



**VA Maryland Health Care System (VAMHCS)/  
University of Maryland-School of Medicine (UMSOM)  
Psychology Internship Consortium**



**The VAMHCS/UMSOM Psychology Internship Consortium is accredited by the American Psychological Association. The next site visit will occur during the 2023 training year.**

Questions related to the program's accreditation status should be directed to the American Psychological Association Commission on Accreditation:  
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## INTRODUCTION

**Welcome to the VA Maryland Health Care System (VAMHCS)/University of Maryland School of Medicine (UMSOM) Psychology Internship Consortium!** We greatly appreciate your interest in our program. This brochure is designed to provide you with relevant information to assist you in determining if our program is an ideal fit with your training goals.

To provide some background, the University of Maryland School of Medicine, Baltimore VA Medical Center, and Perry Point VA Medical Center combined previously separate APA-accredited internship programs to form this Consortium in 2003. Our unified APA-accredited Consortium is dedicated to providing high-quality training that is firmly rooted in the scientist-practitioner model. Interns benefit from access to a range of training settings with diverse clinical, research, and administrative/policy opportunities. Our training program aspires to work collaboratively with interns to formulate tailored training plans. We view internship as a year of exploration, growth, and balance that is intended to prepare interns for the next step in their career (e.g., post-doctoral training, academia/research, and/or clinical service delivery). After reading through our materials, we hope you have an interest in training at our site.

### COVID-19 Response

Members of leadership and training staff/faculty from VAMHCS and UM-SOM have worked collaboratively throughout the pandemic to prioritize high-quality training in a safe environment. Training has persisted without interruption and in accordance with local and national guidance (e.g., from APA, APPIC, and VA Office Of Academic Affiliations-OAA). The 2019-2020 internship cohort swiftly transitioned to virtual training in mid-late March of 2020, and all interns were able to maintain existing major and minor rotations. A comprehensive “teletraining” plan was implemented for each intern that included individualized teletraining goals and a coding system to track telesupervision and adherence to program competencies. All interns gained experience in provision of telehealth. Select requirements (e.g., assessment—see description on page 10) were modified due to limitations imposed by the pandemic. End-of-year events (e.g., intern research presentations, graduation) occurred over video conferencing platforms, and 100% of the cohort completed the training year virtually.

For the 2020-2021 training year, individualized training plans have been developed in collaboration with each intern. Several factors have been considered in creating plans (e.g., training track, training goals, personal circumstances, relevant guidance, specific clinical settings and safety procedures/protective equipment, telehealth readiness, etc.). As described above, a standardized coding system has been used to track individualized training goals, telesupervision, and all other training activities (e.g., clinical services, research, didactics, professional development). This approach has provided a method for monitoring the balance between different types of training activities. The training committee ensures that training plans are aligned with track-specific requirements and broad programmatic competencies. All interns have been provided equipment (e.g., laptops, monitors, mobile devices) to support remote training and provision of telehealth. At this time, 14/16 interns are exclusively engaging in virtual training. Nearly every major and minor rotation offering has maintained its usual areas of emphasis and typical training elements, despite being virtual. The only interns providing on-site, face-to-face care are those completing rotations in inpatient or residential programs. In those settings, there are strict screening and testing policies, and all individuals are required to wear personal protective equipment provided by the institution (PPE; e.g., surgical masks, face shields, etc.). All didactics and meetings exclusively occur over virtual platforms. We have developed multiple approaches for training to enhance our ability to adapt to evolving circumstances and guidance. For the 2021-2022 training year, determinations about training setting (e.g., virtual, in-person, hybrid) will be based on the status of the pandemic, the policies of our institutions, guidance from APA, APPIC, & OAA, and the safety and well-being of trainees and staff/faculty. We are committed to providing expeditious and transparent communications regarding any changes impacting current and/or incoming trainees.

## Clinical Settings

### VA Maryland Health Care System

The Veterans Affairs Maryland Health Care System (VAMHCS) is a dynamic and progressive health care organization dedicated to providing high-quality, compassionate, and accessible care and service to Maryland's Veterans. Nationally recognized for its outstanding patient safety and state-of-the-art technology, the VAMHCS is proud of its reputation as a leader in Veterans' health care, research, and education. The VAMHCS is comprised of three major medical centers and six community-based outpatient clinics. Most clinical training opportunities occur in the medical centers, described more fully below.

Statistics for FY 2019 show that the VAMHCS recorded >700,000 separate outpatient encounters, with over 50,000 unique patients. The sheer volume of patients treated across the variety of clinics ensures that interns are exposed to a diversity of patient demographics, encounter a spectrum of degrees of complexity in presenting mental health and medical problems, and experience a variety of patient concerns with enough frequency to establish sound baseline knowledge of a variety of psychological phenomena.

*Baltimore VA Medical Center:* The Baltimore VA Medical Center is located in a vibrant city neighborhood on the campus of the University of Maryland at Baltimore (UMB) and is within walking distance of Oriole Park at Camden Yards, M&T Bank Stadium, Lexington Market and the Inner Harbor. The Baltimore VA Medical Center is the acute medical and surgical care facility for the VAMHCS and offers a full range of inpatient, outpatient and primary care services, as well as a number of specialized programs and services, including integrated mental health in primary care programs, a women Veterans evaluation and treatment program, health psychology and treatment for chronic pain, inpatient and outpatient mental health care services, a residential trauma recovery program, and an intensive outpatient substance abuse detoxification and treatment program. Three blocks from the medical center, the Baltimore Annex offers outpatient mental health programming in the following specialty areas: trauma recovery, neuropsychology, and psychosocial rehabilitation and recovery.

*Perry Point VA Medical Center:* The Perry Point VA Medical Center is located about 45 minutes north of Baltimore on a beautiful campus of approximately 400 acres on the banks of the Susquehanna River and the Chesapeake Bay. It provides a broad range of inpatient, outpatient, and primary care services and is a leader in providing comprehensive mental health care to Maryland's Veterans. The medical center offers long and short-term inpatient and outpatient mental health care, including the following specialized treatment programs:

- Mental Health Intensive Case Management
- Psychosocial Rehabilitation and Recovery Center
- Health Improvement Program
- Family Intervention Team
- Outpatient Trauma Recovery Services
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
- Domiciliary Residential Rehabilitation Treatment (for Homeless Veterans)

*Loch Raven VA Medical Center:* The Loch Raven VA Medical Center specializes in providing rehabilitation and post-acute care for patients in the VAMHCS. The center coordinates the delivery of rehabilitation services, including physical therapy, occupational therapy, kinesiotherapy and recreation therapy, to achieve the highest level of recovery and independence for Maryland's Veterans. The center also provides hospice and nursing home care to Veterans requiring non-acute inpatient care, in addition to offering specialized treatment for patients with Alzheimer's disease and other forms of dementia.

Community Based Outpatient Clinics (CBOCs): Each of our 6 CBOCs provide primary care and limited specialty medical care services. Every CBOC offers Primary Care-Mental Health Integration (PC-MHI), telemental health services, as well as specialty mental health services. Some of the larger CBOCs provide PTSD and Substance Use Disorder services.

- Cambridge VA Outpatient Clinic
- Fort Howard VA Outpatient Clinic
- Fort Meade VA Outpatient Clinic
- Glen Burnie VA Outpatient Clinic
- Rosedale VA Outpatient Clinic
- Pocomoke City VA Outpatient Clinic

### **University of Maryland School of Medicine - University of Maryland Medical Center**

Founded in 1823 as the Baltimore Infirmary, the University of Maryland Medical Center (UMMC) is one of the nation's oldest academic medical centers. Located on the west side of downtown Baltimore, the Medical Center is distinguished by discovery-driven tertiary and quaternary care for the entire state and region and innovative, highly specialized clinical programs. The University of Maryland School of Medicine (UMSOM) is housed on the UMMC campus which is part of the University of Maryland Medical System (UMMS), a network of nine area hospitals: University of Maryland Medical Center, UMMC Midtown Campus, Mt. Washington Pediatric Hospital, UM Baltimore Washington Medical Center, UM Charles Regional Medical Center, University of Maryland Rehabilitation and Orthopedic Institute, UM St. Joseph Medical Center, UM Shore Regional Health, and UM Upper Chesapeake Health.

Patients admitted to the UMMC benefit from the talent and experience of the very finest physicians, nurses, researchers and other health care providers. Here, health care professionals from many disciplines work together as a team to cure illness, conquer disease, and assure the needed support for patient and family alike. All of the medical center's physicians are faculty members at the School of Medicine, the nation's fifth oldest and first public medical school and a recognized leader in biomedical research and medical education.

### **Clinical and Research Innovation**

As noted above, VAMHCS/UMSOM Consortium interns are exposed to clinical and research experiences within a number of centers. Having several robust research programs enhances the ability to provide state-of-the-art medical techniques and treatments while providing high quality scientist-practitioner training to Consortium interns.

The VAMHCS is home to the following specialized clinical and research centers:

1. *Epilepsy Center of Excellence* – focus on improving the health and well-being of Veteran patients with epilepsy and other seizure disorders through the integration of clinical care, outreach, research, and education
2. *Geriatric Research, Education and Clinical Center (GRECC)*- focus on promoting health and enablement models in older Veterans living with disability
3. *Mental Illness Research, Education and Clinical Center (MIRECC)* – focus on supporting and enhancing the recovery and community functioning of Veterans with serious mental illness through research, education, clinical training and consultation
4. *Multiple Sclerosis (MS) Center of Excellence – East (MSCoE East)* – focus on understanding multiple sclerosis, its impact on Veterans, and effective treatments to help manage multiple sclerosis symptoms

UMSOM boasts several research centers:

1. *Division of Services Research (DSR)* – focus on conducting research that improves the quality and outcomes of care for persons suffering from mental disorders
2. *National Center for School Mental Health (NCSMH)* – focus on strengthening policies and programs in school mental health by advancing evidence-based care in schools and collaborating at local, state,

national, and international levels to advance research, training, policy, and practice in school mental health

3. *Maryland Psychiatric Research Center (MPRC)*- focus on providing treatment to patients with schizophrenia and related disorders, educating professionals and consumers about schizophrenia, and conducting basic and translational research into the manifestations, causes, and treatment of schizophrenia
4. *Center for Behavioral Treatment of Schizophrenia (CBTS)* – focus on developing and evaluating behavioral treatments for schizophrenia and the integration of psychosocial and pharmacological treatments
5. *Taghi Modarressi Center for Infant Study (CIS)* – focus on providing multidisciplinary care in an outpatient setting for children ages 0-6 with emotional and behavioral concerns and studying the relationship between social competence and behavior problems, parenting factors and parenting stress, and routines and other related behaviors in preschool children
6. *General Clinical Research Center* - cornerstone for clinical research within the University of Maryland by providing supports the full spectrum of patient-oriented research
7. *UM School of Medicine Clinical and Translational Sciences Institute* – focus on providing a portal for high-quality cost-effective resources and services for clinical and translational researchers that will support clinical research, informatics, biostatistics, genomics and other core services, community engagement ethics and regulatory science, pilot projects and the development of novel technologies fully integrated through a shared organizational structure and wired by informatics
8. *UM Child and Adolescent Mental Health Innovations Center* – focus on developing and advancing evidence-based interventions for community mental health treatment, models for integration of behavioral health services, and multi-disciplinary training to improve services for underserved young people

## PROGRAM OVERVIEW

### Training Model and Program Philosophy

The VAMHCS/UMSOM Psychology Internship Consortium adheres to the scientist-practitioner approach to training. The Consortium applies this model by grounding the content and process of training in research, with the purpose of developing well-rounded and competent psychologists. Studies of methods of training have consistently demonstrated processes for effectively impacting trainee behavior, which include modeling desired behaviors, providing opportunities to practice those behaviors in a supervised environment, and provision of specific feedback on progress toward the desired behavior. Utilizing this approach, within a developmental framework of continuous reciprocal trainee feedback and program evaluation, the Consortium can meet the individualized goals of each trainee while enhancing progress toward core training competencies.

Our program believes that evidence-based practice for the psychological treatment of mental health and other conditions is crucial for the effective care of patients. We require our interns to actively engage in research that supports their ability to: 1.) identify and clearly describe the disorders and conditions presented by patients, 2.) select or create reliable and valid outcome measures that are sensitive to changes in patients' disorders or conditions, and 3.) identify and successfully administer treatments to improve these disorders or conditions.

As one of the few internship training programs recognized by the Academy of Psychological Clinical Science (APCS; <https://www.acadpsychclinicalscience.org/>), the Consortium is particularly interested in applicants from graduate programs that place an equally strong emphasis on scientific study and broad clinical training. While not a requirement, the ideal applicant has a combination of peer-reviewed publications and professional presentations

that clearly demonstrate their skills as a psychological scientist. Additionally, the ideal applicant is expected to have solid foundational training and skills across a broad range of clinical populations, evidence-based practices, and in a wide range of objective psychological assessments. **Each of these requisite skills should be clearly addressed in the application and in letters of recommendation.**

While adhering to a scientist-practitioner approach to training that underscores evidence-based practice, the Consortium aims to train and refine skills in core competency domains with the ultimate goal of facilitating the development of interns from trainees to independent psychologists. As an illustration, specific training in assessment or treatment for a particular presenting problem will be grounded in research, clinical practice guidelines, and expert consensus on that problem. In addition, to foster interns' development as independent scientist-practitioners, didactics and supervision will focus on the skills needed to function independently as a psychologist in a multidisciplinary hospital setting.

To round out existing scientific and clinical skills, extensive efforts are made to tailor the internship training experience to each individual intern's needs and allow a reasonable amount of focused specialization in each intern's area of emphasis. For example, psychology interns attend a weekly didactic seminar that is focused on general training in core competency domains. In addition, interns in specialty tracks attend seminars focused on their area of emphasis. Graduates of our program may pursue careers in research or clinical service but, in either case, their training will have prepared them to make a meaningful contribution to the effective care of patients.

#### Commitment to Diversity

The VAMHCS and UM are Equal Opportunity Employers. Our Consortium values and is deeply committed to cultural and individual diversity and encourages applicants from all backgrounds. The Consortium does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Interns are taught to consider dimensions and intersections of diversity in every aspect of their work (e.g., clinical service delivery, research, etc.). Further, diversity-focused training is an integral component of the Consortium including, but not limited to, a diversity seminar series (required) and a diversity minor (optional).

#### Expectations

Interns are expected to be involved in their clinical training assignments to the benefit of the VAMHCS and UMSOM health care delivery systems and their own learning experiences. They are expected to participate in training meetings and to present material in case presentations, seminars, and other formats during the year, and to engage willingly in dialogue with staff in the service of professional training and development. Interns are expected to adhere to the ethical guidelines established for psychologists by the American Psychological Association and to the policies and procedures of their host institution and clinics.

### **Training Goals and Objectives**

Along with adherence to a scientist-practitioner training model, the Consortium aims to develop and refine skills in eight core competency domains, which are deemed essential in facilitating the development of interns from trainees to independent psychologists. From these eight core domains, corresponding goals are generated and outlined below in Table 1 on the following page.

**Table 1: Consortium Competencies and Goals**

Competency	Goal
1. Professional Values, Attitudes, and Behaviors	Demonstrate a commitment to the professional values and attitudes symbolic of a health service psychologist.
2. Ethics and Legal Matters	Demonstrate an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrate increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies.
3. Professional Communication, Consultation, and Interpersonal Skills	Demonstrate the ability to effectively communicate with teams of providers, staff, and other stakeholders as it relates to duties within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in intern's area of expertise.
4. Individual and Cultural Diversity	Demonstrate an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient's presenting problem or his or her ability to engage in treatment/assessment.
5. Theories and Methods of Psychological Diagnosis and Assessment	Demonstrate an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)
6. Theories and Methods of Effective Psychotherapeutic Intervention	Demonstrate the ability to consistently and effectively engage and collaboratively develop therapy goals with patients with a wide range of presenting problems. Effectively selects, tailors, and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.
7. Scholarly Inquiry and Application of Current Scientific Knowledge to Practice	Demonstrate the initiative and ability to integrate scientific knowledge into professional clinical practice.
8. Clinical Supervision	Demonstrate an understanding of supervision theory and practice. Able to apply supervision principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others when such activities are available in specific clinical settings.

### **Overview of Training Requirements and Training Tracks**

The Consortium includes general requirements that are applicable to all interns, as well as track-specific experiences. All interns complete the Consortium's research and assessment requirements, and attend a didactic seminar (described below). Additionally, the Consortium offers a variety of UM- and VA-based training tracks. UM-based training tracks are year-long and include the following areas: clinical high risk for psychosis, inpatient and pediatric consult-liaison, and school mental health. VA-based training tracks include three, four-month major clinical rotations and optional minor rotations. Current VA training tracks include the following areas: comprehensive, health psychology, neuropsychology, serious mental illness, and trauma recovery. Interns are matched to a specific track and are provided with a comprehensive training plan that includes clinical training, research, and didactics in their area. Please see the [Training Tracks](#) section for more information.

#### **Assessment Requirement**

Across all tracks, consortium interns are required to complete a minimum of six psychological assessments during the training year. Although the nature of the report will vary depending on the clinic, population, and referral question, reports must include the following components to be considered "comprehensive":

- 1) Review of available pertinent medical records.
- 2) Development/administration/scoring of an appropriate assessment battery. This may include one of the following:
  - a. A multi-scale measure of psychopathology (e.g., MMPI-2-RF; PAI)
  - b. A multiple performance-based measure of academic achievement, IQ, or neurocognitive functioning (e.g., WJ-IV, WAIS, WISC, RBANS, etc.).
  - c. A battery of at least two performance-based neurocognitive measures that your supervisor deems appropriate for the referral question.
  - d. A developmental battery (e.g., Bayley Scales, ADOS)
  - e. A standardized interval behavioral observation in a naturalized setting (e.g., classroom)
  - f. \*COVID-19 modification: #3 below acceptable
- 3) Completion of an appropriately thorough structured or semi-structured interview focused on: psychosocial factors, cultural and diversity considerations, and differential diagnosis
- 4) Behavioral Observations
- 5) Integrative summary of data
- 6) Diagnostic Impressions
- 7) Treatment Recommendations
- 8) Feedback Session

Though not required, interns are encouraged to include the administration of self-report inventories, a pre-assessment consultation with the referral source to refine the referral question, and a post-assessment feedback consultation with the referral source to discuss findings/recommendations. Intern assessment proficiency is monitored and evaluated by supervisors and the Assessment Coordinators. Some rotations may require additional assessment training and administration, as detailed in the rotation descriptions below.

### **Research Requirement**

The Consortium requires that interns actively engage in research that supports their ability to: 1.) identify and clearly describe the disorders and conditions presented by our patients, 2.) select or create reliable and valid outcomes measures that are sensitive to changes in the patient’s disorder or condition, and 3.) identify and successfully administer treatments to improve these disorders or conditions.

To fulfill the core research competency requirement, it is expected that each intern complete a research project during the course of the training year. Supervisors for research activities include VA and UMSOM faculty and staff, including psychologists, psychiatrists, pharmacologists, neurologists, and health economists. At the beginning of the training year, each intern is asked to outline their research experiences, interests, and goals on a brief inventory to facilitate matches with research mentors. Once matched with a research mentor, a specific research plan is developed and executed. There is considerable flexibility in the content, scope, and focus of intern projects, however, it is expected that it will consist of a project independent of the dissertation. Up to six hours per week can be used by interns for research time. Toward the end of the year, each intern presents the results of their research in a forum of their fellow peers and faculty. Many interns choose to participate in a poster presentation at the University of Maryland research colloquium, during which time they may present the results of their internship research or dissertation project. Many intern research projects have led to presentations at local, regional, and national research meetings as well as publications and ongoing collaborations. The research core competency requirement is coordinated by Christine Calmes, Ph.D. and Jill Bohnenkamp, Ph.D. VA-based interns also have the option of completing an [enhanced research minor](#) which affords up to 14 hours per week of research time.

### **Didactics**

Consortium Interns meet weekly for two and half hours of required didactic training through a comprehensive Consortium Seminar Series. The seminar series, coordinated by Drs. Anjeli Inscore and Arthur Sandt, is intended to expose interns to a wide range of clinical and research topics and to stimulate discussion and professional development. Topics include legal and ethical issues, assessment and treatment of various psychological disorders

in children and adults, culturally-informed practice, stigma, couples, family and group treatment modalities, as well as career development topics (e.g., post-doctoral fellowships, job talks, licensure, research funding). Presenters are faculty and staff from the University of Maryland, the VA, and guest speakers from local universities and community organizations (such as the National Alliance for the Mentally Ill and the American Psychological Association). A sample schedule is provided in Table 2.

### Diversity Seminar Series

Embedded within the seminar series is a monthly diversity seminar, coordinated by Dr. Candice Wanhatalo, which is focused on topics that enhance interns' understanding of culture and dimensions of diversity within clinical and research applications. Topics are a blend of didactic material and experiential exercises (with informed consent), designed to enhance intra/interpersonal awareness, knowledge, and practical skills. Topics typically include military culture, disabilities, LGBTQIA, race and privilege, spirituality, and microaggressions.

The objectives for the diversity seminar are to:

- provide an atmosphere in which individuals can explore themselves, their worldviews, and the worldviews of others, and how these beliefs might impact clinical work, scientific research, and professional development
- increase awareness and understanding of dimensions of diversity and cultural factors in diagnostic and therapeutic processes, and the research environment
- broaden interns' effectiveness in provision of clinical services and conduct of research in individuals with diverse characteristics

### Additional Didactic Opportunities

In addition to the required weekly seminar series, there are a number of intensive trainings and consultation groups in evidenced-based treatments that are offered to Consortium interns. These include, but are not limited to: Social Skills Training, Cognitive Processing Therapy, Prolonged Exposure, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing. Most trainings involve a formal workshop that is facilitated by a regional or national trainer, followed by a consultation group to assist in implementation of the treatment modality. Amid the pandemic, supplementary didactic opportunities have greatly expanded, and interns have also been provided with up-to-date information on local and national virtual didactic opportunities and resources.

There are many other educational opportunities available at VA and UMB locations including departmental grand rounds, journal clubs, and various symposia. The VA MIRECC organizes a twice-monthly meeting (September through May) during which invited speakers and local researchers present research findings, discuss grants or other projects on which they are working to receive input from peers, practice upcoming talks, or discuss other research-related issues. The UM Division of Services Research journal club meets Fridays at noon to discuss articles on a range of mental health services topics, with special emphasis on methodology issues. There is also a journal club focused on cognitive neuroscience, with emphasis on schizophrenia, which meets at the Maryland Psychiatric Research Center. The School of Medicine Office of Faculty Affairs and Professional Development offers monthly Psychiatry Grand Rounds and seminars throughout the year on topics such as writing a successful grant application, time management, and teaching methods. The schedule for these activities can be viewed here: <http://medschool.umaryland.edu/career/>. Last, each specialty track offers a didactics schedule specific to their specialty.

**Table 2: Sample Seminar Schedule**

Topic	Presenter(s)	Competency Area(s)
Introduction to Seminar/Review of Consortium Requirements/ Hopes & Fears	Moira Dux, Ph.D., Christine Calmes, Ph.D., Anjeli Inscore, Psy.D., & Arthur Sandt, Ph.D. <i>Director of Internship Training, Research Co-Coordinator, and Seminar Co- Coordinators</i>	Reflective Practice
Introduction to Diversity Seminar	Erika White, Ph.D. & Candice Wanhatalo, Ph.D. <i>Diversity Seminar Co- Coordinators/VAMHCS Psychologists</i>	Diversity
This is Baltimore: The Impact of Historical Structural Racism on Health	Chuck Callahan, D.O. <i>Vice President of Population Health, University of Maryland Medical Center</i>	Diversity
Tobacco Use/Cessation	Meagan Layton, Ph.D. <i>VAMHCS Primary Care-Mental Health Integration Psychologist</i>	Assessment & Intervention
2020 Annual School Health Interdisciplinary Program (SHIP)  <i>Addressing the Needs of the Whole Child: What Works in School Health and Wellness</i>	Various experts in child psychology and psychiatry	Assessment, Intervention, Ethics, Diversity
Military Culture: Applications to Assessment & Intervention with Military Personnel & Veterans	Jon Hollands <i>VAMHCS Peer Support Specialist</i>  Tony Gibson, MHA <i>Program Director - CRRC</i>	Diversity
Symptom Validity Assessment	David O'Connor, Ph.D. <i>VAMHCS Clinical Psychologist (Trauma-Dual-Diagnosis)</i>	Assessment
Supervision - # 1 of 4 Part Series	Arthur Sandt, PhD <i>VAMHCS Seminar Co-Coordinator &amp; Staff Psychologist (SUD/Dual-Diagnosis)</i>	Supervision- Professional Development
Suicide Risk Assessment & Intervention	Aaron Jacoby, Ph.D. <i>VAMHCS Director of Mental Health</i>	Ethics; Assessment; Intervention
Introduction to Qualitative Research (Including How to Adapt Qualitative Work to Intern Research Projects)	Alicia Lucksted, Ph.D. <i>MIRREC Psychologist</i>	Research
Cultural Formation Interview	Anjana Muralidharan, Ph.D. <i>MIRECC Clinical/Research Psychologist</i>	Diversity
Intimate Partner Violence	Julia Caplan, LCSW-C <i>Coordinator for Intimate Partner Violence Baltimore VA Medical Center</i>	Ethics; Assessment; Intervention

<b>Motivational Interviewing</b>	Jade Wolfman-Charles, Ph.D., & Neil Weissman <i>VAMHCS Chief Psychologist &amp; VAMHCS Staff Psychologist</i>	Intervention
<b>Intern Clinical Presentations</b>	VAMHCS/UM-SOM Psychology Interns	Intervention; Assessment
<b>LGBTQIA – Clinical Assessment &amp; Intervention</b>	Erika White, Ph.D. <i>VAMHCS Diversity Co-Coordinator</i>	Diversity
<b>Recovery-Oriented Cognitive Therapy</b>	Jennifer Boye, Ph.D., & Julie Rife-Freese, Psy.D. <i>VAMHCS Staff Psychologists-Psychosocial Residential &amp; Rehabilitation Treatment Program</i>	Intervention; Consultation
<b>Virtual Voices</b>	Samantha Hack, Ph.D. <i>MIRECC</i>	Reflective Practice; Diversity
<b>CV Building &amp; Performance-Based Interviewing</b>	Kelly Gibson, LCSW-C <i>VAMHCS Chief of Social Work</i> Jade Wolfman-Charles, Ph.D. <i>VAMHCS Chief of Psychology</i>	Professional Development
<b>Early Psychosis</b>	Jason Schiffman, Ph.D. <i>Psychologist (University of Maryland-School of Medicine &amp; University of Maryland, Baltimore County)</i>	Assessment; Intervention; Research

### Evaluation Procedures

Multiple methods are used to evaluate the Consortium training model and intern progress with the eight identified training competencies. Interns are monitored throughout the year, with the aim of facilitating developmental learning and progress toward the eight core competency domains. In addition to measuring progress with these core domains, evaluations include measurement of rotation-specific competencies and open-ended qualitative feedback. A sample [clinical competency evaluation](#) form can be found in the appendices of this brochure. It is expected that all items be rated at the basic competency level (i.e., internship entry level with close supervision needed) or higher at the initial rotation evaluation for VA Interns and mid-year rating periods for UMSOM interns. By the end of the rotation or the training year, for VA and UMSOM interns respectively, it is expected that all items be rated, minimally, at the intermediate competency level (i.e., routine supervision needed). VA-based interns completing year-long clinical minors are evaluated at mid-year and at the conclusion of the year. Research competency evaluations are completed for all interns at the mid-year and end-year time points. A sample [research competency evaluation](#) form can be found in the appendices of this brochure. Table 3 below outlines information regarding the format and timing of evaluations.

If the supervisor perceives that there is a significant deficiency in the intern’s competency, the supervisor is to complete the evaluation form at the time the deficiency is identified (even if this occurs outside of the designated evaluation time points) and review it with the intern and the Training Director so that remediation can begin expeditiously. Criteria for successful completion of the training year include completion of all training rotations, completion of six comprehensive integrative assessment reports, completion of a research project, and attendance in weekly didactic training. The Training Director maintains communication with the interns’ graduate programs by providing a letter at the beginning of the year, which describes each intern’s training plan, a letter mid-way through the year, which describes each intern’s progress with the training plan, and a letter of internship completion at the end of the training year.

Although rotation supervisors provide formal competency evaluations, interns are also asked to provide a self-assessment of these core competency domains at the beginning of the training year and at the end of the training year. Although this self-assessment is not factored into the formal rating of an intern, it is an important aspect of the training program. The self-assessment serves as another opportunity to facilitate individualized training and core competency development, which is discussed individually with the Training Director and rotation supervisors.

During each evaluation time point, interns provide written evaluations of clinical and research supervisors and training sites, and submit them directly to the Training Director. Interns are expected to provide informal verbal feedback to supervisors throughout training and following submission of a formal written evaluation. The Training Director compiles information from formal evaluations, and provides summary data to each staff supervisor once the supervisor had had three different trainees in one training year (at the end of that training year) or at least two trainees over a two-year period (at the end of the second year). If a supervisor’s ratings are low (e.g., rated Unacceptable or Below Expectations), the Training Director will initiate immediate action and will make every effort to maintain the anonymity of the intern. The nature of the immediate action will be determined on a case-by-case basis. Sample [clinical](#) and [research](#) supervisor evaluation forms can be found in the appendices of this brochure.

Last, interns provide confidential qualitative program-level feedback to the Training Director at the end of the training year. Interns are queried on the following experiences: clinical rotations, general strengths and weaknesses of the Consortium, didactic training, and the research requirement. Once de-identified and aggregated, this feedback is shared with the Training Committee to inform program improvements.

**Table 3: Consortium Evaluation Schedule**

Evaluation Type	Competency	Time Point	Scale
<b>Trainee Clinical Competency Evaluation</b>	<ol style="list-style-type: none"> <li>1. Scientific Knowledge</li> <li>2. Ethical and legal matters</li> <li>3. Individual and cultural diversity</li> <li>4. Professional values, attitudes, and behaviors</li> <li>5. Communication, consultation, and interpersonal skills</li> <li>6. Diagnosis &amp; Assessment</li> <li>7. Intervention</li> <li>8. Supervision</li> </ol>	<p>VA: Initial and Final for each major rotation (6)</p> <p>VA: Mid-year and End-year (Final) for each minor rotation (if applicable; 2)</p> <p>UM: Oct (1<sup>st</sup> Mid-Year), Feb (2<sup>nd</sup> Mid-Year), June (Final) (3)</p>	<p>1= Below Entry/Remedial</p> <p>2= Basic Competence/Entry Level (initial/mid)</p> <p>3= Intermediate Competence (final)</p> <p>4= Intermediate to Advanced Competence</p> <p>5= Consistently Advanced/Autonomous</p> <p>N/O= Not Observed</p>
<b>Trainee Self-Assessment</b>	<ol style="list-style-type: none"> <li>1. Scientific Knowledge</li> <li>2. Ethical and legal matters</li> <li>3. Individual and cultural diversity</li> <li>4. Professional values, attitudes, and behaviors</li> <li>5. Communication, consultation, and interpersonal skills</li> <li>6. Diagnosis &amp; Assessment</li> <li>7. Intervention</li> <li>8. Supervision</li> </ol>	Initial and Final (2)	<p>1= Below Entry/Remedial</p> <p>2= Basic Competence/Entry Level (initial/mid)</p> <p>3= Intermediate Competence (final)</p> <p>4= Intermediate to Advanced Competence</p> <p>5= Consistently Advanced/Autonomous</p> <p>N/O= Not Observed</p>
<b>Trainee Research Competency Evaluation</b>	<ol style="list-style-type: none"> <li>1. Scholarly inquiry and research dissemination</li> <li>2. Ethical and legal matters</li> <li>3. Individual and cultural diversity</li> <li>4. Professional values, attitudes, and behaviors</li> <li>5. Communication, consultation,</li> </ol>	Mid and Final (2)	<p>1= Below Entry/Remedial</p> <p>2= Basic Competence/Entry Level (mid)</p> <p>3= Intermediate Competence (final)</p> <p>4= Intermediate to Advanced Competence</p>

	and interpersonal skills		5= Consistently Advanced/Autonomous N/O= Not Observed
<b>Clinical and Research Supervisor/Site Evaluations</b>	<ol style="list-style-type: none"> <li>1. Quality of Supervision</li> <li>2. Supervisory Responsibilities</li> <li>3. Supervisory Content</li> <li>4. Supervisory Tools</li> <li>5. Assistance in Professional Development</li> <li>6. Assistance in Meeting Training Goals</li> <li>7. Supervisory Outcomes</li> <li>8. Quality of Rotation</li> <li>9. Summary Ratings</li> </ol>	<p>VA: Each major and minor rotation Final (3+)</p> <p>UM: Oct, Feb, June (3)</p> <p>All: Mid and Final Research (2)</p>	<p>UN=Unacceptable</p> <p>BE= Below Expectations</p> <p>ME= Meets Expectations</p> <p>SE= Slightly Above Expectations</p> <p>EE=Significantly Exceeds Expectations</p> <p>N/A= Not Applicable</p> <p>*Provided directly to Training Director</p>
<b>Year-End Program Evaluation</b>	<ol style="list-style-type: none"> <li>1. Rotation Specific</li> <li>2. General Questions</li> <li>3. Seminar</li> <li>4. Research</li> <li>5. Overall Experience</li> </ol>	All: End of Year (June)	Qualitative Anonymous

### **Clinical Supervision and Support**

Interns receive a minimum of four hours per week of supervision, at least two hours of which are individual, face-to-face supervision (telesupervision permitted amid pandemic) with a licensed psychologist. Supervisors are readily available to respond to interns’ questions and provide impromptu guidance. When an intern’s primary supervisor is on leave, back-up coverage is clearly delineated. At the beginning of a training rotation, the supervisor and intern jointly assess the intern’s training needs and establish individualized training goals. Over the course of the rotation, the intern is expected to become more independent in his or her activities, consistent with the Consortium’s developmental approach to training. As this process of attaining graduated levels of responsibility unfolds, the supervision becomes less directive and more consultative.

