PREDOTORAL INTERSHIPS
IN CLINICAL AND COUNSELING PSYCHOLOGY

2014-2015
INTERNSHIP BROCHURE
Application Deadline: November 3, 2014

APPIC Match Codes:

135912 (Mental Health): Seven positions anticipated for 2015-2016
135913 (Behavioral Health): Five positions anticipated for 2015-2016

VA Ann Arbor Healthcare System
Mental Health Service (116)
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ACCREDITED BY THE COMMISSION ON ACCREDITATION
AMERICAN PSYCHOLOGICAL ASSOCIATION

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Predoctoral Internship in Psychology
Internship Brochure

VA Ann Arbor Healthcare System
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ACCREDITATION STATUS

The Predoctoral Internship Training Program is accredited by the Commission on Accreditation of the American Psychological Association. The next Accreditation for this Program is scheduled to occur in 2017. 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 hospital/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 a highly skilled staff. The Armed Forces of the United States represent one cross-section of our nation with many aspects of diversity thus 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 professional development 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 (see Eligibility, below for specific requirements). 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.

As noted above, the VAAHS program 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 professional trajectories we view as being fully successful and of benefit to the field.

**VA ANN ARBOR HEALTHCARE SYSTEM (VAAHS)**

The Ann Arbor VA Medical Center is located adjacent to the University of Michigan campus and medical center. The University of Michigan Medical School is the primary academic affiliate for VAAHS. All members of our training faculty have clinical track or instructional (tenure) track appointments joint faculty appointments in the Department of Psychiatry at the University of Michigan School of Medicine. Close ties with the University of Michigan's Medical School and Department of Psychology also allow Interns an unusually broad range of learning experiences and opportunities to consult with widely respected mental health practitioners and psychologists. 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, wellness/fitness facilities and more).
PSYCHOLOGY AT VAAAHS

VAAAHS has offered 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. Our medical center is a 105-bed general medical-surgical hospital, which includes an inpatient psychiatric unit, outpatient partial hospital psychiatric program, 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 geriatric work, is attached to the Medical Center. Community Based Outpatient Clinics (CBOCs) provide outpatient mental health services to Veterans in the VAAAHS catchment area but residing nearer to Jackson, Michigan; Flint, Michigan; and Toledo, Ohio. Psychology has active assessment and treatment service roles in all areas.

VAAAHS PSYCHOLOGY INTERNSHIP PROGRAM

Mental Health (135912) and Behavioral Health (135913)

Codes comprise the Internship at VAAAHS

Our internship is designed to contribute to the development of competent clinical psychologists skilled in diagnosis, psychological treatments, and behavioral consultation with adults and older adults.

Please note we have two training emphasis areas that utilize separate codes for the APPIC match and together comprise the Internship.

Generally, those applying under the Mental Health Internship Code (135912) are seeking primary training within the contexts of generalist mental health, substance abuse, PTSD and other anxiety disorders, Serious Mental Illness, and Female Veteran mental health.

Applicants applying under the Behavioral Health Internship Code (135913) are typically seeking a primary emphasis in the area of behavioral health, broadly defined, within the spheres of neuropsychology, geriatric psychology and health psychology training.

The process of having two codes for applicants (mental health & behavioral health) goes a long way to ensure that we match with applicants who have those interests. Applicants may apply to either or both codes. Many, if not most, Interns select rotations that combine generalist mental health and behavioral health options. We assign rotations after you arrive and on the basis of conversations and collaboration with you. These are allocated by mutual decision between the Interns and Training Directors at the start of the year and again in January for the second half-year starting in March. In nearly every case in the last 10 years, Interns have received their most preferred rotation either in the first six months or the second six months. 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 both of the program codes.

2. Interns in the Mental Health program can (and often do) select major and/or minors from the Behavioral Health options and vice versa. For instance, a Behavioral Health Intern may select a Health Psychology major rotation and a Psychological Assessment minor during the first half of the internship year and then select a Neuropsychology/C&L major and a Female Veterans’ Mental Health minor for the second half.

3. In order to ensure that we are able to 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 program(s), 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 nine major rotations, each are six months in duration. All Interns complete two major rotations (about 24 hours/week) during the year. Interns also select two of our 13 six-month minor rotation offerings (about 12 hours/week). Please note the Major and Minor Rotation figure on the following page 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 (e.g., seminar, case conference, rounds) account for about 20% of the training experience.

**ROTATIONS**

**Major Rotations (50% of Intern Experience)**

**Neuropsychology & Inpatient Consultation/Liaison**
Primary Supervisor:
Henry (Gus) Buchtel, 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.

During the Inpatient Consult/Liaison part of the rotation, Interns learn to evaluate and treat the psychological problems of patients with chronic illnesses. Cases include Veterans with cancer, AIDS, chronic pain and headaches, as examples. Under the direction of the staff
Internship Rotation Options

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

Interns may combine majors and minors regardless of Internship Program (Behavioral Health or Mental Health), though underlined options are more typical of Behavioral Health.

Of the four selected rotations, Interns must complete at least one rotation (major or minor) in both assessment and intervention.
psychologist, Interns assess and treat psychological needs in medical floor patients. Interns also learn acute medical- psychological crisis management techniques.

During the Neuropsychology part of the rotation, Interns will see both inpatients and outpatients with known or 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 month.

**Geriatric Rotation in the Community Living Center (CLC)**
Primary Supervisor:
Linas Bieliauskas, Ph.D., ABPP

The CLC rotation exposes Interns to the varieties of illness and injury that affect the neuropsychological and emotional functioning of the elderly and traumatically injured in a nursing home care setting. Aging Veterans with chronic or degenerative diseases such as diabetes, Alzheimer's, Parkinson's, vascular dementia or cancer are among the patients assessed and treated. The Center, run in conjunction with the VA's Geriatric Research Education and Clinical Center (GRECC) is also affiliated with the Institute of Gerontology at the University of Michigan. Interns learn the appropriate use of neuropsychological tests in this aging group by administering both a brief cognitive functions screening battery given to all patients and full neuropsychological batteries for patients requiring further work-ups. The brief screening batteries are administered by undergraduate research assistants from the University of Michigan, whom the interns supervise. Data gathered from these screens are also used in various research protocols in which the interns can participate and carry out. Interns also contribute to weekly research meetings, which often includes the presentation of didactics pertinent to clinical neuropsychology and geriatrics to the undergraduate research assistants. Both cognitive screens and full testing are used to determine patients' competency, functional independence and ability to return to independent living, as well as identifying patterns of cognitive deficit for differential diagnosis and treatment prescription. Many CLC patients profit from specific behavioral programs, psychological counseling, and lifestyle adjustments. Interns are given the opportunity to learn and evaluate brief interventions and their effectiveness. Weekly interdisciplinary staff conferences create cooperative patient treatment plans for the team to carry out.

**Health Psychology**
Primary Supervisors:
Lindsey Bloor, Ph.D. ABPP
Carol Lindsay-Westphal, Ph.D.
Randy Roth, Ph.D.

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 smoking cessation services with some additional options. Working with the Pain Clinic (and Randy Roth, Ph.D.), the Intern will learn to provide comprehensive, bio-psycho-social assessments. Collaboratively, the Intern will also 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 smoking 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.

**Primary Care Mental Health Integration**
Primary Supervisor:
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.

**Mental Health Clinic (MHC)**
Primary Supervisors:
Kayla Conrad, Ph.D.
Rebecca Lusk, Psy.D., ABPP

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.
Heather Cochran, Ph.D.
Minden Sexton, Ph.D.
Sheila Rauch, Ph.D., ABPP (Prolonged Exposure Trainer)

The PCT functions as an outpatient specialty clinic within the medical center. This multidisciplinary 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.

**Substance Use Disorders Clinic (SUDC)**
Primary Supervisors:
Jamie Winters, Ph.D.
Jennifer Coughlin, Ph.D.
Stephen Chermack, 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 and Dialectical Behavioral Therapy. The clinic provides core therapy groups using CBT, as well as a number of specialty groups (e.g., anger-management/violence prevention, behavioral pain management, insomnia treatment, groups targeting psychiatric comorbidities). 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. 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.

**Women Veterans Mental Health**
Primary Supervisor:
Minden Sexton, Ph.D.
This rotation involves evidence-based intervention in the outpatient mental health clinics (MHC, SAC, and PCT) and/or health clinics. Interns may elect to focus in a single clinic or can collaborate with supervisors to incorporate clinical care opportunities from multiple clinics. The focus on women’s mental or behavioral health training will involve participation in both individual and group therapy offerings specifically for Female Veterans and training in common intersections between military culture, gender issues, and other aspects of diversity. Options include trauma-focused treatments for PTSD (CPT, PE), DBT, Behavioral Couples Therapy, Wellness Group for Women, Military Sexual Trauma evaluation and interventions for women, and brief interventions within the Substance Use Disorders Clinics. Interns with interest in providing trauma-focused therapy with Women Veterans diagnosed with PTSD are required to attend the PE Training with Dr. Rauch at the beginning of the internship year.

**Psychosocial Rehabilitation & Recovery (PSR&R)**
Primary Supervisor(s):
Beau Nelson, Ph.D.
Nicholas Bowersox, 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 to build collaborative relationships and facilitate community integration for the Veterans we serve.

