicide prevention, military sexual trauma, and mental health recovery) are readily available at [http://www.mentalhealth.va.gov/](http://www.mentalhealth.va.gov/).

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