Staff psychologists with appropriate clinical privileges provide primary supervision to interns. Credentialed clinicians from allied professions and non-staff psychology consultants provide supplemental training expertise. There are opportunities for additional supervisory consultation with psychologists working outside the intern’s normal assignment area as well. Consortium faculty use various modes and models of supervision in the training of interns, including co-therapy, analysis of audiotaped or videotaped sessions, supervisor “shadowing,” and “junior colleague.” In all cases, interns work closely with supervisors initially, and then gradually function more independently as their skills develop. Responsibility for ensuring adequacy of supervision rests with the Consortium Training Committee, under the leadership of the Psychology Training Program Director.

The Consortium Training Committee believes that evidence-based best practice guidelines for the psychological treatment of mental health and other conditions are crucial to the effective care of patients. Consortium supervisors are trained in a number of theoretical orientations and value the use of scientific literature to inform clinical practice. The Consortium Training Committee also asserts that evidence-based practice requires that psychologists maintain the skills to interpret relevant research findings and treatment developments, as well as the skills to contribute to this expanding knowledge base.

Each internship cohort is offered the opportunity to participate in a consultation group facilitated by a psychologist in a non-supervisory role. The group typically meets twice per month to provide support and encouragement regarding dissertation progress, supervision, adjustment to internship, living in a new city, and professional development. Finally, the Training Committee and/or Training Director meets once per month with the internship class to discuss current concerns as well as topics related to professional development.

## **Training Term**

The internship training year is for a term of 12 months beginning on or around July 1<sup>st</sup>. Interns must work at least 2,080 hours, with most interns working an average of 40-50 hours per week. This length is consistent with the majority of other psychology internships in the United States and allows interns to meet state licensure requirements. Interns spend approximately 24 hours per week engaged in clinical activities at their major rotation/clinic. The remaining 16 hours include minor clinical rotations (up to 6 hours per week for VA-based interns), research (up to 6 hours per week for Consortium research requirement and up to 14 hour per week for VA-based interns completing an Enhanced Research Minor), seminars (3 or more hours per week), and administrative activities.

## **Stipend and Benefits**

The current intern stipend is \$29,330. Interns accrue 4 hours bi-weekly of annual leave (13 days total), 4 hours bi-weekly of sick leave (13 days total), 10 federal holidays (& unplanned federal holidays such as a day of mourning), and up to 5 professional development days to attend conferences, present papers, or to defend their dissertations. Interns at both the VAMHCS and UMSOM have access to the health insurance coverage at their respective institutions. There is ample public transportation to the Baltimore VA Medical Center and the UMB campus, and interns can utilize a transit reimbursement program if they choose to use public transportation. Parking is not provided free of charge but is available downtown in for-pay parking garages.

## **TRAINING TRACKS**

The Consortium offers training tracks in the following areas: comprehensive/general, health psychology, neuropsychology, serious mental illness, trauma recovery, clinical high risk for psychosis, inpatient and pediatric consult-liaison, and school mental health. As described below in more detail, UM-based training tracks span the full training year. VA-based training tracks include three, four-month major clinical rotations and optional minor rotations. Interns are matched to a specific track and are provided with a comprehensive training plan that includes clinical training, research, and didactics in their area of emphasis.

### **VAMHCS-Based Training Tracks**

VA-based interns will have the opportunity to prioritize their preferences for rotation assignments at the beginning of the training year. A listing of typical rotation offerings is provided in Table 4: Rotations by Site. These rotations are offered regularly and are generally available each training year. However, there may be times when resource limitations require cancellation of a rotation without advance notice. To ensure an optimal training experience, the number of interns that can be assigned to each rotation is limited; therefore, it is not always possible for every intern to do all of their preferred rotations. The Training Director works with each intern upon their arrival to determine the best possible selection and scheduling of rotations.

Interns in the VA-based training tracks (Comprehensive, Neuropsychology, PTSD/Trauma Recovery, Health Psychology and Serious Mental Illness) complete three, four-month major rotations during the year, which are based at VA facilities, with some opportunities for research activities based at UMSOM. VA interns are expected to complete rotations at more than one VA facility throughout the training year (i.e., Baltimore, and Perry Point or Loch Raven). VA interns select rotation experiences based on their interest, availability, and institutional need.

**Table 4: Rotations by Site**

Site	Typical Major Rotations Offered
<b>University of Maryland</b>	School Mental Health
	Child Inpatient and Pediatric Consult-Liaison
	Clinical High Risk for Psychosis
<b>Baltimore VA Medical Center</b>	Health Psychology-Neurology/Chronic Pain
	Combined Health Psychology and Hospice & Palliative Care
	Dual Diagnosis (Outpatient Substance Use Treatment Program)
	Intensive Outpatient Substance Use Treatment Program (ACT)
	Primary Care – Mental Health Integration
<b>Baltimore VA Annex</b>	Neuropsychology
	Trauma Recovery Program (TRP): Posttraumatic Stress Disorder Clinical Team
	Psychosocial Recovery and Rehabilitation Center
<b>Perry Point VA Medical Center</b>	Gero-Neuropsychology – Community Living Center
	Mental Health Clinic
	Psychosocial Residential Rehabilitation and Treatment Program (PRRTP)
	Posttraumatic Stress Disorder Clinical Team (PCT) and Posttraumatic Stress Disorder Intensive Outpatient Program (PTSD IOP)
	Primary Care – Mental Health Integration
	Geropsychology – inpatient/outpatient
<b>Loch Raven</b>	Hospice/Palliative Care
	Primary Care – Mental Health Integration

## **VA Comprehensive Track**

Comprehensive Track interns complete three, four-month rotations from any of the list of available major VA-based rotations (listed in [Table 4](#)). Comprehensive track interns also have the opportunity to complete a [minor rotation](#), which typically lasts the full year. It is possible to complete more than one minor, though this is not typically encouraged and requires thoughtful discussion with the Training Director to ensure that there will be adequate time for all required activities, including seminars/didactics, major rotation responsibilities, and the [research project](#).

Examples of former Comprehensive interns' research projects have included:

- Assessing Self-As-Context in the ACT IOP
- Racial Differences in Mental Health Recovery Orientation Among Veterans with Serious Mental Illness
- Smoking Norms Among Individuals with Serious Mental Illness

## **VA Health Psychology Track**

Health Psychology interns complete two of the following four-month rotations and choose one additional rotation from the comprehensive list of available rotations (listed in [Table 4](#)).

- Combined Health Psychology and Hospice & Palliative Care (Baltimore)
- Health Psychology- Neurology/Chronic Pain (Baltimore)
- Primary Care – Mental Health Integration (Baltimore)
- Primary Care – Mental Health Integration (Perry Point)
- Hospice/Palliative Care (Loch Raven)

In addition to the Consortium didactics seminar, Health Psychology interns participate in a monthly didactic seminar focused on advanced topics in Health Psychology assessment, intervention, and consultation. Topics are presented by the core Health Psychology staff, but the didactic is meant to stimulate thoughtful conversation about a variety of topics of interest to the interns.

Examples of former Health Psychology interns' research projects have included:

- The Effects of Health Behavior Motivation on Exercise and Autonomic, Cognitive, and Affective Function Post Stroke
- Health Perceptions, Behaviors, and Coping in Veterans with Insulin Resistance or Type 2 Diabetes Completing an Exercise Intervention

## **VA Neuropsychology Track**

The Neuropsychology Specialty Track within the VAMHCS/UMSOM Consortium adheres to criteria and guidelines developed by Division 40 of the American Psychological Association, the Association of Internship Training in Clinical Neuropsychology, and the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Accordingly, interns will spend a minimum of 50% of their training year involved in clinical, didactic, and empirical endeavors in neuropsychology. The program is designed to prepare students for post-doctoral fellowships in neuropsychology. To achieve this objective, interns in this program will do two full rotations in neuropsychology at the Baltimore VA Annex and their research experience will be focused in areas pertinent to neuropsychology. For the third rotation, the intern will select a rotation from the comprehensive list of available rotations ([Table 4](#)). During this rotation, the intern will also maintain a minor rotation in neuropsychology at the Baltimore VA Annex. Neuropsychology track training activities include outpatient and inpatient consultation as well as interdisciplinary assessment. Additionally, interns receive training in cognitive rehabilitation. Example training settings include an interdisciplinary Geriatric Assessment Clinic, Treatment Clinics (e.g., cognitive rehabilitation), and Outpatient Consultation-Liaison Clinics. Interns are encouraged to attend regional and national conferences. Our previous interns have been successful in obtaining post-doctoral fellowships both locally and nationally and opportunities may exist for interns to develop their own research funding to support post-doctoral training endeavors.

In addition to patient-specific supervision and the Consortium didactics seminar, Neuropsychology interns participate in the following neuropsychology didactics and activities at various intervals:

- *Neuropsychology Assessment Case Conference (Every Tuesday)*
  - All interns rotate presenting cases
  - Faculty occasionally present cases
  - Practice fact-findings are conducted
  - Report critiques and review of journal articles occur multiple times per rotation
- *Neuropsychology Treatment Group Supervision (Every Tuesday)*
  - Ongoing cognitive rehabilitation and psychotherapy cases discussed
  - Process-oriented discussions regarding issues relevant to treatment
  - Didactic material presented by staff
- *Neuropsychology Rounds*
  - Half-day didactic that occurs 1 time per major rotation
  - Staff and invited speakers give presentations related to a specific theme (e.g., dementia, neurologic disorders, etc.)

Additional training opportunities are also available and include: Neuropsychology Fellowship Video Teleconference, Neurology Grand Rounds, Neuroscience Seminar (VA/ University of Maryland), HIV/Liver Disease Psychology Fellowship Training Seminar Series, MIRECC Science Meetings, Geriatrics Grand Rounds, Psychopharmacology Case Conference, UM Department of Psychiatry Grand Rounds, and Neurology Town and Gown (University of Maryland Medical Center).

Neuropsychology Track Interns are encouraged to conduct their research project in an area related to Neuropsychology. Example research projects include:

- Relationship between Cognitive Scores, Psychotic Symptoms, and Performance Validity in two Samples of Veterans with Serious Mental Illness
- Cognitive Telerehabilitation in Patients with MS: Preliminary Findings
- Effects of Exercise and Cognitive Rehabilitation on Executive Functioning in Parkinson's Disease

### **VA Serious Mental Illness Track (SMI)**

VA-based SMI interns complete both of the following four-month rotations and choose one additional rotation from the comprehensive list of available rotations ([Table 4](#)).

- Psychosocial Rehabilitation and Recovery Center (Baltimore)
- Psychosocial Residential Rehabilitation and Treatment Program (Perry Point)

In addition to the Consortium didactic seminar, SMI interns participate in a monthly didactic seminar focused on psychosocial treatments and recovery. The didactic series is held in collaboration with the VA's Interprofessional Fellowship in Psychosocial Rehabilitation and Recovery Oriented Services (PSR Fellowship). Seminar topics an intern might expect to participate in during their training year may include:

- Psychosocial and Family-Based Interventions for Bipolar Disorder
- Social Cognition and SMI
- The Recovery Model
- CBT for Psychosis
- Trauma informed care with People in Recovery from SMI
- Problem Solving Therapy
- Motivational Interviewing
- Community Integration Strategies
- Acceptance and Commitment Therapy

Additional training activities include the opportunity to participate in the MIRECC pharmacology case

conference monthly call, MIRECC monthly journal club, and the Recovery Center Steering committee.

Former interns have completed research projects with researchers from the Mental Illness Research, Education, Clinical Center (VISN 5 MIRECC is focused on SMI and recovery) and Maryland Psychiatric Research Center (MPRC). Some examples of former interns' research projects include topics related to perceived social stigma and self-stigma, models of shared decisions making among consumers diagnosed with SMI, cognitive functioning in individuals with Schizophrenia, and qualitative outcomes of social skills interventions.

### **VA Trauma Recovery Track**

Trauma Recovery Track interns complete two, four-month PCT rotations and choose one additional rotation from the comprehensive list of available rotations ([Table 4](#)).

- PTSD Clinical Team (PCT) Outpatient Program (Baltimore) &
- PTSD Clinical Team (PCT) Outpatient Program (Perry Point)

In addition to the Consortium didactic seminar, Trauma Recovery Track interns will participate in a monthly didactic seminar focused on advanced topics in PTSD assessment, intervention, and consultation. Seminar topics an intern might expect to participate in during their training year may include:

- CAPS-5 Training
- Prolonged Exposure (provided by a PE Rollout Consultant)
- Cognitive Processing Therapy (Provided by CPT Rollout Consultants/Trainers)
- Therapeutic Assessment
- Cover Letter/Application Review
- Essentials of Interviewing
- Cognitive Behavioral Therapy for Depression (Provided by a CPT-D Rollout Consultant)
- Assessment of Symptom Validity
- Cognitive Behavioral Therapy for SUD (Provided by a CBT-SUD Rollout Consultant/Trainer)
- DBT skills in PTSD treatment

Additional training activities include group supervision, CPT Consultation Group, PE Consultation Group, and journal club.

Examples of former interns' research projects include topics related to PTSD self-stigma, program evaluation in outpatient clinics, evaluation of religious coping for PTSD, and integration of wellness strategies into MST programming.

## **University of Maryland-Based Training Tracks**

**NEW!** Please click on the following link to view a video that highlights UM-based training tracks:  
<https://youtu.be/9U5KmeOE3Og>

All UM-based training tracks span the entire training year and integrate track-specific clinical, research, administrative, and didactic experiences. Given this training structure, it is not possible to add minor rotations.

### **University of Maryland Child-Focused Positions: General Information**

There are 5 University of Maryland (UM) Child-Focused Internship Positions across three tracks:

- UM School Mental Health Track (3 positions)
- UM Clinical High Risk for Psychosis (1 position)
- UM Inpatient and Pediatric Consult-Liaison Track (1 position)

### **UM School Mental Health Track**

The UM National Center for School Mental Health (NCSMH) is nationally recognized as a leading inter-professional training program for psychology, social work, counseling, and psychiatry trainees. This is the only American Psychological Association (APA) accredited psychology internship that offers comprehensive major

rotation experiences in SMH practice, research, and policy with a goal of preparing scientist-practitioners to work in schools directly with vulnerable and underserved populations. The School Mental Health Internship Track was awarded APA’s Award for Distinguished Contributions for the Education and Training of Child and Adolescent Mental Health Psychologists. Further information regarding this track can be found [here](#).

**UM Clinical High Risk for Psychosis Track**

The UM CHiRP Track is housed within the Department of Psychiatry, Division of Child and Adolescent Psychiatry in the UM School of Medicine. The CHiRP program is a SAMHSA funded research clinic for youth at clinical high-risk for psychosis, recently developed in collaboration with University of Maryland Baltimore County (UMBC), University of Maryland Baltimore (UMB), and the Maryland Early Intervention Program (MEIP). The CHiRP intern in this position completes a primary year-long clinical placement within the Division of Child and Adolescent Psychiatry. The CHiRP intern will gain supervised training and experience conducting intake and diagnostic evaluations, individual and group cognitive-behavioral therapy for clinical high-risk (CHR), provision of consultation with care providers, supervision of doctoral externs, community outreach and education, program development, and research opportunities. The UM CHiRP Track provides advanced training in clinical practice, research, training, and policy related to youth at clinical-risk for psychosis. Further information regarding this track can be found [here](#).

**UM Inpatient and Pediatric Consult-Liaison Track**

The Child Inpatient and Pediatric Consult-Liaison Track at the UM School of Medicine consists of major rotations in the child and adolescent inpatient unit, the Pediatric Consult-Liaison Program, and the Maryland Psychological Assessment and Consultation Clinic (MPACC). Patients seen during these rotations include children from birth to age 18 and their families. Although we see families from diverse ethnic and racial backgrounds, over 75% of patients are of African-American descent. Further information regarding this track can be found [here](#).

**Table 5: Track Structures At A Glance**

Track	Number of Rotations Required	Minor Required Within Track	Research	Required Track Specialty Didactics
<b>UM School Mental Health</b>	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
<b>UM Clinical High Risk for Psychosis (CHiRP)</b>	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
<b>UM Inpatient and Pediatric Consult-Liaison</b>	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
<b>VA Comprehensive</b>	3 electives (can be any major rotation, though preference for some rotations may be given to interns in a specific track)	None required	General intern research project; does not have to be within chosen electives	No, only need to attend general didactics
<b>VA Health Psychology</b>	2 within track, 1 elective	None Required	General intern research project; does not have to be within track	Yes, in addition to general didactics

<b>VA Neuropsychology</b>	2 within track, 1 elective	Included within track; Enhanced Research Minor possible	General intern research project; available and encouraged within track	Yes, in addition to general didactics
<b>VA Serious Mental Illness</b>	2 within track, 1 elective	None Required	General intern research project; available and encouraged within track	Yes, in addition to general didactics
<b>VA Trauma Recovery</b>	2 within track, 1 elective	None Required	General intern research project; available though not required within track	Yes, in addition to general didactics

\*Please note all interns are also required to complete a minimum of 6 comprehensive assessments, and opportunities for completion of these assessments are contained within major rotations.

## **Major Rotation Descriptions**

### **Baltimore VA Medical Center**

#### **Intensive Outpatient Substance Use Treatment Program (ACT)**

##### *Clinic Setting*

The primary setting for this rotation is the intensive outpatient (IOP) component of the Acceptance and Commitment Program (ACT) at Baltimore. The ACT Program is a 12-week dual diagnosis program (substance abuse and PTSD) beginning with the four- to five-week IOP for Veterans with substance use disorders.

##### *Patient Population*

Over 90% of ACT patients are male, 75% are members of a racial or ethnic minority group, and the median age is 45 years old. The most commonly encountered substances of abuse include alcohol, heroin (opiates), and cocaine. Other presenting addictions include to benzodiazepines, marijuana, and prescription narcotics. The majority of this population is medicated for co-occurring psychiatric illness, including PTSD, depression, bipolar illness, and severe mental illness.

##### *Clinical Approaches*

During this rotation, interns will be provided with training in individual and group psychotherapy for the treatment of substance use disorders as well as co-occurring disorders, including PTSD, mood disorders, and other mental illnesses. Training and supervision will include systematic didactic and psychotherapeutic exposure to the following empirically validated psychotherapeutic approaches to treatment:

- a. The fundamentals and core change components of group psychotherapy, as researched by Yalom (1995) and fundamentals of interpersonal process therapy (IPT) in individual and group settings.
- b. Extensive exposure to mindfulness-based interventions for addictions and other disorders, including Mindfulness-Based Relapse Prevention.
- c. Methods of working with resistance and clarification of goals and values, through empirically demonstrated mindfulness strategies within the framework of Acceptance and Commitment Therapy (ACT), Functional Analytic Psychotherapy (FAP), as well as Dialectical Behavior Therapy (DBT).
- d. Cognitive-behavioral interventions for the prevention of relapse focusing on the primacy of negative affect in relapse.

- e. Interns will also be trained in the fundamentals and application of Motivational Enhancement Therapy (MET), particularly the technique of motivational interviewing as it applies to the phases of change model of motivation.

*Expected Caseload*

Interns will participate on an interdisciplinary treatment team and will co-facilitate group therapy three times weekly, co-facilitate at least two psychoeducation groups monthly, and carry individual patient caseloads. Each intern will case manage six to eight individual patients through the four to five-week intensive outpatient program, and will follow two to three individual patients following this rehabilitation through the stages of early recovery as part of their aftercare.

*Supervision*

Interns can expect to receive two hours of face-to-face individual supervision per week in addition to two hours of group supervision per week.

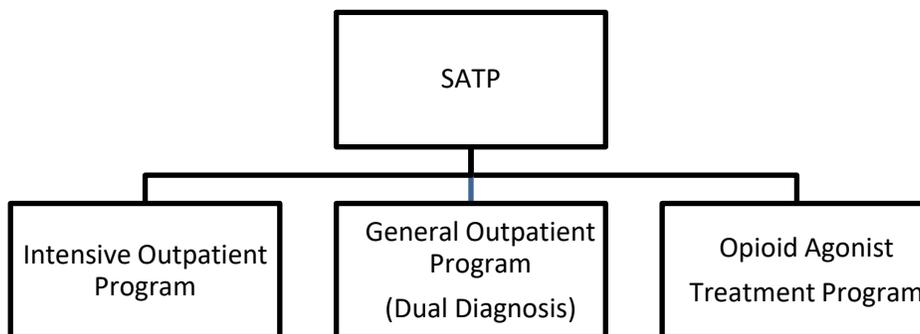
*Supervisors' Training & Experience*

James Finkelstein, Psy.D. is the primary supervisor for this rotation. Dr. Finkelstein earned his Psy.D. in 2003 from Loyola College in Maryland and completed his internship here at the Baltimore VA. He has continued to work as the lead psychologist in the ACT Program, supervising interns and externs in group and individual therapy, as well as facilitating an ongoing ACT consultation and training group. He has published research in the area of etiology of PTSD, psychopharmacology in psychological practice, and ethics in clinical practice. He continues to teach and lecture in the community on ACT, Mindfulness, Group Therapy, and Addictions.

**Dual Diagnosis (Outpatient Substance Use Treatment Program)**

*Clinic Setting*

The Dual Diagnosis rotation is part of the larger Substance Abuse Treatment Program (SATP) at the Baltimore VAMC. The SATP is comprised of three programs (see organizational chart below), offering different levels of care and treatment options for Veterans. Operating within the General Outpatient Program is the Dual Diagnosis rotation for Veterans with co-occurring disorders, which offers treatment services such as group psychoeducation, individual psychotherapy, and group psychotherapy. The Dual Diagnosis rotation is part of a multidisciplinary program that consists of Psychologists, Social Workers, Psychiatrists, Addiction Therapists, and Peer Support Specialists.



Based on the American Society of Addiction Medicine (ASAM) criteria, the Dual Diagnosis program would be characterized as a Level 1 outpatient program, offering a relatively lower level of intensity of services.

### *Patient Population*

A wide range of diagnostic presenting problems and levels of functioning represent the patient population of the Dual Diagnosis rotation. Interns have the opportunity to work with Veterans diagnosed with a substance use disorder and at least one co-occurring psychiatric and/or medical diagnosis. Typical comorbidities can include mood and anxiety disorders, trauma-related disorders, serious mental illness (e.g., schizophrenia), chronic pain, sleep difficulties, and other medical conditions (e.g., advanced liver disease, HIV, obesity, diabetes).

Veterans in the Dual Diagnosis rotation are generally characterized as being abstinent for at least one month, are not in imminent danger of relapsing, and generally have resources for managing current life situations. The great majority of clients in our clinic are seeking treatment services voluntarily and are self-motivated. The substances of use can vary, and virtually all classes of drugs are seen. Oftentimes, Veterans will have completed an intensive outpatient, residential, or inpatient substance use program prior to joining the Dual Diagnosis program.

Based on our most recent program evaluation, the median age of Veterans in our clinic is 54 years (age range: 26 to 73 years), and approximately 90% identify as male. Approximately 60% of the Veterans in this clinic identify as Black or African American, and approximately 35% of the Veterans identify as White or Caucasian (with approximately 5% identifying differently).

### *Clinical Approaches*

The primary focus of this rotation will be the provision of psychotherapy. Therapy interventions will vary depending on the therapy context, but will draw heavily on contextual and transdiagnostic approaches to treatment. This can include a variety of clinical approaches such as Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT), and Mindfulness-Based Relapse Prevention (MBRP). These clinical approaches form the basis for providing patient-centered care where interventions can be tailored to meet an individual client's needs. The transdiagnostic emphasis of this rotation also operates on the assumption that many normal human processes can lead to suffering, and offers an alternative to the prevailing DSM-5 diagnostic system. Whereas some theoretical approaches to therapy may attempt to treat one diagnosis before addressing another, a transdiagnostic approach attempts to identify and address core mechanisms that may be influencing a variety of symptoms. Based on experience in the Dual Diagnosis program, and the commonality of co-occurring disorders, this offers a specialized yet comprehensive approach for working with this clinical population.

This rotation will also offer opportunities to co-lead psychotherapy groups within the clinic. Group offerings include interpersonal process groups, psychoeducation groups, and skills groups. We currently offer a host of closed (i.e., referral-only) and open (i.e., open to all Veterans) group offerings in the clinic. Our closed group offerings typically utilize an interpersonal process model (Yalom, 1975), and our open groups offer skills or psychoeducation on a variety of nearly 20 different topics across the clinic (e.g., smoking cessation, relapse prevention, anger management, pain and sleep). What may be unique about our closed group offerings is the long-term nature of these therapy groups, and participating in groups at various stages of formation (e.g., initial "forming" vs. advanced "performing" stages). These groups also offer unique perspectives to work with interpersonal process within different contexts (e.g., individual vs. group psychotherapy) and offer additional methods of intervention to enhance clinical care.

### *Expected Caseload*

The primary factor for determining caseload will be consideration of the intern's specific training goals for the rotation. These training goals will be determined collaboratively as an ongoing process throughout the rotation. For instance, interns wishing to gain more group experience will have a lighter individual caseload, and vice versa. In general, the range of therapy groups can vary from 1-4 groups weekly, and individual caseload can range from 3-6 individual clients. Psychosocial intake assessments are required once assigned new individual therapy clients.

### *Additional Rotation Components*

Past interns have also enjoyed opportunities for additional clinic-related activities, such as program evaluation, program development, or provision of clinical supervision of a less advanced trainee. Additionally, based on interest and intern training goals, there may also be the opportunity for interns to learn by participating in an ACT training group. This group emphasizes both experiential and didactic learning of ACT core principles. The experiential component of this group involves mindfulness practice, experiential exercises, role plays, and modeling. This process is enhanced by various books, articles, and other didactic approaches.

### *Supervision*

Interns will receive at least two hours of direct individual supervision per week. The primary supervisory approaches utilized in this rotation will include a developmental approach, and competency-based approach. This process seeks to help identify where an individual intern is in their development, and then collaborate to identify specific behavioral goals and anchors to further the intern's development. Additional formats of supervision can include group supervision, team meetings and case presentations, and a peer consultation group meeting.

Various supervision techniques will be utilized, including review of written work, review of cases and case conceptualizations, and review of audio recordings. Various other forms of direct observation are also incorporated, such as co-leading therapy groups and live supervision using hard-wired video equipment in our clinic. Live supervision entails an intern being directly observed live during session, exiting the therapy room once per session to consult with the supervisor, and then returning to complete the session. Contrary to other live supervision models, this single point of consultation is utilized to minimize disruptions, but to also gain the benefit of receiving and implementing live feedback to assist the client.

### *Supervisor's Training & Experience*

*Arthur Sandt, Ph.D.*, Dr. Sandt earned his Ph.D. in Clinical Psychology from Temple University and completed his pre-doctoral internship at the Baltimore VA-University of Maryland Consortium. Following internship, Dr. Sandt joined the Substance Abuse Treatment Program at the Baltimore VA, and has been providing outpatient services to Veterans with co-occurring disorders. He has a strong interest in transdiagnostic approaches to clinical care, such as Acceptance and Commitment Therapy (ACT), as well as positive psychology, flow, and "optimal" mental health. Dr. Sandt also finds immense passion in clinical supervision, teaching, and helping others learn. In addition to his love of supervising trainees, he also feels honored to lead the clinical supervision didactic series for the internship program and serve as the Psychology Externship Program Coordinator. On a personal note, Dr. Sandt enjoys watching sports, playing hockey, painting and other creative processes, and has a strong appreciation of animals and nature.

## **Combined Health Psychology and Hospice & Palliative Care**

### *Clinic Setting*

The Health Psychology service is an outpatient therapy service supporting referrals from Oncology, Endocrinology/.Medical Weight Management, and Infectious Disease Clinics. The Hospice and Palliative Care Service (HPC) functions in a variety of settings including: interdisciplinary outpatient shared medical appointments, outpatient therapy for patients referred through HPC, and inpatient medical settings. Interns will have an opportunity to co-lead a Health Psychology group for COVID survivors. Interns will also have the opportunity to participate in daily HPC rounds, weekly interdisciplinary GI Tumor Board, and weekly Radiation Oncology chart rounds.

## *Patient Population*

Interns will have the opportunity to work with the following medical populations during this rotation:

Patients with diabetes/endocrine disorder: These patients are referred to this specialty medical clinic when their diabetes is not well controlled or when they are diagnosed with an endocrine problem such as hyper- or hypothyroidism. The average age range is 40's to 60's. The majority of the patients are male (90%) and about 75% of the patients are African-American. The most common psychiatric comorbidity is Major Depressive Disorder.

Patients participating in medical weight management: These patients are referred from their medical provider to this clinic that is housed in the Diabetes/Endocrine program. Patients are usually obese or morbidly obese and between 30 to 50% are also exploring a pathway to bariatric surgery. Clinic patients are more often female and many veterans who attend this clinic work full time.

Patients with cancer: These patients are referred from various inpatient and outpatient programs and teams within the VA hospital system, though primarily referred from Radiation Oncology and Medical Oncology clinical centers. The age range is primarily 60's to 80's and predominant diagnoses are prostate and lung cancers, but also include head/neck cancers, breast, and gynecological cancers. Overall, these patients tend to have multiple co-morbid medical conditions (such as diabetes, hypertension, chronic pain). The most common psychiatric comorbidities are Adjustment Disorders, Substance-related Disorders, and Anxiety disorders due to medical condition(s).

Patients with infectious disease: These patients are referred from the Infectious Disease clinic and can include patients with HIV, hepatitis C, and/or cirrhosis. The majority of patients are in the 50 – 70 age range and majority African American. The most common psychiatric comorbidities include anxiety disorders, Major Depressive Disorder, Adjustment Disorder, and comorbid substance use disorders.

Patients who are being considered for transplantation and/or who have received a donated organ: These patients are referred for psychological assessment as part of a comprehensive medical evaluation to determine their suitability for solid organ (i.e., kidney and liver) or bone marrow transplantation. Most of the patients are male and range in age from late 40s to mid-60s; approximately 40%-50% are African-American. The most common psychiatric comorbidities are Adjustment Disorder, Major Depressive Disorder, and comorbid substance use disorders.

Patients who are engaged with Hospice and/or Palliative Care: These patients are referred from the inpatient medical teams (e.g., intensive care units, general medical floors) and have life-threatening illnesses such as cancer, advanced liver disease, and heart failure. The most frequent consultation questions include assessment of mood and coping during the hospitalization, assistance with chronic pain, support with end of life decision-making, and capacity evaluation for complex decision making. Patients range in age from mid-60's to mid-80's, are predominantly male, and majority African-American or Black. The most common psychiatric comorbidities are Adjustment Disorder, Major Depressive Disorder, Anxiety Disorders, PTSD, Delirium, and neurocognitive disorder/cognitive decline.

## *Clinical Approaches and Unique Assessment Opportunities*

Diabetes/Endocrine Clinic: In this clinic, interns will learn about the considerably complex medication regimens utilized to treat diabetes and will become members of an important multidisciplinary team. The intern will learn to complete brief, health psychology evaluations that may inform the team's approach to care, as well as dictate specialty mental health referrals and/or in-clinic follow-up for brief psychological intervention. The intern will also provide brief therapy to Veterans who experience difficulty adhering to the medication regimen and/or difficulty maintaining healthy lifestyle changes. Motivational Interviewing is the most commonly used therapeutic intervention. Additionally, the intern has the opportunity to conduct bariatric surgery evaluations.

Oncology Clinics: In these settings, interns will learn to complete brief, health psychology evaluations of patients with cancer by conducting clinical interviews supplemented by self-report mental health

measures. Interns will frequently provide verbal feedback and recommendations to the patients and their physicians based on the results of their assessments. Interns will also have the opportunity to conduct individual, outpatient psychotherapy, which can vary from short-term problem-focused to longer-term supportive therapy. Appropriate strategies include: Acceptance and Commitment Therapy, Cognitive Behavioral Therapy (including relaxation and stress management), Motivational Interviewing, and supportive therapy.