**Minor Rotations (30% of Intern Experience)**

**Psychological Assessment**
Primary Supervisor(s):
Kenneth Adams, Ph.D., ABPP
Linus Bieliauskas, Ph.D., ABPP
Gus Buchtel, Ph.D.
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.
Compensation & Pension
Primary Supervisor(s):
Steven Putnam, Ph.D.
Michael Ransom, Ph.D.
Robert Spencer, Ph.D.

Interns will 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 will involve psychological and neuropsychological assessment of Veterans spanning the entire age range. These evaluations will involve a review and integration of the veteran’s Claims File (service medical records, etc.), computerized records, interview, and administration of psychometric measures. Interns would be introduced to the idea of rendering a “medical opinion” in the context of a medicolegal evaluation.

PTSD Assessment
Primary Supervisor(s):
Heather Cochran, Ph.D.
Minden Sexton, Ph.D.

This rotation focuses on gaining experience with assessment and differential diagnosis in a therapy setting (PCT clinic). In particular, emphasis will be placed on differential clinical diagnoses using structured interviews, such as the MINI (Mini International Psychiatric Interview), and learning gold standard assessments for PTSD (e.g., Clinician Administered PTSD Scale). Additionally, in cases with significant diagnostic complication, rotation will include additional psychodiagnostic testing (e.g., MMPI-2, ADIS, etc.). Finally, supervision would include focus on improving conceptualization of PTSD and other diagnoses, developing treatment plans for complex diagnostic trajectories following trauma, as well as further cultivating evaluation/report-writing skills.

Psychotherapy
Primary Supervisor(s):
Rebecca Lusk, Psy.D., ABPP

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.

Dialectical Behavior Therapy
Primary Supervisor(s):
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.

**Vocational Rehabilitation**  
Primary Supervisor:  
Brent Coy, Ph.D.

The compensated work therapy program (CWT) provides comprehensive outpatient treatment to Veterans who wish to return to some level of employment, but who have a psychiatric or medical diagnosis that interferes with this goal. Treatment is provided through three components of the program including incentive therapy, transitional work experience, or supported employment. Training opportunities include, but are not limited to performing vocational assessments, clinical interviewing, case management, community outreach, team consultation, brief solution-focused therapy, and assisting with the Job Club.

**Couples Issues & Therapy**  
Primary Supervisor:  
Jamie Winters, Ph.D.

Interns on this minor rotation would have the opportunity to see couples utilizing the Behavioral Couples Therapy Model (BCT) and the Integrative Behavioral Couples Therapy model (IBCT). Cases may be for numerous presenting problems (marital distress, substance use, SPMI, etc.). There may also be opportunities to provide CBT for partner abuse or parenting skills training for Veterans.

**Prolonged Exposure Therapy for PTSD**  
Primary Supervisor(s):  
Erin Smith, Ph.D.  
Katherine Porter, Ph.D.  
Heather Cochran, Ph.D.  
Minden Sexton, Ph.D.

Interns in this rotation will focus on gaining knowledge and experience implementing prolonged exposure with Veterans diagnosed with PTSD. Typical rotation activities would involve: individual therapy (Intern would be expected to carry 4 cases at a time); 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 consultation meeting with other Interns and trainees in PCT); and Weekly PCT team meeting. This option would only be available during the second rotation and interested Interns would need to attend PE training meeting in Fall with Dr. Sheila Rauch.
Substance Use Disorders Clinic (SUDC)
Primary Supervisor(s):
Stephen Chermack, Ph.D.
Jennifer Coughlin, Ph.D.
Jamie Winters, Ph.D.

This minor would be 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:
Jennifer Coughlin, Ph.D.
Jamie Winters, 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 3-4 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), Acceptance and Commitment Therapy (ACT), Motivational Interviewing/Enhancement Therapy (MI/MET), and Relapse Prevention on both an individual and group level which address substance dependence, co-morbid psychiatric disorders, and Veteran wellness. Opportunities may also be available to provide SUD interventions with Veterans currently residing in the Adult Inpatient Mental Health (AIMH) unit.

Women Veterans Mental Health
Primary Supervisor(s):
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 providing DBT with Women Veterans, clinical care following Military Sexual Trauma (with focus on a related EBT based on presentation such as Prolonged Exposure, Cognitive Processing Therapy, or Dialectical Behavior Therapy), or approaches to Female Veterans’ care within the Substance Use Disorder Clinics (SUDC and/or SUD IOP).

Psychosocial Rehabilitation & Recovery (PSR&R)
Primary Supervisor(s):
Nicholas Bowersox, Ph.D.
Beau Nelson, Ph.D.

Training experiences provided on this rotation would 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.

**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. However, the first priority for Interns is to complete their own doctoral research.

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 Research Center (UMARC), 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 2012, members of Psychology faculty published 44 peer-reviewed
scientific papers. 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 20% 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. Here is a partial listing of specific offerings:

**Psychology Didactic Seminars & Professional Development Lunch**

A mandatory 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, compensation and pension evaluation of Veterans, 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 Professional Development lunch is also held weekly for the Interns and Training Directors. See the next page for Psychology Didactic Seminar Offerings for the current internship year.

**Clinical Case Conference**

A regularly scheduled conference of all psychology staff and Interns presenting current diagnostic, neuropsychological, behavioral medicine or psychotherapy material of interest with teaching impact and value.

**Psychotherapy Seminars**

These seminars meet weekly and give the Interns an opportunity to receive peer and staff supervision in empirically supported interventions. Interns and staff present case materials. Recent examples include:

- Prolonged Exposure for the treatment of PTSD
- Dialectical Behavioral Therapy
- Acceptance and Commitment Therapy
- Motivational Interviewing
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Faculty</th>
<th>Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 11</td>
<td>Suicide Prevention and VA Procedures</td>
<td>Kiddy</td>
<td>Assessment; Reflective Practice</td>
</tr>
<tr>
<td>Sept 18</td>
<td>Ethical Practices; Integrated Ethics, &amp; Mandatory Reporting</td>
<td>Adams, Smith, Winters</td>
<td>Ethical---Legal---Standards---Policy</td>
</tr>
<tr>
<td>Sept 25</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>Oct 9</td>
<td>Principles and Practices of Case Management</td>
<td>Buckies</td>
<td>Ethical---Legal---Standards---Policy</td>
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<tr>
<td>Oct 16</td>
<td>MMPI---2 &amp; Other Associated Psychopathology Test Essentials: Overview</td>
<td>Putnam, Adams</td>
<td>Interdisciplinary Systems; Management---Administration</td>
</tr>
<tr>
<td>Oct 23</td>
<td>Telehealth and Telemental Health Concepts and Practice</td>
<td>Buckies</td>
<td>Assessment, Intervention, Consultation</td>
</tr>
<tr>
<td>Oct 30</td>
<td>Military Sexual Trauma</td>
<td>Sexton</td>
<td>Assessment, Intervention, Consultation</td>
</tr>
<tr>
<td>Nov 6</td>
<td>Physical Sources of PTSD Combat and Sexual Trauma</td>
<td>Staff</td>
<td>Assessment</td>
</tr>
<tr>
<td>Nov 13</td>
<td>Evidence Based Treatments: An Overview</td>
<td>Rauch, Lusk</td>
<td>Interdisciplinary Systems; Intervention</td>
</tr>
<tr>
<td>Nov 20</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>
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<tr>
<td>Nov 27</td>
<td>Federal Holiday</td>
<td>No Conference</td>
<td></td>
</tr>
<tr>
<td>Nov 29</td>
<td>Evidence Based Treatment</td>
<td>Rauch</td>
<td>Intervention</td>
</tr>
<tr>
<td>Dec 4,5</td>
<td>Motivational Interviewing Seminar</td>
<td>Chermack</td>
<td>Intervention; Consultation, Scientific Knowledge Program Evaluation</td>
</tr>
<tr>
<td>Dec 11</td>
<td>Violence Prevention</td>
<td>Winters, Ilgen</td>
<td>Assessment, Interdisciplinary Systems</td>
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<tr>
<td>Dec 18</td>
<td>Evidence---Based Care for SMI</td>
<td>Nelson, Winters</td>
<td>Scientific Knowledge; Reflective Practice; Interdisciplinary Systems</td>
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<tr>
<td>Dec 25 &amp; Jan 1</td>
<td>Federal Holiday</td>
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<td>Jan 8</td>
<td>Cognitive Behavioral Analysis System of Psychotherapy (CBASP)</td>
<td>Favorite</td>
<td>Intervention</td>
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<tr>
<td>Jan 10 &amp;</td>
<td>Evidence Based Treatments for</td>
<td>Smith, Porter</td>
<td>Intervention</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Speaker(s)</td>
<td>Type</td>
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</tr>
<tr>
<td>17</td>
<td>Anxiety Disorders I &amp; II</td>
<td></td>
<td></td>
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<tr>
<td>Jan 29</td>
<td>Dialectical Behavior Therapy</td>
<td>Chapman, Haas, Lusk</td>
<td>Intervention</td>
</tr>
<tr>
<td>Feb 5</td>
<td>ACT</td>
<td>TBA</td>
<td>Intervention</td>
</tr>
<tr>
<td>Feb 12</td>
<td>Pain and Its Behavioral Management</td>
<td>Roth</td>
<td>Assessment--Diagnosis--Case Concept; Intervention</td>
</tr>
<tr>
<td>Feb 19</td>
<td>Theory &amp; Practice of Peer Support Groups &amp; Activities</td>
<td>Nelson</td>
<td>Reflective Practice; Interdisciplinary Systems</td>
</tr>
<tr>
<td>Feb 26</td>
<td>Treatment of Couples/Dyads</td>
<td>Winters</td>
<td>Assessment--Diagnosis--Case Concept; Intervention</td>
</tr>
<tr>
<td>Mar 5</td>
<td>Somatic Therapies &amp; Neuromodulation I</td>
<td>Martis, Zakaria</td>
<td>Scientific Methods, Intervention</td>
</tr>
<tr>
<td>Mar 12</td>
<td>Somatic Therapies &amp; Neuromodulation II</td>
<td>Martis, Zakaria</td>
<td>Scientific Methods, Intervention</td>
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<tr>
<td>Mar 19</td>
<td>Primary Care/Mental Health Practice</td>
<td>Bloor, Donnell</td>
<td>Assessment--Diagnosis--Case Conceptualization</td>
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<tr>
<td>Mar 26</td>
<td>Behavioral Medicine</td>
<td>Bloor, Spencer</td>
<td>Assessment--Diagnosis--Case Concept; Research</td>
</tr>
<tr>
<td>Apr 2</td>
<td>Substance Use Disorders I</td>
<td>Chermack, Winters</td>
<td>Assessment--Diagnosis--Case Concept; Intervention</td>
</tr>
<tr>
<td>Apr 9</td>
<td>Substance Use Disorders II</td>
<td>Chermack, Winters</td>
<td>Assessment--Diagnosis--Case Conceptualization</td>
</tr>
<tr>
<td>Apr 16</td>
<td>Cognitive Behavioral Therapy for Insomnia (CBT - I)</td>
<td>Conrad</td>
<td>Intervention</td>
</tr>
<tr>
<td>Apr 23</td>
<td>EPPP</td>
<td>Adams, Winters</td>
<td>Professionalism</td>
</tr>
<tr>
<td>Apr 30</td>
<td>Traumatic Brain Injury: Essentials for Psychologists</td>
<td>Bieliauskas, Putnam</td>
<td>Assessment</td>
</tr>
<tr>
<td>May 7</td>
<td>Personality and Semi--Structured Assessment</td>
<td>Adams</td>
<td>Assessment</td>
</tr>
<tr>
<td>May 14</td>
<td>Psychopathology</td>
<td>Bieliauskas</td>
<td>Scientific Knowledge</td>
</tr>
<tr>
<td>May 21</td>
<td>Forensic Issues in Psychology</td>
<td>Adams, Putnam</td>
<td>Management---Administration; Ethical---Legal---Standards---Policy</td>
</tr>
<tr>
<td>May 28</td>
<td>Evidence Based Nightmare Reduction (ERRT)</td>
<td>Favorite</td>
<td>Reflective Practice: Individual &amp; Cultural Diversity</td>
</tr>
<tr>
<td>June 13</td>
<td>Diversity in Practice: Cultural</td>
<td>Buchtel</td>
<td>Reflective Practice: Individual &amp; Cultural Diversity</td>
</tr>
<tr>
<td></td>
<td>Other Special Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prolonged Exposure Therapy Training, Mental Health Recovery Grand Rounds, Supervision Institute, Motivational Interviewing Seminar, Neurological Exam Demonstration, Neuroimaging Workshop</td>
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</tr>
</tbody>
</table>
Psychiatry Grand Rounds