Hospice and Palliative Care: On this rotation, the intern will integrate into an interdisciplinary treatment team and serve as the mental health consultant for patients referred to the HPC inpatient and outpatient service.

For the inpatient HPC setting, the intern will complete chart reviews identifying patients at risk for experiencing psychiatric symptoms in the context of their advanced/life-threatening/life-limiting illness, complete brief health psychology evaluations, provide brief, individual psychotherapy for the duration of patient's hospitalization, and/or complete brief capacity evaluations for complex medical decisions. The intern will develop skills to communicate recommendations members of the Veteran's treatment team. The intern will also have the opportunity to participate in family meetings and interdisciplinary team huddles regarding the patient's care, prognosis, and disposition. Therapeutic modalities typically used in the inpatient setting include motivational interviewing, behavioral therapy, CBT, and existential therapies.

For the outpatient HPC setting, the intern will have the opportunity to participate in a shared, multi-disciplinary consultation appointment for patients referred to the outpatient Palliative Care Clinic. The intern will interview the patient alongside the HPC medical attending, social worker, and pharmacist, and will provide the patient, the patient's family/caretaker, and referring provider with recommendations based on information gleaned in the interview. If additional follow-up is indicated, the intern will have the opportunity to provide ongoing, outpatient support/intervention to address concerns related to Veteran's coping with a terminal illness, medication adherence, coping with chronic pain, etc. Continued discussions regarding the Veteran's Goals of Care and ongoing education about advanced care planning options may be incorporated in follow-up sessions. The intern may also have the opportunity to work closely with the Veteran's support system (i.e. caregiver or health care surrogate) if there are concerns related to the Veteran's safety, decisional capacity, or cognitive functioning. Therapeutic modalities utilized within the inpatient setting may include CBT, ACT, existential therapies (e.g., Meaning-Centered Psychotherapy, Dignity Therapy), life review, motivational enhancement, and behavioral therapy.

COVID-19 Survivors Support Group: This group is in the planning phases with expectations for launch in the 2020-2021 training year. This group will be go-led by a Physician's Assistant in Infectious Disease and Health Psychology/HPC. Each session will include a relaxation skill, various psychoeducation topics, and supportive processing.

Transplant Consults: Interns will conduct integrated psychological assessments to determine patient's current psychosocial readiness for transplantation and, if appropriate, make recommendations for increasing the patient's transplant readiness. Psychological support is provided, when appropriate, to those who would benefit prior to transplantation. Interventions are typically grounded in Motivational Interviewing (MI), mindfulness, Acceptance and Commitment Therapy-based (ACT) interventions, and solution-focused or coping-based models.

### *Expected Caseload*

An intern's caseload varies by clinic and intern preference. A typical caseload includes 5 outpatients, attendance at the shared medical appointment (1-2 patients), and 4 transplant assessments (total throughout the course of the rotation).

### *Supervision*

Interns on this rotation will receive 2 hours of scheduled, face-to-face supervision each week from Dr. Shah and/or Dr. Handelsman depending on the caseloads. Both Dr. Shah and Dr. Handelsman are also available for additional supervision or consultation as needed, by phone or in person.

### *Supervisors' Training & Experience*

*Dr. Pamela Handelsman* received her Psy.D. in Clinical Psychology from Roosevelt University in Chicago, IL where her research focused on anxiety following shocks from implantable cardioverter defibrillators. She also has a background in research and practice in exposure therapy for anxiety disorders and PTSD. She completed internship at the Washington DC VA Medical Center and a Postdoctoral Fellowship focusing on HIV and Liver Disease at the VA Maryland Healthcare System (VAMHCS). She later worked as a Pain Psychologist in the VAMHCS Pain Clinic before transitioning to the General Health Psychology Service. Her background and interests are on the intersection of anxiety and medical illness, solid organ transplant, and consultation-liaison services. She utilizes evidence-based practice and as such implements empirically supported treatments that are adapted to fit the client's values and individual differences. Her theoretical orientation is CBT.

*Dr. Shruti Shah* received her Ph.D. in Clinical Psychology from the University of Louisville in Louisville, KY, where her research and clinical training focused on the treatment of depression for older adults residing in long-term care facilities. Her doctoral research project examined the relationships between late-life depression, anxiety, and complicated grief in community-dwelling older adults. She completed her internship and fellowship at VA Palo Alto, both focused in geropsychology across a variety of treatment settings. From there, she served a staff psychologist in Home-Based Primary Care with the VA Puget Sound for nearly 4 years, providing in-home mental health service to chronically-ill and home-bound Veterans. Prior to joining the Hospice & Palliative Care Team at the VAMHCS in July 2019, she briefly served as mental health consultant to local long-term care and assisted living facilities in and around the Baltimore, MD area. Dr. Shah's clinical interests include aging and mental health, psychological/existential distress at the end-of-life, and coping with terminal or life-threatening illness. Due to the complex and unpredictable nature of the inpatient treatment setting and disease course, Dr. Shah remains flexible in her treatment approach and strives to modify interventions to best fit the patient's unique needs.

## **Health Psychology – Neurology/Chronic Pain**

### *Clinic Setting*

The setting for this rotation is within the Department of Neurology, under the Chronic Pain Service. The Chronic Pain Management service operates as a consultative service for patients with chronic pain. These patients have been referred by their primary care providers, orthopedic providers, or similar, to the VAMHCS chronic pain specialty clinic for re-evaluation of their pain management plan. The duration of time spent with the specialty clinic ranges from one visit to long-term (e.g. 1 year) depending on the individual's assessment and plan. Pain psychology is an integral part of this close-knit interdisciplinary team, which includes a physical medicine physician, nurse practitioner, interventional pain physician, pharmacist, psychiatrist, and psychologists.

### *Patient Population*

During this rotation, interns will have the opportunity to work with one of the largest and most diverse medical populations at VAMHCS: individuals with chronic, non-cancer pain, including headaches. The age range of Veterans seen within this clinic is 20s to 80s, 20 to 25% of the patients are female, and approximately 50% are African-American. The most common presenting medical complaint is spinal pain. The most common co-occurring psychiatric disorders are Major Depressive Disorder and PTSD.

### *Clinical Approaches*

Interns will receive training in a variety of empirically-supported behavioral interventions for the treatment of chronic pain patients. Individual treatments offered to pain patients include cognitive-behavioral therapy for chronic pain (CBT-CP), acceptance and commitment therapy for chronic pain (ACT for chronic pain), and biofeedback. Interns are expected to co-lead a CBT-CP group. Interns with some previous ACT exposure may also co-lead an ACT for chronic pain group as a part of the Empower Veterans Program (EVP, see below). Interns will be expected to participate in the monthly Interdisciplinary Pain Team meeting (IDT), during which the most complex pain patients are discussed for coordination of care among pain specialty providers, mental health, and primary care. Opportunities to learn biofeedback may also be available. In addition, interested interns may receive training in assessment and treatment of chronic patients with co-occurring substance use problems, conduct ACT for Chronic Pain (ACT-CP), or other interventions (e.g. Mindfulness Based Stress Reduction for chronic pain).

### *Expected Caseload*

Expected caseload is three to five individual therapy patients and one to two groups.

### *Additional Rotation Components*

Interns will perform comprehensive psychological evaluations of patients who are presenting to the Pain Clinic for their initial visit. These evaluations consist of: a semi-structured interview, a review of the patient's electronic medical record, the Patient Health Questionnaire (PHQ-9), the Pain Catastrophizing Scale (PCS), the Primary Care PTSD Screen (PC-PTSD-5), and measures of opioid-related risk as applicable (e.g., Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R)). Interns may have the opportunity to conduct brief neurocognitive screens to aid in referrals. Based on their interests, interns have the opportunity to use other pain-specific assessment instruments, such as the Multidimensional Pain Inventory (MPI) or the Chronic Pain Acceptance Questionnaire (CPAQ), as well as health psychology-specific instruments, such as the Millon Behavioral Medicine Diagnostic (MBMD). Interns can expect to complete at least six comprehensive evaluations of pain patients and to communicate findings to and collaborate on treatment plans with medical providers, both in "curbside consultations" in clinic and verbally through written reports. Interns will also be able to participate as members of a transdisciplinary team with the Empower Veterans Program (EVP), a 10-week intensive chronic pain self-management program. Disciplines represented among EVP staff include social work, chaplaincy, psychology, and physical therapy. Classes include whole health and mindfulness training, ACT for chronic pain, and "mindful movement," which encourages Veterans to use mindfulness in their approach to physical activity.

Interns may also have the opportunity to treat Veterans with comorbid chronic pain and insomnia using CBT for Insomnia.

### *Supervision*

In addition to dedicated weekly supervision time (at least 1 hour), Dr. Etzel works closely with interns supervising clinical experiences in real time as a part of the pain psychology evaluations and in co-leading groups together with interns. She is also available for spot supervision throughout the week.

### *Supervisor's Training & Experience*

*Dr. Erin Etzel* received her Ph.D. in Clinical Psychology with a specialization in Health Psychology from the University of Miami in Coral Gables, FL, where her research focused on health-related anxiety, cardiovascular disease risk reduction, and novel health education interventions. She completed her predoctoral internship in Integrated Clinical Health Psychology at the Bruce W. Carter VA Medical Center in Miami, FL. Dr. Etzel also completed a clinical postdoctoral fellowship in Pain Psychology &

Behavioral Sleep Medicine at the New Mexico VA Healthcare System. She worked as a Primary Care Behavioral Health Psychologist for a private healthcare system in Albuquerque, New Mexico before returning to her native Maryland to join the VAMHCS staff in November 2018 as a Psychologist in the Chronic Pain Service within the Neurology department. She provides evidence-based psychological services to Veterans of all eras who experience chronic pain and, often, PTSD or other psychiatric comorbidities. She has formal training and experience in several evidence-based practices, including CBT for Chronic Pain, CBT for Insomnia, Cognitive Processing Therapy, Prolonged Exposure, and biofeedback. Dr. Etzel's clinical interests include the intersection of chronic pain and trauma, sleep disorders, fostering growth of interdisciplinary teams, and Whole Health.

### **Primary Care-Mental Health Integration (PCMHI) Rotation – Baltimore**

This major rotation is designed to provide interns with training in primary care – mental health integration (PC-MHI). Veterans receive care within Patient Aligned Care Teams (PACT), which are patient-centered medical homes that are structured to provide coordinated, accessible, and patient-centered healthcare. The PACT team includes physicians, PC-MHI psychologists, nurses, social workers, pharmacists, dieticians, and care managers. Interns will function as integrated members of the PACT by providing consultation to primary care providers and the PACT teams, having availability to see patients on the day of their primary care visit, and attending and contributing to PACT team meetings.

#### *Clinic Setting*

Training will take place in the main primary care clinic at the Baltimore VA Medical Center. There may also be opportunities to engage in the Comprehensive Women's Health clinic. The primary care clinic in Baltimore is a large, urban clinic, with approximately 20 primary care providers and 40 internal medicine residents serving 14,000 Veterans.

#### *Patient Population*

The PCMHI team serves a diverse population with varying cultural, educational, and religious backgrounds. The average age of Veterans in this clinic is 60 and the majority (90%) are male. Veterans who are appropriate for treatment in PC-MHI include those with common, uncomplicated presenting problems, such as depression, anxiety, PTSD, substance use problems, tobacco use, insomnia, obesity, adjustment issues, adherence problems, uncomplicated grief, and chronic pain.

#### *Clinical Approaches*

Interns can expect to gain experience conducting brief functional assessments, risk assessments, brief individual and group interventions, team-based consultation, treatment planning, and disposition to specialty care. Interns will have availability to see both scheduled patients and walk-in patients (warm hand offs) from primary care providers.

Interns will provide brief (30 min.), targeted behavioral health assessments for Veterans who are referred by their primary care team. The purpose of assessments in PC-MHI is to clarify the presenting problem, triage the Veteran to the appropriate treatment setting, and provide initial brief intervention as appropriate. Interns will learn to tailor assessments to the Veteran and his or her presenting problem. Measurement-based care will also be conducted according to patient presentation and the nature of the referral.

Treatment in the primary care setting is brief (up to six 30-minute sessions) and evidence-based. Interns will utilize a wide variety of brief interventions, including brief CBT, motivational interviewing, relaxation training, problem-solving, and mindfulness. Interns may have the opportunity to co-facilitate a group, which may include diabetes management, problem-solving training, weight management (MOVE!), chronic pain, healthy living, and mindfulness-based stress reduction.

### *Expected Caseload*

Interns can expect to see up to 5 Veterans per day, which will include a combination of pre-scheduled appointments and warm hand-offs. The intern may also have opportunities to co-facilitate a primary care group.

### *Additional Rotation Components*

Depending on the intern's interest, opportunities to be trained in evidence based protocols such as CBT-insomnia and CBT-chronic pain can be available. Additionally, interns may have the opportunity to complete pre-transplant evaluations on this rotation.

Within this rotation, interns may also have the opportunity to earn certification in the national VA PC-MHI rollout developed by the Center for Integrated Healthcare (VISN 2). The core components of this rollout are as follows:

- August through mid-September 2020: Phase I of national PC-MHI rollout, including readings and videos designed to prepare for Phase II training. Assigned materials will be reviewed independently by the intern and then discussed in weekly supervision.
- Mid/Late September 2020: Phase II of national PC-MHI rollout. Intern is required to attend days 1 and 2 of this 3-day training at Baltimore. If intern wishes to have opportunity for national certification (strongly encouraged), she/he will complete rated role plays on day 3.
- December and March 2020: Phase III 3-month and 6-month follow-up role plays

### *Supervision*

Supervision will be a minimum of two hours per week, with availability for “on the spot” supervision and consultation as necessary.

### *Supervisors' Training & Experience*

*Dr. Rachel Austin* earned her doctorate in Clinical Psychology at Nova Southeastern University with training focused in health psychology (SCI/D, TBI, Oncology, Transplant, Physical Rehab/Medicine, HIV, Liver Disease, C&L). Dr. Austin completed her pre-doctoral internship at the Hunter Holmes VA Medical Center, followed by a postdoctoral fellowship at The Center for Eating Disorders at Sheppard Pratt Hospital. Dr. Austin worked for several years at a Federally Qualified Healthcare Center (FQHC) in Baltimore City, providing co-located, collaborative behavioral healthcare in an integrated health setting with underserved populations. Dr. Austin has experience providing LGBTQ-affirmative care, pre-surgical clearance evaluations (transplant, bariatric, gender affirming surgery), and is certified in CBT-I. She utilizes a biopsychosocial approach to treatment, and interventions are tailored to meet the individual needs of the Veteran. Areas of expertise include integrative health, behavioral medicine, wellness, health promotion and disease management.

*Dr. Eileen Potocki* earned her doctorate in clinical psychology from the Florida State University. She completed her internship at the Johns Hopkins Health System with rotations in behavioral medicine, psychological testing, psychogeriatrics and inpatient psychiatry. Her dissertation research involved biopsychosocial model testing of cardiovascular disease with structural equation modeling. Dr. Potocki spent the majority of her career co-located with physicians serving the underserved and uninsured in Federally Qualified Healthcare Centers (FQHC) in the Baltimore area. Dr. Potocki held the position as Division Director of Behavioral Health at Baltimore Medical Center, Inc., a FQHC which served 50,000 internal medicine patients in multiple sites. She was an advocate for proper and judicious application of the “Integrated Care” model in a primary care environment dominated by non-psychologist providers. Dr. Potocki has worked with a very large and diverse patient population including refugees. She is fully bilingual in Spanish. Dr. Potocki is currently involved in neuroimmunology research with a focus on CNS inflammation and suicide.

## **Baltimore VA Annex**

### **Neuropsychology**

#### *Patient Population*

Veterans with medical, neurological, and psychiatric disorders are referred from various clinics and units throughout the medical center for neuropsychological assessment. Diagnoses include neurodegenerative, neuropsychiatric, neurologic, endocrine, infectious, seizure, and vascular disorders as well as tumor and head trauma. We also evaluate and/or treat patients referred for war-related injuries and concerns. Patients come from different racial and ethnic backgrounds and from all adult age ranges. In view of the Veteran population served, a substantial number of patients are 50 years of age and older, although changes in this population have led to increasing referrals of returning Veterans who have been < 25 years of age. More than 50% of patients seen are men, but the relative proportion of women has been increasing over the past several years.

#### *Clinical Approaches*

Neuropsychology is primarily a consultative and assessment service. Test batteries vary depending on the level of impairment of the patient and the nature of the referral question. Interns learn test administration via direct observation and mentoring. Once interns can function autonomously, they interview patients with the supervisor and then proceed with the assessment. Patient histories and examination findings are reviewed with the intern. Interns generate reports that are reviewed in detail by their supervisor(s). Interns also participate in the interdisciplinary Geriatric Assessment Clinic. In this setting, interns are responsible for completing a comprehensive chart review, conducting a telephone interview with the caregiver and/or patient prior to the evaluation, presenting the chart review to the interdisciplinary team, administering a brief neuropsychological battery, scoring and interpreting assessment results, presenting findings and the case formulation to the team, leading an interdisciplinary feedback session, and writing an integrated neuropsychological report. Amid the pandemic, neuropsychological assessment is occurring via telephonic and video-based platforms.

Treatment is also an integral component to the internship program. Treatment experiences include cognitive rehabilitation (individual & group), psychotherapy, dementia follow-up and behavioral intervention, and group therapy. Experiences providing treatment may be available during Neuropsychology minor rotations.

#### *Expected Caseload*

During the major neuropsychology rotations, interns assess 1-2 outpatients and 1-2 geriatric assessment clinic patients per week. Interns will also have a minimum of 1-2 outpatient treatment experiences (e.g., cognitive rehabilitation, psychotherapy, dementia follow-up, other groups).

#### *Supervision*

We utilize a tiered supervision model. At times interns will be supervised, in part, by postdoctoral fellows. In turn, interns may have the opportunity to provide supervision to externs.

In addition to weekly individual and group assessment and treatment supervision within the Neuropsychology section, interns may attend the following activities at various intervals:

1. Neuropsychology didactic retreat
2. Neuropsychology Fellowship Video-Teleconference with VA/DoD Sites
3. Neurology grand rounds
4. Diversity Fellowship Video-Teleconference with VA Sites
5. Geriatric psychiatry rounds
6. Neurology Town and Gown

7. HIV/Liver Diseases Psychology Fellowship Training Seminar Series
8. Select meetings of the MS & Epilepsy Centers of Excellence
9. Psychopharmacology Case Conference
10. MIRECC science meetings

### *Supervisors' Training & Experience*

*Jeremy Carmasin, Ph.D.* obtained his doctorate in Clinical Psychology from the University of Louisville. He completed his predoctoral internship at the VA Western New York Healthcare System, and postdoctoral fellowship in Clinical Neuropsychology at Dartmouth College/Dartmouth-Hitchcock Medical Center. Dr. Carmasin's research interests include the assessment of early cognitive change in older adults and how awareness of deficits informs diagnosis and treatment, particularly in the domains of memory and executive functioning.

*Jessica Dalrymple, Ph.D.* earned a doctorate in clinical psychology from Fairleigh Dickinson University. She completed her predoctoral internship (neuropsychology track) at the James J. Peters VA Medical Center, followed by a two-year postdoctoral fellowship in clinical neuropsychology at the VA Maryland Health Care System. Dr. Dalrymple's current research interests include investigating factors that influence burden and distress in caregivers of Veterans with dementia, as well as the development and evaluation of individual and group interventions for managing cognitive symptoms in MS and other neurological conditions.

*Moira Dux, Ph.D.* is the VAMHCS Psychology Training Program Director, and the Track Coordinator for the VA Postdoctoral Fellowship in HIV/Liver Diseases. She earned a doctorate in clinical psychology from Rosalind Franklin University of Medicine and Science, in the program's neuropsychology track. She completed her pre-doctoral training (neuropsychology track) at the VA Maryland Health Care System/ University of Maryland Medical Center. She then completed a research neuropsychology fellowship at the Baltimore VA. Dr. Dux was the recipient of a VA Career Development Award examining the effects of high-intensity aerobic exercise on autonomic, cognitive, and affective function post-stroke. Primary research interests include evaluation of exercise and cognitive rehabilitation interventions to improve cognitive, psychological, and physical function in neurologic and chronic disease populations (e.g., HIV/HCV, stroke, MS).

*Anjeli Inscore, Psy.D., ABPP-CN* is the Track Coordinator for the Postdoctoral Fellowship in Clinical Neuropsychology. She earned a doctoral degree from Loyola University. She completed a one-year research postdoctoral fellowship in rehabilitation psychology and neuropsychology at the Johns Hopkins Department of Physical Medicine and Rehabilitation. She then completed a two-year clinical postdoctoral fellowship in neuropsychology at the Johns Hopkins Department of Psychiatry and Behavioral Sciences. Dr. Inscore holds an appointment as a Research Associate and Adjunct Assistant Professor at the University of Maryland, School of Medicine. Her research is in conjunction with the University of Maryland and the VA Geriatric Research Education and Clinical Center (GRECC) with a primary interest in the neurocognitive, psychological, and health benefits of exercise in overweight and obese individuals. She received a Nutrition Obesity Research Center (NIDDK-funded) Pilot and Feasibility grant to study yoga as an intervention to treat obesity in postmenopausal women. She also has a research interest in geriatrics/dementia and is in the process of creating archival and prospective databases that will include medical, functional, and cognitive data on patients evaluated in the Geriatric Assessment and Dementia Evaluation, Management, and Outreach (DEMO) clinics.

*Terry Lee-Wilk, Ph.D.* is the Program Manager of Neuropsychology and the Neuropsychology Liaison for the Multiple Sclerosis Centers of Excellence-East. Dr. Lee-Wilk earned a doctorate in clinical/community psychology from the University of Maryland College Park. She completed internship at the University of Maryland Baltimore in Child Psychiatry and one year of postdoctoral training at Children's National Medical Center. She subsequently completed a two-year postdoctoral fellowship in Neuropsychology at the VAMHCS/University of Maryland School of Medicine. She is the lead neuropsychologist at the Multiple Sclerosis Centers of Excellence and is also very involved with the

Infectious Disease clinics. She is an Adjunct Assistant Professor for the Department of Neurology at the University of Maryland School of Medicine. Currently, her research is related to cognitive tele-rehabilitation for patients with multiple sclerosis.

*Kristen Mordecai, Ph.D.* earned a Ph.D. in clinical psychology from Rosalind Franklin University of Medicine and Science, in the program's neuropsychology track. She completed her pre-doctoral training in clinical psychology focused in general and geriatric neuropsychology within the Boston Consortium in Clinical Psychology at the Veterans Affairs Boston Health Care System. Her two-year postdoctoral fellowship in neuropsychology was completed at the Veterans Affairs Maryland Health Care System within the Integrated Fellowship in Traumatic Brain Injury and Trauma Recovery in Returning Veterans program. She is the Neuropsychology liaison at the Baltimore VA Epilepsy Center of Excellence. She is an Adjunct Assistant Professor for the Department of Neurology at the University of Maryland School of Medicine. Her research interests include the cognitive effects of neurologic conditions such as Parkinson's disease, dementia, and MS as well as the development of cognitive rehabilitation and telemental health programs to address cognitive symptoms.

*Patricia Ryan, Ph.D.* earned a Ph.D. in counseling psychology from Fordham University, after obtaining a master's degree in developmental psychology from Teachers College, Columbia University. She completed her internship and additional postdoctoral training at the Rusk Institute of Rehabilitation Medicine, New York University Medical Center. Dr. Ryan also completed a two-year postdoctoral fellowship in rehabilitation psychology and neuropsychology at the Johns Hopkins Department of Physical Medicine and Rehabilitation. In addition to providing rehabilitation neuropsychology services and coordinating treatment-related didactics for the neuropsychology section, she is a member of the VISN'S Centralized Eligibility Team that determines the clinical eligibility of Veterans who apply for the Comprehensive Caregiver Services Program. Her research interests include the efficacy of various cognitive remediation modalities, as well as depression after TBI and stroke.

*Megan M. Smith, Ph.D.* obtained her doctorate in clinical psychology from The Pennsylvania State University. She completed her predoctoral clinical internship and postdoctoral training in clinical neuropsychology at Brown University. From 2009-2014, she was an assistant professor in the Department of Psychiatry at the Carver College of Medicine at the University of Iowa. Her major areas of research interest are cognition in neurodegenerative disorders and the neuropsychological correlates of depression. She was the recipient of a National Academy of Neuropsychology Clinical Research Grant to examine the relationship between inflammatory markers and cognition in multiple sclerosis.

## **Psychosocial Rehabilitation and Recovery Center**

### *Clinic Setting*

The Psychosocial Rehabilitation and Recovery Center (PRRC) is an outpatient transitional learning center designed to support recovery and integration into meaningful self-determined community roles for Veterans challenged with severe mental illness. Referrals to the PRRC are for Veterans who need additional support, education, therapy and care coordination to manage in the community. Veterans remain in the PRRC for a time limited duration per their individual needs and recovery goals and participate in daily intensive programming. Aftercare/transition plans include participation in identified groups or activities consistent with their recovery plans.

### *Patient Population*

The PRRC treats Veterans who present with a broad spectrum of psychiatric illnesses. Our population includes Veterans with schizophrenia, mood disorders, anxiety disorders, and chronic PTSD. Many of the Veterans also have co-morbid substance use-related problems. The PRRC population is multiracial and heterogeneous with men and women from early twenties to their late seventies, from homeless veterans to employed homeowners.

### *Clinical Approaches*

Interns can develop the rotation based on their interests and needs. In the PRRC, interns are valued members of an interdisciplinary team. They will be provided with training in individual, family, systems and group therapy for the treatment of serious mental illness (SMI) with fidelity to the Recovery Model and with special focus on Motivational Interviewing (MI) skills. Group experiences can include therapy groups such as CBT, DBT, social skills training, recovery support/process groups, and an MI based group. The intern also has the opportunity to develop and lead their own group based on their interests and Veteran's needs.

In addition, frequent questions arise as to the accuracy of diagnosis for specific patients. A number of issues complicate the diagnostic picture, including co-morbid substance abuse, overlap with other major mental illness (e.g., mood disorders with psychotic features), and dementia. Thus, the intern will become familiar with the criteria for serious mental illnesses, including schizophrenia-spectrum disorders, bipolar disorder, and major depression, as well as substance use disorders as described in the DSM-5.

### *Additional Training Opportunities.*

Interns will have the opportunity to co-facilitate "bridge" groups such as social skills training or recovery oriented groups on the psychiatric inpatient unit. On the inpatient unit they will also have the opportunity to provide individual consultation to Veterans, assisting in their discharge using a motivational interviewing protocol.

### *Expected Caseload*

The patient load will include 3-4 individual psychotherapy patients in addition to co-leading at least 3 groups and 2-3 psychodiagnostic assessments.

### *Supervision*

Interns will receive supervision on individual therapy, group therapy, and family consultation. Supervision will include 1-2 hours per week with Dr. Weissman and additional supervision depending on clinical activities.

### *Supervisor's Training & Experience*

*Neil Weissman, Psy.D.*, the PRRC coordinator, has been an attending psychologist for the VA since 1992 and has supervised interns for these 27 years. He completed a postdoctoral fellowship in the treatment of SMI from Sheppard Pratt and received specialized training in CBT from the Beck Institute in Philadelphia. Dr. Weissman is also a certified supervisor in Emotionally Focused Couples Therapy from the International Center for Excellence in Emotionally Focused therapy.

## **Trauma Recovery Program (TRP): Posttraumatic Stress Disorder Clinical Team**

### *Clinic Setting*

The TRP outpatient services in Baltimore consist of a specialized PTSD Clinical Team (PCT). The team consists of psychologists, social workers, psychiatrist and program support specialist. This team includes specialists in dual diagnosis, military sexual trauma (MST), and other populations (e.g., returning Veterans).

### *Patient Population*

The TRP serves both male and female Veterans with a principal diagnosis of PTSD related to a variety of traumatic experiences, including combat, Military Sexual Trauma (MST), and childhood abuse. Many patients in the TRP have other co-occurring diagnoses and are active in treatment in other areas of mental health (e.g., Substance Abuse Treatment Program, Psychosocial Rehabilitation and Recovery Center,

Mental Health Clinic). Our patient population is ethnically and racially diverse, with over 50% of patients of African-American descent. Approximately half of the patients seen in the TRP are those service members recently returning from Operations Iraqi Freedom and Enduring Freedom. We also provide a full range of clinical services for Veterans seeking services for MST.

### *Clinical Approaches*

The rotation will consist of core training experiences involving outpatient evidence-based treatments for PTSD. While we focus on individual therapy, there are opportunities to provide group therapy. We are fortunate to have multiple supervisors who are also consultants and/or trainers for our VA National Roll Out Trainings in CPT and PE. Interns can elect to focus on the implementation of either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). Interns also have the opportunity to learn Cognitive Behavioral Therapy for Depression (CBT-D), Cognitive Behavioral Therapy for Substance Use Disorder (CBT-SUD), Cognitive Behavioral Therapy for Insomnia (CBT-I), Motivational Interviewing (MI), Acceptance and Commitment Therapy for PTSD (ACT), Stress Inoculation Training (SIT), Seeking Safety, Dialectical Behavior Therapy Skills (DBT), Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) and Skills Training in Affective and Interpersonal Regulation (STAIR).

### *Expected Caseload*

The patient load will include two to four individual psychotherapy patients in addition to co-leading one to two outpatient groups.

### *Additional Rotation Components*

Interns will participate in the PTSD Assessment Clinic, where they will conduct several intake interviews to learn gold standard methods for diagnosing PTSD. The intern will complete at least two comprehensive PTSD assessments using structured interviews, objective measures of psychopathology, and standardized self-report instruments. Comprehensive assessment skills for this rotation may include training and supervision in the use of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5; Weathers *et al.*, 2013), the Anxiety Disorders Interview Schedule-5 (ADIS-5; Brown & Barlow, 2014), the PTSD Checklist for DSM-5 (PCL-5; Weathers *et al.*, 2013), the Mississippi Scale for Combat-Related PTSD (MISS; Keane *et al.*, 1988), the Minnesota Multiphasic Personality Inventory-2-RF (Ben-Porath, 2012), and the Personality Assessment Inventory (PAI; Morey, 2007).

Interns will participate in a number of training opportunities during the rotation, including monthly didactics, interdisciplinary treatment team meetings, and EBP consultation group. Interns who match with the Trauma Recovery Program (APPIC # 134719) often participate in a three-day Cognitive Processing Therapy training, with six months of consultation, from a VA national rollout trainer. Monthly didactic seminars will focus on the applied learning and practice of empirically supported treatments, assessment, administration, research and professional development (e.g., supervision) within the field of trauma work. An EBP consultation groups focused on the delivery of Prolonged Exposure and Cognitive Processing Therapy are also offered to trainees at all levels. Finally, the TRP has an extensive library of resources, including articles, manuals, and training videos that are available to interns.

### *Supervision*

Interns will receive at least two hours of individual supervision each week with a clinical psychologist listed below in order to review cases, provide further assessment and intervention training, and establish concrete treatment plans for group and individual patients. Additional supervision will be provided by other TRP staff psychologists, with several additional opportunities for group supervision available each week. Supervisors in the TRP frequently highly value the use of audio and visual recordings in supervision, and often use this method to assist in guidance in the implementation of evidence-based treatments for PTSD.

### *Supervisors' Training & Experience*

*Melissa Decker Barone, Psy.D.* is the Director of the Postdoctoral Fellowship, and a Staff Psychologist in the PTSD Outpatient Team. She served as the Director of Training for the VAMHCS/UMB Psychology Internship Consortium from 2010-2015. She completed a psychology internship and postdoctoral fellowship in the Trauma Recovery Program at the VA Maryland Health Care System. She received supervision and training in empirically supported treatments for PTSD, as well as co-morbid PTSD and substance use, medical illness, and health behavior change. She has trained with Drs. Foa and Hembree to become a certified Prolonged Exposure consultant for the VA National Rollout Trainings. Dr. Barone has received training in Acceptance and Commitment Therapy (ACT), CPT, PE and DBT over the course of her graduate studies, and her doctoral dissertation investigated the role of worry in experiential avoidance. Her research interests include treatment outcome research for empirically supported treatments for PTSD, as well as the relationship between PTSD and comorbid health concerns. Dr. Barone was honored to be the recipient of the Outstanding Supervisor Award, awarded by the 2009-2010 VA/UMB Internship Consortium class, and Outstanding Director of Training in 2014.

*Dave O'Connor, Ph.D.* earned his graduate degree in Clinical Psychology at the Florida State University in Tallahassee Florida. He completed his internship at the Baltimore VAMHCS in 2002 with specialized training in the assessment and treatment of substance use disorders (SUD), neuropsychological assessment, and medical psychology. Dr. O'Connor was hired here after internship and provided general assessment, individual and group SUD treatment, and student training in the Opiate Agonist Treatment Program. During this work he developed an interest in the treatment of co-morbid SUD and PTSD and was very excited in 2009 to accept the position of Addiction Psychologist assigned to the Trauma Recovery Program in which, he focuses on providing care to this dual diagnosis population. Dr. O'Connor has received training in Motivational Enhancement, Prolonged Exposure, Cognitive Processing Therapy, and Relapse Prevention. Provision of and training in psychological assessment has always been one of Dr. O'Connor's areas of interest and he served on the Training Committee as Assessment Coordinator for the VA/UMB Internship Consortium from 2009-2015. He was highly gratified to be the recipient of the Outstanding Supervisor Award, awarded by the 2008-2009 VA/UMB Internship Consortium class.

*Erin Romero, Ph.D.* received her doctoral degree from Northwestern University Feinberg School of Medicine, Department of Psychiatry and Behavioral Sciences, Division of Psychology. She completed a psychology predoctoral internship at the VA Maryland Health Care System (VAMHC) and obtained specialized training in substance use, serious mental illness, and PTSD. She received further specialized training in PTSD during her integrated postdoctoral fellowship in traumatic brain injury and PTSD in returning Veterans at the VAMHC. Dr. Romero has received training in a variety of treatment models, including Motivational Interviewing, Acceptance and Commitment Therapy, Prolonged Exposure Therapy, Cognitive Processing Therapy, Virtual Reality Exposure Treatment, Seeking Safety, Dialectical Behavior Therapy, Wellness Recovery Action Planning, and Social Skills Training. Dr. Romero's research has focused on racial/ethnic health disparities. Her research on the mental health needs and HIV/AIDS risk behaviors of delinquent youth has resulted in multiple peer-reviewed publications and conference presentations. Dr. Romero has increasingly become interested in program evaluation and in barriers to treatment in returning Veterans. Dr. Romero is the Trauma Recovery Program Coordinator.

*Christine Calmes, Ph.D.* is the Research Co-Coordinator for the VAMHCS/UM SOM Psychology Internship Consortium. She received her doctorate from the State University of New York-Buffalo and completed her pre-doctoral internship at the University of Maryland/VA Maryland Healthcare System (VAMHCS) consortium through the VA serious mental illness track. She completed one year of a post-doctoral fellowship through the MIRECC prior to taking a staff psychologist position in the Psychosocial Rehabilitation and Recovery Center (PRRC) at both Baltimore and Perry Point VA's. Several years ago, Dr. Calmes transitioned to a staff psychologist position in the Trauma Recovery Program (TRP) and has worked at the Perry Point and Baltimore VA TRP programs. Dr. Calmes serves as the Military Sexual Trauma Coordinator (MST) for the VA Maryland Healthcare System. Given her training and clinical experiences, Dr. Calmes has a special interest in treating Veterans with PTSD and comorbid serious

mental illness, as well as Veterans with MST. Dr. Calmes primarily provides trauma-focused interventions, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) to Veterans. Dr. Calmes is a VA provider of Cognitive Processing Therapy (CPT), Motivational Interviewing (MI), Interpersonal Psychotherapy (IPT) for depression, and Cognitive Behavioral Therapy for Insomnia (CBT-I).

*Jessica Grossmann, Ph.D.* is the track lead for the VA trauma recovery internship track. She is a member of the VA Maryland Healthcare System's full-model DBT clinical service. Dr. Grossmann completed her predoctoral internship at the Phoenix VA Health Care System, PTSD/General Mental Health track, and completed a postdoctoral fellowship specializing in PTSD and OEF/OIF/OND Veterans at the Durham VA Medical Center. Dr. Grossmann is certified in Cognitive Processing Therapy and Prolonged Exposure Therapy through the VA National Dissemination programs. She also received training in full-model Dialectical Behavior Therapy and other behavioral treatments for Veterans engaging in suicidal or other high-risk behaviors. In addition to her clinical work, Dr. Grossmann's research interests focus on promoting best practices in community responses to help-seeking, and she participates in continued consultation and program evaluation projects.

## **Perry Point VA Medical Center**

### **Gero-Neuropsychology – Community Living Center**

#### *Clinic Setting*

The primary training site for interns on this rotation is the community living center (CLC) at the Perry Point VAMC. The CLC is a short and long-term rehabilitation facility. The Perry Point CLC serves Veterans who are recovering from medical conditions and/or procedures (i.e., heart surgery, back surgery, CVA, amputation, etc.) as well as Veterans requiring intensive and long-term nursing care for basic activities of daily living secondary to severe cognitive impairment and/or chronic medical conditions. Interns may choose either a major or minor rotation in CLC gero-neuropsychology as is consistent with their level of career interest.

#### *Patient Population*

Residents are males and females, 55 and older, who have varied ethnic and racial backgrounds with the majority being Caucasian and African American. Interns occasionally have an opportunity to provide services to some younger residents (twenty-five to fifty-years old). A majority of the residents present with mild to severe cognitive impairment secondary to a variety of conditions, including degenerative neurological disease, cerebrovascular disease, metabolic conditions, nutritional deficiencies and traumatic brain injury. In addition, approximately half of the residents have a history of serious and chronic psychiatric conditions in addition to their medical issues. The types of co-existing psychiatric problems include depression, anxiety, PTSD, schizophrenia, schizoaffective disorder, bipolar disorder, and substance use disorder. Other psychological problems that are often presented include grief and bereavement, pain disorder and adjustment disorders. The intern may have the opportunity to work with residents who have terminal illnesses and/or their families.

#### *Clinical Approaches*

During the CLC gero-neuropsychology rotation, interns will function as an integral part of a medical inpatient, inter-disciplinary team (IDT), which includes the attending physician, social worker, chaplain, occupational and recreational therapist and nursing staff. In this role, the intern will also provide support for the CLC cultural transformation change process by providing consultation and in-service training to unit staff and by participating in activities to create a home-like atmosphere in the CLC neighborhoods (i.e., units). The intern will be expected to attend weekly IDT meetings, address consults for assessments as requested by the attending physician, carry a caseload of residents for individual psychotherapy and

provide consultation to the IDT and nursing staff for residents who present with challenging and disruptive behaviors.

The psychotherapeutic intervention training/supervision will focus on case conceptualization and treatment utilizing a cognitive-behavioral model. Specifically, interns will be exposed to the CBT and Life Review literature addressing anxiety, depression and pain management as well as the application of these approaches to working with older adults and in long-term care environments. In addition, the intern will provide both formal and informal consultation services to the IDT and nursing staff to assist in the identification and implementation of behavioral/environmental interventions in order to address challenging and disruptive behaviors being displayed by residents. The PPVAMC continues to implement the STAR-VA program, an evidence-based approach to addressing disruptive behaviors secondary to dementia. The intern will be provided training and gain experience in implementing the STAR-VA approach to managing challenging behaviors.

### *Expected Caseload*

Interns will provide individual psychotherapy and/or behavioral intervention consultation to interdisciplinary treatment teams for six to eight residents addressing a variety of issues that may include psychosis, mood and anxiety disorders, adjustment disorders and bereavement as well as disruptive behaviors secondary to cognitive impairment.

### *Additional Rotation Components*

Interns will conduct cognitive and mood screenings for six to ten residents to assist in making recommendations for additional assessment and/or mental health intervention. These cognitive and mood screenings will consist of a formal mental status examination (e.g., MMSE, SLUMS, Mini-cog), the Clock Drawing Test, the Geriatric Depression Scale –Short-Form and/or the VA clinical reminder screening tools. In addition, it is anticipated that interns will conduct more in depth neuropsychological assessments for another eight residents with an emphasis on evaluating their decision-making capacity and developing recommendations to assist with discharge planning. These neuropsychological assessments will utilize a flexible battery approach with the specific instruments being selected to most efficiently answer the referral question and which are most appropriate in consideration of the resident's age, language and sensory-motor functioning.

### *Supervision*

The intern will be provided supervision and practice administering, scoring and interpreting the various instruments that are used while ensuring adherence to the APA Guidelines with regard to assessing older adults (APA 2008; Knight et.al., 1995). The intern will be provided a minimum of two hours of face-to-face individual supervision. However, it is anticipated that additional supervision will be provided, as needed, based on the intern's level of experience.

### *Supervisor's Training and Experience*

*Dr. Jodi L. French* earned her doctorate in clinical psychology from the Virginia Consortium for Clinical Psychology in 1991. She completed a major rotation in gero-neuropsychology during her predoctoral internship at the Perry Point VAMC, which she completed in 1990. Dr. French also completed a two-year postdoctoral residency in clinical neuropsychology at the Fielding University in 1998. In addition, she worked as a consultant psychologist to community nursing homes and assisted living facilities in Virginia and Florida from 1995 to 1998. Since then, Dr. French has provided outpatient mental health services to aging adults and their families and caregivers in a private practice setting. In May 2008, she was appointed to the newly created CLC Clinical Psychologist position for the Perry Point VAMC and has been providing services to over 100 CLC residents living in at least four different long-term care neighborhoods (units). In addition, she has received training in the evidenced-based STAR-VA approach for addressing challenging and disruptive behaviors due to dementia that are displayed by residents in

community living centers. Dr. French has specialized Neuropsychology privileges and has conducted outpatient neuropsychological assessments in a private practice setting since 1998.

## **Geropsychology- Inpatient/Outpatient**

### *Clinic Setting*

The primary training site for interns on this rotation is the Perry Point Mental Health Clinic and inpatient Hospice Units. The intern will receive referrals through our mental health clinic for outpatient psychotherapy for elderly patients so that the intern gains experience in longer-term therapy. Interns will attend weekly treatment team meetings on the Hospice unit for treatment planning and case review. Interns will be assigned identified cases for treatment assisting the patient (and potentially spouse or family) cope with end-of-life issues, consult with the treatment team to improve the patient's overall care. In both the MHC and the Hospice unit, the intern may provide formal psychological and/or neuropsychological screening evaluation when indicated. Interns begin the rotation with many different backgrounds, professional interests, and degrees of preparation in clinical Geropsychology. Major and minor rotations are available, both for interns planning a career in Geropsychology and those just seeking to gain "some experience" with this population.

### *Patient Population*

Most patients are 65+, male, and approximately two-thirds are European-American, although occasionally interns would work with younger and/or female patients. Presenting problems include affective and adjustment disorders, co-morbid substance abuse issues, previously undiagnosed Axis II spectrum issues, and dementias.

### *Clinical Approaches*

Interns will be provided with training/supervision in case conceptualization and treatment in an Interpersonal/Sullivanian model. This treatment approach also relies on Erikson's life-span developmental theories and Butler's work on Life Review treatment for the elderly as theoretical underpinnings. Similarities and differences with Interpersonal Psychotherapy (IPT) are highlighted. Treatments are usually time limited (less than 15 sessions) and most cases are concluded prior to the intern's completion of the rotation. If not already acquainted, interns are introduced to the relevant Clinical Geropsychology and Neuropsychology of Aging literatures, as well as emerging practice guidelines for working with older adults.

In this form of treatment, there is a de-emphasis on predetermined interventions targeted only at symptom reduction, and a focus on assisting the patient in gaining greater understanding of rigid, maladaptive patterns of coping. These patterns become evident in the history, in interactions with other staff and patients, and, most usefully, in the treatment relationship with the intern therapist. Supervision is used to help the intern identify these salient aspects of the patient's presentation in sessions and how to help the patient utilize growing insight to elect changes in his/her relations with others.

### *Expected Caseload*

Cases will be assigned first on their potential to add to the intern's experience and skill as a therapist and only secondarily for 'workload'. Caseload will be determined based on case complexity but 4-5 patients per clinic day is a reasonable estimate.

### *Additional Rotation Components*

Interns will typically complete 6 neurocognitive screenings and/or personality assessments during a rotation. Focused neurocognitive evaluations are conducted using a battery tailored to the referral question. As needed supervision, practice administration with the battery, and background reading on the

various dementias augments the intern's other training. Personality assessment, when needed, is undertaken using standard psychometric instruments such as the Personality Assessment Inventory or MCMI-IV. Interpersonal diagnosis is also conceptualized via circumplex models of interpersonal behavior.

### *Supervision*

Interns make audio recordings of all assessment and treatment contacts for review during supervision. Supervision has a process orientation with an emphasis on the intern's growing awareness of her/his interpersonal impact, perceptions/expectations about aging, in addition to acquisition of case conceptualization and treatment application skills, knowledge of how the patient's aging affects the treatment process, etc. A minimum of two hours of supervision will be scheduled but often, especially early in the rotation, unscheduled supervision occurs on specific issues.

### *Supervisor's Training and Experience*

*Scott N. Jones* received his Ph.D. from Miami University (Ohio) in Clinical Psychology in 1989. He earned a graduate certificate of training in Gerontology from the Scripps Foundation Gerontology Center while at Miami. He completed an NIMH-funded predoctoral internship in Clinical Geropsychology at the Hutchings Psychiatric Center in Syracuse, NY in 1987-88. He then helped to develop and was the first director of a Geriatric Day Hospital Program at Bangor Mental Health Institute in Bangor, Maine. He has been the staff Geropsychologist and Neuropsychologist at the VA Maryland Health Care System, Perry Point Division since 1991. He has provided services on various nursing home units, in the mental health clinic and on a subacute rehabilitation unit for elders. Dr. Jones earned a Specialist/Diplomate from the American Board of Geropsychology in 2014. His research interests include Interpersonal psychotherapy, life span development, Neuropsychology of the dementias, and philosophy of science issues.

## **Mental Health Clinic**

### *Clinic Setting*

The mental health clinic serves approximately 4,000 Veterans in a given year, the majority of whom receive medication management.

### *Patient Population*

The average age of Veterans treated is in the early 40's. Veterans receive treatment for a variety of mental health conditions including major depression, anxiety disorders (i.e., PTSD), interpersonal relationship difficulties, bipolar disorder and dual diagnosis. A portion of these Veterans may also present with characterological issues.

### *Clinical Approaches*

Training in this rotation will focus on competency as a generalist in an outpatient practice. Core skills will include assessment utilizing structured diagnostic interviews, bio-data, and objective psychological tests, individual psychotherapy and group psychotherapy using Cognitive-Behavioral, Acceptance and Commitment Therapy, and Existential formulations, as well as group psychoeducation.

Psychotherapy training will emphasize evidence-based cognitive and behavioral techniques that have broad application across a number of diagnoses, including depression, anxiety, and emotion dysregulation. Treatment modalities include Cognitive-Behavioral therapy (CBT), Acceptance and Commitment Therapy (ACT), Existential-Humanistic Therapy, and Skills Training Affective and Interpersonal Regulation (STAIR). Interns interested in obtaining more experience with Veterans with PTSD may (depending on availability) have the opportunity to provide individual assessment and therapy

to Veterans with symptoms of PTSD, including evidence-based trauma therapies, such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Exposure, Relaxation, and Re-scripting Therapy (ERRT) for nightmares.

### *Expected Caseload*

The intern will carry a clinical caseload of 5-7 Veterans for individual psychotherapy. Ideally this will include following several cases from intake to resolution, including assessment, case formulation and a course of time-limited evidence-based psychotherapy. Interns will also be involved in co-leading or leading at least two psychotherapy or psychoeducation groups through the Perry Point campus-wide Recovery Center (see description below) and/or general Mental Health Clinic.

### *Additional Rotation Components*

Interns will have the opportunity to conduct brief triage assessments in the Mental Health Triage Clinic, allowing the opportunity for a brief symptom/presenting problem review, chart review, and objective symptom assessment measure to assist in initial case formulation for treatment and consultation to other mental health disciplines. Students will be expected to complete a brief psychosocial assessment as part of their initial meetings with individual clients who have not had a recent psychosocial assessment completed.

### *Supervision*

Interns will have two individual, hour-long supervision sessions per week to discuss assessment cases, case conceptualizations, documentation, and individual psychotherapy cases. Supervisors will also provide “on the spot” feedback during groups that the intern co-leads with the supervisor. The intern is always welcome to pop in with questions and/or concerns between supervision sessions. The general approach to supervision is collaborative, with the goal of supervision to ensure that the intern is getting the training experience that he/she desires.

### *Supervisor’s Training and Experience*

*Dr. Poet* earned his doctorate from La Salle University in Philadelphia, PA. He completed his pre-doctoral internship at St. Elizabeth’s Hospital in Washington, DC. He is a staff Psychologist in the Perry Point Outpatient Mental Health Clinic, where he conducts psychodiagnostic evaluations and provides evidence-based individual and group-based psychotherapy with Veterans who present for a wide range of Mental Health issues. Dr. Poet practices from a Cognitive-Behavioral orientation with a focus on Acceptance and Commitment Therapy (ACT). He is a VA certified provider of Acceptance and Commitment Therapy (ACT) for Depression, Motivational Interviewing (MI) for Behavior Change, Interpersonal Psychotherapy (IPT) for Depression, Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), and Prolonged Exposure (PE) for PTSD.

*Dr. Greer* completed his Ph.D. at Fielding University and his pre-doctoral internship at the Devereux Foundation in Pennsylvania. He is a staff psychologist in the Perry Point Outpatient Mental Health Clinic and provides both individual and group therapy from an Existential-Humanistic perspective. He also utilizes Cognitive Processing Therapy (CPT), Motivational Interviewing (MI), and Exposure Relaxation and Re-scripting Treatment (ERRT) in individual therapy and leads weekly groups in Motivational Enhancement Therapy for Substance Use disorders and Conflict Resolution through dynamic mindfulness practice (Aikido).

## **Primary Care-Mental Health Integration (PCMHI) – Perry Point**

### *Clinic Setting*

The primary care clinic in Perry Point is a small, rural clinic, with approximately 6 primary care providers serving 5,500 Veterans. Veterans receive care within Patient Aligned Care Teams (PACT), which are patient-centered medical homes that are structured to provide coordinated, accessible, and patient-centered healthcare. As all PC-MHI providers do, interns will function as integrated members of the PACT by providing consultation to primary care providers and the PACT teams, having availability to see patients on the day of their primary care visit, and attending and contributing to PACT team meetings.

### *Patient Population*

The average age of Veterans in this clinic is 60, majority (85%) are male, approximately 50% Caucasian, 40% African American. Patients who are typically referred to PC-MHI include those with depression, substance use disorder, smoking cessation, PTSD, anxiety, tobacco use disorders, obesity, diabetes, chronic pain, and insomnia.

### *Clinical Approaches*

Treatment in the primary care setting is brief (up to 6, 30-minute sessions) and evidence-based. Interns will utilize a wide variety of brief interventions, including behavioral activation, motivational interviewing, relaxation training, and brief CBT. Interns may have the opportunity to provide individual as well as group treatments. Group opportunities may include diabetes management group, weight management group (MOVE), pain school, depression group, and mindfulness-based stress reduction for medical conditions.

### *Expected Caseload*

Interns will see both pre-scheduled patients and warm hand offs from primary care providers immediately after their PACT appointment. It is expected that interns will see approximately 3-4 patients per day. At any given time, interns will be expected carry 3-4 short-term therapy cases throughout the rotation. Interns will also be expected to complete approximately two mental health evaluations for pre-transplant workup.

### *Additional Rotation Components*

Interns will have the opportunity to provide brief (30 min.), targeted functional assessments for Veterans who are referred by their primary care team. The purpose of assessments in PC-MHI is to clarify the presenting problem and triage the Veteran to the appropriate treatment setting. About 50% of patients presenting to PC-MHI can be treated/managed within this setting. Interns will learn to tailor assessments to the particular Veteran and his/her presenting problem. If appropriate for treatment within PC-MHI, interns will apply/tailor empirically supported treatments to address presenting concerns within 4-6 sessions. Interns may also have the opportunity to complete pre-transplant and pre-bariatric evaluations on this rotation.

Interns will also have a variety of learning opportunities that are relevant to the primary care setting and appropriate to the level of experience and specific interests of the intern. For example, interns may shadow PACT team members (nurses, primary care providers, dieticians), present health psychology topics to primary care providers at meetings, and become familiar with relevant literature on collaborative healthcare.

### *Supervision*

Individual supervision occurs in one hour increments twice a week. Dr. Schneider utilizes a developmental approach to supervision. Staying true to the PC-MHI model, Dr. Schneider is always available for spot supervision.

### *Supervisor's Training & Experience*

*Melisa Schneider, Psy.D.*, earned her doctorate in clinical psychology from La Salle University with a health psychology concentration. She completed her internship at the Miami VA Medical Center, with training in the psychological assessment and treatment of various geriatric and medical patient populations, including cancer, medical inpatient consultation and liaison, hospice/palliative care, chronic pain, and transplant. She then completed a one-year postdoctoral fellowship at Salem VA Medical Center, with a focus on primary care-mental health integration and behavioral medicine. Dr. Schneider is the PC-MHI coordinator with VAMHCS as well as a fellowship coordinator for the Clinical Psychology Fellowship in PC-MHI. Dr. Schneider's career experiences and interests have focused on collocated collaborative care, chronic disease management, coping with chronic illness, health behavior changes, and chronic pain management.

### **Psychosocial Residential Rehabilitation Treatment Program (PRRTP), Serious Mental Illness Focus**

#### *Clinic Setting*

The Perry Point PRRTP is a 41-bed voluntary residential treatment program with a 60 day length of stay. The PRRTP provides a 24-hour therapeutic setting utilizing a milieu of peer and professional support with a strong emphasis on psychosocial rehabilitation and recovery services that instill personal responsibility to achieve optimal levels of independence upon discharge to independent or supportive community living. The PRRTP provides a safe environment for Veterans to work on mental health, substance use, and psychosocial needs until they are able to resume personally identified goals and roles in the community.

#### *Patient Population*

The Veteran population includes men and women between the ages of 20 to 80 with a diversity of care needs, including mental health, physical care needs, and multiple psychosocial stressors. Diagnostically, Veterans present with all mental health diagnosis, including Serious Mental Illness (SMI).

#### *Clinical Approaches*

The treatment milieu on the PRRTP is designed to promote safety and recovery from mental health symptoms and substance use. This is an open unit designed to assist Veterans in learning skills to manage symptoms while increasing their level of independence in a supportive environment to move toward community reintegration. This is accomplished through the coordination of care across the continuum of services offered at the Perry Point Campus (e.g., Recovery Center, PRRC, Medical Care). A multidisciplinary treatment team approach is used, which includes active involvement by the Veteran to build on strengths.

The role of the Psychologist on the PRRTP includes acting in the role of Recovery Partner, coordinating care and completing disposition planning. This includes the provision of individual therapy, group therapy, patient education, family meetings, treatment team meetings and treatment planning, as well as psychological assessment. Due to the changing nature of the unit, the Psychologist must be flexible in creating treatment to meet the needs of the Veterans.

#### *Expected Caseload*

The intern will be fully integrated into the treatment milieu and the provision of services to the Veterans. The intern will act as a Recovery Partner (1-2 cases) and provide individual psychotherapy on an as needed basis. The intern will be expected to facilitate at least 2 groups in the milieu and complete at least 2 psychological assessments.

#### *Supervision*

Each intern will receive two hours of individual supervision a week, which can be completed with one primary supervisor or two supervisors. The intern and supervising psychologist will work collaboratively to meet the self-identified goals of the intern during the rotation. The methods that may be used in supervision include audiotape, co-therapy, observation, case discussion, and review of completed assessments and reports.

### *Supervisors' Training & Experience*

*Julie Rife-Freese, Psy.D.* Dr. Rife-Freese completed her Psy.D. at Argosy University, Washington, DC Campus and her internship training at the Coatesville VAMC, with a focus on providing services to Veterans with an SMI diagnosis. Upon completion of her internship training she continued to work with Veterans diagnosed with a SMI on an inpatient psychiatric unit at the Coatesville VAMC. This role included working toward transforming the unit milieu to a recovery orientation through the implementation of psychosocial rehabilitation principles. Dr. Rife-Freese is a full-time psychologist on Psychosocial Residential Rehabilitation Treatment Program (PRRTP).

*Jennifer Boye, Ph.D.* Dr. Boye completed her Ph.D. at the University of North Carolina Greensboro and her predoctoral internship at the Arkansas State Hospital. She completed a postdoctoral fellowship in Psychosocial Rehabilitation and Recovery/Serious Mental Illness at the Central Arkansas Veterans Healthcare System. Upon completion of postdoctoral training, she returned to the Arkansas State Hospital and engaged in forensic evaluations in an inpatient setting, followed by work as an inpatient psychologist both at the Delaware Psychiatric Center (Delaware State Hospital) and the Coatesville VAMC on the acute psychiatry unit. In those settings and now as a psychologist at the PRRTP, her focus is on utilizing recovery-oriented, evidence-based interventions that support individuals with serious mental illness toward meaningful, independent lives in their community.

## **Posttraumatic Stress Disorder Clinical Team (PCT) & Posttraumatic Stress Disorder Intensive Outpatient Program (PTSD IOP)**

### *Clinic Setting*

The Trauma Recovery Program (TRP) at the VAMHCS, Perry Point Division, consists of a specialized outpatient PTSD Clinical Team(PCT) and the 6-week PTSD intensive outpatient program (PTSD IOP). This rotation will be based primarily in the outpatient PCT, with some treatment activities in the PTSD IOP.

The PCT consists of one psychologist, one social worker, and one part-time psychiatrist and Veterans typically receive a course of weekly therapy. The PTSD IOP is a six-week program that involves twice-daily group therapy and twice-weekly individual evidence-based therapy for PTSD. The PTSD IOP consists of two psychologists and two social workers.

Interns on this rotation will provide assessments and individual and group therapy to clients in the PCT and group therapy and assessments to clients in the PTSD IOP.

### *Patient Population*

The Perry Point PCT and PTSD IOP serve both male and female Veterans with a principal diagnosis of PTSD related to a variety of traumatic experiences, including combat, Military Sexual Trauma (MST), and childhood abuse.

Many Veterans in the PCT have other co-occurring diagnoses and are active in treatment in other areas of mental health (e.g., Substance Abuse Treatment Program, Psychosocial Rehabilitation and Recovery Center, Mental Health Clinic). The Veteran population in the PCT is largely rural and predominantly male (74% of new referrals in FY18 were male). The population is racially/ethnically diverse and the

clinic serves Veterans from across service eras. Among new referrals to the PCT In FY18, 32% identify as Black/ African American, 54% identify as White, 5% identify as Latino/Hispanic and 9% identify as some other race/ethnicity. Approximately 40% are OEF/OIF era Veterans, 29% Persian Gulf War, 11% Vietnam era and 20% served in other eras including the Gulf War.

Veterans are referred to the IOP from both outpatient and residential programs across the VAMHCS to provide these individuals with a higher level of care than a traditional outpatient setting, due to the severity or complexity of symptoms, such as co-occurring substance use or other high-risk behaviors. The Veteran population is predominantly male, with females accounting for approximately 20% of the program census. Roughly 57% of clients in the PTSD IOP identify as Black/ African American, 37% are White, 3% are Latino/Hispanic and 3% identify as some other race/ethnicity. Approximately 40% are OEF/OIF era Veterans, 18% are Persian Gulf War Veterans, and 8% served in Vietnam.

### *Clinical Approaches*

The rotation will consist of core training experiences involving outpatient evidence based treatments for PTSD in both individual and group formats. Interns can elect to focus on the implementation of either Cognitive Processing Therapy or Prolonged Exposure for individual clients in the PCT. Interns may also have the opportunity to learn other individual interventions, such as Seeking Safety, Dialectical Behavior Therapy Skills Training, and Motivational Interviewing. There will be opportunities to facilitate group psychotherapy in the PCT and in the PTSD IOP, which may include Dialectical Behavior Therapy Skills groups or Relapse Prevention. Other experiences and minor rotations will be selected to round out the training plan for each intern. There will also be opportunities to consult with providers from a variety of different disciplines and settings.

Interns will also conduct both brief unstructured interviews and comprehensive psychological assessments to meet the Consortium requirements for assessment. As part of the treatment process, interns will conduct several intake interviews to learn gold standard methods for diagnosing PTSD. The intern will complete at least two comprehensive PTSD assessments using structured interviews, objective measures of psychopathology, and standardized self-report instruments. Comprehensive assessment skills for this rotation may include training and supervision in the use of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5; Weathers *et al.*, 2013), the PTSD Checklist for DSM-5 (PCL-5; Weathers *et al.*, 2013), the Minnesota Multiphasic Personality Inventory-2-RF (Ben-Porath, 2012), the Millon Clinical Multiaxial Inventory (MCMI; Millon *et al.*, 2015), and the Personality Assessment Inventory (PAI; Morey, 2007).

### *Expected Caseload*

Intern case load varies depending on previous experience and training goals. Typical caseloads include 2-4 weekly individual clients and 1-3 groups as well as carrying assessment cases.

### *Supervision*

Interns will receive at least two hours of individual supervision each week with a licensed clinical psychologist in order to review cases, provide further assessment and intervention training, and establish concrete treatment plans for group and individual clients. The PCT supervisor values the use of audio recordings in supervision, and frequently uses this method to assist and guide the implementation of evidence based treatments for PTSD.

Interns will participate in a number of additional training opportunities during the rotation, including monthly didactics, interdisciplinary treatment team meetings, and an EBP consultation group. Monthly didactic seminars will focus on the applied learning and practice of empirically supported treatments, assessment, administration, research and professional development (e.g., supervision) within the field of trauma work. An EBP consultation group focused on the delivery of Prolonged Exposure and Cognitive Processing Therapy, is also offered to trainees at all levels. Interns who match with the Trauma Recovery Program Specialty Track often participate in a three-day Cognitive Processing Therapy training, which

includes six months of consultation from a VA national rollout trainer. Finally, the TRP has an extensive library of resources, including articles, manuals, and training videos that are available to interns.

### *Supervisors' Training and Experience*

Interns' individual therapy will be supervised by the psychologist in the PCT at Perry Point. TRP staff has received extensive training in the use of exposure therapy and other above-mentioned interventions through graduate school education, internship training, postdoctoral training, and specific workshops and training experiences that have enhanced their knowledge and expertise in the treatment of PTSD. Trauma psychologists have many opportunities for peer consultation to maintain proficiency in evidence-based practices for PTSD.

#### PCT Supervisors:

*Natalie C. Fala White, Psy.D.* received her doctorate from Florida Institute of Technology and completed her pre-doctoral internship at the Richmond VA Medical Center. She completed her APA accredited postdoctoral fellowship through the North Florida/South Georgia Veterans Health System with specialized focus on treating Veterans with substance use disorders, Posttraumatic Stress Disorder, and other co-morbid conditions. Following fellowship, Dr. Fala remained in the North Florida/South Georgia Veterans Health System and worked as the PTSD/Substance Use Disorder Psychologist at the Gainesville VA Medical Center. She specialized in treating Veterans with co-morbid PTSD, who often presented with complex psychosocial stressors, in residential, intensive outpatient, and outpatient settings. She transitioned to the VA Maryland Healthcare System in 2018 and presently works as a psychologist on the PTSD Clinical Team seeing Veterans as outpatients or who are receiving residential treatment in one of the programs on Perry Point's campus.

*Jacqueline Mahoney, Ph.D.* is a staff psychologist in the TIDES Intensive Outpatient Program for PTSD at the Perry Point campus. Dr. Mahoney received her doctoral degree from the University of Maryland Baltimore County, where she focused on assessment and treatment of individuals experiencing intimate partner violence. She completed her pre-doctoral internship at the VA Western New York Healthcare System and received further specialized training in PTSD during her postdoctoral fellowship at the University of Cincinnati Health Stress Center under the supervision of Dr. Kathleen Chard. Prior to coming to the VAMHCS, Dr. Mahoney worked for the Cincinnati VAMC/Cincinnati Education and Research for Veteran's Foundation, where she served as a clinical assessor for a study examining the reliability and validity of the CAPS-5 in active duty and military veterans. While in this position, she trained extensively under Dr. Frank Weathers in CAPS administration. Dr. Mahoney is a certified provider of Cognitive Processing Therapy (CPT) for PTSD and also has training and experience in Prolonged Exposure, Motivational Interviewing, and Acceptance and Commitment Therapy. Dr. Mahoney also enjoys teaching and serves as Adjunct Assistant Professor of Psychology at the University of Maryland, Global Campus (formally UMUC).

Additional Adjunctive Supervision will be provided by Psychology Postdoctoral Fellows in the PTSD IOP with vertical supervision provided by staff psychologists.

## **Loch Raven**

### **Hospice/Palliative Care Rotation**

#### *Clinic Setting*

This major rotation is designed to provide interns the opportunity to work predominantly with patients on a 10-bed inpatient hospice unit imbedded with the Community Living Center which also houses long-term care and rehabilitation units. Interns will interact collaboratively with as many as four

interdisciplinary teams throughout the facility.

### *Patient Population*

The patient population of the hospice program spans a wide range of diagnostic categories, level of functioning, and severity of illness. The age range of Veterans on the hospice unit is generally between early 50's to late 80's. Many of the Veterans admitted suffer from chronic liver disease, cardiovascular disease and/or some form of cancer, generally lung or pancreatic with metastases. The older Veterans may also have an underlying form of dementia or related cognitive disorder. Interns working on the hospice rotation will work with a wide range of mental health disorders, including a history of Substance Use Disorder, Depression, Anxiety, and Posttraumatic Stress Disorder.