The weekly VA 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 the 2012-2013 Grand Round season are presented on the following page.

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 Rollout** – Led by Sheila Rauch, Ph.D., ABPP
  
  This opportunity is required for Interns electing a PTSD major or minor intervention rotation during the internship year as well as Interns in the Women Veterans Mental Health rotation wishing to engage in interventions within the PTSD clinic.

- Telemental Health Training
- Motivational Interviewing Workshop
- Supervision Institute
- Neurological Examination Demonstration
- Neuroimaging Workshop

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*)

- **UM Depression Center Colloquium Series**
  (http://www.depressioncenter.org/colloquium/*)

- **UM Evidence-Based Medicine Seminar**
  (past lecture slides at [http://www.psych.med.umich.edu/education/EBM/*](http://www.psych.med.umich.edu/education/EBM/*))

- **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** (June)

- **UM Annual Waggoner Lecture** (October)
<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker(s)</th>
<th>Presentation Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 17</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>September 24</td>
<td>Kenneth Adams, Ph.D., ABPP</td>
<td>TBI/PTSD Presentation After Military Deployment: Rediscovering Accurate Expectations (Clinical Update)</td>
</tr>
<tr>
<td>October 1</td>
<td>Rebecca Lusk, Psy.D., Beau Nelson, Ph.D. &amp; Erin Smith, Ph.D.</td>
<td>PSUT/MDT Presentation: Rediscovering Accurate Expectations (Clinical Update)</td>
</tr>
<tr>
<td>October 8</td>
<td>Rebecca Lusk, Psy.D. &amp; Nick Bowersox, Ph.D.</td>
<td>Findings from a Pre---Treatment Intervention to Facilitate Engagement in Psychotherapy in MHC (Clinical Research)</td>
</tr>
<tr>
<td>October 15</td>
<td>Adrienne Saxton, M.D., Resident</td>
<td>Antidepressant Efficacy of Ketamine in Treatment---Resistant Major Depression (Journal Club)</td>
</tr>
<tr>
<td>October 22</td>
<td>Christina LaRosa, M.D., Resident</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>October 29</td>
<td>Lisa A. Martin, Ph.D., University of Michigan---Dearborn</td>
<td>The Experient of Symptoms of Depression in Men vs. Women: Analysis of the National Comorbidity Survey Replication (Journal Club)</td>
</tr>
<tr>
<td>November 5</td>
<td>Jennifer Marola, Ph.D., Postdoctoral Fellow</td>
<td>Measuring Executive Function and Depressive Symptoms in Ischemic Stroke Patients</td>
</tr>
<tr>
<td>November 12</td>
<td>Heidi Burns, M.D., Resident</td>
<td>Case Presentation</td>
</tr>
<tr>
<td>November 19</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>November 26</td>
<td>No Rounds</td>
<td>Happy Thanksgiving!</td>
</tr>
<tr>
<td>December 3</td>
<td>Jamie Winters, Ph.D. &amp; Lisham Ashrafioun, M.S., Psychology Intern</td>
<td>Improving Treatment Adherence</td>
</tr>
<tr>
<td>December 10</td>
<td>Linda Saab, M.D., Resident</td>
<td>Eye Movement Desensitization and Reprocessing (EMDR): A Meta---Analysis (Journal Club)</td>
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<tr>
<td>December 17</td>
<td>Daniel Wurzelmann, M.D., Resident</td>
<td>Case Presentations</td>
</tr>
<tr>
<td>December 24</td>
<td>Cancel: Happy Holidays</td>
<td>No Rounds</td>
</tr>
<tr>
<td>December 31</td>
<td>Cancel: Happy New Year</td>
<td>No Rounds</td>
</tr>
<tr>
<td>January 7</td>
<td>Kenneth Silk, M.D.</td>
<td>Pharmacotherapy for BPD</td>
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<tr>
<td>January 14</td>
<td>Lauren Edwards, M.D., Resident</td>
<td>Psychiatry Case Conference</td>
</tr>
<tr>
<td>January 21</td>
<td>Denis Birgenheir, Ph.D., SMITREC Postdoctoral Fellow</td>
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<tr>
<td>Date</td>
<td>Topic</td>
<td>Presenter</td>
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<tr>
<td>January 28</td>
<td>Anxiety Disorders Among Veterans Health Administration Patients with Schizophrenia</td>
<td>Katheryn Maguire, Ph.D.</td>
</tr>
<tr>
<td>February 4</td>
<td>Communication and Its Impact on Stress and Coping in Military Families (Clinical Research)</td>
<td>Chandra Sripada, M.D., Ph.D.</td>
</tr>
<tr>
<td>February 11</td>
<td>Well-being and Suicidal Ideation of Secondary School Students from the Military (Journal Club)</td>
<td>Nakita Natala, M.D., Resident</td>
</tr>
<tr>
<td>February 18</td>
<td>Case Conference</td>
<td>Jenni Wang, M.D, Resident</td>
</tr>
<tr>
<td>February 25</td>
<td>Infertility: Psychosocial Correlates, Military-Specific Contexts, and Status of Mental Health Intervention Research</td>
<td>Minden Sexton, Ph.D. &amp; Jerren Weekes---Kanu, Ph.D., Postdoctoral Fellow</td>
</tr>
<tr>
<td>March 4</td>
<td>Ambulatory Detoxification from Alcohol: Clinical Considerations and Best Practices</td>
<td>Thomas Park, M.D., Resident &amp; Aaron Weiner, Ph.D., Postdoctoral Fellow</td>
</tr>
<tr>
<td>March 11</td>
<td>Need for Feedback</td>
<td>Daniel Wurzelmann, M.D., Resident</td>
</tr>
<tr>
<td>March 18</td>
<td>Walking While Thinking in Late-life Depression</td>
<td>Nicolette Gable, Ph.D., Fellow</td>
</tr>
<tr>
<td>April 1</td>
<td>Understanding the Nature and Assessment of Mild Traumatic Brain Injury</td>
<td>Randy Roth, Ph.D., Percival Pangilinan, M.D., Jennifer Marola, Ph.D., Postdoctoral Fellow &amp; Sara Rampinski, LMSW</td>
</tr>
<tr>
<td>April 8</td>
<td>Case Conference</td>
<td>Paul Wright, M.D., Resident</td>
</tr>
<tr>
<td>April 15</td>
<td>A Trial of Prazosin for Combat Trauma PTSD with Nightmares in Active-Duty Soldiers Returned from Iraq and Afghanistan (Journal Club)</td>
<td>Laura Anderson, M.D., Resident</td>
</tr>
<tr>
<td>April 22</td>
<td>Adult ADHD: The Rest of the Story (Clinical Update vs. Research)</td>
<td>Tom Fluent, M.D.</td>
</tr>
<tr>
<td>April 29</td>
<td>Understanding the Nature and Assessment of Mild Traumatic Brain Injury</td>
<td>Edward Thomas, LMSW, BCD</td>
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</tbody>
</table>
Internship Brochure

VA Grand Rounds Schedule 2013---2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 6</td>
<td>Erin Sparapani, M.S., Psychology Intern &amp; Jennifer Loar, MSW</td>
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<tr>
<td></td>
<td>Challenges in Care Related to Military Sexual Trauma</td>
</tr>
<tr>
<td>May 13</td>
<td>Jennifer Alkema, M.D. &amp; Iquo Nafiu, M.D.</td>
</tr>
<tr>
<td></td>
<td>Ethical Considerations and Psychosocial Challenges in Caring for a Young</td>
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<tr>
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<td>OEF---OIF Patient with Serious Disabilities (Case Presentation)</td>
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<tr>
<td>May 20</td>
<td>Kristin Lamp, Ph.D., Postdoctoral Fellow</td>
</tr>
<tr>
<td></td>
<td>The Role of Vitamin D in Mood and Cognition (Clinical Update)</td>
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<tr>
<td>May 27</td>
<td>Mel Whalen, Ph.D., Comprehensive Gender Services Program, UM</td>
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<tr>
<td></td>
<td>Resilience Following Trauma in Veteran Populations</td>
</tr>
<tr>
<td>June 3</td>
<td>Elizabeth Semanda, M.D., Resident</td>
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<tr>
<td></td>
<td>Effect of Vitamin E and Memantine on Functional Decline in Alzheimer</td>
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<tr>
<td></td>
<td>Disease: the TEAM---AD VA Cooperative Randomized Trial (Journal Club)</td>
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<tr>
<td>June 10</td>
<td>Madhavi Latha Nagalla, M.D.</td>
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<tr>
<td></td>
<td>When the Patient Lies, a Case Report</td>
</tr>
<tr>
<td>June 18</td>
<td>Shanti Michell, MD, Resident</td>
</tr>
<tr>
<td></td>
<td>Case Presentation</td>
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</table>

FORMULATING THE TRAINING PLAN

Establishing Individual Internship Goals

The Clinical Training Directors will meet with Interns during the first week to identify an initial training plan. This will include formal selection of the first major and minor rotations. Generally, these will be largely based on trainees’ interests and career goals. 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 staff 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

### Sample Intern Schedule with PTSD Major and Substance Use Disorders Minor

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>800</td>
<td></td>
<td>SUD Therapy Case</td>
<td>PTSD Orient. Group</td>
<td>PTSD PE Therapy Case</td>
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<tr>
<td>830</td>
<td>PTSD PE Therapy Case</td>
<td>Supervision</td>
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<tr>
<td>900</td>
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<tr>
<td>1000</td>
<td>PTSD CPT Therapy Case</td>
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<td>PTSD PE Therapy Case</td>
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<td>1030</td>
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<tr>
<td>1100</td>
<td>PTSD CPT Therapy Case</td>
<td>PTSD CPT Case</td>
<td>Relapse Prev. Group</td>
<td>Didactics Seminar</td>
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<td>1130</td>
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<td>PTSD PE Therapy Case</td>
<td>SUD Therapy Case</td>
<td>SUD Therapy Case</td>
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<tr>
<td>1200</td>
<td>Lunch</td>
<td>VA Grand Rounds</td>
<td>Lunch</td>
<td></td>
<td>Prof. Dev. Lunch</td>
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<tr>
<td>1230</td>
<td>Seeking Safety Group</td>
<td>SUD Therapy Case</td>
<td>PTSD PE Therapy Case</td>
<td>Supervision</td>
<td></td>
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<tr>
<td>130</td>
<td>CPT Group</td>
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<td></td>
<td>PTSD PE Therapy Case</td>
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<tr>
<td>200</td>
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<tr>
<td>300</td>
<td>PTSD PE Therapy Case</td>
<td>PTSD Team Meeting</td>
<td></td>
<td></td>
<td>PE Group Supervision</td>
</tr>
<tr>
<td>330</td>
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<td></td>
<td>SUD Therapy Case</td>
<td></td>
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<tr>
<td>400</td>
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</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></th>
<th>Major (20 hours)</th>
<th>Minor (12 hours)</th>
<th>Didactics (8 hours)</th>
</tr>
</thead>
</table>

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Internship Brochure
The minimum levels of achievement we seek for the beginning of the internship are consonant with “Readiness for Internship”, which are see in the document, “Assessment of Competency Benchmarks Work Group: A Developmental Model for the Defining and Measuring Competence in Professional Psychology”, which is available on the APA website in a revised form. See http://www.apa.org/ed/graduate/benchmarks---evaluation---system.aspx.

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 at least 85% of the competencies at the “Readiness for Practice” level as seen in the revised Competency Benchmark document referenced above.

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 Benchmarks of Competency 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 and expectations of Interns will vary. Our large staff 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 may involve direct observation of the supervisor, other staff, or Intern providing assessment or intervention activities; review of audio/videotaped material; and/or discussion of theory or empirical literature as it applies to a Veteran receiving care. Additional, 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 (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 VAAAHS 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 VAAAHS Internship Program has several components. These include:

1) **The Benchmarks Rating Form:** Done at internship start and internship end by Intern Self-Rating with Director of Clinical Training Review

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

3) **Intern Competencies Evaluation:** (Assessment, Intervention, Consultation, Research): Done by Supervisors 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.
Background
The VAAAHIS Internship Program has adopted the **Benchmarks Evaluation System (BES)**, a leading framework for evaluation Intern and Program successes in attaining Competency Benchmarks for Professional Psychology. The BES model appeared very well suited to the VAAAHIS Internship Program for several reasons:

1. **The BES distinguishes between foundational and functional Competencies**
   Foundation competencies refer to the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out, (*e.g.*, an understanding of ethics, awareness and understanding of individual and cultural diversity issues, knowledge of the scientific foundations of psychology). Functional competencies encompass the major functions that a psychologist is expected to carry out, each of which requires reflective integration of foundational competencies in problem identification and resolution, (*e.g.*, assessment, intervention, consultation, research). The VAAAHIS emphasizes Functional Competencies.

2. **The BES identifies specific points of development along a career development path that are relevant for internship training**
   The document identifies a pathway for career development that is appropriate to the graduate-level training that Interns have just accomplished at the practicum, pre-internship level and sets the stage for the next levels of skill development. Competencies in this framework are not held out and listed in isolation.

3. **The associated Benchmarks Rating Form allows for an ordinal level of appraisal and qualitative judgment**
   Many versions of internship evaluation forms rely on Likert scale ratings of various attributes of Intern performance that, in the end, are not either accurate or meaningful in our experience. The present framework allows for an evaluation of whether a particular Functional Competency Level has been reached and can be appraised easily by the Intern and the Supervisor/Faculty. Accordingly, the VAAAHIS adopted this document as a framework for evaluation. This is included in the Internship Resource Guide.

The VAAAHIS also utilizes an additional evaluation form to add qualitative information to the evaluation process. This form is entitled, **“Supervisor Evaluation of Intern”**, and is intended to be guiding and consultative. The form is to be completed at the end of the first rotation and at the conclusion of the internship.

The Supervisor Evaluation of Intern forms and Intern Competency Benchmarks Ratings Evaluation forms are to be reviewed with the Intern and both Supervisor and Intern Sign for 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 conclusion of the internship.
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 DATES, ATTENDANCE/LEAVE, STIPEND & BENEFITS**

**Start Dates for 2015**

The internship begins on the Monday prior to Labor Day. For the 2015-2016 training year, the starting date is Monday, August 31, 2015 and the completion date is Friday, August 28, 2016.

**Attendance and Leave**

**Hours**

Expected hours are Monday through Friday 8:00 to 4:30. Rarely, a training opportunity may require attendance outside of these hours.

**Leave, Federal Holidays & Authorized Absence**

As VA employees, the program provides 2.5 weeks personal leave (vacation, sick, childcare, etc.) and 10 paid Federal holidays. In some circumstances Interns may be permitted Authorized Absence for a limited variety of reasons (i.e. presentation at a national conference, interviewing for a permanent or postdoctoral position at a VA following internship, etc.). The Training Director and/or appropriate VA personnel must approve decisions regarding Authorized Absences.