### *Clinical Approaches & Expected Caseload*

Interns will evaluate patients upon admission to the hospice unit for underlying psychopathology (i.e. depression, anxiety, adjustment disorders, suicidal ideation vs. desire for dying process to be over, PTSD, personality disorders, chronic mental illness, underlying delirium). From those evaluations, a caseload will be assigned for the intern to follow. Depending on the schedule, interns will also be expected to attend weekly hospice rounds and interdisciplinary team/family meetings. Interns will have the opportunity to work with patients' families and staff members to deliver interventions for caregiver support and burnout. In addition, assessment of specific psychosocial and mental health issues common in patients with chronic, life limiting or terminal illness and their families will also be addressed. Interns will also develop the ability to modify practice to accommodate end of life context with regard to self-disclosure, boundaries, structure, ability to communicate effectively with medical and non-medical professionals without psychological jargon, etc. The turnover rate on the hospice unit can be rather fast with patients staying on the unit anywhere from months to days. Hence, caseload will be expanded with residents in the rehabilitation or nursing home units which will be assigned based on the intern's clinical interests. Caseload varies depending on the clinical needs of the Veterans being seen but on average range from 10-15 cases. In addition to initial evaluations, interns will have the opportunity to conduct evaluations associated with decisional capacity and factors contributing to/complicating decisions. If interested, neurocognitive evaluations aimed at identifying forms of dementia and associated behavioral interventions/recommendations will also be completed.

### *Additional Rotation Components*

The intern will have the opportunity to lead a weekly caregiver support group, which is offered to family members of current and past patients of the hospice unit as well as other family members of the CLC patients who have been diagnosed with a terminal illness. The intern will also have opportunities to participate in a monthly support group offered to hospice staff members and/or develop their own group to address impacting needs identified at the time.

### *Supervision*

The interns will have weekly supervision and will develop knowledge and skills for working with normative and non-normative grief and bereavement. Interns will also develop skills for working with and distinguishing between depression, dementia and delirium. Given the nature of the rotation, focus on self-care and burnout prevention are regularly addressed.

### *Supervisor's Training and Experience*

*Steven Butz, Psy.D., ABPP* is the Clinical Geropsychologist and Neuropsychologist for the Loch Raven Community Living and Rehabilitation Center. He obtained his doctorate degree in clinical psychology from Loyola University of Maryland where he is also an affiliate faculty member. He completed a post-doctoral fellowship in Geropsychology through the VA Boston Healthcare System/Harvard Medical School. He obtained board certification in Geropsychology in 2014. His clinical work has been

conducted in both outpatient and inpatient settings with responsibilities that have included neuropsychological testing, decisional capacity evaluations, psychotherapy, and behavioral management for residents in a variety of outpatient and inpatient settings, including independent living, assisted living, nursing home, rehabilitation and hospice units.

## **University of Maryland Internship Child-Focused Internship Positions**

### **UM School of Medicine Child and Adolescent Inpatient and Pediatric Consult-Liaison Psychology Track**

#### *Clinic Setting*

The Child and Adolescent Inpatient and Pediatric Consult-Liaison Program at the UM School of Medicine consists of rotations in the Division of Child and Adolescent Psychiatry's inpatient unit, the pediatric consult-liaison program, and the Maryland Psychological Assessment and Consultation Clinic (MPACC; see description [here](#)).

The Inpatient/Consult-Liaison Rotations will allow the intern to participate four days a week in the two programs for children and adolescents. The inpatient program is a 16-bed coed unit for children ages 5-18 years of age. The pediatric consult-liaison program at the UM School of Medicine serves children birth - 18. Consultation is provided to multiple units including: Shock Trauma, OB-GYN services, and pediatric medical units, including oncology, neurology, and cardiology. Clinical populations treated in the consult-liaison service are those seen in the inpatient pediatric wards and in specialty programs.

Both programs involve interdisciplinary training experiences and the opportunity to work with and be an active member of an experienced hospital team. Within both rotations, there is ample opportunity available to be part of research and evaluation projects related to the child and adolescent service line.

#### *Patient Population*

Patients seen during these rotations include children from birth to age 18 and their families.

#### *Inpatient Populations*

The clinical population is approximately 80% male, 62% African-American and 38% other (Hispanic and Asian). Admissions are currently 400 per year but anticipated to increase to 500 per year with the expansion of the unit to serve youth ages 13-18. The main diagnoses for the 5-12 year old patients include 50% Disruptive Disorders: Oppositional Defiant, Conduct and Attention Deficit Hyperactivity Disorders; 40% Mood Disorders: Bipolar Disorder and Major Depressive Disorders; 18% Post Traumatic Stress Disorder and Anxiety Disorders; and 2% Psychotic Disorders. Approximately one third have a learning or speech and language disorder.

#### *Consult-Liaison Population*

Most cases referred for consultation are due to suicidal ideation endorsed while admitted for a medical concern or if a patient is admitted following a suspected suicide attempt within the context of a mood disorder, substance use, or trauma. Other consults are prompted by medical concerns with comorbid psychiatric concerns (e.g., depression or anxiety, disruptive behavior), coping with new medical diagnosis/injury, nonadherence to medical regimen, or somatic symptoms without clear medical/physiological etiology.

The population is balanced male-female, African American-Caucasian, and is largely working class to middle socioeconomic class, with a few higher socioeconomic status patients. Diagnostic categories are Mood disorders 40%, Disruptive disorders 40%, Adjustment Disorders 10%, Conversion Disorders 10%, Organic disorders and others 20%. "Other" disorders include substance abuse/dependence, pervasive developmental disorder, learning disorders, tic disorder, and elimination disorders. Co-morbidity is common. Children up to the age of 18 are seen through this service.

## *Clinical Approaches*

### *Child Inpatient Program*

The Inpatient unit provides multidisciplinary inpatient services and supports as well as consultation and planning related to transition back into the community. The program encourages active participation of parents and caregivers and works collaboratively with involved agencies.

The clinical emphasis is on diagnosis, assessment, and stabilization of the child and family, determination of initial needs for treatment and needs for longer term follow-up. The intern will participate in the unit multidisciplinary team consisting of occupational therapy, education, nursing, social work, and psychiatry. The intern's role consists of administering psychological assessments, providing consultation to the treatment team, leading therapeutic groups, and providing brief individual therapy. Therapeutic modalities include family systems and cognitive behavioral approaches. The intern will have opportunities to enhance skills related to family therapy, parent training, cognitive-behavioral therapy, dialectical-behavior therapy, motivational interviewing, trauma-informed care, and behavior modification. Children discharged may be referred to the University of Maryland Medical System Child and Adolescent Psychiatry Outpatient Clinic for longer term follow-up, affording interns experience with partnering on continuing care. Family involvement is emphasized for both diagnostic and therapeutic services. In addition, collaborative working relationships are developed with schools, physicians, and other programs and communities.

### *Pediatric Consult-Liaison Program*

The consult-liaison program provides psychological care to patient admitted to the hospital for medical reasons or patients admitted following a suspected suicide attempt. Reasons for referral may consist of comorbid psychiatric concerns presenting during hospitalization (e.g., depression or anxiety, disruptive behavior), coping with new medical diagnosis/injury, nonadherence to medical regimen, or somatic symptoms without clear medical/physiological etiology. The emphasis is on consultation as well as brief therapeutic intervention while a patient is admitted. The intern will have opportunities to enhance knowledge regarding medical diagnoses (e.g., diabetes, cancer, cardiology, pain conditions, etc.) and evidence-based interventions to address improvement in patient functioning/quality of life and adherence to medical regimens. The intern will also gain experience in providing brief intervention to patients presenting with psychiatric concerns awaiting a placement (e.g., an inpatient psychiatric unit, a DSS placement, etc.). For routine cases, the consultation request is discussed with the psychiatry attending and the psychology supervisor prior to the patient evaluation and then again after the patient is seen to develop a treatment plan. Treatment recommendations are discussed with the patient/family and the consultant team.

### *Supervision*

The intern will receive 2 hours of supervision with the inpatient licensed psychologist in order to review cases, provide further intervention training, and establish concrete treatment plans for individual patients and their families. Additional supervision will be provided by other inpatient and consultation staff. Dr. Mackenzie Sommerhalder will be the supervisor for Pediatric Consult-Liaison Rotation and will provide an hour of supervision each week. Additional supervision will be provided by Dr. Kristin Scardamalia for the assessment clinic and by the intern's research supervisor. In addition, group supervision will be available as part of the assessment clinic, inpatient team meetings, and through weekly supervision group with the other child interns.

### *Expected Caseloads*

The intern will carry approximately 5 to 6 patients on the inpatient unit at a given time for individual therapy or family work, and will function as the primary therapist for these cases. The intern is

responsible for the direct care of these patients, including psychological assessment, individual therapy, and parent training. The intern will also coordinate care with outpatient providers, and give educational recommendations to schools. The intern is expected to be an active participant in the regular unit multi-disciplinary team meetings and to share psychological theory and best practice strategies with the team.

The child intern will have approximately 25-50 consultations over the course of the year as part of the consult-liaison rotation. The intern is expected to actively coordinate care with other key stakeholders for a given consultation, including child life specialists, social workers, and medical residents.

### *Additional Components*

#### *Assessment*

The UM child inpatient and consult-liaison intern will provide a minimum of 6 comprehensive assessments to the Maryland Psychological Assessment and Consultation Clinic and will also provide some psychological assessment consultation and support to the inpatient unit.

#### *Child Psychology: Maryland Psychological Assessment Clinic Rotation*

The intern will participate in the Maryland Psychological Assessment and Consultation Clinic (MPACC), which offers a year-long experience providing assessment and consultation services to children and adolescents served through outpatient programs within the University of Maryland. Interns will spend approximately six hours per week in this clinic. Their time will be devoted to participating in training and supervision, conducting psychological assessments of children and adolescents (ages 2 to 18), conducting daycare/school observations, consulting with school and treatment staff, scoring, interpreting and writing reports, and providing feedback to families and treatment teams. Each intern will be responsible for 6 assessments over the course of the year. Clients are typically referred to MPACC from child and adolescent mental health programs in the University of Maryland System, including the 701 Outpatient Clinic, the School Mental Health Program, and the clinic that serves families of university employees.

MPACC referral questions are very diverse and can include differentiating between the breadth of clinical disorders and screening for learning problems, and making recommendations for school and treatment services. Tests administered include, but are not limited to: Autism Diagnostic Observation Schedule-2 (ADOS-2), NEPSY-II, Wechsler Intelligence Tests (WPPSI-IV, WISC-V, and WAIS-IV), Wechsler Individual Achievement Test-III and Woodcock Johnson IV - Tests of Achievement, Vineland Adaptive Behavior Scales, and a wide variety of behavior checklists. Feedback sessions involve the family and referring clinicians and emphasize the strengths and needs of the children and families.

During the first two months of internship, interns will complete intensive training in the Autism Diagnostic Observation Schedule-2 (ADOS-2) and spend time practicing the assessment. Interns will also have other targeted trainings during the year on assessment topics. Brittany Patterson, Ph.D., will provide weekly supervision of interns and co-lead diagnostic interviews and feedback sessions with interns and review and provide feedback on assessment reports.

#### *Didactics*

The Inpatient and Consult-Liaison Track promotes interprofessional collaboration and culturally competent, evidence-based practice. The intern will receive the following didactic components: (1) a weekly, cross Consortium seminar (2.5 hours); (2) specialized trainings (at training events, at conferences, and as part of rotations)

#### *Research*

The UM Child Inpatient and Consult-Liaison intern will be encouraged to pursue research requirement related to the child and adolescent service line.

## ***UM School of Medicine School Mental Health (SMH) Track***

### *Clinic Setting*

The UM School of Medicine SMH Track provides advanced training in SMH practice, research, and policy and is designed to train psychologists in skills to improve access to high quality SMH services and programming (e.g. system-wide prevention efforts, focus on public health concerns), while reducing mental health care disparities. Specifically, SMH Track interns provide a full continuum of mental health services (i.e., mental health promotion, prevention and intervention) to youth and families directly in the community through a school placement. Interns provide this full array of mental health services at their major SMH placement in the UMSOM School Mental Health Program (SMHP) in Baltimore City, Maryland. In terms of the major SMH rotation, each intern provides clinical services in one school, focusing on promoting resiliency and well-being in addressing the mental health needs of students and families. Trainees are able to provide high quality school mental health care that integrates a culturally responsive and trauma-informed lens. The schools affiliated with the SMHP primarily serve students and families of color from culturally enriched, low income communities. Overall, SMH interns work with school teams, provide evidence-based intervention, prevention, consultation, assessment, and mental health promotion services to youth across the developmental span with mental health and/or substance use disorders.

The comprehensive SMH Track provides a unique opportunity for interns to receive an intensive experience in comprehensive school mental health (SMH) across three critical realms: clinical practice, research, and policy. Additional aspects of the program include didactic, research, and policy training in evidence-based practices and a focus on advancing quality and sustainability in school mental health efforts. Training and supervision are provided by the National Center for School Mental Health.

### *Patient Population*

The SMH Intern serves children between the ages of 5 and 19 years and their families. Although we see families from diverse ethnic and racial backgrounds, approximately 90% of clients are African-American. Typical presenting problems of students receiving individual, group, and family services include: depression, anxiety, posttraumatic stress, disruptive behaviors, family conflict, peer conflict, bereavement, abuse and neglect, family and community violence, substance abuse, and educational challenges.

### *Clinical Approaches*

Interns receive rigorous clinical training across a three-tiered public health framework with major rotations within 1) the UM SMH Program (SMHP) in Baltimore City Public Schools and 2) the Maryland Psychological Assessment and Consultation Clinic (MPACC; see description [here](#)). Interns will complete an intensive clinical rotation (3 days per week) in which they provide a full continuum of evidence-based mental health services to underserved, diverse youth (ages 5-19 years) across a three-tiered public health framework (universal, targeted and selected interventions) in one of our 25 Baltimore City Public Schools (elementary, middle, or high school). Interns provide evidence-based individual, group, and family therapies; prevention and mental health promotion activities for small groups, classrooms, and school-wide programs; consultation to teachers, staff, and administrators; crisis intervention; and referral to community resources. Additionally, interns conduct assessments at the MPACC throughout the year (6 hours per week).

All SMH interns are responsible for coordinating and responding to referrals for mental health services as well as providing the direct services described above. There are also opportunities for participation on school teams and to be involved in the implementation of school-wide mental health promotion and

prevention programs to improve the school and early childhood center climate (e.g., violence prevention programs, mentoring, positive behavioral interventions and supports). Primary therapeutic modalities include cognitive behavioral and family systems approaches. Interns also work in collaboration with UMSOM Psychiatry Fellows. Family involvement is encouraged for all services and supports. In addition, collaborative working relationships are developed with school employed staff and school-based partners, community agencies and programs, advocacy organizations, and other university programs.

### *Expected Caseload*

The patient caseload will include individual and group psychotherapy clients, with an expectation that at least eight students are seen per day.

### *Supervision*

The intern will receive supervision for four hours each week with licensed psychologists as part of the school mental health track. At least two of these hours will be face-to-face individual supervision. Additional support and supervision beyond the four hours will be provided by other SMHP leadership representing social work, counseling, and psychiatry fields.

### *Additional Components*

#### *Didactics*

The SMH Track promotes interprofessional collaboration and culturally and linguistically competent, evidence-based practice; this curriculum is integrated throughout the internship didactic training. The curriculum is presented throughout the following didactic components: (1) a weekly, cross Consortium seminar (2.5 hours); (2) a weekly interprofessional SMH seminar series (60 minutes each); (3) a monthly interprofessional case conference with psychiatry fellows and SMH psychology and social work professionals (1 hour); and (4) specialized intensive trainings (during the summer months, at training events, at conferences, and as part of their rotations). This curriculum is also integrated into individual and group supervision.

As part of the program, psychology, social work, nursing, and psychiatry faculty collaborate to enhance didactics, specialty training in evidence-based practices and programs, training rotations, supervision, and coaching for a predoctoral psychology internship program. Psychology interns collaborate clinically in schools with educators, mental health and health providers, and community partners. The didactics utilize course instructors and supervisors from multiple professions, and with diverse practice, research, and policy experience, to provide education and training experiences related to SMH, interprofessional collaboration, and cultural and linguistic competency.

#### *Research*

As part of the School Mental Health rotation, the interns will work one day a week at the NCSMH and will be involved in an array of research projects related to school mental health evaluation, quality improvement, and sustainability. Interns will be assigned to at least two projects at the NCSMH and will be exposed to how research integrates into promoting best practices at local, state, and national levels in school mental health. Interns are required to conduct an independent research project during their internship year related to school or children's behavioral health that is integrated into their NCSMH rotation. Interns are guided in their selection of a research supervisor, who supports the intern in their conceptualization, design, and completion of their research project. Interns are required to present the findings to their internship class and research mentors in preparation for sharing their findings with the larger SMH community. Specifically, interns are encouraged to present posters and paper sessions at national conferences and/or publish their findings in peer-reviewed journals.

#### *Policy*

Interns participate in the advancement of SMH policy and programming as part of their NCSMH rotation (1 day per week) via engagement in a number of NCSMH projects, including monitoring of federal, state, and local legislation, development and dissemination of policy briefs, white papers, book chapters, and articles related to SMH policy, writing and dissemination of listservs, and developing resources related to SMH for dissemination to and use by state and local government and agencies. Interns will also have opportunities to attend policy related meetings and conferences.

*The following centers/programs are affiliated with the SMH internship:*

National Center for School Mental Health (NCSMH): The NCSMH is co-directed by Drs. Nancy Lever and Sharon Hoover. The NCSMH is the only federally-funded (HRSA) SMH program, research, and policy analysis center. Its mission is to *strengthen policies and programs in ESMH to improve learning and promote success for America's youth*. The NCSMH is co-leading, with the School-Based Health Alliance, the School Health Services National Quality Initiative (NQI). The NQI strives to advance accountability, excellence and sustainability for school health services nationwide by establishing and implementing an online census and national performance measures for school-based health centers and comprehensive school mental health systems. As part of these efforts the Center has developed the School Health Assessment and Performance Evaluation (SHAPE) System to help improve the quality and sustainability of school mental health systems in the United States. The Center works at local, state, and national levels to advanced research, training, policy, and practice in SMH. Interns are involved in and lead numerous projects, such as advancing the literature and best practices needed to address trauma, documenting the quality and effectiveness of SMH services, increasing family engagement in mental health services delivered in schools, and advancing the SMH workforce by developing curriculum and training materials. Other opportunities for interns include grant writing (e.g., for federally funded projects, private foundations, and state and local projects), writing book chapters and peer-reviewed journal articles, preparing content for the listserv, and critically reviewing articles for leading SMH journals. Additionally, interns contribute to the ongoing mission of the NCSMH through helping to develop practical resources for educators, youth, families, and mental health providers, as well as authoring issue briefs and articles geared toward enhancing the dissemination of best practice and research in SMH.

School Mental Health Program: The School Mental Health Program is led by Dr. Nancy Lever, Executive Director, Jennifer Cox, LCSW-C, Program Director, Kelly Willis, LCSW-C, Associate Director, and Dr. Sharon Hoover, Senior Advisor. The SMHP is a longstanding (established in 1989), interdisciplinary outpatient mental health program that provides high quality comprehensive school mental health services (promotion, prevention, intervention, consultation) to youth and families in 23 Baltimore City schools working in close collaboration with families, schools, and communities. The SMHP has achieved national recognition for its commitment to advance access to high quality mental health care in schools. Baltimore was among the first nationally to develop school-based health centers and has become a leader in the systematic development of comprehensive school mental health systems. The SMHP staff is comprised of licensed social workers, professional counselors, psychologists, and graduate trainees (social work, psychology, counseling, psychiatry, nursing). The SMHP is one of five lead programs in Baltimore City providing SMH services. SMH services augment the work of school-employed mental health providers, are available to youth in both general and special education, offer a full continuum of mental health services within the school, and are intended to reduce barriers to learning and promote student success. The SMHP is committed to implementing evidence-supported practices and programs across the Public Health Triangle. With many faculty within the SMHP having expertise in several evidence-based practices and programs (e.g., Botvin LifeSkills, Adolescent Community Reinforcement Approach (A-CRA), Modularized Practice/Common Elements, Screening Brief Intervention Referral to Treatment (SBIRT), Cognitive Behavioral Interventions for Trauma in Schools (CBITS), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Coping Power, there are numerous opportunities for specialized training and skill practice.

The Family Informed Trauma Treatment Center (FITT): The director of the Family Informed Trauma Treatment Center (FITT) Center is Dr. Laurel Kiser. The mission of the FITT Center is to develop, implement, evaluate, and disseminate family-based interventions for urban and military families to support positive outcomes for children and families who have experienced chronic trauma and stress. The FITT Center is part of the National Child Traumatic Stress Network (NCTSN) and one of 15 Category II Centers nationwide. In 2000, under the leadership of the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS), the NCTSN was established to raise awareness of the impact of childhood trauma and increase access to effective trauma treatments for thousands of our nation's children and adolescents. NCTSN chose the FITT Center to serve as a national expert on the role of families in the lives of children impacted by trauma and to further the availability of effective family trauma treatments. The FITT Center will lead the education, training, supervision, and coaching of clinicians related to effective family informed trauma treatment for children and adolescents, including intensive training and coaching in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Supervision related to TF-CBT will be provided by Vickie Beck, RN, a national certified TF-CBT trainer.

#### *Child Psychology: Maryland Psychological Assessment Clinic Rotation*

The School Mental Health interns participate in the Maryland Psychological Assessment and Consultation Clinic (MPACC), which offers a year-long experience providing assessment and consultation services to children and adolescents served through outpatient programs within the University of Maryland. Interns will spend approximately six hours per week in this clinic. Their time will be devoted to participating in training and supervision, conducting psychological assessments of children and adolescents (ages 2 to 18), conducting daycare/school observations, consulting with school and treatment staff, scoring, interpreting and writing reports, and providing feedback to families and treatment teams. Each intern will be responsible for 6 assessments over the course of the year. Clients are typically referred to MPACC from child and adolescent mental health programs in the University of Maryland System, including the 701 Outpatient Clinic, the School Mental Health Program, and the clinic that serves families of university employees.

MPACC referral questions are very diverse and can include differentiating between the breadth of clinical disorders and screening for learning problems, and making recommendations for school and treatment services. Tests administered include, but are not limited to: Autism Diagnostic Observation Schedule-2 (ADOS-2), NEPSY-II, Wechsler Intelligence Tests (WPPSI-IV, WISC-V, and WAIS-IV), Wechsler Individual Achievement Test-III and Woodcock Johnson IV - Tests of Achievement, Vineland Adaptive Behavior Scales, and a wide variety of behavior checklists. Feedback sessions involve the family and referring clinicians and emphasize the strengths and needs of the children and families.

During the first two months of internship, interns will complete intensive training in the Autism Diagnostic Observation Schedule-2 (ADOS-2) and spend time practicing the assessment. Interns will also have other targeted trainings during the year on assessment topics. Brittany Patterson, Ph.D., will provide weekly supervision of interns and co-lead diagnostic interviews and feedback sessions with interns and review and provide feedback on assessment reports.

#### ***UM Clinical High Risk for Psychosis (UM CHiRP) Track.***

The UM CHiRP Track provides advanced training in clinical practice, research, training, and policy related to youth at clinical high-risk for psychosis and those in the early stages of psychosis.

##### *Clinical Approaches*

Interns will be involved in all aspects of clinical services, providing a range of intervention services including: provider consultation, psychoeducation for individuals and family members, CBT and skills training, supported education and employment, safety planning and emergency service use reduction, and

substance abuse treatment and risk reduction. Interns will complete a clinical rotation (2 days per week) at the CHiRP clinic housed within the UMSOM Division of Child and Adolescent Psychiatry, where they will be trained in the provision of modularized CBT for youth at clinical high-risk for psychosis. Clients include youth ages 12-25 and their families from the diverse, often underserved population in the greater Baltimore area, as well as individuals throughout the state of Maryland (including rural, underserved areas) that are seen through the telehealth program. Interns will also have the opportunity to conduct structured intake interviews, assist with program evaluation and development, and provide outreach and psychoeducational programming for providers and community members in the greater Baltimore area. In addition to this work, interns will also complete a clinical rotation (1/2 day per week) at the First Episode Clinic (FEC) at the Maryland Psychiatric Research Center (MPRC), with service provision including individual and group therapy to clients in the initial phases of psychosis and their families.

### *Expected Caseload*

With high intensity needs of individuals identified with psychosis, caseloads will be approximately 8-10 individual clients at any time with additional individuals seen through Assessments and co-leading group sessions (Contact with approximately 15-20 clients per month). There will also be group therapy opportunities to be co-led with licensed providers within the clinic. The intern will have opportunities for both brief and comprehensive assessments through formal clinic connections and consultation opportunities throughout the state of Maryland related to the Maryland Early Intervention Program.

### *Supervision*

The intern will receive supervision 3.5 hours per week with a licensed psychologist and additional 1.5 hours of supervision with other licensed providers to review cases, provide further intervention training, establish concrete treatment plans, and discuss research.

### *Additional Components*

#### *Assessment*

The CHiRP intern will provide a minimum of 6 comprehensive assessments to the CHiRP clinic or other UM clinics for treating early psychosis (approximately 6 hours per week).

#### *Didactics*

The CHiRP Track promotes interprofessional collaboration and culturally competent, evidence-based practice. The CHiRP intern will receive the following didactic components: (1) a weekly, cross Consortium seminar (2.5 hours); (2) specialized intensive trainings (at training events, at conferences, and as part of the rotations) from Dr. Schiffman, a leading expert on CHR assessment and treatment, twice yearly.

#### *Research*

Primary research topic areas for the CHiRP intern to pursue as part of the research requirement for the internship and as part of the larger CHiRP internship experience would fall under three main categories described below:

#### *Maryland Early Intervention Program*

A large proportion of YouthFIRST's overall efforts are dedicated to supporting the Maryland Early Intervention Program (EIP). The EIP is a state-wide consortium designed to improve the lives of young people in the early stages of psychosis. Multiple core initiatives are central to the EIP: (1) *Research* concerning the identification, treatment, phenomenology, and etiology of psychosis; (2) *Outreach and Education* services to behavioral health providers, schools, and primary care settings; (3) *Clinical Services* for 12-30 year-olds who have recently experienced an initial episode of psychosis, or are suspected of being at risk of

future psychosis; (4) *Consultation Services* for providers regarding identification and treatment of individuals who may be experiencing early symptoms of psychosis; (5) *Training and Implementation Support Services* to foster collaboration, resource sharing, and coordination of service delivery among established early intervention teams across the state of Maryland. More information about the EIP can be found at <http://www.marylandeip.com>.

#### *Strive for Wellness Clinic*

Members of YouthFIRST constitute core members of each EIP initiative, several of which are achieved in part by the EIP's Strive for Wellness (SFW) clinic. Co-directed by Youth FIRST director Dr. Schiffman, SFW is an early identification, research, and services clinic specializing in youth ages 12-25 who are suspected of being at clinical high-risk (CHR) for the onset of a psychotic disorder. Participants in SFW research complete an extensive assessment battery and are reevaluated every 6-12 months for several years. Although the SFW clinic is especially concerned with the CHR population, all individuals ages 12-25 who are receiving mental health resources are potentially eligible for research participation. This novel research paradigm provides unique clinical and research opportunities for trainees at YouthFIRST.

Within this longitudinal clinical research context, the SFW team is able to investigate an array of empirical questions. Current projects taking place within the EIP's SFW clinic include the following:

- Evaluation and development of brief screening tools to identify those most likely to meet high-risk criteria and develop psychosis
- Multimodal neuroimaging to identify neural biomarkers of psychosis risk
- Assessment of family functioning, stigma toward mental illness, and quality of life
- Experimental assessment of reward learning, aberrant salience, and neurocognitive functioning
- Examination of metabolic and other physical health parameters through blood assay and ecological momentary assessment

#### *Multisite Assessment of Psychosis Study (R01)*

In the first study of its kind, the YouthFIRST team and its collaborators are developing a novel screening instrument to detect psychosis-risk in the general population. Several thousand adolescents and young adults in three major cities (Baltimore, Philadelphia, and Chicago) will be recruited from the community and surveyed for known psychosocial and environmental risk factors for psychosis, including attenuated psychotic symptoms, sleep disturbances, and levels of stress exposure, among others. High-scoring participants and a random sample of low-scoring participants are subsequently invited into the laboratory for an in-depth, gold-standard clinical assessment of CHR and other psychiatric syndromes. The combined results of these two study phases will be used to empirically develop a brief self-report instrument with high ability to assess the likelihood of meeting CHR criteria and an unfavorable course of functioning. Led by YouthFIRST at UMBC and colleagues at Northwestern University and Temple University, this epidemiological study was recently funded by a large (R01) grant from the National Institute of Mental Health.

#### *Social Work Training to Reduce the Duration of Untreated Psychosis (R34)*

Recently funded by the National Institute of Mental Health (R34), this randomized controlled trial will administer an innovative online training program to over 1,200 clinical social workers in the state of Maryland. The training is designed to increase awareness of early psychosis and knowledge of screening implementation. Participating social workers are educated on the Maryland EIP, an early psychosis specialty network directed in part by Dr.

Schiffman. The training is expected to facilitate rapid access to specialty care for those suspected of experiencing CHR or early psychosis, circumventing the extended DUP that is characteristic of current treatment as usual. This study represents a partnership between YouthFIRST, the Maryland EIP, and the University of Maryland School of Social Work.

*Computerized Assessment of Psychosis-Risk (CAPR) Grant (NIH)*

Early detection of young people at clinical high risk for psychosis offers a critical opportunity for early intervention to improve the course of illness, and perhaps even prevent onset entirely. Current interview-based methods for psychosis risk detection lack specificity, and are only available in a handful of research centers in the United States. The CAPR study aims to improve accessibility and broaden impact of high risk screening by testing brief computerized measures, ultimately able to be administered on the internet, and to improve prediction by focusing on tasks specific to underlying mechanisms driving emerging psychotic symptoms.

*Maryland Clinical High Risk for Psychosis (CHiRP) Grant (SAMHSA)*

This project intends to fundamentally improve the lives and functional trajectories of adolescents and young adults at clinical high-risk (CHR) for mental illness with psychosis. We are expanding our already existing CHR collaboration between the University of Maryland School of Medicine (UMSOM), UMBC, and the Maryland Behavioral Health Administration to create a comprehensive, evidence-based, stepped model of care clinic. Central components of the stepped intervention include culturally-sensitive and state-of-the-art assessment, psychoeducation, cognitive behavioral therapy (CBT) for CHR as well as other concerns, supported education and employment, substance use treatment, and pharmacotherapy, as well as seamless transfer to specialty care within our existing clinical network in the case of an emergent disorder with psychosis.

Through a consumer and culturally informed approach, our clinical goals are to, 1) improve social and role functioning and quality of life among clients; 2) reduce the severity of psychosis-risk symptoms as well as other concerns (e.g. mood, substance misuse); 3) prevent or delay progression to formal psychosis; and 4) curb the burden of the first episode of psychosis (FEP) through stepped care, if diagnosable psychosis is to emerge. Our research goal is to investigate the effectiveness of these efforts.

*Policy*

The CHiRP intern would have the opportunity to learn more about state policy and regulations related to early identification and support of youth experiencing first episodes of psychosis as part of participation in Maryland EIP meeting, issues relating to sustainability for CHiRP services, and other state meetings and opportunities.

*Training*

The CHiRP intern would have the opportunity to help supervise a Master's Level extern and would also as part of the Maryland EIP Outreach team provide outreach and education to stakeholders (e.g., primary care providers, educators, health and mental health staff, hospital staff, emergency room staff, policymakers) on the basics of the early identification and treatment of youth with psychosis.

*The following centers/programs are affiliated with the CHiRP internship:*

National Center for School Mental Health (CSMH): Full description available [here](#).

School Mental Health Program: Full description available [here](#).

Maryland Psychiatric Research Center: Under the leadership of Dr. Bob Buchanan, The Maryland Psychiatric Research Center (MPRC) is an internationally renowned research center, which is dedicated

to providing treatment to patients with schizophrenia and related disorders, educating professionals and consumers about schizophrenia, and conducting basic and translational research into the manifestations, causes, and treatment of schizophrenia. The MPRC is a University of Maryland School of Medicine (UMSOM) Organized Research Center, which resides in UMSOM Department of Psychiatry and operates as a joint program between UMSOM and the Maryland Department of Health.

Youth Focused Identification, Research, and Service Team (YouthFirst): YouthFIRST is a research team in the Department of Psychology at the University of Maryland, Baltimore County. Directed by Professor Jason Schiffman, Ph.D., the lab is dedicated to producing meaningful and useful research in the context of providing clinical services, while at the same time training future leaders in psychology. We focus on the scientific understanding of the origins of, and treatment and assessment for, schizophrenia-spectrum (“spectrum”) and psychotic disorders in youth and young adults. We define our research into three overlapping themes including: (1) genetic high-risk research, (2) clinical high-risk research, (3) clinical services research.

Maryland Early Intervention Program: The Maryland Early Intervention Program (MEIP) is a collaborative effort among several centers, including the University of Maryland School of Medicine Department of Psychiatry’s Maryland Psychiatric Research Center, National Center for School Mental Health, Psychology, and Psychiatric Services Research; the University of Maryland Medical System’s Divisions of Child and Adolescent Psychiatry and Community Psychiatry; and the University of Maryland-Baltimore County Department of Psychology. This program was established in part by funding from Maryland’s Department of Health. The MEIP offers specialized programs with expertise in the early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults at risk for, or in the early stages of, a mental illness with psychosis. It uses an integrated approach to addressing the health and mental health needs of young adults, including providing support for co-occurring substance use disorders, metabolic risks, and other co-occurring medical conditions. The MEIP is committed to reducing disability by equipping individuals and their families with tools to manage their illness, move successfully through the developmental stages of growth, and establish a life of their choosing. The MEIP includes four components: 1) Outreach and Education Services to groups interested in learning more about the early stages of mental illnesses with psychosis; 2) Clinical Services to individuals experiencing early psychosis and their families; 3) Consultation Services to professionals working with individuals experiencing early psychosis and their families; 4. Training and Implementation Support to professionals establishing Early Intervention Teams

#### UM Child-Focused Tracks: Supervisors’ Training and Experience

*Tiffany Beason, Ph.D.* is an Assistant Professor at the University of Maryland School of Medicine and National Center for School Mental Health. She received her Ph.D. in Clinical and Community Psychology from University of Maryland Baltimore County and completed her internship and postdoctoral fellowship with the NCSMH. Dr. Beason’s research interests relate to academic achievement, positive racial/ethnic identity, adaptive social and coping skills, and sense of community among youth and young adults. She currently works as a school mental health clinician in a Title I Baltimore City School. Clinically, Dr. Beason is trained as a generalist with specialized training in providing trauma-informed treatment in schools that serve primarily low-income youth and families of color. Dr. Beason engages in research, training and technical assistance. She is currently collaborating on projects focused on teaching educators and school mental health practitioners on how to address the mental health needs of youth through the use of culturally responsive and equitable practices.

*Vickie Beck, A.P.R.N., B.C.,* She has almost over 35 years of experience as a clinical nurse specialist working with abused children and their parents. She is a nationally certified TF-CBT trainer, leading training and ongoing coaching for licensed clinicians and University of Maryland child and adolescent trainees. Ms. Beck provides trauma focused supervision and support to all child interns.

*Melanie Bennett, Ph.D* is an Associate Professor in the Department of Psychiatry at the University of Maryland School of Medicine, and the Director of the Division of Psychiatric Services Research. She

received her Ph.D. in Clinical Psychology from Rutgers University in 1995. Dr. Bennett's research focuses on etiology and treatment of substance use disorders and serious mental illness, screening for substance use disorders, prevention of substance use disorders. She is the principle investigator/project leader for numerous grants from the NIAAA and the NIMH. Dr. Bennett provides support and supervision for CHiRP interns in the domains of clinical care and research, and has extensive experience mentoring trainees in clinical work, research, and professional development.

*Jill Bohnenkamp, Ph.D.* is an Assistant Professor at the University of Maryland School of Medicine and National Center for School Mental Health. She received her Ph.D. in Clinical and School Psychology from the University of Virginia, Curry School of Education in 2012. Dr. Bohnenkamp completed her pre-doctoral internship at Children's National Medical Center in Washington, D.C., and postdoctoral fellowship at the National Center for School Mental Health at the University of Maryland School of Medicine. Dr. Bohnenkamp provides individual and group clinical, research and policy supervision to school mental health and early childhood school mental health interns. Dr. Bohnenkamp's research interests focus on behavioral and academic outcomes of school mental health service provision, school mental health workforce development, mental health training for educators and pediatric primary care providers and increased access to mental health services for youth and families.

*Kristin Bussell, RN, NP* is a psychiatric and mental health nurse practitioner at the University of Maryland Medical Center. She has expertise in psychosis and antipsychotic-induced weight gain. She coordinates projects of Dr. Gloria Reeves and regularly publishes and presents on psychosis. She has extensive experience in community and school-based mental health treatment.

*Elizabeth Connors, Ph.D.*, is an Assistant Professor at Yale University and is a faculty member of the National Center for School Mental Health. She received her Ph.D. in clinical psychology, with concentrations in community and child psychology, from the University of Maryland Baltimore County in 2014. Dr. Connors completed her pre-doctoral internship in the School Mental Health Track of the VAMHCS/UMSOM Psychology Internship Consortium. Dr. Connors' research interests focus on dissemination, implementation and program evaluation of evidence-based mental health services for children and families receiving care in school and community-based settings. She is trained as an Improvement Advisor for the NCSMH's National Quality Initiative's Learning Collaborative on Comprehensive School Mental Health.

*Kay Connors, L.C.S.W.*, is the Co-Director of the Center of Excellence for Infant and Early Childhood Mental Health and the project director for the Family Informed Trauma Treatment Center, and has over 30 years of experience working with traumatized children and their families. Ms. Connors has provided mental health treatment to children and families in a variety of settings, including hospital, residential treatment, private practice, clinic, and home-based programs. Ms. Connors has directed programs, supervised staff, participated in outcome research as well as trained trainees and audiences locally and nationally in infant and early childhood and trauma treatments.

*Dana Cunningham, Ph.D.*, is the Coordinator of the Prince George's School Mental Health Initiative (PGSMHI) and is involved in intern research and training. The PGSMHI is designed to provide intensive school-based counseling and supports to trainees in special education. Dr. Cunningham graduated from Southern Illinois University at Carbondale with a doctoral degree in Clinical Psychology in 2004. Following the completion of her internship at the VAMHCS/UMSOM Psychology Internship Consortium, she completed a two-year postdoctoral fellowship at the National Center for School Mental Health. She is currently an Assistant Professor in the Department of Psychiatry. Dr. Cunningham's research and clinical interests are in the area of resilience, empirically supported treatments for ethnic minority youth, and school mental health.

*April Donohue, Ph.D.*, received her Ph.D. in clinical psychology from Northern Illinois University in 2011. She completed her clinical internship at the University of Maryland School of Medicine, and then joined the staff of the child outpatient clinic in 2011. She provides teaching and supervision to trainees in the Division of Child and Adolescent Psychiatry.

*Sarah Edwards, DO*, is an Assistant Professor in Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine and Board-Certified Child and Adolescent Psychiatrist with specialized expertise in acute pediatric psychiatric care, early childhood mental health and treatment of complex pediatric trauma-related disorders. She is Assistant Division Director and Medical Director of the Child and Adolescent Psychiatry Clinical service line, which includes child inpatient, partial hospitalization, pediatric consultation-liaison, and outpatient sub-specialty services. Dr. Edwards is also the Training Director of the University of Maryland Child and Adolescent Psychiatry Fellowship. Through these roles, she has extensive clinical experience in the assessment and treatment of pediatric mental health conditions, and provides training to fellows, residents, and students. *Sharon Hoover, Ph.D.*, received her Ph.D. in clinical psychology from the University of Maryland Baltimore County in 2002, completing her clinical internship and two-year postdoctoral fellowship at the University of Maryland School of Medicine at the National Center for School Mental Health (CSMH) and the School Mental Health Program. She is the Co-Director of the NCSMH and an Associate Professor in the Department of Psychiatry. Dr. Stephan's clinical and research focus is in the implementation of empirically-supported interventions in schools, with a particular emphasis on serving traumatized youth and youth from health-disparate populations. She conducts research and clinical training in the areas of mental health-primary care collaboration and integration, quality assessment and improvement, co-occurring disorders, school transitions, and trauma. She provides research supervision within the SMH track.

*Sharon Hoover, Ph.D.* is a licensed clinical psychologist and Professor at the University of Maryland School of Medicine and Co-Director of the National Center for School Mental Health (NCSMH). She currently leads NCSMH efforts to support states, districts and schools in the adoption of national quality performance standards of comprehensive school mental health systems ([www.theSHAPEsystem.com](http://www.theSHAPEsystem.com)). Dr. Hoover also serves as Director of the NCTSN Center for Safe Supportive Schools (CS3), focused on building trauma-responsive, comprehensive school mental health systems that attend to social determinants and injustices and engage and support marginalized populations, including youth of color and newcomer (refugee and immigrant) youth. Dr. Hoover has led and collaborated on multiple federal and state grants, with a commitment to the study and implementation of quality children's mental health services. Creating safe, supportive and trauma-responsive schools has been a major emphasis of Dr. Hoover's research, education and clinical work. She has trained school and community behavioral health staff and educators in districts across the United States, as well as internationally.

*Laurel Kiser, Ph.D., M.B.A.*, received a Ph.D. in psychology from Indiana University and a M.B.A. from the University of Memphis. She completed internship and two years of post-doctoral training in child clinical psychology. She is an Associate Professor in Psychiatry at UMB. Dr. Kiser's career focus has been on the provision and evaluation of treatment for youth living in poverty, victims of neglect, physical and sexual abuse, with moderate to severe psychiatric and behavior disorders. Her research is on the protective role of rituals and routines for coping with trauma and she is supported by an NIMH K-23 Award for developing a manualized, multi-family skills-based intervention for traumatized families. Dr. Kiser is co-Principal Investigator of the National Child Traumatic Stress Initiative Category II Family Informed Trauma Treatment (FITT) Center. Clinically, she co-directs the Trauma Clinic and serves as the Psychologist supervisor for the Center for Infant Study. Dr. Kiser is also active in teaching and supervising Division trainees on childhood trauma in multiple venues. She provides trauma education in community settings for clinicians on assessment and treatment of young children impacted by violence exposure.

*Nancy Lever, Ph.D.*, is a licensed clinical psychologist and Associate Professor at the University of Maryland School of Medicine and Co-Director of the National Center for School Mental Health (NCSMH). As Co-Director of the NCSMH and Executive Director of the University of Maryland School Mental Health Program, she has worked to advance innovative training and technical assistance efforts that aim to improve school mental services and supports. She leads the advancement of interdisciplinary school behavioral health training for advanced graduate psychology, psychiatry, and social work students, as well as for the current education, health, and behavioral health workforce. She has helped to advance a school mental health multi-tiered framework that is based on school-family-community partnerships, and

culturally responsive, high-quality behavioral health services. She serves as a leader for National Quality Initiative on School Based Health Services, supporting states, districts, and schools in advancing school mental health policy and adopting national school mental health quality performance standards. She co- led the development of a national school mental health curriculum and an online mental health literacy training curriculum for educators as part of her work with SAMHSA and the Mental Health Technology Transfer Center Network.

*Alicia Lucksted, Ph.D.* is an Associate Professor in the Department of Psychiatry at the University of Maryland School of Medicine. She received her doctoral degree in Clinical/Community Psychology from the University of Maryland College Park in 1997, and completed a postdoctoral research fellowship at the University of Pennsylvania Medical School, Department of Psychiatry, Center for Mental Health Policy and Services Research. Her research focuses on outcomes and change processes for psychosocial interventions regarding mental health recovery, psychiatric rehabilitation, and serious mental illnesses, using both quantitative and qualitative methods. Current content areas include societal and internalized stigma regarding mental illness, preventing the development of self-stigma, the impact of anticipated stigma on recovery and community participation, consumer navigation of early episodes of psychosis and services, the impacts of Mental Health First Aid as a public education program, and consumer and family led self-help and support programs.

*Gloria Reeves, MD*, is a child and adolescent psychiatrist with specialized expertise in pediatric psychopharmacology and obesity-related health issues among individuals with serious mental illness. Dr. Reeves received her medical degree from the University of Maryland School of Medicine and completed a NIH-funded career development award to develop skills in state-of-the-art metabolic assessments of youth and adults with mental illness, and she has collaborated with interdisciplinary experts to study obesity-related side effects of antipsychotic medication treatment. Dr. Reeves partnered with pharmacists, child mental health experts, and child-serving state agency leadership to help develop an antipsychotic medication prior authorization program for publicly-insured youth. Dr. Reeves is the Medical Director of the Strive for Wellness program, a hybrid clinical and research program focused on psychosis prevention.

*Kim Sadtler MSN, PMH, APRN-BC, NE-BC* is the Nurse Manager of Patient Care Services for Behavioral Health, Child Inpatient and Partial Hospitalization, and Psychiatric Emergency Services at the University of Maryland Medical Center. She received her BSN at the University of Maryland School of Nursing and her MSN at Cincinnati College of Nursing. She is actively involved in quality and improvement efforts involving the implementation of trauma-informed programming and the reduction of seclusion and restraint.

*Kristin Scardamalia, Ph.D., LSSP.* received her doctorate in Educational Psychology with a specialty emphasis in neuropsychological assessment from the University of Texas at Austin. She completed her clinical internship at Travis County Juvenile Services, including training in forensic evaluation, and completed two years as a postdoctoral research fellow at the National Center for School Mental Health (NCSMH) where she now an Assistant Professor. Her research focuses on the intersection of the education, juvenile justice, and mental health systems and their contribution to the disproportionate number of minorities impacted by the school to prison pipeline. Her research addresses universal prevention and intervention through her work on the development of a modularized, classroom based, social emotional learning curriculum and through research on district-wide strategies to reduce exclusionary discipline practices. She has specialized assessment training in the areas of autism, neuropsychology, personality, and psycho-educational evaluations. She provides supervision and training related to child and adolescent assessment at the Maryland Psychological Assessment and Consultation Clinic (MPACC).

*Cindy Schaeffer, Ph.D.*, received her doctorate in Child-Clinical Psychology (with a concentration in Community Psychology) from the University of Missouri in 2000 and completed her clinical internship with the University of Maryland's School Mental Health Program. After a postdoctoral fellowship in Prevention

Science at the Department of Mental Health within the Johns Hopkins Bloomberg School of Public Health, she held faculty positions at the University of Maryland Baltimore County and the Medical University of South Carolina before joining the National Center for School Mental Health in 2015, where she is an Associate Professor. Dr. Schaeffer serves as a research mentor within the child track. Her research interests relate primarily to developing and evaluating multifaceted ecologically-based interventions for youth involved in the juvenile justice and child protective service systems and their families. Her current work involves adapting Multisystemic Therapy (MST) for CPS-involved families experiencing substance abuse and domestic violence, and developing a mobile phone app that supports parental management of youth with conduct problems. She is also working to promote effective alternatives to school suspensions and other school push-out policies that contribute to youth juvenile justice involvement.

*Jason Schiffman, Ph.D.*, is a Professor with appointments at both UMBC and UMB. He is Director of Clinical Training, Director of the YouthFIRST lab in the Department of Psychology at UMBC. He completed his Ph.D. in 2003 at the University of Southern California under mentorship of Sarnoff Mednick. He received his undergraduate degree in psychology at Emory University under mentorship of Elaine Walker. Dr. Schiffman's research interests include early identification and treatment of youth at risk for psychosis and the reduction of stigma against people with serious mental health concerns.

*Mackenzie Sommerhalder, Ph.D.* is an Assistant Professor and the Director of Acute Clinical Services in the Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine. She received her doctorate in Educational Psychology from the University of Nebraska at Lincoln. She completed her predoctoral internship at the Kennedy Krieger Institute/Johns Hopkins School of Medicine, Behavior Management Clinic and Pediatric Psychology Clinic and Consultation Service. She completed two years as a postdoctoral fellow at the Johns Hopkins School of Medicine where she served as the psychological service provider for the Child and Adolescent Psychiatry Day Hospital, which included consultation with multidisciplinary team, comprehensive psychological evaluations, parent training, group therapy, and individual therapy. She also provided services to medical providers, families, and patients to optimize adherence, improve pain management, enhance adjustment/coping, and treat comorbid psychopathology for children hospitalized due to pediatric burns, bone marrow transplants, and nephrology conditions. Her research interests include: quality assessment and improvement, multi-tiered systems of supports in hospital settings, and parent training. She provides supervision and training related to the Child and Adolescent Inpatient and Pediatric Consultation-Liaison track.

## **Minor Rotation Descriptions**

We offer several minor rotations which differ in their duration and workload. The specific minors that are offered vary from year to year, depending on staff resources and institution needs. As noted previously, minor rotations are only applicable for VA-based interns.

### Enhanced Research Minor

In keeping with the Consortium's scientist-practitioner model of training, the Enhanced Research Minor rotation was developed to provide Doctoral Interns interested in pursuing primarily research-focused fellowships and careers an opportunity to obtain enhanced research training and mentorship, above and beyond that which is expected within the core research requirement. The American Psychological Association (APA) Commission on Accreditation (CoA) specifies that the Internship year shall focus primarily on training in the practice oriented areas of health service psychology. The Association of Psychology Postdoctoral and Internship Centers (APPIC) further delineates that at least 25% of trainees' time is in face-to-face psychological services to patients/clients. As clinical training is the focus of the Internship year, interns interested in participating in the Enhanced Research Minor must be able to demonstrate that the APA and APPIC clinical training requirements have been met and that these requirements continue to be met throughout the internship training year.

Interns interested in the Enhanced Research Minor should be able to demonstrate a pattern of dedication to scientific study as well as a path toward a research career. The specific components of the research minor are flexible and will vary based on interns' backgrounds, experiences, and research-related training goals. However, each intern should explicitly address how participation in the Enhanced Research Minor will contribute to skill development/refinement (e.g., analytic technique, grant writing, manuscript preparation, etc.) and expansion of professional capacity (e.g., participation in research center/group meetings, attendance at UM/ VAMCHS research-related symposia, etc.). Upon completion of the Enhanced Research Minor, selected interns will be able to demonstrate a significant contribution to research activities within the host organization(s). Such contributions should be in addition to the expectations outlined as part of the core research project required of all Consortium interns.

Interns participating in the Enhanced Research Minor will:

- Provide a brief outline of research interests and goals along with an updated CV, which will be used to determine fit with a research supervisor
- Submit to the Training Committee, in consultation with their research supervisor, a brief outline that delineates the following:
  - focus of the project(s)
  - the intern's responsibilities
  - research-related goals (i.e., development/refinement of a new skill—e.g., processing of fMRI data, SEM, etc., attend research-related workshops, develop conference presentation, manuscript development, manuscript submission, development of an IRB submission, program evaluation project, grant submission, treatment development, dissemination projects, policy development, etc.)
  - method/frequency of supervision
- Dedicate a minimum of 12 and a maximum of 14 hours per week to research activities which may include activities more typically considered clinical in nature – e.g., delivery of an intervention within a research study; attendance at research-related workshops and talks, etc.
- Be evaluated at least two times a year (mid-year and year-end) using the Research Competency Assessment Form, which should clearly indicate the specific research project goals and skills

Please note that for some Interns the Enhanced Research Minor will subsume the core research project and for other interns it will be separate. This determination is based upon a combination of intern interests, as well as research opportunities and mentor availability/interest. If the Enhanced Research Minor is separate, the total amount of time allocated for the minor will be 6-8hrs/week, to allow for up to 6 hours for the core intern research project.

### *Supervision*

Potential research opportunities will be presented to interns in the middle of July in a meeting with the VA Research Coordinator, Dr. Calmes. Every attempt will be made to tailor an enhanced research minor experience to the Intern's interests and goals, though this may not always be possible given research supervisor availability and project scope. The Intern will be responsible for contacting the potential supervisor(s) directly to discuss the possibility of working with them. The Intern may not end up with his/her first choice of a project, or of a supervisor. Thus, it is to the Intern's advantage to identify more than one possible project/supervisor. The general expectation is that Interns in the specialty tracks—trauma, neuropsychology, health psychology—will work with a faculty member of those tracks on projects relevant to the specialty, but this is not a requirement. Once a research supervisor is selected, the expectation for supervision would be to meet weekly for a minimum of 1 hour.

## Diversity Minor

The Diversity Minor Rotation was developed in the spirit of integrating diversity more fully into the training experience. As psychologists, we are tasked with the ethical responsibility of providing culturally informed and appropriate treatments for our clients and the communities with which we engage. However, clinicians often cite concerns about their abilities to apply knowledge of diversity to daily practice. This minor rotation will provide interested interns an opportunity to bridge the gap between knowledge and application.

The Diversity Minor Rotation was designed to be flexible, allowing interested interns an opportunity to create an experience fitting with personal and professional goals, prior training experience, and expectations. This is also consistent with a multicultural psychology approach, in which the client is seen as an expert collaborating in their treatment. Generally, though, an intern would participate in this rotation for a period of six months to a year and approximately three to six hours per week. Core components include the following:

1. *Development of a year-long project, culminating in a presentation for your peers, supervisors, and VA psychologists.* The nature of this project will be determined by the intern in collaboration with the rotation supervisor, but may include an administrative project, consultative service, clinical training delivery, psychotherapeutic intervention, development of a paper, program evaluation/needs assessment, etc.
2. *Participation in the VAMHCS Mental Health Diversity Committee.* This multidisciplinary committee aims to integrate diversity into the spectrum of activities in which VAMHCS mental health employees engage.
3. *Maintenance of the VAMHCS Virtual Cultural Resource Center (VCRC).* The VCRC is an on-line database consisting of seminal diversity and multicultural literature and resources, which is made available to VAMHCS Mental Health staff.

## *Supervision*

Supervision will be conducted using a motivational enhancement and multicultural approach, emphasizing how best to apply empirically supported treatments to a diverse, urban population. The frequency and intensity of supervision will vary, based on the intern's level of experience and training. An intern would be expected to meet for face-to-face supervision once a week for one hour; administrative or research projects may be less frequent, depending on need and developmental level of the trainee. Spot supervision will be available as well.

## *Supervisor's Training and Experience*

Supervisor varies based on the specific interests of an intern and the scope of the minor.

## Military Sexual Trauma (MST) Minor

The MST Minor Rotation was developed for interns who are interested in learning about the unique aspects of working with Veterans who have experienced MST. This minor rotation offers the opportunity to co-lead an all males MST group or an all females MST group. These groups are semi-structured in that they teach healthy ways of coping with difficulties common after MST, while also allowing Veterans with MST to connect with individuals who have had a similar experience. Interested interns may also have the opportunity to provide individual, evidence-based psychotherapy related to symptoms of PTSD, depression, or insomnia with Veteran(s) with MST. Finally, opportunities related to management of consults and/or program evaluation may be available as well.

The MST Minor Rotation is designed to be flexible, allowing interested interns an opportunity to create an experience fitting with personal and professional goals. However, a core component of this minor rotation would be co-leading a semi-structured, 12 session all women, or all male, MST group.

Generally, an intern would participate in this rotation for a period of at least five months but could participate for the full year. This minor rotation would involve approximately three to six hours per week.

### *Supervision*

Supervision will be conducted using a developmental approach, based on the intern's previous training experience with this population and specific treatment modalities. An intern would be expected to meet for face-to-face supervision once a week for one hour. However, spot supervision will be available as well.

### *Supervisor's Training and Experience*

*Christine Calmes, Ph.D.* Please see supervisor description [here](#).

### EFT Couples Therapy Minor

The minor rotation is designed to give interns the opportunity to learn an empirically supported approach to working with couples. Interns will learn Emotionally Focused Couples Therapy (EFT) developed by Sue Johnson, Ed.D. This evidenced based treatment is based on the integration of attachment theory, humanistic psychology and systems theory. During the summer, interns will discuss EFT literature, use the EFT training workbook, review and discuss professional training tapes and will develop and practice skills through small group discussion and role plays. During the course of the year, the intern will work with one or two couples. There will be weekly group supervision and scheduled individual supervision. Supervision modalities include discussion of the case and review of videotaped sessions. The minor requires an intern to commit to 5 hours a week for a full year. The treatment population will be couples who have the psychological resources to benefit from this course of treatment. These Veterans will usually be relatively higher functioning and may have a wide range of possible diagnoses.

### *Supervisor's Training & Experience*

*Neil Weissman, Psy.D.* Please see supervisor description [here](#).

### Mindfulness Minor

This minor rotation is designed to teach interns the necessary skills to competently facilitate Mindfulness-Based Stress Reduction (MBSR) groups. MBSR, developed at the University of Massachusetts Medical Center, is an evidence-based psychotherapy supported by more than 30 years of high quality medical research. This eight week-long treatment approach to stress coping sequentially teaches a number of acceptance and awareness-focused skills, including: body scan, breath awareness, mindful engagement in activities of daily living, mindful movement, and the cultivation of compassion for self and others.

The above-mentioned skills will be taught within a year-long minor. The approach to training is to provide an immersive experience for interns that mirrors that strategies used to teach MBSR to healthcare professionals. Specifically, we this rotation is divided into three modules, as follows:

- 1) Weeks 1 – 10: Introduction to the rotation's structure and goals, followed by eight weeks of MBSR, led by Drs. Gardner and Semiatin. During this module, the interns would participate in the protocol by attending weekly sessions lasting two hours each. These sessions are intended to expose interns to MBSR from the perspective of a participant, allowing them to directly experience the benefits of this approach while developing a mindfulness practice of their own. Interns during this module would also be asked to complete approximately 60 minutes' worth of homework between sessions, consisting of home-based practice and reading.
- 2) Weeks 11 – 29: This second module has three goals:

- a. First, supporting interns with continuing to develop a regular mindfulness practice of their own.
  - b. Second, teaching the theory, attitudinal foundations, and techniques underlying MBSR. Drs. Gardner and Semiatin would provide weekly didactics that break down the structure of each MBSR session, provide details regarding how to guide specific practices, and allow opportunities for interns to experiment with these skills and gain feedback.
  - c. Third, didactic weeks will be interlaced with weeks in which the interns take the lead, on a rotating basis, on teaching an eight-week MBSR course to one another and the facilitators. Drs. Gardner and Semiatin would also provide constructive feedback to interns. For example, on week 11, Drs. Gardner and Semiatin will provided didactic instruction and practice opportunities for MBSR session 1, and on week 12, the interns will teach session 1 to one another and the facilitators, and so on.
- 3) Weeks 30 until the end of the training year: This last module has four goals, as follows:
- a. First, the interns co-facilitate an eight-week MBSR group for Veterans with either Dr. Gardner or Semiatin.
  - b. Second, the interns maintain a regular, personal mindfulness practice, supported by their peers and the rotation facilitators.
  - c. Third, the facilitators and interns will spend time discussing recent research findings related to MBSR and other mindfulness/acceptance-based approaches, as well as ways to respond to challenging situations within MBSR.
  - d. Fourth, at the end of the training year, the interns participate in a day-long mindfulness retreat in which they take turns leading the activities.

Regarding time commitment expectations for interns, we anticipate that three hours each week would be sufficient. Two of those hours would be spend consecutively in class with the facilitators each week, and the other hour would be spent on reading and personal mindfulness practices.

#### *Clinic Setting*

Meetings between the rotation facilitators and interns during the first two modules (weeks 1 – 29) will be conducted outside of a clinical setting. MBSR groups with Veterans will be conducted within the Mental Health Clinics at the Baltimore and/or Perry Point VAMCs, and/or the Recovery Center at the Perry Point VAMC.

#### *Patient Population*

The Veterans being treated in the Mental Health Clinics and the Recovery Center receive care for a variety of mental health conditions, including major depression, anxiety disorders, PTSD, interpersonal relationship difficulties, bipolar disorder, and dual diagnosis. A portion of these Veterans may also present with characterological issues.

#### *Clinical Approaches*

Training in this rotation will focus on developing competency in facilitating MBSR groups.

#### *Expected Caseload & Supervision*

Interns will co-facilitate one eight-week long MBSR group with either Dr. Semiatin or Dr. Gardner, both of whom will provide clinical supervision.

#### *Supervisors' Training and Experience*

*Joshua Semiatin* earned his Ph.D. in clinical psychology from the University of Maryland, Baltimore County in 2012. He currently serves as Program Manager of Outpatient Mental Health Services for VA

Maryland. Dr. Semiatin has received training in, and currently utilizes, a number of evidence-based psychotherapies, including: CBT-D, ACT-D, CBT-I, MI/MET, PE, CPT, and IBCT. Dr. Semiatin's clinical interests focus on acceptance-based approaches. He has facilitated mindfulness-related individual and group treatments within a number of clinical and staff educational settings within the past eight years. Dr. Semiatin co-facilitated VAMHCS' Mindfulness Minor rotation, with Dr. Santanello, for interns during the 2014-2015 and 2015-2016 training years. He is currently participating in a year-long intensive training in Mindfulness-Based Stress Reduction (MBSR), called VA CALM, focused on becoming a teacher. Dr. Semiatin intends to offer many of the learning opportunities being afforded to him within VA CALM to interns enrolled in this minor rotation. He is also a member of the Zen community of Baltimore.

*Mary Lambert Gardner* earned her Ph.D. in clinical psychology from the University of Maryland, College Park in 2002. She currently serves as Program Manager for Recovery Services for VA Maryland. Prior to this position she served as PRRC and Recovery Center Coordinator at Perry Point, as Coordinator of the Health Improvement Program, and as an inpatient staff psychologist on unit 364A at Perry Point. Dr. Gardner has trained in evidence-based therapies such as CBT, CPT, Social Skills Training, and MI. Her clinical interests focus on mindfulness, stress and coping, and serious mental illness. She has completed the foundational courses in MBSR through the Center for Mindfulness at the University of Massachusetts Medical School, and in 2017 obtained the status of "Qualified" MBSR teacher. She later received additional training in Koru, a formulation of mindfulness training and practice developed specifically for "emerging adults." She has attended several week-long silent meditation retreats since 2013. Dr. Gardner has been teaching/leading a variety of mindfulness groups in the Recovery Center and the PRRC over the past 10 years, and has collaborated with Dr. Semiatin and others to offer several half-day silent retreats for veterans engaged in mindfulness classes. Dr. Gardner has maintained an ongoing personal mindfulness practice for more than 20 years, and is a firm believer in the importance of a consistent personal practice for those wishing to teach mindfulness.

### Dialectical Behavior Therapy (DBT) Clinical Service Minor

The DBT minor is designed to provide interns with existing DBT experience an opportunity to co-facilitate a DBT skills group. The group is intended for Veterans from all service eras demonstrating emotion dysregulation and/or impulsivity, with a recent history (past year) of suicide attempts, non-suicidal self-injury, and/or hospitalization. In addition to co-facilitating the group, interns attend a weekly DBT team consultation meeting, assist with program screenings for referred Veterans, and engage in program evaluation initiatives. The VAMHCS DBT Team consists of 5+ licensed psychologists. The typical time commitment for this minor is approximately 6 hours per week (co-facilitation of 2-hour group, documentation, 1-hour consultation group, supervision, other tasks).

### *Supervisor's Training & Experience*

*Tiffany Bruder, Ph.D.* is a Staff Psychologist in the TIDES PTSD Intensive Outpatient Program and is the Team Lead of the VAMHCS DBT Clinical Service. She completed a psychology internship and postdoctoral fellowship in the Trauma Recovery Program at the VAMHCS. She has received supervision and training in empirically supported treatments for PTSD, including Prolonged Exposure Therapy, Cognitive Processing Therapy, Concurrent Treatments of PTSD and SUD using Prolonged Exposure, and Written Exposure Therapy. She has also received extensive training in full model Dialectical Behavior Therapy. Dr. Bruder's research interests include program evaluation and development, massed treatments for PTSD, and improving patient engagement in empirically supported treatments for PTSD.

### Long-Term Psychoanalytic Supervision

The minor rotation is a long-term psychotherapy supervision designed to provide a year-long experience in structured supervision in the conceptualization and treatment of long term clients. Interns will have the

ability to choose between psychoanalytic supervision or evidence-based treatments such as ACT, CBT, or Interpersonal Therapy. Interns will see at least one patient throughout the year, and participate in one hour of supervision with a licensed clinical psychologist. Clients are provided through referrals through the Mental Health Clinic. Supervision occurs at the Baltimore VA Medical Center.

#### *Supervisors' Training & Experience*

*Dr. Mark Nolder* received his Ph.D. from Texas Tech University in 1990. He completed a clinical internship at the Audie L. Murphy VA Medical Center in San Antonio, Texas. He is currently a staff psychologist in the outpatient program at the Fort Howard Community Based Outpatient Clinic. He is also an Adjunct Professor at Towson University and has his own private practice in Harford County. Dr. Nolder's research and clinical interests include: Psychoanalytic metapsychology, evidence-based psychoanalytic psychotherapy, evidence based psychotherapy relationship factors, psychotherapy supervision, psychology of music, individual psychoanalytic psychotherapy.

*Dr. Candice Wanhatalo* received her Ph.D. from George Mason University. Prior to joining VAMHCS in April, Dr. Wanhatalo was a staff psychologist in the Mental Health Clinic at the Washington DCVAMC for ten years. During her ten years in DC, Dr. Wanhatalo was an active member of the training committee, served as supervisor to externs and interns and assisted in the creation of the Special Populations fellowship, where she was primary supervisor for the Geropsychology track. She has clinical interests in Geropsychology, Whole Health, mindfulness, and anger management. She has completed additional training in evidence-based approaches such as CBT for Depression, CBT for Psychosis, and Interpersonal Therapy for Depression.