**Stipend and Benefits**

Standard VA stipend support is available for Interns (stipend for 2014-2015 is $26,059 per year). We anticipate some upward adjustment of this stipend; but authority to set such stipends rests entirely within the VA’s Central Office at the discretion of legislative and executive officials.

Interns are appointed as Federal Employees with eligibility for health and other benefits. In addition, education funds are occasionally available for Interns to attend conferences and conventions relating to their internship work. Such activities are encouraged. Interns 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.
INTERNERSHIP POLICIES

Non-discrimination Policy and Commitment to Diversity

The Ann Arbor VA and our Training Service 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 AAVHA 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 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.

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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**

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 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-tempoire 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.

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 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 inimical to the APA Ethical Principles and Code of Conduct would be representative standards for consideration of such behaviors.

A behavior 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 for a period of seven years and then would be destroyed in a secure fashion. 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.
**Other Internship Policies**

Additional policies regarding the VAAHAHS Internship Program are available at [http://www.umich.edu/~gusb/Policies/*](http://www.umich.edu/~gusb/Policies/*)

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**APPLICATION PROCESS & ELIGIBILITY REQUIREMENTS**

**Application Submission**

APPIC now has an online application process (AAPI Online). Click [HERE*](http://www.aaipic.org) for information on submitting your application online.

For the 2015-2016 internship year, all applications received by November 3, 2014 will be guaranteed consideration. While this program may consider applications coming into the AAPI portal after that date, consideration is not guaranteed. This allows sufficient time to review the applications before the two Open Houses in January of 2015 (see below). This program does NOT require any materials supplemental to the AAPI online.

**Eligibility**

Clinical Psychology internships at VAAHS are available to advanced students in APA-approved Clinical or Counseling Psychology Doctoral (Ph.D. or Psy.D.) programs. This internship may only appoint those who are United States Citizens. Each Intern is subject to Federal employment policies and procedures that include a background check. Veterans are especially invited to apply. All male applicants must have registered from the Selective Service (ordinarily within 30 days of his 18th birthday; but in no case after he has reached his 26th birthday). Interns are appointed as term Federal Employees and subject to all regulations governing such employment.

Applicants must be formally matriculated and in good standing with a graduate program in Clinical or Counseling Psychology accredited by the American Psychological Association’s Commission on Accreditation.

This program may only consider applicants from programs accredited by the Commission on Accreditation of the American Psychological Association. Only students in their full third year graduate program year and beyond will be considered for internship.

This internship program endorses and adheres to the following readiness for internship criteria promulgated by The Council of University Directors of Clinical Psychology (CUDCP) (see [http://cudcp.us/*](http://cudcp.us/*) for complete details):

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.).

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**INTERN SELECTION, INTERVIEW POLICY & OPEN HOUSE INFORMATION**

**Intern Selection**

Each completed application 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 final rank order list. The faculty makes a considered judgment of the frequency, nature, and complexity of such experiences needed to function capably in the VAAHS Internship.
Applicants seeking internship at VAAAHS should have optimally have practicum experiences which will serve to prepare them for training which will take place with patients who have both psychological and medical problems. One goal of the internship is to prepare psychologists who will be able to practice in medical center settings. The selection of practicum experiences may also be best guided by choosing settings where there is an opportunity to learn about the scientific or literature basis for the clinical activity taking place; or to learn introductory lessons about evidence based treatments.

The VAAAHS program considers practicum hours to be ones that introduce psychologists to the general kinds of professional activities that will characterize what they will be doing in their clinical careers as Psychologist caregivers. They are essentially similar to clerkships in that learners are allowed to observe, demonstrate basic understanding, and participate in limited and closely supervised care. The emphasis of practicum-level training is procedural and imitative in learning terms for most professions; and Psychology is no exception.

However, applicants are also encouraged to review the ASPPB Guidelines on Practicum Experience for Licensure. These recent guidelines provide a valuable aspirational guide for what practicum experience could be at its best at some future developmental juncture. http://www.asppb.net/files/public/Final_Prac_Guidelines_1_31_09.pdf*

**Interviews**

Interviews are not part of our selection process. While we welcome communications and questions from applicants, the evaluation and ranking of applicants is based upon the application. Applicants should not attempt to secure individual interviews. Visits to the facility may be arranged, however, particularly in the event that an applicant cannot attend the Open House program (see below).

**Open Houses**

Open Houses are held to provide informational opportunities to see the setting and hear from the faculty and current Interns. All applicants are invited to attend one of the two Open Houses on January 14 and 21, 2014 for the internship year 2015-2016. The attendance at the Open House is at the discretion of the applicant, not mandatory, and will not affect ranking decisions.

**It should be noted for the recruitment year upcoming**, applicants perceived to have an exceptionally good fit with our training may receive an e-mail reminder or other individual contact from Ann Arbor VA Faculty reminding them of the Open House in early December. Lack of communication from our faculty does not indicate that your application is not being considered for ranking purposes. The open house starts at around 8:30 (official welcome at 8:15 AM) and lasts until about 1 PM. The event is held in the Mental Health Service Grand Conference area. There is a lunch (pizza & salad) hosted by us at around noon at which internship applicants can meet and talk to staff and our current Interns and postdoctoral Residents in rotation-based breakout groups between which applicants may rotate as they wish.
If you would like to come to one of the Open Houses, Please send us an e-mail message using the link to a dialogue page that appears on the Open House* Web page. It should be noted that Open House attendance is not a requirement for selection; the Open House is primarily designed to allow you to see if our training site is a good match for your training goals.

**Driving Directions**

![Map of Ann Arbor area]

VA Ann Arbor Healthcare System  
2215 Fuller Rd  
Ann Arbor, MI 48105  
(734) 769-7100

**From US-23**  
Take EXIT 39, GEDDES ROAD WEST (Geddes becomes Fuller)

**From west of Ann Arbor**  
EXIT I-94 at US 23 NORTH  
Then use the directions above

**From the west side of Ann Arbor**  
Take HURON STREET into downtown Ann Arbor  
Turn left on GLEN AVENUE (Glen becomes Fuller)

The entrance to the patient/visitor parking structure is at the intersection of FULLER and GLAZIER WAY

**Regional Airline Information**  
The nearest major airport, Detroit Metropolitan Wayne County Airport (DTW), is approximately 30 miles east of the VA in Detroit. Toledo Express Airport (TOL) is about 60 miles to the south.
Public Transportation Information
The VA Medical Center is on the Ann Arbor city bus line; departures and arrivals are scheduled frequently throughout the day. The pick-up and drop-off is located in front of the main entrance of the medical center. A link is provided to assist you with bus schedules. Ann Arbor Transportation Authority Website*

Open House Location

Open House attendees are welcome to park in the patient/visitor parking structure. Upon entry to the VA (East Side of Building) follow the signs to the Liberty Elevators. Take these to the seventh floor where signs will assist with locating the Open House. Several information booths with friendly volunteers are available on the first floor and can direct you to the Mental Health Clinic.

CONTACT THE TRAINING DIRECTOR

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Dr. Adams is the Director of Clinical Training and Associate Chief of Mental Health Services. He concurrently holds the positions of Professor at the University of Michigan’s Department of Psychiatry and Professor of Psychology, University of Michigan Department of Psychology, LS&A. Dr. Adams completed his Ph.D. at Wayne State University. He specializes in Clinical Neuropsychology or neuromedical disorders and is an ABPP Certified Diplomate in Neuropsychology and Clinical Psychology. He is closely involved with internship training through didactic, supervisory, and programmatic activities. Dr. Adams’ clinical and research interests include brain dysfunction, dementia, brain trauma, health injury, and alcoholism dysfunction; brain and behavior problems secondary to medical diseases; abnormal aging; long-term effects of medical illness on neuropsychological and emotional adaptation; effects of neurotoxic exposures; methodology and neuroimaging in brain-behavior studies; child neuropsychological risk factors and their effect of adult outcomes; and recovery from brain damage and dysfunction. He is Past President of the International Neuropsychological Society, APA Division 40, and the Association of VA Psychologist Leaders. He is a Member of the VA’s Rehabilitation Research and Development Merit Review Board and VA National Psychology Professional Standards Board. He is founding Co-Editor of The Clinical Neuropsychologist. He has served on the major editorial boards of Psychological Assessment, Archives of Clinical Neuropsychology, Journal of Clinical and Experimental Neuropsychology, Psychology and Aging, and Neuropsychology. In addition to supervision of Interns in the Assessment rotations, Dr. Adams continues to be actively involved in research and is accepting Interns in the Applied Clinical Research minor rotation.

Linas A. Bieliauskas, Ph.D., ABPP
Neuropsychology, Assessment and Applied Clinical Research Supervisor
linas@umich.edu

Dr. Bieliauskas is a Clinical Neuropsychologist at the Ann Arbor VA and Professor of Psychology in the Departments of Psychiatry and Psychology at the University of Michigan and is the Training Director in the Neuropsychology Section. He is board certified in Clinical Psychology and Clinical Neuropsychology through ABPP. He received his Ph.D. from Ohio University and completed his internship in Clinical Psychology at the VA and Shands Teaching Hospital in Gainesville, Florida. His primary clinical interests are in cognitive and affective changes in normal and abnormal aging. His research activities include studies of the impact of cognitive aging on functional competence, interactions between depression and cognitive aging, cognitive effects of chronic disease and its treatment, and interactions between affective and cognitive impact of traumatic brain injury. He is senior editor of the journal Aging, Neuropsychology, and Cognition, and serves on the editorial boards of Neuropsychology, Neuropsychology Review, Journal of Baltic Psychology, Journal of the International Neuropsychological Society, Psychologia, and The Clinical Neuropsychologist.