#### The VISN 5 Administrative and Leadership

This rotation is designed to provide interns with greater exposure to the operations of Mental Health services across the geographic area of VISN 5 (West Virginia, Maryland and District of Columbia). Psychologists are committed to promoting and enhancing patient care and well-being. Part of this work involves determining whether Veteran's needs are being met and evaluating whether they are receiving the best quality of care. This rotation provides interested interns with the opportunity to learn about and actively engage in program development, oversight and evaluation from a regional perspective. Moreover, interns will have the opportunity to observe and participate in the activities of leadership staff to better understand health care at the macro level. Finally, this rotation is designed to provide potential methods of preparing for leadership opportunities in areas of clinical health care administration.

#### *Supervisor's Training & Experience*

*Dr. Lowman* currently serves as the Chief Mental Health Officer in Veterans Integrated Service Network (VISN) 5 where she oversees mental health operations for six VA Medical Centers throughout West Virginia, Maryland, and District of Columbia. She contributes actively to the profession of Psychology within VA through her membership on the National and VISN 5 Psychology Professional Standards Board and Association of VA Psychologist Leaders. She began her leadership role within VA while serving as the Women Veterans Coordinator and developed and managed numerous mental health programs at the VA Maryland Healthcare System throughout her career. While a Supervisory Psychologist and manager at VA Maryland Healthcare System, Dr. Lowman expanded access to mental health in the CBOCS by implementing Primary Care -Mental Health Integration (PCMHI) and utilizing telemental health to expand access in rural areas. Dr. Lowman received her Undergraduate and Doctorate Degree from the University of Delaware and State University of New York at Albany, respectively. She completed her internship at Baltimore VA in 1990 and joined the VA as a Clinical Psychologist in 1991. Dr. Lowman has 20 years' experience supervising pre-doctoral interns at the VA Maryland Healthcare System. Her professional interests include program development, Primary Care-Mental Health Integration, Telemental Health and leadership development for women.

## VAMHCS Administrative Minor

This purpose of this rotation is to provide interns with exposure to the operations of the Psychology Training Program, including interactions with the associated governing bodies (e.g., VA, UM, APA, APPIC, etc.), and to assist interns in identifying and executing a program evaluation or improvement project specific to the Psychology Training Program. The scope and nature of the project is deliberately flexible to accommodate an intern's specific interests and training goals.

### *Supervisor's Training & Experience*

*Moira Dux, Ph.D.* Please see supervisor description [here](#).

## Motivational Interviewing/Motivational Enhancement Therapy Minor

Motivational Interviewing (MI) is an evidence-based treatment that is effective in many settings and for a variety of behaviors. MI is useful when a client is ambivalent about a change that is clearly in their best interest (for example smoking cessation; chronic disease management; substance use disorders; and engagement in, and adherence to, other treatments) to make. One common adaptation of MI is Motivational Enhancement Therapy (MET), which involves assessment and feedback and is more structured. Recent reviews indicate evidence for the efficacy of MET as either a stand-alone treatment or as a prelude to further treatment for both alcohol and other drug abuse. MET can also increase treatment adherence and facilitate transition from one level of care to another across a range of problem behaviors. Interns electing to participate in this Minor will learn and implement both MI and MET Interventions.

The MI/MET Minor Rotation was designed to be flexible, allowing interested interns an opportunity to create an experience fitting with personal and professional goals, prior training experience, and expectations. Generally, though, an intern would participate in this rotation for a period of nine months to a year and approximately three to six hours per week.

Core components include the following:

- Participation in day-long MI workshop (usually scheduled in September)
- Participation in 3-months of MI Consultation Group (usually October – December)
- Participation in weekly group/individual supervision (1 hour/week)
- Submission of at least 6 recorded MI/MET client sessions
- Be evaluated at least two times a year (mid-year and year-end) using the Competency Assessment Form

### *Rotation Objectives/Goals*

1. To demonstrate skillfulness with foundational motivational interviewing techniques and strategies.
2. To demonstrate an ability to effectively apply motivational interviewing concepts and tasks to a variety of patients and health behaviors challenges (i.e., smoking cessation, substance use disorders, exercise, weight management, medication adherence, treatment engagement, etc.).
3. To demonstrate an ability to provide normative feedback regarding substance use (and possibly other health behavior challenges) using motivational enhancement skills and strategies.

### *Supervisor's Training and Experience*

*Jade Wolfman-Charles, Ph.D.* Please see supervisor description [here](#).

## HOW TO APPLY

### Applicant Eligibility

1. The VAMHCS/UMSOM Psychology Internship Consortium participates in the APPIC National Matching Service (NMS). Applicants must be registered with NMS and apply through the online APPIC portal. Applicants may register with NMS on the following website: [www.natmatch.com/psychint](http://www.natmatch.com/psychint). Applicants who do not obtain a position through Phase I of the Match (e.g., applicants who withdraw or remain unmatched in Phase I) will be eligible to participate in Phase II of the Match with our site if those applicants register for the Match prior to the Rank Order List deadline for Phase I.
2. Applicants must be trainees in good standing in an APA-accredited or CPA-accredited doctoral program in clinical, counseling, or school psychology and approved for internship by their graduate program Training Director.
3. Applications are typically only reviewed for trainees who have successfully proposed their dissertation prior to the application deadline (11/01/2020). However, in light of potential delays imposed by the pandemic, we will review applications for individuals who plan to defend their dissertation proposal by 11/30/2020. Please note that interview invitations for qualified applicants will be rescinded if documentation of successful dissertation proposal defense by 11/30/2020 is not furnished.
4. Our program typically only considers applications from trainees who have completed a total of 500 combined intervention and assessment hours, of which at least 50 must be assessment hours. Hours completed at the Masters and Doctoral level count toward this requirement. We recognize that COVID-19 has negatively impacted accrual of clinical hours for many applicants. Therefore, applicants who have between 400-499 combined hours (including at least 25 assessment hours) will be considered. However, we ask that applicants falling below the total hour requirement (i.e., 400-499 total hours) and/or below the assessment requirement (i.e., 25-49 hours) briefly address readiness for internship despite lower hours than expected in their cover letters. General note about distribution of hours: Please keep in mind that the minimum number of intervention and assessment hours provided for our program in the APPIC online directory are set low to accommodate the different priorities of the various Consortium training tracks. For example, an applicant with 200 intervention hours might be competitive for the neuropsychology track, but would likely not be competitive for the more intervention-intensive tracks. Similarly, an applicant with 50 assessment hours would not be competitive for the neuropsychology track but might be competitive for another track.
5. Interns in VA-based tracks must be citizens of the United States and will have to present documentation of U.S. Citizenship prior to beginning the internship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns must complete a Certification of Citizenship in the United States prior to beginning VA training. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can only be granted by the US Office of Personnel Management. For UM-based tracks, J-1 visas **are** accepted. Green cards and F-1 and H1-B visas are **not** accepted.
6. Interns are subject to fingerprinting, employee health screening, and background checks. Selection decisions are contingent on passing these screens.
7. The VA conducts drug screening on randomly selected personnel. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection.

## Application Procedures

1. Complete the online APPIC APPI
2. In the cover letter, applicants should clearly indicate the track for which they wish to be considered. Indicate the appropriate APPIC Program Codes for each track (see below). As noted above, applicants falling below the total hour requirement and/or below the assessment hour requirement are asked to briefly address preparedness for internship despite the shortage in hours in their cover letters.
  - For all VA-based tracks (VA Comprehensive, VA Trauma Recovery, VA Neuropsychology, VA Health Psychology, and VA SMI Tracks): Please indicate in your cover letter the **one** track for which you wish to be considered.
  - UM Child Psychology Tracks: You may be considered for multiple child-focused tracks if you wish. Please clearly state in your cover letter which track is your top preference. You may not be considered for all tracks that you rank.
3. Submit the required de-identified psychological assessment report as your supplemental work sample. Please remove the client's name and any other protected health information. Unless information would identify the client to a likely application reviewer, it is helpful if relevant demographic information and the name of the clinic are included. If you are using an alias, please make this clearly noted on the assessment report.
4. Submit three letters of recommendation.
5. All applications materials should be submitted through the on-line APPIC portal: [www.appic.org](http://www.appic.org)
6. The deadline for submission of applications is 11:59 PM EST. on November 1<sup>st</sup>, 2020.

Note: As previously mentioned, the ideal applicant has a combination of peer-reviewed publications and professional presentations that clearly demonstrate their skills as a psychological scientist. Additionally, the ideal applicant is expected to have solid foundational training and skills across a broad range of clinical populations, evidence-based practices, and in a wide array of objective psychological assessments. **Each of these requisite skills should be clearly addressed in the application and in letters of recommendation.**

## Selection Procedures

A separate committee of internship training staff from each track reviews and evaluates each application on the domains of clinical experience, research experience, letters of recommendation, quality of graduate program, coursework and grades, life experiences, and goodness of fit with the training program. Each committee decides which applicants will be invited for interviews. Decisions regarding interviews will be communicated via email on or before December 15, 2020. Interviews will be conducted exclusively virtually (via video-based conferencing platforms) for the 2021-2022 recruitment cycle. There will **not** be an on-site interview option. The interview experience will consist of an overview of the consortium led by the training director, interviews with three or more staff/faculty from the track(s) in which an applicant indicated interest, and a non-evaluative meeting with current Consortium interns. Interviews are scheduled to occur on select Thursdays in January 2021.

The VAMHCS/UMSOM Psychology Internship Consortium abides by the policies stated in the Association of Psychology Post-Doctoral and Internship Centers (APPIC) Match Policies. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Applicants are referred to the APPIC website for a detailed description of policies pertaining to the match: [www.appic.org](http://www.appic.org).

The VAMHCS and UM are Equal Opportunity Employers. Our Consortium values and is deeply committed to cultural and individual diversity and encourages applicants from all backgrounds.

## APPIC Program Codes

Although our consortium is a unified and integrated internship, the training tracks listed below are treated as separate programs by the APPIC matching process.

Track	APPIC Number	Number of Positions
<b>VA Comprehensive</b>	134711	2
<b>VA Health Psychology</b>	134713	2
<b>UM Clinical High Risk for Psychosis (CHiRP)</b>	134714	1
<b>UM Child Inpatient and Pediatric Consult-Liaison</b>	134715	1
<b>UM School Mental Health</b>	134716	3
<b>VA Neuropsychology</b>	134717	3
<b>VA Serious Mental Illness</b>	134718	2
<b>VA Trauma Recovery</b>	134719	2

### Contact Information

Please visit our Training Program website at:

<http://www.maryland.va.gov/services/mentalhealth/TrainingProgram.asp>. Requests for additional information about the VAMHCS/UMSOM Psychology Internship Consortium may be obtained via email (preferred) or telephone from the following individuals:

Primary Contacts:

Moira Dux, Ph.D.  
 Psychology Training Program Director  
 410-637-1383 (office) or 443-421-5922 (mobile)  
[Moira.Dux@va.gov](mailto:Moira.Dux@va.gov)

Jovan S. Bess, B.S.  
 Program Support Assistant  
[Jovan.Bess@va.gov](mailto:Jovan.Bess@va.gov)

Secondary Contacts:

Jason Peer, Ph.D.  
 Associate Director of Training (VA)  
 410-637-1293  
[Jason.Peer@va.gov](mailto:Jason.Peer@va.gov)

Nancy Lever, Ph.D.  
 Associate Director of Training (UM)  
 410-706-0980  
[Nlever@som.umaryland.edu](mailto:Nlever@som.umaryland.edu)

## CONSORTIUM ADMINISTRATION AND STAFF

### Consortium Steering Committee

This committee has the responsibility for regulatory oversight of the Consortium's compliance with relevant accreditation criteria, policies, and guidelines and will serve to enhance cross-facility communication to ensure the quality of all aspects of the Consortium training program. The members of the committee are:

Moira Dux, Ph.D.	Psychology Training Program Director, VAMHCS/UMSOM Psychology Internship Consortium
Melanie Bennett, Ph.D.	Director, Division of Psychiatric Services Research, UM SOM
Jade Wolfman-Charles, Ph.D.	Chief Psychologist, VAMHCS
Ryan M. Scilla, M.D.	Acting Associate Chief of Staff for Education, VAMHCS
Aaron Jacoby, Ph.D.	Director, VAMHCS Mental Health Clinical Center
Jill RachBeisel, M.D.	Interim Chair, Department of Psychiatry, UMSOM
Mark Ehrenreich, M.D.	Chief of Medical Education, Department of Psychiatry, UMSOM

### Consortium Training Committee

This committee is responsible for the day-to-day operation of the internship and for maintaining the Consortium's compliance with the criteria for accreditation of the American Psychological Association (APA) and with the guidelines of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The Training Director and Training Committee closely oversee the recruitment process and the selection process to assure equitable treatment of all applicants and adherence to the standards of both APPIC and APA. The Committee is responsible for coordinating material and human resources, selection of interns, evaluating facilities for continued participation in the Consortium, the content of the Core Curriculum Seminars, and ensuring the quality of the clinical supervision within the internship.

#### Associate Director of Training, UM-SOM - Nancy Lever, Ph.D.:

In addition to sharing the responsibilities of the Training Committee, this individual is responsible for coordinating interns and training staff assigned to UM clinics, including communicating with administrative staff regarding hiring, orientation, and payroll. This individual is available to address any concerns raised by interns or training staff at UM sites.

#### Associate Director of Training, VAMHCS- Jason Peer, Ph.D.:

Similar to the Associate Director of Training role described above, this individual assists with issues that arise among VA-based interns and staff, with special attention to internship activities at the Perry Point VAMC, since the Training Director is typically based in Baltimore.

#### Assessment Co-Coordinator- Michael Poet, Psy.D. and Kristin Scardamalia, Ph.D.:

The Assessment Coordinators are responsible for coordinating the interns' training activities in the area of psychological assessment. These individuals ensure that interns are informed of the year-long assessment requirement and the criteria for assessments, track the completion of assessments throughout the year, works with supervisors and staff to optimize assessment opportunities, and provide supervision on assessment-related topics.

Seminar Co-Coordinator- Anjeli Inscore, Psy.D. and Arthur Sandt, Ph.D.:

The Seminar Co-Coordinator are responsible for developing core educational activities for interns, both across and within sites. The Co-Coordinator collaborate with the Training Director and Training Committee in regard to the content of the seminars and relationship between the content of the core curriculum and training objectives. The Co-Coordinator are responsible for the selection and scheduling of consultants, faculty seminars, and guest speakers.

Diversity Coordinator- Candice Wanhatalo, Ph.D.:

The Diversity Coordinator contributes to the Consortium's overall mission of excellence in training in issues of diversity. The Coordinator is responsible for retention of interns dedicated to training in cultural competence, implementing a curriculum that provides training in all areas of diversity, and serving as a mentor and supervisor to interns that participate in the Diversity Minor training experience. Finally, this individual may represent the Consortium at local and national conferences dedicated to diversity and cultural competence for recruitment of interns.

Research Co-Coordinator- Christine Calmes, Ph.D. and Jill Bohnenkamp, Ph.D.:

The Research Co-Coordinator contribute to the Consortium's overall mission by creating a scientist-practitioner environment for interns. The Co-Coordinator are responsible for establishing research opportunities that have relevance to clinical practice across the VAMHCS and UMSOM, guiding and mentoring interns in their research involvements, and evaluating interns' progress.

Program Evaluation and Development Coordinator- Shayla Mross, Ph.D.

The Program Evaluation and Development Coordinator assists with analyzing and interpreting data from Consortium evaluations as well as feedback from applicants, trainees, supervisors, and leadership (as applicable) to facilitate a data-driven approach to refining, expanding, and enhancing Consortium offerings and procedures. The Coordinator is also involved in overseeing collection of data related to accreditation.

Intern Representative(s):

One or more intern volunteers are identified at the beginning of the training year to serve as representative(s) to the Training Committee. They provide invaluable input from the interns' perspective into the Training Committee's discussions and decisions and serve as a conduit for any concerns that the interns may want to bring to the Training Committee.

## Clinical and Training Staff – VAMHCS

### **MELISSA D. BARONE, PSY.D.**

La Salle University, 2007. Clinical Psychology  
Director of Postdoctoral Fellowship in PTSD in  
Returning Veterans  
Licensed Psychologist in Maryland  
Interests: Dissemination of empirically supported  
treatments for PTSD, research and treatment on  
comorbid PTSD and medical disorders

### **CHRISTINE CALMES, PH.D.**

University at Buffalo: The State University of New  
York, 2008, Clinical Psychology  
Research Co-Coordinator, VAMHCS/UMSOM  
Psychology Internship Consortium  
Staff psychologist, Trauma Recovery Program  
Licensed Psychologist in Maryland  
Interests: Helping individuals with serious mental  
illness to manage their medical and psychiatric  
symptoms in order to reach their recovery goals

### **MOIRA DUX, PH.D.**

Rosalind Franklin University of Medicine and  
Science, 2009  
Psychology Training Program Director, VAMHCS  
Track Coordinator-HIV/Liver Diseases Clinical  
Psychology Fellowship, Staff Neuropsychologist,  
Licensed Psychologist in Maryland  
Interests: evaluation of exercise and cognitive  
rehabilitation therapies to improve cognitive,  
psychological, and physical function in neurologic  
and chronic disease populations.

### **CLARE GIBSON, PH.D.**

University of North Carolina at Chapel Hill, 2012  
National Clinician, VA Social Skills Training for  
Serious Mental illness  
Staff Psychologist, Baltimore Psychosocial  
Rehabilitation and Recovery Center  
Licensed Psychologist in Maryland  
Interests: Psychosocial treatments for SMI and factors  
related to recovery, self-stigma, self-care for mental  
health professionals

### **KRISTEN MORDECAI, PH.D.**

Rosalind Franklin University of Medicine and  
Science, 2007,  
Staff Neuropsychologist, VAMHCS  
Licensed psychologist in Maryland  
Interests: Cognitive aging, dementia, Parkinson's  
disease, stress and memory, and the effects of sex

### **ANN BRUGH, PH.D.**

Spalding University, 2011. Clinical Psychology.  
Staff Psychologist, VAMHCS Primary Care Clinic  
Licensed Psychologist in Maryland  
Interests: Chronic pain, diabetes management, and  
implementation of integrated healthcare

### **JAMES FINKELSTEIN, PSY.D.**

Loyola College in Maryland, 2003. Clinical  
Psychology  
Staff Psychologist, Acceptance and Commitment  
Therapy Program  
Licensed Psychologist in Maryland  
Interests: Substance use disorders, mindfulness-based  
interventions

### **ASHLEY GREER, PH.D.**

Fielding University, 2013. Clinical Psychology  
Comprehensive Track Coordinator, VAMHCS  
Psychologist, Outpatient Mental Health Clinic  
Licensed Psychologist in Maryland  
Interests: Dynamic Mindfulness

### **ANJELI INSCORE, PSY.D.**

Loyola College, 2002. Clinical Psychology  
Seminar Co-Coordinator, VAMHCS/UMSOM  
Psychology Internship Consortium  
Licensed Psychologist in Maryland  
Interests: Assessment of conditions associated with  
dementia and the effects of metabolic dysfunction on  
neurocognition

### **TERRY LEE-WILK, PH.D.**

University of Maryland, 2002. Clinical Psychology  
Neuropsychologist  
Licensed Psychologist in Maryland  
Neurocognitive correlates of Multiple Sclerosis, HIV  
infection, and mild traumatic brain injury

### **MARK NOLDER, PH.D.**

Texas Tech University, 1990, Counseling Psychology  
Staff Psychologist, Fort Howard Community Based  
Outpatient Clinic  
Licensed Psychologist in Maryland  
Interests: Psychoanalytic metapsychology, evidence-  
based psychoanalytic psychotherapy, evidence based  
psychotherapy relationship factors, psychotherapy  
supervision, psychology of music, individual  
psychoanalytic psychotherapy

steroid hormones on cognition and brain function

**DAVID O'CONNOR, PH.D.**

Florida State University, 2002. Clinical Psychology  
Staff psychologist

Licensed Psychologist in Maryland

Interests: Addictions, stages of change

**MICHAEL POET, PSY.D.**

La Salle University, 2008. Clinical Psychology

MHCC Coordinator, Perry Point

Assessment Co-Coordinator, VAMHCS/UMSOM

Psychology Internship Consortium

Licensed Psychologist in Maryland

Interests: Administrative psychology, implementation  
of evidence-based practices for general mental health

**PATRICIA RYAN, PH.D.**

Fordham University, 2006, Counseling Psychology

Neuropsychologist, VAMHCS

Licensed Psychologist in Maryland

Interests: Neuropsychological assessment and  
cognitive rehabilitation for traumatic and acquired  
brain injury; post-stroke depression; adjustment and  
coping with physical and cognitive disabilities.

**ARTHUR SANDT, PH.D.**

Temple University, 2011, Clinical Psychology

Seminar Co-Coordinator

Psychologist, General Outpatient Substance Abuse  
Program

Licensed psychologist in Maryland

Interests: Acceptance and Commitment Therapy,  
Emotion, Motivation, and Psychophysiology

**NEIL WEISSMAN, PSY.D.**

Yeshiva University, 1990. Clinical Psychology.

Staff psychologist, Psychosocial Rehabilitation and  
Recovery Center

Licensed Psychologist in Maryland.

Interests: The Recovery Model for individuals with  
SMI. Emotionally Focused Couples Therapy (EFT)  
for couples with PTSD

**JASON PEER, PH.D.**

University of Nebraska-Lincoln, 2006. Clinical  
Psychology.

Staff Psychologist; Local Recovery Coordinator.

Associate Director, VAMHCS/UMSOM Psychology  
Internship Consortium Training Committee

Licensed Psychologist in Maryland.

Interests: serious mental illness, psychosocial  
treatment response, vocational functioning in SMI,  
program evaluation.

**EILEEN POTOCKI, PH.D.**

Florida State University, Clinical Psychology  
Staff Psychologist, Primary Care Mental Health  
Integration

Licensed Psychologist in Maryland

Interests: Underserved populations

**ERIN ROMERO, PH.D.**

Northwestern University Feinberg School of  
Medicine, 2009, Clinical Psychology

Supervisory Psychologist, Trauma Recovery Program  
Coordinator

Interests: Barriers to mental health treatment; Virtual  
reality treatment for PTSD

**MELISA SCHNEIDER, PSY.D.**

La Salle University, 2010. Clinical Psychology

Staff Psychologist, Medical Psychology

Licensed Psychologist in Pennsylvania

Interests: Chronic medical illnesses (diabetes; HIV;  
Hepatitis C); pre-surgical evaluations; chronic pain;  
health behavior change; PC-MHI

**ERIKA WHITE, PH.D.**

St. Louis University, 2011, Clinical Psychology

Psychologist/Team Lead PTSD Clinical Team

Cultural Competence Coordinator,

VAMHCS/UMSOM Psychology Internship  
Consortium Training Committee

Interests: Microaggressions and colorblindness on the  
working alliance of cross-racial counseling dyads

## Clinical and Training Staff- MIRECC

### **MELANIE BENNETT, PH.D.**

Rutgers University, 1995. Clinical Psychology  
Associate Professor, Department of Psychiatry,  
University of Maryland School of Medicine  
Licensed Psychologist in Maryland  
Interests: Etiology and treatment of substance use  
disorders and serious mental illness, screening for  
substance use disorders, prevention of substance use  
disorders

### **CLARE GIBSON, PH.D.**

University of North Carolina at Chapel Hill, 2012  
National Clinician, VA Social Skills Training for  
Serious Mental illness  
Staff Psychologist, Baltimore Psychosocial  
Rehabilitation and Recovery Center  
Licensed Psychologist in Maryland  
Interests: Psychosocial treatments for SMI and factors  
related to recovery, self-stigma, self-care for mental  
health professionals

### **SAMANTHA HACK, PH.D., LGSW**

University of Illinois at Urbana-Champaign, 2013,  
Social Work  
Assistant Director, Education Core, VISN 5 MIRECC  
Volunteer Research Assistant Professor, School of  
Social Work, University of Maryland  
Licensed Social Worker in Maryland  
Interests: person-centered mental health care, identity-  
related disparities in service access and outcomes for  
mental health disorders, participatory action research

### **AMY DRAPALSKI, PH.D.**

George Mason University, 2006. Clinical Psychology  
Associate Director, Clinical Core, VISN 5 MIRECC  
Clinical Assistant Professor, Department of Psychiatry,  
University of Maryland School of Medicine.  
Licensed Psychologist in Maryland  
Interests: Serious mental illness and recovery, stigma  
and other barriers to mental health care, family services

### **RICHARD GOLDBERG, PH.D.**

University of Maryland-College Park, 1994  
Clinical/Community Psychology  
Professor, Division of Services Research, Department  
of Psychiatry  
Director, VISN 5 MIRECC  
Co-Director, Hub Site for the VA Interprofessional  
Fellowship Program in Psychosocial Rehabilitation and  
Recovery  
Licensed Psychologist in Maryland  
Interests: Mental health services research, somatic  
comorbidity, behavioral health and wellness  
interventions, SMI/public sector psychiatry, group  
psychology, research and clinical supervision

### **ANJANA MURALIDHARAN, PH.D.**

Emory University, 2013. Clinical Psychology  
Assistant Director, Clinical Core, VISN 5 MIRECC  
Adjunct Assistant Professor, Department of Psychiatry,  
University of Maryland School of Medicine.  
Licensed Psychologist in Maryland  
Interests: Social support and recovery from serious  
mental illness, functional rehabilitation in older adults  
with serious mental illness

## Clinical and Training Staff- University of Maryland School of Medicine

### **VICKIE BECK, A.P.R.N., B.C.**

Texas Women's University, 1975  
Board Certified Child and Adolescent Clinical Nurse  
Certified National Trainer, TF-CBT  
Interests: Children and adolescents, aggression management, evidence-based practice in outpatient settings, trauma

### **JILL BOHNENKAMP, PH.D.**

University of Virginia, 2012, Clinical and School Psychology  
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine  
Interests: School mental health, behavioral and academic outcomes of service provision, promoting positive social and emotional development through teacher and parent training, evidence-based practice, workforce development, and increasing children's access to mental health services

### **KAY CONNORS, L.C.S.W. - C**

New York University, 1985  
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine  
Program Director, Taghi Modarressi Center for Infant Study, Department of Psychiatry  
Interests: Early childhood mental health services, trauma treatment, family, parent-child and group therapies and clinical supervision

### **DANA CUNNINGHAM, PH.D.**

Southern Illinois University-Carbondale, 2004. Clinical Psychology  
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine  
Coordinator, Prince's George's County School Mental Health Initiative  
Licensed Psychologist in Maryland.  
Interests: School-based mental health, resilience, community building, special education

### **APRIL DONOHUE, PH.D.**

Northern Illinois University in 2011. Clinical Psychology  
Trainer, Division of Child and Adolescent Psychiatry  
Interests: Mood disorders, non-trauma anxiety

### **LAUREL KISER, PH.D., M.B.A.**

Indiana University, Clinical Psychology  
University of Memphis, M.B.A

### **MELANIE BENNETT, PH.D.**

Rutgers University, 1995. Clinical Psychology  
Professor, Department of Psychiatry, University of Maryland School of Medicine  
Licensed Psychologist in Maryland  
Interests: Etiology and treatment of substance use disorders and serious mental illness, screening for substance use disorders, prevention of substance use disorders

### **ELIZABETH CONNORS, PH.D.**

University of Maryland Baltimore County, 2014  
Child Clinical/Community Psychology  
Assistant Professor, Department of Psychiatry, Yale University, Adjunct Assistant Professor, University of Maryland School of Medicine  
Interests: Quality and evidence-based practice in school mental health, including dissemination and implementation methods, workforce development and comprehensive program evaluation

### **JEN COX, L.C.S.W.-C.**

University of Maryland School of Social Work, Baltimore, MD, 2006  
Director of the University of Maryland School Mental Health Program (SMHP)  
Interests: Promoting resilience in youth, family engagement and partnership, and developing effective funding models

### **ELEANOR DAVIS, M.S.W., L.C.S.W.-C.**

University of Maryland School of Social Work- Baltimore, Maryland, 1995 Social Work  
Managing Director, National Center for School Mental Health/University of Maryland School Mental Health Program  
Interests: School mental health, cost effectiveness, business management of mental health programs, staff development

### **SHARON HOOVER, PH.D.**

University of Maryland Baltimore County, 2002  
Clinical Psychology  
Co-Director, National Center for School Mental Health, University of Maryland School of Medicine  
Associate Professor, Licensed Psychologist in Maryland.  
Interests: School Mental Health, Evidence-based practice in school mental health, trauma and youth

Associate Professor, Department of Psychiatry,  
University of Maryland School of Medicine  
Interests: Treatment and evaluation, child  
maltreatment, trauma and youth

**ALICIA LUCKSTED, PH.D.**

University of Maryland College Park, 1997  
Associate Professor, Department of Psychiatry  
Licensed Psychologist in Maryland  
Interests: applied mental health services research,  
consumer recovery re serious mental illnesses, mental  
health self-help, qualitative and mixed methods in  
services research

**KRISTIN SCARDAMALIA, PH.D.**

University of Texas at Austin, Educational Psychology,  
2017  
Assistant Professor, University of Maryland School of  
Medicine  
Interests: School Mental Health, universal prevention,  
school-to-prison pipeline, disproportionality in school  
discipline

**KELLY WILLIS, L.C.S.W.-C**

University of Maryland School of Social Work-  
Baltimore, Maryland, 2009. Social Work  
Assistant Director, University of Maryland School  
Mental Health Program  
Interests: School mental health, gambling prevention,  
anger management, quality improvement

**NANCY LEVER, PH.D.**

Temple University, 1997. Clinical Psychology.  
Associate Director VAMHCS/UMSOM Psychology  
Internship Consortium  
Co-Director National Center for School Mental Health  
Executive Director, University of Maryland School  
Mental Health Program  
Associate Professor, Department of Psychiatry  
University of Maryland School of Medicine  
Licensed Psychologist in Maryland  
Interests: School mental health, quality improvement,  
funding and sustainability, resiliency, workforce  
development

**CINDY SCHAEFFER, PH.D.**

University of Missouri, 2000. Child-Clinical  
Psychology (Concentration Community Psychology)  
Associate Professor, Department of Psychiatry,  
University of Maryland School of Medicine  
Interests: Ecologically-based interventions, multi-  
systemic therapy (MST), juvenile justice

## APPENDIX A

### VAMHCS/UMSOM PSYCHOLOGY INTERNSHIP CONSORTIUM PSYCHOLOGY TRAINEE CLINICAL COMPETENCY ASSESSMENT FORM

Trainee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Rotation/Clinic: \_\_\_\_\_

Evaluation time point:	UM interns:	October	February	June
	VA interns:	1 <sup>st</sup> rotation	Initial	Final
		2 <sup>nd</sup> rotation	Initial	Final
		3 <sup>rd</sup> rotation	Initial	Final
	Minor Rotation:	Mid-Year	Final	

#### ASSESSMENT METHOD(S):

<input type="checkbox"/> Direct observation*	<input type="checkbox"/> Review of written work
<input type="checkbox"/> Videotape	<input type="checkbox"/> Review of raw test data
<input type="checkbox"/> Audiotape	<input type="checkbox"/> Discussion of clinical interaction
<input type="checkbox"/> Case presentation	<input type="checkbox"/> Comments from other staff

#### COMPETENCY RATINGS\*\*

- 1 – Trainee does not demonstrate basic competency. Intensive supervision needed and remedial plan required (below intern entry level expectations).
- 2 – Trainee demonstrates basic competency. Close supervision is needed and further growth necessary. A remedial plan may be needed (expected intern entry level).
- 3 – Trainee demonstrates an intermediate level of competency, typical for interns throughout the training year. Performance is acceptable, but regular/typical supervision is needed and further growth is desirable (minimal intern completion level).
- 4 – Trainee demonstrates an intermediate to advanced level of competency, typical of interns at the end of the training year. Performance demonstrates skillfulness. Intermittent supervision needed (preferred intern completion level).
- 5 – Trainee demonstrates consistently advanced level of competence, well beyond that which is expected for interns at the end of the training year. Performance demonstrates capacity for independent practice. Minimal supervision needed (above expected level for internship).

**N/O** – Not Observed

\*APA requires that each intern be evaluated based, in part, on direct observation (or video recording).

\*\*Competency ratings reflect your assessment of the amount/intensity of supervision needed. This does not mean the supervisee receives less than the required amount of supervision on the rotation.

**COMPETENCY AREA 1: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

**GOAL:** Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

**ITEMS**

**RATING**

ITEMS	RATING
1. Exhibits professional demeanor across settings	
2. Actively/meaningfully participates in team meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Engages in self-reflection regarding personal and professional functioning	
7. Manages personal stressors so they have minimal impact on professional practice	

**COMPETENCY AREA 2: ETHICS AND LEGAL MATTERS**

**GOAL:** Demonstrates an ability to think critically about ethical and legal matters as they pertain to the professional practice of psychology. Demonstrates increasing competence identifying and addressing ethical and legal matters, as required or suggested by the APA guidelines, state laws, or institutional policies. Conducts self in an ethical manner in all professional activities.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

**ITEMS**

**RATING**

1. Adherence to APA ethical guidelines	
2. Adherence to relevant organizational, regional and federal regulations and policies governing health service psychology	

3. Effectively identifies ethical and legal issues	
4. Effectively addresses ethical and legal issues	
5. Evaluates risk (e.g., suicidal/homicidal concerns) when appropriate	
6. Discusses issues of confidentiality with patients	
7. Discusses and obtains informed consent with patients	
8. Recognizes and responds appropriately to patient crises	
9. Maintains complete records of all patient interactions	
10. Notes are timely	

**COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION, CONSULTATION  
AND INTERPERSONAL SKILLS**

**GOAL:** Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders as it relates to duties performed within the scope of professional psychology. Able to seek out consultation when needed and provide consultation to others in intern's area of expertise.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

<b>ITEMS</b>	<b>RATING</b>
1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when treating complex cases and working with unfamiliar symptoms	
3. Gives the appropriate level of guidance when providing consultation to other health care professionals	
4. Coordinates care with other providers in or outside the clinical setting	
5. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information	
6. Handles differences with staff members effectively	
7. Demonstrates openness to feedback	
8. Demonstrates an ability to relate well to those seeking input	
9. Is able to discuss differences in perspectives within professional settings	

10. Recognizes the difference between the need for supervision and consultation	
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**COMPETENCY AREA 4: INDIVIDUAL AND CULTURAL DIVERSITY**

**GOAL:** Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact the patient’s presenting problem, or his or her ability to engage in treatment/assessment, in order to effectively work with a range of diverse individuals and groups of clients.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Discusses individual differences with patients	
2. Recognizes when more information is needed regarding patient’s diversity	
3. Actively seeks supervision or consultation about issues related to diversity	
4. Aware of own identity and potential impact on clients	
5. Actively seeks out scientific literature or other materials to expand understanding of individual and cultural differences	
6. Demonstrates ability to integrate knowledge of diversity and cultural differences into professional practice	

**COMPETENCY AREA 5: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT**

**GOAL:** Demonstrates an ability to produce thorough and meaningful integrated psychological assessment reports and communicate those findings effectively to patients and others (e.g., other providers, families, etc.)

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
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1. Selects appropriate assessment measures	
2. Effectively administers psychological tests	
3. Effectively scores psychological tests	
4. Demonstrates effective diagnostic interviewing skills	
5. Demonstrates effective differential diagnostic skills	
6. Accurately interprets psychological tests	
7. Accurately integrates and synthesizes information from multiple sources (e.g., tests, chart, self-report, medical evaluations, medication list)	
8. Writes assessment reports that effectively address the referral question(s)	
9. Formulates well conceptualized and useful recommendations	
10. Reports clearly describe all pertinent information (e.g., presenting problem, background information)	
11. Effectively communicates results with patients and others (e.g., family members, referring provider)	
12. Reports have minimal careless errors (e.g., typos, scoring errors)	

**AT THIS TIME, I HAVE COMPLETED \_\_\_\_\_/6 TOTAL COMPREHENSIVE PSYCHOLOGICAL ASSESSMENTS.**

**COMPETENCY AREA 6: THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION**

**GOAL:** Demonstrates the ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting problems. Effectively selects, tailors and delivers appropriate evidence based (or where appropriate, evidence informed) interventions.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

<b>ITEMS</b>	<b>RATING</b>
1. Maintains effective relationships with patients	
2. Establishes measurable goals with patients as part of the treatment planning process	

3. Formulates a useful case conceptualization from a theoretical perspective	
4. Monitors patient progress towards reaching treatment goals and evaluates intervention effectiveness	
5. Selects appropriate interventions with patients	
6. Implements appropriate interventions with patients	
7. Effectively applies intervention strategies	
8. Effectively manages the termination process	
9. Demonstrates an awareness of personal issues that could interfere with treatment	
10. Implements evidenced-based interventions with appropriate modifications consistent with patient population	
11. Develops appropriate goals for the nature and duration of the group	
12. Demonstrates the ability to maintain group order and focus on goals of session	
13. Displays an ability to manage group dynamics	
14. Demonstrates an ability to function as a group (co-)facilitator	

**COMPETENCY AREA 7: SCHOLARLY INQUIRY AND APPLICATION OF  
CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE**

**GOAL:** Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

<b>ITEMS</b>	<b>RATING</b>
1. Independently seeks out information to enhance clinical practice	
2. Demonstrates initiative to incorporate scientific knowledge into clinical practice	
3. Identifies areas of needed knowledge with specific clients	
4. Responsive to supervisor's suggestions of additional informational resources	

**COMPETENCY AREA 8: CLINICAL SUPERVISION**

**GOAL:** Demonstrates an understanding of supervision theory and practice. Able to apply supervision

principles to self under the guidance of a licensed psychologist. Ability to provide supervision to others when such activities are available in specific clinical settings.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Identifies major components of models of supervision	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources	
3. Demonstrates ability to effectively self-supervise	
4. Demonstrates an ability to establish good working rapport with his or her supervisee	
5. Demonstrates an ability to establish good working rapport with his or her supervisor	
6. Consistently recognizes relevant issues related to supervision	
7. Effectively applies supervision skills	
8. Effectively discusses the supervisory process with supervisor	
9. Effectively receives supervisory feedback	
10. Effectively gives supervisory feedback	

**ROTATION-SPECIFIC GOALS**

Please list the major goals specific to the rotation and rate the intern's performance meeting them.

**Rating Scale**

- 1 – remediation required
- 2 – basic competence
- 3 – intermediate competence
- 4 – intermediate to advanced competence
- 5 – consistently advanced competence
- N/O – Not Observed

1. Goal:

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Comments:

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Rating: \_\_\_\_\_

2. Goal:

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Comments:

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Rating: \_\_\_\_\_

3. Goal:

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Comments:

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Rating: \_\_\_\_\_

4. Goal:

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Comments:

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Rating: \_\_\_\_\_

5. Goal:

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Comments:

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Rating: \_\_\_\_\_

**SUPERVISOR COMMENTS**

Summary of strengths:

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Areas needing additional development, including recommendations:

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**Remedial Work Instructions:** In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

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**CRITERIA FOR COMPLETION**

**Start of Rotation (VA) or Mid-Year (UM):** All competency items should be rated as a 2 or higher (expected internship entry level). If a competency item is rated as a 1, then a remedial action plan is required for that item. A remedial action plan may be developed for items rated at a 2.

**End of Rotation (VA) or End-Year (UM):** All competency items should be rated as a 3 or higher (minimal internship completion level), and any remedial action plan initiated prior to this date must be completed in order to successfully complete the rotation/internship year.

\_\_\_\_\_ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

\_\_\_\_\_ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Printed Name: \_\_\_\_\_

Trainee Comments Regarding Competency Evaluation (if any):

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I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Trainee's Printed Name: \_\_\_\_\_

## APPENDIX B

### VAMHCS/UMSOM PSYCHOLOGY INTERNSHIP CONSORTIUM PSYCHOLOGY TRAINEE RESEARCH COMPETENCY ASSESSMENT FORM

Trainee: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_ Date: \_\_\_\_\_

Research Project Title: \_\_\_\_\_

**Evaluation time point:**    Mid-Year    End-of-Year

#### COMPETENCY RATINGS

- 1 – Trainee does not demonstrate basic research competency. Intensive supervision needed and remedial plan required for continued progress on research project (below intern entry level expectations).
- 2 – Trainee demonstrates basic research competency. Close supervision is needed and further growth necessary for successful completion of research tasks. A remedial plan may be needed (expected intern entry level).
- 3 – Trainee demonstrates an intermediate level of competency, typical for interns throughout the training year. Performance is acceptable, but regular/typical supervision is needed for research tasks and further growth is desirable (minimal intern completion level).
- 4 – Trainee demonstrates an intermediate to advanced level of research competency, typical of interns at the end of the training year. Performance demonstrates research skillfulness. Intermittent supervision needed (preferred intern completion level).
- 5 – Trainee demonstrates consistently advanced level of research competence, well beyond that which is expected for interns at the end of the training year. Performance demonstrates capacity to function autonomously as an independent researcher. Minimal supervision needed (above expected level for internship).

**N/O** – Not Observed

\*Note: Competency ratings reflect your assessment of the amount/intensity of supervision needed. This does not mean the supervisee receives less than the required amount of supervision on the rotation.

#### SCHOLARLY INQUIRY AND RESEARCH DISSEMINATION

Demonstrates the knowledge, skills, and ability to employ sound scientific methods to research development and implementation, critically evaluate and use empirical data to solve problems, and contribute to scientific knowledge via dissemination of research.

#### Rating Scale

- 1 – Intensive supervision needed
- 2 – Close supervision needed

- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Utilizes scientific literature to formulate research aims and hypotheses	
2. Demonstrates an awareness of applicable scientific methods and procedures	
3. Utilizes appropriate data analytic approaches	
4. Demonstrates an ability to accurately interpret analyses	
5. Considers alternate explanation(s) of results	
6. Aware of limitations of study	
7. Demonstrates ability to discuss implications of research	
8. Disseminates research through local, regional, and/or national platforms	
9. Contributes to manuscript preparation and submission	

**COMPETENCY AREA: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

Demonstrates a commitment to the professional values and attitudes symbolic of a health service researcher as evidenced by a variety of behaviors.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Exhibits professional demeanor across research settings	
2. Actively/meaningfully participates in research meetings	
3. Maintains professional boundaries	
4. Prioritizes various tasks efficiently	
5. Makes adjustments to priorities as demands evolve	
6. Manages personal stressors so they have minimal impact on research progress	
7. Effectively receives supervisory feedback	
8. Effectively gives feedback to supervisor	

**COMPETENCY AREA: ETHICS AND LEGAL MATTERS**

Demonstrates an ability to think critically about ethical and regulatory matters as they pertain to research. Demonstrates increasing competence identifying and addressing ethical and regulatory research issues, as required or suggested by the APA guidelines, state laws, or institutional policies (e.g., IRB).

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

**ITEMS**

**RATING**

ITEMS	RATING
1. Awareness of, and adherence to, APA ethical guidelines	
2. Effectively identifies ethical and regulatory research issues	
3. Effectively addresses ethical and regulatory research issues	
4. Evaluates research-related risk when appropriate	
5. Discusses issues of confidentiality with participants	
6. Discusses and obtains informed consent with research participants	
7. Maintains complete records of all research forms and data	

**COMPETENCY AREA : PROFESSIONAL COMMUNICATION, CONSULTATION  
AND INTERPERSONAL SKILLS**

Demonstrates the ability to effectively communicate with teams of providers, staff, and other stake holders involved in the research. Able to seek out consultation when needed and provide consultation to others in intern’s area of expertise.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

**ITEMS**

**RATING**

1. Demonstrates an ability to identify when consultation is needed	
2. Actively seeks consultation when completing complex or unfamiliar research tasks	
3. Gives the appropriate level of guidance when providing research-related consultation	
4. Coordinates research activities with other investigators and team members in or outside the research setting	
5. Handles differences with research team members effectively	
6. Demonstrates an ability to relate well to those seeking input	
7. Is able to discuss differences in perspectives within professional settings	

**COMPETENCY AREA: INDIVIDUAL AND CULTURAL DIVERSITY**

Demonstrates an ability to think critically about pertinent cultural and/or other individual differences that might impact research design, implementation, analysis, or interpretation.

**Rating Scale**

- 1 – Intensive supervision needed
- 2 – Close supervision needed
- 3 – Regular/Typical supervision needed
- 4 – Intermittent supervision needed
- 5 – Minimal supervision needed
- N/O – Not Observed

ITEMS	RATING
1. Recognizes the influence of cultural and/or other individual difference factors on research process	
2. Actively seeks supervision or consultation about issues related to diversity and impact on research	
3. Actively seeks out scientific literature or other materials to expand understanding of how individual and cultural differences affect research	

**RESEARCH PROJECT GOALS**

**Please list the major goals of the research project and rate the intern’s performance on meeting them.**

**Rating Scale**

- 1 – remediation required
- 2 – basic competence
- 3 – intermediate competence
- 4 – intermediate to advanced competence
- 5 – consistently advanced competence
- N/O – Not Observed

1. Goal:

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Comments:

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**Rating:** \_\_\_\_\_

2. Goal:

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Comments:

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**Rating:** \_\_\_\_\_

3. Goal:

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Comments:

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**Rating:** \_\_\_\_\_

**SUPERVISOR COMMENTS**

Summary of strengths:

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Areas needing additional development, including recommendations:

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**Remedial Work Instructions:** In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the Training Director. In order to allow the trainee to gain competency and meet passing criteria, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly. Please see *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* for further guidance. Once the remedial plan has been satisfied, the trainee will receive an updated evaluation, clearly marked as such.

Areas in need of remediation, including any recommendations:

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### **CRITERIA FOR COMPLETION**

**Mid-Year:** All competency items should be rated as a 2 or higher (expected internship entry level). If a competency item is rated as a 1, then a remedial action plan is required for that item. A remedial action plan may be developed for items rated at a 2.

Mid-year presentation complete

**End of Year:** All competency items should be rated as a 3 or higher (minimal internship completion level), and any remedial action plan initiated prior to this date must be completed in order to successfully complete the rotation/internship year.

End-of-year presentation complete

\_\_\_\_\_ We have reviewed this evaluation together. The trainee HAS successfully completed the above goal for this evaluation period.

\_\_\_\_\_ We have reviewed this evaluation together. The trainee HAS NOT successfully completed the above goal for this evaluation period. The Training Director has been informed and steps

have been taken to implement a remediation plan, as indicated in the *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances* document.

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Printed Name: \_\_\_\_\_

Trainee Comments Regarding Competency Evaluation (if any):

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I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Trainee's Printed Name: \_\_\_\_\_

## APPENDIX C

### VAMHCS/UMSOM Psychology Training Program Clinical Supervisor/Site Feedback Form

Student Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Rotation/Clinic: \_\_\_\_\_

Date: \_\_\_\_\_

#### Evaluation Period:

**UM Interns:** First mid-year (Oct.)  Second mid-year (Feb.)  Final

**VA Interns:** Major Rotation: Initial  Final

Minor Rotation: Initial  Final

**Please use the scale provided below to rate your current supervisor and rotation/site:**

*UN	Unacceptable	Supervisor/site is performing <i>far below</i> my expectations within this domain. Supervision is consistently inadequate within this domain and/or poses potential harm to patients or trainees (e.g., ethical violation such as breach of confidentiality, boundary violations; hostile work environment).
*BE	Below Expectations	Supervisor/site is performing <i>slightly below</i> my expectations within this domain. Supervision is, at times, inadequate in meeting the trainee's needs within this domain. This domain is a clear area for growth.
ME	Meets Expectations	Supervisor/site <u>meets</u> my expectations within this domain.
SE	Slightly Above Expectations	Supervisor/site <u>slightly surpasses</u> my expectations within this domain.
EE	Significantly Exceeds Expectations	Supervisor/site <u>greatly exceeds</u> my expectations within this domain.
N/A	Not Applicable	This area/domain is not applicable/does not apply.

***IMPORTANT:*** Please note that any “unacceptable” (UN) ratings may automatically trigger follow-up action by the training director. Thus, this rating should be reserved for circumstances in which you believe the supervisor’s behavior/aspects of your training site may pose potential harm to patients or trainees.

*\*Please provide a brief explanation in the comments section for any domain with a rating of UN or BE. You may use the comments section to explain other ratings, whenever necessary.*

## QUALITY OF SUPERVISION

### Category 1: Supervisory Process / Working Alliance

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Set clear expectations at the outset of the rotation/year.	<input type="checkbox"/>					
Expressed interest in and commitment to my growth as a clinician.	<input type="checkbox"/>					
Appeared open to feedback (e.g., I felt “safe” expressing positive and negative feelings regarding supervision) AND adequately responded to this feedback (e.g., implemented changes or addressed differences in opinion), as needed.	<input type="checkbox"/>					
Provided feedback in a constructive/tactful manner.	<input type="checkbox"/>					

**Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?** Yes

No  *\*Please note that discussing these items with your supervisor is not required, though typically encouraged.*

**Comments:**

### Category 2: Supervisory Responsibilities

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Was at supervisory meetings promptly and reliably.	<input type="checkbox"/>					
Was available for supervision outside of regularly scheduled meetings (e.g., spot supervision, urgent/emergent situations, phone consultation).	<input type="checkbox"/>					
Provided feedback in a timely manner.	<input type="checkbox"/>					
Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.)	<input type="checkbox"/>					
Collaboratively developed a plan to meet my training goals/needs at the start of the rotation, and reviewed throughout the course of supervision.	<input type="checkbox"/>					
Helped me navigate/problem-solve any challenges I encountered within the rotation (e.g., time management concerns, etc.).	<input type="checkbox"/>					
Ensured that I had the resources necessary to perform my rotation-related duties (e.g., keys, office space, manuals,	<input type="checkbox"/>					

computer access, etc.).

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 3: Supervisory Content

In supervision, my supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Discussed ethical issues/concerns and legal matters.	<input type="checkbox"/>					
Discussed case conceptualization.	<input type="checkbox"/>					
Discussed client diversity & case conceptualization in context of diversity-related client factors.	<input type="checkbox"/>					
Discussed/provided education about risk issues and their documentation (e.g., suicide and homicide risk assessment, reporting child abuse, etc.).	<input type="checkbox"/>					
Encouraged me to engage in scholarly inquiry/reference the literature.	<input type="checkbox"/>					
Provided opportunities for training in theories and methods of psychological diagnosis and assessment.	<input type="checkbox"/>					
Provided guidance in the administration of empirically supported treatments, based on the client’s presenting problems.	<input type="checkbox"/>					
Provided tiered clinical supervision (“supervision of supervision”).	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 4: Use of Supervisory Tools

Note: For Category 4, please indicate whether or not a given supervisory tool was used by your supervisor by checking the “Yes” or “No” box. If the tool was used by your supervisor (e.g., you checked “Yes”), please rate how effective your supervisor was in using that tool. Mark “N/A” if a tool was not used by your supervisor.

My supervisor made effective use of...	Used in Supervision?	Rating					
		UN	BE	ME	SE	EE	N/A

Modeling skills (e.g., role play exercises, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					
Live supervision when co-leading groups.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					
Live supervision in other clinical contexts (e.g., observation of assessment, clinical interviews, individual sessions, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					
Audio recordings.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					
Sharing their own case material/past experiences with clients, when appropriate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					
Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the field and/or rotation specialty area.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 5: Professional Development

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Guided me in becoming a valued member of the treatment team/clinic.	<input type="checkbox"/>					
Encouraged me to demonstrate greater autonomy, as my capabilities and skills allowed.	<input type="checkbox"/>					
Discussed development of my professional identity as a psychologist in the treatment context (e.g., interdisciplinary team, school, clinic, etc.)	<input type="checkbox"/>					
Encouraged application of current scientific knowledge to clinical practice.	<input type="checkbox"/>					
Provided opportunities for training in professional communication and consultation.	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 6: Assistance in Meeting Rotation-Specific Training Goals

**Please Note:** This section provides you the opportunity to evaluate your supervisor’s effectiveness in teaching/supervision of the training goals set forth at the beginning of the rotation/year. Please refer to the Psychology Trainee Competency Assessment Form to fill in your training goals for the rotation below.

The supervisor demonstrated developmentally appropriate and constructive feedback in teaching/supervision of the following treatment modalities/skills, which represent the core focus of this rotation:	Rating					
	UN	BE	ME	SE	EE	N/A
1.	<input type="checkbox"/>					
2.	<input type="checkbox"/>					
3.	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 7: Supervisory Outcomes

As a result of the supervision I received on this rotation with this supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
I feel more confident with respect to my clinical knowledge.	<input type="checkbox"/>					
I feel more confident in my clinical skills/abilities.	<input type="checkbox"/>					
My competence in clinical assessment has increased.	<input type="checkbox"/>					
My competence in the delivery of therapy has increased.	<input type="checkbox"/>					
I have become more autonomous in my professional activities.	<input type="checkbox"/>					
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	<input type="checkbox"/>					

**Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?** Yes

No  *\*Please note that discussing these items with your supervisor is not required, though typically encouraged.*

**Comments:**

### Category 8: Overall/Global Rating of Supervision

Overall...	Rating					
	UN	BE	ME	SE	EE	N/A
The supervisor fulfilled his/her supervisory responsibilities.	<input type="checkbox"/>					
The supervisory content was effective in meeting my training needs for the rotation.	<input type="checkbox"/>					
The supervisor adequately addressed diversity issues in supervision.	<input type="checkbox"/>					
The supervisor provided adequate assistance in my development as a scientist-practitioner.	<input type="checkbox"/>					
The supervisor provided adequate assistance in my professional development.	<input type="checkbox"/>					

**Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?** Yes

No  *\*Please note that discussing these items with your supervisor is not required, though typically encouraged.*

**Comments:**

**What were the best aspects of supervision (e.g., specific strengths)?**

**What aspects of supervision could use the most improvement (e.g., specific growth**

**edges)?**

**Please note your summary recommendation for this supervisor for future trainees.**

*Do Not Recommend\**      *Recommend*      *Recommend Without Hesitation*

\*Please provide comments:

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**QUALITY OF ROTATION/CLINIC SITE**

My current site/rotation provided...	Rating					
	UN	BE	ME	SE	EE	N/A

Sufficient orientation to its mission, policies, and general procedures.	<input type="checkbox"/>					
Training opportunities in line with my training goals.	<input type="checkbox"/>					
Resources needed to perform rotation/clinic-related duties (e.g., office space, books/manuals, computer access, etc.).	<input type="checkbox"/>					
A sense of being an integrated/valued member of the treatment team.	<input type="checkbox"/>					
Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.).	<input type="checkbox"/>					

**Have you provided feedback to your site regarding any items rated “UN” or “BE”?** Yes  No

*\*Please note that discussing these items with your supervisor is not required, though typically encouraged.*

**Comments:**

*Aside from the supervision you received on this rotation...*

**What were the best aspects of this rotation/clinic site?**

**What aspects of the rotation/clinic site could use the most improvement?**

**Please note your summary recommendation for this rotation/clinical site for future trainees.**

*Do Not Recommend\**      *Recommend*      *Recommend Without Hesitation*

\*Please provide comments:

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### **Acknowledgment & Signatures**

I have discussed the supervisor's strengths and growth edges as well as the best aspects and areas for improvement in the rotation with my supervisor as of this date. Yes  No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Training Director \_\_\_\_\_ Date \_\_\_\_\_

Moira Dux, Ph.D.

## VAMHCS/UMSOM Psychology Training Program

### Supervisor/Trainee Discussion Guidance Form

*In addition to considering specific strengths and growth edges you identified using the supervisor evaluation form, please use the following questions to help guide your discussion of supervision with your supervisor. Importantly, this form is only meant to help guide your discussion – you are not required to share this form with your supervisor.*

- What did you find most helpful in supervision?
- What aspects of your supervisor’s approach to supervision have been most useful/ effective in your development as a scientist-practitioner?
- What would you like **more** of in terms of supervision\*?

#### **Aside from the supervision you received on this rotation...**

- What aspects of your clinic/site have been most useful/effective in your development as a scientist-practitioner?
- What aspects of the rotation/clinic site could use the most improvement\*?

*\*Small Disclaimer: Discussing what you would like more of (e.g., “Please listen to every minute of every session and provide me with detailed written feedback!”) does not guarantee that this will happen. BUT it may be helpful in starting a conversation about your training needs and how your supervisor can support you in meeting those needs.*

## APPENDIX D

### VAMHCS/UM-SOM Psychology Training Program Research Supervisor/Site Feedback Form

Student Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Site(s): \_\_\_\_\_ Date: \_\_\_\_\_

Research Project Title:

\_\_\_\_\_

\_\_\_\_\_

Enhanced Research Minor: Yes  No

Evaluation Period: Mid  Final

**Please use the scale provided below to rate your current supervisor and rotation/site:**

*UN	Unacceptable	Supervisor/site is performing <i>far below</i> my expectations within this domain. Supervision is consistently inadequate within this domain and/or poses potential harm to participants or trainees (e.g., ethical violation such as breach of confidentiality, boundary violations; hostile work environment).
*BE	Below Expectations	Supervisor/site is performing <i>slightly below</i> my expectations within this domain. Supervision is, at times, inadequate in meeting the trainee's needs within this domain. This domain is a clear area for growth.
ME	Meets Expectations	Supervisor/site <u>meets</u> my expectations within this domain.
SE	Slightly Above Expectations	Supervisor/site <u>slightly surpasses</u> my expectations within this domain.
EE	Significantly Exceeds Expectations	Supervisor/site <u>greatly exceeds</u> my expectations within this domain.
N/A	Not Applicable	This area/domain is not applicable/does not apply.

***IMPORTANT:*** Please note that any “unacceptable” (UN) ratings may automatically trigger follow-up action by the training director. Thus, this rating should be reserved for circumstances in which you believe the supervisor’s behavior/aspects of your training site may pose potential harm to research participants, patients, or trainees.

***\*Please provide a brief explanation in the comments section for any domain with a rating of UN or BE. You may use the comments section to explain other ratings, whenever necessary.***

## QUALITY OF SUPERVISION

### Category 1: Supervisory Process / Working Alliance

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Set clear expectations at the outset of the rotation/year.	<input type="checkbox"/>					
Expressed interest in and commitment to my growth as a researcher.	<input type="checkbox"/>					
Appeared open to feedback (e.g., I felt “safe” expressing positive and negative feelings regarding supervision) AND adequately responded to this feedback (e.g., implemented changes or addressed differences in opinion), as needed.	<input type="checkbox"/>					
Provided feedback in a constructive/tactful manner.	<input type="checkbox"/>					

**Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?** Yes

No  *\*Please note that discussing these items with your supervisor is not required, though typically encouraged.*

**Comments:**

### Category 2: Supervisory Responsibilities

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Was at supervisory meetings promptly and reliably.	<input type="checkbox"/>					
Provided feedback in a timely manner.	<input type="checkbox"/>					
Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.)	<input type="checkbox"/>					
Collaboratively developed a plan to meet my research training goals/needs at the start of the year, and reviewed throughout the course of supervision.	<input type="checkbox"/>					
Helped me navigate/problem-solve any challenges I encountered within the research rotation (e.g., time management concerns).	<input type="checkbox"/>					
Ensured that I had the resources necessary to perform my research-related duties (e.g., office space, computer access, appropriate statistical software, manuals, etc.).	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 3: Supervisory Content

In supervision, my supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Discussed ethical issues/concerns and legal matters pertinent to research.	<input type="checkbox"/>					
Encouraged me to engage in scholarly inquiry/reference the literature to formulate research aims and hypotheses.	<input type="checkbox"/>					
Discussed/provided education about applicable scientific methods and procedures.	<input type="checkbox"/>					
Discussed/provided education about analytic approaches relevant to my research project.	<input type="checkbox"/>					
Provided guidance with interpretation of data analyses.	<input type="checkbox"/>					
Helped me to explore alternate explanation(s) for results.	<input type="checkbox"/>					
Encouraged me to consider limitations of my study/project.	<input type="checkbox"/>					
Encouraged me to consider cultural and/or other individual difference factors at various stages of my research project (e.g., study design, data analysis, interpretation of results).	<input type="checkbox"/>					
Provided guidance in outlining implications of my research.	<input type="checkbox"/>					
Encouraged me to disseminate my research project through local, regional, and/or national platforms (e.g., poster presentation), and assisted with this, as needed.	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 4: Use of Supervisory Tools

Note: For Category 4, please indicate whether or not a given supervisory tool was used by your supervisor by checking the “Yes” or “No” box. If the tool was used by your supervisor (e.g., you checked “Yes”), please rate how effective your supervisor was in using that tool. Mark “N/A” if a tool was not used by your supervisor.

My supervisor made effective use of...	Used in	Rating
--	---------	--------

	Supervision?	UN	BE	ME	SE	EE	N/A
Direct instruction (e.g., modeling skills, observation of research assessment, observation of participant interviews, documentation, data analysis, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					
Sharing their own past experiences in the context of research, when appropriate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					
Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the research specialty area.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 5: Professional Development

My supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
Guided me in becoming a valued member of the research team/clinic.	<input type="checkbox"/>					
Encouraged me to demonstrate greater autonomy in the setting, as my capabilities and skills allowed.	<input type="checkbox"/>					
Discussed development of my professional identity as a psychologist in the context of research.	<input type="checkbox"/>					
Provided opportunities for training in professional communication and research-related consultation.	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 6: Assistance in Meeting Research Project Goals

**Please Note:** This section provides you the opportunity to evaluate your supervisor’s effectiveness in teaching/supervision of the training goals set forth at the beginning of the year. Please refer to the Psychology Trainee Research Competency Assessment Form to fill in your training goals below.

The supervisor demonstrated developmentally appropriate	
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and constructive feedback in teaching/supervision of the following areas of research competency, which represent the core focus of this research project:	Rating					
	UN	BE	ME	SE	EE	N/A
1.	<input type="checkbox"/>					
2.	<input type="checkbox"/>					
3.	<input type="checkbox"/>					

Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”? Yes

No  \*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

### Category 7: Supervisory Outcomes

As a result of the supervision I received from this supervisor...	Rating					
	UN	BE	ME	SE	EE	N/A
I feel more confident with respect to my research competence.	<input type="checkbox"/>					
I feel more confident in my ability to utilize the scientific literature to formulate research aims and hypotheses.	<input type="checkbox"/>					
My competence in conducting and interpreting data analyses has increased.	<input type="checkbox"/>					
My competence in discussing implications of research findings has increased.	<input type="checkbox"/>					

I have become more autonomous in conducting research activities.	<input type="checkbox"/>					
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	<input type="checkbox"/>					

**Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?** Yes

**No**  *\*Please note that discussing these items with your supervisor is not required, though typically encouraged.*

**Comments:**

### Category 8: Overall/Global Rating of Supervision

Overall...	Rating					
	UN	BE	ME	SE	EE	N/A
The supervisor fulfilled his/her supervisory responsibilities.	<input type="checkbox"/>					
The supervisory content was effective in meeting my training needs.	<input type="checkbox"/>					
The supervisor adequately addressed diversity issues in supervision.	<input type="checkbox"/>					
The supervisor provided adequate assistance in my development as a scientist-practitioner.	<input type="checkbox"/>					
The supervisor provided adequate assistance in my professional development.	<input type="checkbox"/>					

**Have you provided feedback to your supervisor regarding any items rated “UN” or “BE”?** Yes

**No**  *\*Please note that discussing these items with your supervisor is not required, though typically encouraged.*

**Comments:**

**What were the best aspects of supervision (e.g., specific strengths)?**

What aspects of supervision could use the most improvement (e.g., specific growth edges)?

Please note your summary recommendation for this supervisor for future trainees.

*Do Not Recommend\**

*Recommend*

*Recommend Without Hesitation*




\*Please provide comments:



**QUALITY OF CLINIC/SITE**

My current clinic/site provided...	Rating					
	UN	BE	ME	SE	EE	N/A
Sufficient orientation to its mission, policies, and general procedures.	<input type="checkbox"/>					
Research training opportunities in line with my training goals.	<input type="checkbox"/>					
Resources needed to perform research-related duties (e.g., office space, books/manuals, computer access, etc.).	<input type="checkbox"/>					
A sense of being an integrated/valued member of the research team/clinic.	<input type="checkbox"/>					
Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.).	<input type="checkbox"/>					

Have you provided feedback to your site regarding any items rated "UN" or "BE"? Yes  No

\*Please note that discussing these items with your supervisor is not required, though typically encouraged.

**Comments:**

*Aside from the supervision you received...*

**What were the best aspects of this clinic/site?**

**What aspects of the clinic/site could use the most improvement?**

**Please note your summary recommendation for this clinic/site for future trainees.**

*Do Not Recommend\**

*Recommend*

*Recommend Without Hesitation*

\*Please provide comments:

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## Acknowledgment & Signatures

I have discussed the supervisor's strengths and growth edges as well as the best aspects and areas for improvement in the clinic/site with my supervisor as of this date. Yes  No

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Training Director \_\_\_\_\_ Date \_\_\_\_\_

Moira Dux, Ph.D.

## VAMHCS/UMB Psychology Training Program Supervisor/Trainee Discussion Guidance Form

*In addition to considering specific strengths and growth edges you identified using the supervisor evaluation form, please use the following questions to help guide your discussion of supervision with your supervisor. Importantly, this form is only meant to help guide your discussion – you are not required to share this form with your supervisor.*

- What did you find most helpful in supervision?
- What aspects of your supervisor’s approach to supervision have been most useful/ effective in your development as a scientist-practitioner?
- What would you like more of in terms of supervision\*?

### **Aside from the supervision you received...**

- What aspects of your clinic/site have been most useful/effective in your development as a scientist-practitioner?
- What aspects of the clinic/site could use the most improvement\*?

*\*Small Disclaimer: Discussing what you would like more of (e.g., “Please complete all of my data analyses!”) does not guarantee that this will happen. HOWEVER, it may be helpful in starting a conversation about your training needs and how your supervisor can support you in meeting those needs.*