Dr.
Bieliauskas supervises the internship rotation in the Community Living Center (VA nursing home unit), and is available for supervision of minor rotations in Assessment, and Applied Clinical Research.

Amy Bixler, Psy.D.
Supervisory Psychologist, Toledo Community-Based Outpatient Clinic
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 and Female Veterans Health 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 Female Veterans. She serves as a primary supervisor for Interns electing the Health Rotation. In addition, she oversees those in the Female Veterans Mental Health rotation with primary goals of incorporating the intersections of military culture, gender, and behavioral health within an integrated healthcare setting. 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.
Psychosocial Rehabilitation & Recovery (PSR&R) Supervisor
Nicholas.Bowersox@va.gov

Dr. Bowersox is a Staff Psychologist in our Psychosocial Rehabilitation and Recovery Center (PRRC), an Evaluation Specialist at the National Serious Mental Illness Treatment Resource and Evaluation Center, and a member of 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 patters 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.
Henry “Gus” A. Buchtel, Ph.D.
Section Head, Neuropsychology; Director of Psychology Training UM Department of Psychiatry Neuropsychology and Assessment Supervisor
gusb@umich.edu

Dr. Buchtel is a Clinical Neuropsychologist and Neurology Section Head at our VA. He holds appointments with the Ann Arbor VA and University of Michigan Department of Psychiatry. He is the Director of Psychology Training for the University of Michigan / VA Network and Chair of the VA Committee for the Prevention and Management of Disruptive Behavior. Dr. Buchtel accomplished his doctoral training at McGill University. He completed postdoctoral training and senior postdoctoral specializations with the Instituto di Fisiologia, University of Pisa; National Hospital for Nervous Diseases, London; Instituto di Fisiologia Umana, University of Parma; the Montreal Neurological Institute and the VA Ann Arbor Healthcare System. His clinical interests include epilepsy and epilepsy surgery, dementia, functional brain imaging (PET & fMRI) and amnestic disorders. His research foci include brain and behavior relationships; language abilities after dominant hemisphere anterior temporal lobectomy; attention, consciousness, and frontal lobe functions; and brain organization of face recognition. Dr. Buchtel leads the UM/VAAAHS Consortium Postdoctoral Psychology Program Training Network. He is a Member of the Editorial Board of Cortex and is a Consulting Editor for the Journal of Clinical and Experimental Neuropsychology.

Stephen T. Chermack, Ph.D.
Chief, Mental Health Service SUDC and Applied Research Supervisor
Chermack@umich.edu

Dr. Chermack is the Chief of the Ann Arbor VA’s Mental Health Service and Associate Professor in the University of Michigan’s Department of Psychiatry. Since joining VAAAHS, he has previously served as the Chiefs of the Outpatient Mental Health Clinic and the Outpatient Substance Use Disorders Clinic (SUDC). He completed his doctoral training at Kent State University followed by a fellowship in Psychology/Substance Abuse at the University of Michigan Addiction Research Center. Dr. Chermack serves as a supervisor in the SUDC rotations and trainer for the Motivational Interviewing Workshop. He has several research and program evaluation interests including the relationships between alcohol, drugs, and violence; development and implementation of violence prevention interventions for men and women with substance use disorders; substance use disorder treatment engagement and outcome research; impact of brief interventions based on Motivational Interviewing in a variety of health care settings (e.g., primary care and ED settings, samples include adults and at-risk adolescents); health services utilization and care quality (e.g., depression care in the Veterans Administration, predictors of treatment engagement and utilization for individuals with and without comorbid psychiatric substance use disorders). Dr. Chermack has several current grants supported by the VA HSR&D, NIAAA, Department of Veterans Affairs, and NIH and supervises Interns with related interests opting for the Applied Research Minor.

Heather M. Cochran, Ph.D.
PTSD-SUD Specialist
PTSD Assessment and DBT Supervisor
Heather.cochran@va.gov
Dr. Cochran is a Staff Psychologist in the PTSD and SUDC clinics at the Ann Arbor VA. She completed her Ph.D. in clinical psychology at Central Michigan University, and her predoctoral internship at the University of Oklahoma Health Sciences Center. Her clinical interests include evidence based PTSD treatment and integrating trauma-focused treatment with treatment for concurrent conditions, particularly substance use disorders 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-SUD diagnoses. Her research interests primarily concentrate in pathways to treatment for sexual trauma survivors and treatment outcome research for anxiety disorders and PTSD.

**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. 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, smoking cessation, behavioral pain management, and the implementation of empirically supported treatment. Research interests surround integrated primary care and eating behavior.

**Kayla Conrad, Ph.D.**  
Local Evidence Based Psychotherapy Coordinator  
*Kayla.Conrad@va.gov*

Dr. Conrad is an attending Clinical Psychologist in the Mental Health Clinic (MHC). She earned her Ph.D. in Clinical Psychology at the Fielding Graduate University and holds a clinical faculty position at the University of Michigan Department of Psychiatry. Dr. Conrad specializes in the treatment of depression, both chronic and acute; insomnia; and anxiety disorders. She is certified in Cognitive Behavioral Analysis System of Psychotherapy for the treatment of chronic depression and has been trained in Interpersonal Psychotherapy, Motivational Interviewing, and cognitive behavioral treatments. In addition to the latter, Dr. Conrad has been trained in psychodynamic methods and brings her combined training background to her work at MHC. Her research interests are in the areas of chronic depression and insomnia. Dr. Conrad also has a strong interest in evidence-based psychotherapies and is the Local Evidence Based Psychotherapy Coordinator for the Ann Arbor VA and its affiliated Community Based Outpatient Clinics (CBOCs).

**Jennifer Coughlin, Psy.D.**  
Substance Use Disorders Clinic  
SUDC and SUD IOP Supervisor  
*Jennifer.Coughlin@va.gov*
Dr. Coughlin is a Staff Psychologist in the outpatient Substance Use Disorders Clinic. She earned her Psy.D. from the PGSP-Stanford Psy.D. Consortium. She is trained in the assessment and treatment of gambling addiction and dual diagnosis. Dr. Coughlin completed her postdoctoral fellowship in Addictions at John D. Dingell VA in Detroit where she focused on the treatment of dual diagnosis, particularly PTSD-SUD, as well as working with general addictions within the Intensive Outpatient Program. Her clinical interests include motivational enhancement and cognitive behavioral techniques for the treatment of addiction, gambling addiction, and dual diagnosis.

**Brent Coy, Ph.D.**
Director, Compensated Work Therapy (CWT)
CWT Supervisor
[william.coy@va.gov](mailto:william.coy@va.gov)

Dr. Coy is a Staff Psychologist and Director of the Compensated Work Therapy (CWT) 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 vocational and psychiatric rehabilitation, health psychology, interventions for wellness, managing chronic disease, pain management, 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 CWT minor rotation.

**Tim Delong**
Education Program Specialist
[Timothy.Delong@va.gov](mailto:Timothy.Delong@va.gov)

Tim Delong serves as the AAVHS Education Program Specialist for the training programs and is a retired Army Aviator. He earned his M.S. in Accountancy and Business Administration at Walsh College and is an Adjunct Faculty at the University of Phoenix. Mr. Delong coordinates didactic and experiential training and continuing education at the Ann Arbor VA for staff, psychology trainees, medical residents, social work students, and visiting experts. Specific to the internship program, he is engaged in program evaluation and recommendations based on Intern satisfaction and skill acquisition related to our didactic offerings.

**Cathy Donnell, Ph.D.**
Primary Care Mental Health Supervisor
[cathy.donnell@va.gov](mailto: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.**  
PCT and Mental Health Clinic Supervisor  
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 faculty 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.

**Brian Hayes, MA, LLP**  
Chief Psychometrist

Brian came to Ann Arbor in 2013 after three years at the Southern Arizona VA Healthcare System in Tucson. He oversees the day-to-day administrative operations of the neuropsychology service as well as seeing Veterans. Additionally, he represents the Mental Health Service on the Employee Satisfaction Committee. Before coming to the VA, Brian was a psychotherapist in private practice in Kalamazoo, Michigan. He holds a Master’s degree in Counseling Psychology from Western Michigan University. Prior to entering the mental health field, Brian had a successful 25-year career as a radio broadcaster in various markets around the country.

**Mark Ilgen, Ph.D.**  
Applied Clinical Research and Mental Health Clinic 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 Department of Veterans Affairs, National Serious Mental Illness Treatment Research and Evaluation (SMITREC), HSR&D Center of Excellence. 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.

Jeanne Jakob, Ph.D.
PCT Research Psychologist
jduax@med.umich.edu

Dr. Jakob is a Research Psychologist at the Ann Arbor VA primarily involved in the study of PTSD and other anxiety disorders and trauma-focused psychotherapy interventions. She received her Ph.D. in Clinical Psychology from Case Western Reserve University, completed her postdoctoral fellowship at VAAAHS, and holds a joint academic appointment as Clinical Assistant Professor in the University of Michigan’s Department of Psychiatry. In addition to her VA position, she provides consultation to the University of Michigan’s Psychological Clinic and maintains a small private practice. Recent research foci include collaboration with multi-site trials aimed at treating PTSD among community and military-based trauma survivors, the impact of social support and post-deployment screening on PTSD and treatment utilization, and applying Prolonged Exposure therapy to clinically complex patient presentations.

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

Dr. Lindsay-Westphal 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, and the outpatient Mental Health Clinic. She recently transferred from another VA Medical Center where she served as Director of Psychology Training. She holds VA certification in Acceptance and Commitment Therapy for Depression, and is currently working on VA certification in Prolonged Exposure Therapy. 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 an academic 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
Saudia.Major@va.gov

Saudia Major, PhD, is a Clinical Psychologist at the VA Hospital in Ann Arbor, MI. 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.

**Clayton “Beau” Nelson, Ph.D.**
Local Recovery Coordinator
Psychosocial Rehabilitation & Recovery 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 an Assistant Professorship with the University of Michigan Medical School. 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
PCT Supervisor
Katherine.Porter2@va.gov

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 provides oversight of the VAAHHS practica training experiences. Dr. Porter’s clinical and research foci include treatment outcomes with Veterans experiencing PTSD; improving access to care for empirically supported PTSD interventions; the intersection of trauma and perceived pain; reliability and validity of psychometric instruments; relationships between repeated trauma exposure and subsequent development of anxiety symptoms; and differential diagnoses specific to anxiety. She is actively involved in several research activities with the PTSD Research Team.
Steven Putnam, Ph.D.
Compensation & Pension and Assessment Supervisor
steve.putnam@va.gov

Dr. Putnam earned his doctoral degree at the University of Illinois, Urbana-Champaign. He is a Staff Psychologist specializing in Neuropsychology. He oversees and conducts specialized evaluations within the AAVHS with Veterans currently seeking compensation and pension claims for psychiatric sequelae of military service. Dr. Putnam is integral member of several of the assessment rotations offered through the internship program and provides advanced assessment didactics on MMPI-2 assessment with Veterans. His clinical and research interests include selection and utility of personality and neuropsychological assessments following head injury and factors associated with examinee testing effort.

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.

Sheila A.M. Rauch, Ph.D., ABPP
Associate Chief for Research and Program Evaluation;
Director, Serving Returning Veterans’ Mental Health (SeRV-MH) Program;
Director, Psychotherapy Core, Mental Health Services
Prolonged Exposure Trainer and Applied Clinical Research Supervisor
sherauch@umich.edu

Dr. Rauch is Director of the Serving Returning Veterans’ Mental Health (SeRV-MH) Program at the VA Ann Arbor Health Care System and Associate Professor in the Trauma, Stress, and Anxiety Research Group in the Department of Psychiatry at the University of Michigan Medical School. She is Principal Investigator on a DOD-funded, multi-site PTSD treatment outcome and mechanisms study with OEF/OIF active duty service members. She successfully completed a CDA-2 study examining the neurobiological mechanisms of change in PTSD treatment. She also directs the screening and outreach program for all OEF/OIF Veterans registered at the VAAAHS. Prior to her appointments in Ann Arbor, she was faculty of the Center for the Treatment and Study of Anxiety at the University of Pennsylvania (2000-2005) where she was involved in anxiety disorders development and treatment research. Dr. Rauch has published scholarly articles and book chapters in the areas of anxiety disorders and PTSD focusing on factors involved in the development and maintenance of anxiety, psychosocial factors in medical settings, and the relation between physical health and anxiety. Dr. Rauch has been involved in the modification and adaptation of proven psychotherapeutic interventions for anxiety for various populations and settings, including primary care. She serves on
several national posts and committees for the VHA including the VA/DOD Clinical Practice Guidelines Clinical Working Group for PTSD, the PTSD/mTBI Consensus Conference Committee, VISN 11 PTSD Mentor, VHA PE Trainer, and Psychology Qualification Standards Revisions Committee. Dr. Rauch leads the PE training for Interns engaged in the PTSD rotations and serves as an Applied Clinical Research supervisor. She serves on the Scientific Committee of the Anxiety Disorders Association of America and the editorial board of the Journal of Anxiety Disorders.

Jessica C. Roberts, Ph.D.
Toledo Community Based Outpatient Clinic (CBOC)
Jessica.Roberts4@va.gov

Dr. Roberts is a Health Psychologist at the Toledo CBOC. She completed a Ph.D. in Clinical Psychology with a specialization in Health Psychology from the University of Kansas in 2007. Dr. Roberts obtained her postdoctoral training in Rehabilitation Psychology and Neuropsychology at the University of Michigan. Current clinical interests include adjustment and coping with chronic illness/disability, weight management, diabetes management, chronic pain, smoking cessation and health behavior change. Clinical interests also include primary care mental health. Research interests include adjustment and coping after amputation and limb-salvage procedures.

Randy S. Roth, Ph.D.
Health and Assessment Supervisor
randyr@med.umich.edu

Dr. Roth is a VAAAHS Staff Psychologist and Clinical Professor at the University of Michigan’s Department of Physical Medicine and Rehabilitation. He completed his Ph.D. at the University of North Dakota. Dr. Roth specializes in physical medicine and rehabilitation. His clinical interests are myofascial pain disorders; pain rehabilitation; cognitive behavioral treatment of chronic pain, illness, and disability; and stress-related disorders. His research emphases include patient beliefs in chronic pain and medical illness; cognitive factors in chronic pain and myofascial pain syndromes, educational achievement, and pain disability; psychosocial factors in adjustment to breast reconstruction; pain and depression; and practitioner-patient communication.

Minden B. Sexton, Ph.D.
Women Veterans Mental Health and PTSD Assessment Supervisor
minden.sexton@va.gov

Dr. Sexton is a Staff Psychologist in the PTSD Clinic and a Clinical Assistant Professor with the Department of Psychiatry, University of Michigan Medical School. She obtained her Ph.D. in at Eastern Michigan University with a specialization in Healthcare Systems Management and postdoctoral training at the UM Medical School where she emphasized perinatal mood disorders, anxiety disorders, and behavioral sleep medicine. Her primary clinical work entails evaluation and therapy services related to trauma (PTSD and other clinical presentations associated with military sexual trauma). Dr. Sexton supervises the Female Veterans’ Mental Health training program in the PCT, MHC, and SUDC clinics as well as assessment following trauma. Dr. Sexton has been involved with community, clinical, and research work regarding multicultural competence and service delivery, particularly in the domains and intersections of women’s and gender issues; trauma/interpersonal violence; LGBTQ identity; and trauma informed care.
prevention; and culture within the context of medical and mental healthcare. Her primary research interests are PTSD; sleep; resilience, motivational interviewing; women’s reproductive and mental health; therapy efficacy/program evaluation; and predictors of treatment engagement, retention, and outcome.

**Erin Smith, Ph.D.**  
Chief, PTSD Clinical Team  
PCT Supervisor  
[Erin.Smith3@va.gov](mailto: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 consultant in Prolonged Exposure (PE) Therapy and provides supervision of Interns utilizing PE or Cognitive Processing Therapy (CPT). She provides leadership of the PCT Telemental Health Services provided from the Ann Arbor Clinics to area Community-Based Outpatient Clinics (CBOCs) located in Toledo, Ohio; Flint, Michigan; and Jackson, Michigan to improve access to care and reduce barriers associated with transportation, economic hardship, and mobility. Her clinical and research interests entail evidence-based interventions for PTSD, development of clinical interventions for PTSD, perceived perpetration, and spirituality and trauma.

**Robert J. Spencer, Ph.D.**  
Assessment, Health, and Compensation & Pension Supervisor  
[rspencer33@gmail.com](mailto:rspencer33@gmail.com)

Dr. Spencer is a Clinical Psychologist at AAVHA. 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 is a Member of the VA Ann Arbor Pain Board, the Health Promotion and Disease Prevention Committee, and the MOVE (Motivating Overweight Veterans Everywhere) Planning Committee. His clinical foci in Health Psychology include psychotherapy with individuals with medical illnesses, pain management, sleep hygiene, smoking cessation, diabetes education, weight management, anxiety and depressive disorders, and neuropsychological assessment. Within the C&P program, he specializes in neuropsychological and psychological evaluations with Veterans submitting service-connection disability claims. His program of research examines issues related to the efficient assessment of traumatic brain injuries within the VA and the psychosocial aspects associated with brain injuries.

**Jamie J. Winters, Ph.D.**  
Chief, Substance Use Disorders Clinic (SUDC);  
Assistant Training Director  
SUDC and Couples Therapy Rotation Supervisor  
[jamiewin@umich.edu](mailto:jamiewin@umich.edu)

Dr. Winters serves as the Assistant Training Director of the AAVHA training programs. She is the Chief of the SUDC and a Clinical Lecturer 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 intervention, Motivational Interviewing, and implementation of empirically supported treatments. Dr. Winters focused on research elucidating factors associated with substance use disorders and treatment outcome, substance use and violence, behavioral couples therapy, and intimate partner violence.

Stephanie A. Z. Young, Ph.D.
Toledo Community Based Outpatient Clinic (CBOC) & Compensation and Pension Stephens.Young9@va.gov

Dr. Young is a Clinical Psychologist serving Veterans nearest the Northwest Ohio/Southeast Michigan region by conducting Compensation and Pension evaluations. She also contributes to these services at the Ann Arbor VA via video-teleconferencing. Dr. Young obtained her doctoral degree from the University of Toledo. Prior to joining the VA, she was a clinician with StressCare Behavioral Health, Inc. of Toledo. Dr. Young’s primary clinical interests include compensation evaluation, treatment readiness assessment for medical patients (i.e., implantable devices for pain management; bariatric surgery), consultation-liaison services, behavioral healthcare management (i.e., weight loss; chronic pain management; stress management; coping with chronic illness), and utilizing the MMPI-2 to assess impression management during the aforementioned evaluations and to predict outcome of treatment.

Recent Peer-Reviewed Publications by Training Faculty (2008 – Current)


RECENT INTERNS AND POST-INTERNSHIP EMPLOYMENT

Our Most Recent Graduating Intern Class (2013-2014)

MENTAL HEALTH
Lisham Ashrafioun (Bowling Green State University)
Whitney Brown (University of Missouri, Columbia)
Angela Fedewa (Wayne State University)
David Kalmbach (Kent State University)
Alexis Matusiewicz (University of Maryland, College Park)
Natalie Nugent (Eastern Michigan University)
Erin Sparapani (American University)

BEHAVIORAL HEALTH
Julia Craner (University of Maine)
Bethany Grix (Illinois Institute of Technology)
Maren Hyde-Nolan (Wayne State University)
Kristen Sopko (Saint Louise University)
Julija Stelmokas (Pacific University)

(L-R) Lisham Ashrafioun, Alexis Matusiewicz, Angela Fedewa, Julija Stelmokas, Maren Hyde-Nolan, Whitney Brown, Julia Craner, Bethany Grix, Natalie Nugent, Erin Sparapani, Kristen Sopko & David Kalmbach
### Past Interns (2003 – Present)

<table>
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<th>Year</th>
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<th>University</th>
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<td>Shane Kraus</td>
<td>BGSU</td>
<td>Emily Briceno</td>
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<tr>
<td></td>
<td>Loren Post</td>
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<td>Jérren Weeks</td>
<td>U Cincinnati</td>
<td>Catherine York</td>
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<td>Elizabeth Duval</td>
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<td>Julie Alberty</td>
<td>Loma Linda</td>
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<td>2012</td>
<td>Aileen Echiverri-Cohen</td>
<td>U of Washington</td>
<td>Trisha Merkley</td>
<td>Brigham Young U</td>
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<td>Katherine Harris</td>
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<td>Laura Boxley</td>
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<td>Erica Dawson</td>
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<td>Christopher Doman</td>
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<td>Rayna Ericson</td>
<td>SUNY, Albany</td>
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<td>U of Kentucky</td>
<td>Patricia Cornett</td>
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<td>Aimee Whittaker</td>
<td>Texas Tech U</td>
<td>Michael Brinkman</td>
<td>Roosevelt U</td>
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<td>Claudio Dimitrescu</td>
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<td>Tracy Julio</td>
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<td>2003--</td>
<td>Camille Hood</td>
<td>Michigan State University</td>
<td>Tanya Ergh</td>
<td>Wayne State U</td>
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<td>2004</td>
<td>Alan Scoboria</td>
<td>Connecticut</td>
<td>Thomas Frazier</td>
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<td>Brian Harel</td>
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<td>Jason Kanz</td>
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*Note: The Behavioral Health Internship was previously Neuropsychology/ Geropsychology*
The VAAAHS Has Welcomed Our New Internship Class (2014-2015)

RaeAnn Anderson, University of Wisconsin-Milwaukee
Katherine Kitchen Andren, University of Wyoming
Christina Bigras, University of Cincinnati
Katherine Bucholtz, University of Missouri-Kansas City
Cynthia Burton, San Diego State University/University of California, San Diego
Catharine Fairbairn, University of Pittsburgh
Carolyn Mingione, University of Cincinnati
Phillip Raab, University of Hawaii-Manoa
Greer Raggio, Drexel University
Emily Standish, Wayne State University
Emily Stanley, University of Delaware
Lauren Taubitz, University of Wisconsin-Milwaukee

Post-Internship Employment

About two-thirds of Interns go for postdoctoral clinical specialty or clinical research training. Others take faculty positions in psychology departments (10%), go to other assorted clinical institutional settings (VA, academic medical centers; 10%), go to group or other private practice settings (10%), or take other positions (research, employee assistance, military contract work) (~3%). A substantial proportion of previous Interns earn ABPP Diplomates, and many have academic careers in applied settings and gain tenure. In the last 13 years, 14 psychologists graduating from this internship program have gained appointments as VA staff psychologists.

Postdoctoral Opportunities

The VA has seven postdoctoral positions:
- HSR&D first year (one position)
- HSR&D second year (one position)
- Mental Health (three total 12-month positions, one Female Veterans’ Mental Health)*
- Neuropsychology first year (one position)*
- Neuropsychology second year (one position)*
  *APA Accredited

We participate in a consortium arrangement with the currently accredited University of Michigan Department of Psychiatry Postdoctoral Program. You may wish to discuss this with Dr. Gus Buchtel, who besides being a faculty member for this internship is the Training Director for the UM/VAAAHS Postdoctoral Training Consortium Program. APA has accredited the formal consortium program. The HSR&D positions are currently not accredited by APA.

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. VA Interns may also carry UM teaching cases, which often have issues not seen so much in the VA (e.g., learning disorders, child/adolescent cases, etc.). Over the last 12 years many VA Interns (1-2 per year) have gone on to the University of Michigan Postdoctoral Program.
The HSR&D post-doctoral fellowships in clinically applied research are relatively new and based within the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC) health services research group. These postdoctoral fellowships allow for 75% research and 25% 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 Mark Ilgen, PhD. (mark.ilgen@va.gov).

The faculty as a group has strong knowledge of postdoctoral education in a number of emphasis areas (anxiety disorders, substance abuse, 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.

**Frequently Asked Questions**

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

We had 163 applicants with completed applications in the APPIC portal last year. This is fairly consistent with most recruiting years. 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.

**Why do you not conduct interviews?**

Extensive and oft-replicated research in Industrial and Organizational Psychology has demonstrated the *incremental* validity of interviews in predicting professional job performance to be very low. Psychology considers itself to adhere to the highest standards of scientific and evidence-based best practices. Forgoing interviews with little added value honors this value in practice.

On the part of applicants, being granted an interview may lead them to believe that their application is receiving more serious consideration than others (a reasonable but far from certain assumption); while not being granted an interview may lead them to believe that they are not being considered seriously for internship (which is simply not true in the case of this site).

Clinical Interviews and Employment Interviews are separate and different exercises; and most clinical psychologists have no training or expertise in the latter enterprise. Interviews may permit the interviewer to base selection decisions upon extraneous or erroneous observations and assumptions based upon misapplication of a small temporal sample to the prediction of a much larger time frame and complexity of work. Interviews can also allow some interviewers to ask inappropriate questions regarding the applicant in an ethical environment where there is no real
prospect for informed consent on the part of the applicant. Finally, interviews are expensive undertakings for students if they have to travel to them, which should be an economic justice consideration for programs.

**Well, then how do I know where I stand?**

We’d be glad to tell you in general terms. We will communicate to you if and when we do decide to forgo selecting you. We do not consider applicants we judge as unqualified for this internship and inform them of that immediately upon making that determination. While rare, we have had applications from such aspirants whose preparation and career trajectory are simply unsuited for this internship (e.g., a School Psychologist from an APA Approved School Psychology Program). In general, applicants are well qualified and show very good sense in identifying programs that can meet their needs.

**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 staff 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. 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 reviewers 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.

Last year we ranked 48 candidates for the Behavioral Health Code and 42 for the Mental Health Code. If you are not being ranked, we will inform you at the time of the finalization of the list (usually about one week before the dates that ranks are due).
Our outcomes in the match are usually quite good, with our places for the next year usually filled in no higher than the teen number ranks. 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 –without exception – 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 Open Houses 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 Open Houses?**

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 nation 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”, which are in the document, “Assessment of Competency Benchmarks Work Group: A Developmental Model for the Defining and Measuring Competence in Professional Psychology”, which is available on the APA website in a revised form. See
http://www.apa.org/ed/graduate/benchmarks---evaluation---system.aspx*

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 at least 85% of the competencies at the Readiness for Practice level as seen in the revised Competency Benchmark document referenced just above.

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 backbreaking 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 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

VAAHHS 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 Convention and Visitors Bureau (http://www.visitannarbor.org/*) for excellent recommendations to assist you in reaching Intern Competency Benchmarks in Self-Care.

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 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

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
Requirements and application information limited and full psychology licensure can be accessed at http://www.michigan.gov/documents/mdch_psyc_full_app_pkt_92012_7.pdf*

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 Kenneth Adams, Ph.D. and your supervisor(s).
http://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf*
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/.