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 is anticipated in 2025.

Questions related to the program's accreditation status should be directed to the
American Psychological Association Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
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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 pandemic and post-pandemic phases 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 primarily virtual training in mid-late March of 2020, and all interns were able to maintain existing major and minor rotations.

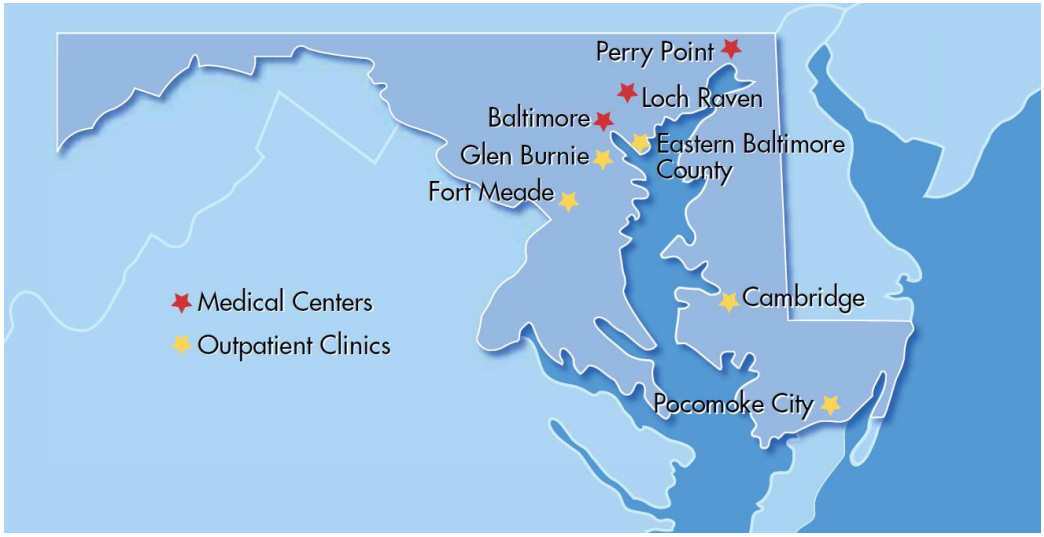
For the 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025 training years, individualized training plans were developed in collaboration with each intern. Several factors were considered in creating plans (e.g., training track and training goals, personal circumstances, relevant guidance, specific clinical settings and safety procedures/protective equipment, etc.). Post-pandemic, the training committee continues to ensure that training plans are aligned with track-specific requirements and broad programmatic competencies. Interns are provided equipment (e.g., laptops, monitors, mobile devices) to support remote training and the provision of telehealth, as well as resources needed for on-site training. Interns typically have hybrid schedules, with the specific proportion of remote versus on-site time varying on account of training track and individualized training plans. For on-site work, any required personal protective equipment is provided. At this time, vaccination for COVID-19 is required for all interns unless individuals seek and receive approval for medical or religious exemptions. We have developed multiple approaches for training to enhance our ability to adapt to evolving circumstances and guidance. For the 2025-2026 training year, determinations about training setting (e.g., in-person, hybrid) will be based on 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 cutting-edge technology, the VA Maryland Health Care System is proud of its reputation as a leader in Veterans' health care, research, and education. The Baltimore, Loch Raven, and Perry Point VA Medical Centers, in addition to five community-based outpatient clinics, all work together to form this integrated health care delivery system. Most clinical training opportunities occur in the medical centers, described more fully below.

In 2023, the VAMHCS recorded >691,000 separate outpatient encounters, with over 58,000 unique Veterans served. Of Veterans who received mental health care, the demographic characteristics were approximately: 48% White, 48% Black/African American, 2% Asian/Pacific Islander, and 2% Hispanic/Latinx. Roughly 82 percent of these Veterans identified as male, but with an increasing number of Veterans who identify as female receiving care as well. Approximately 68% of Veterans served are above age 55. The sheer volume of Veterans treated across the variety of clinics ensures that interns are exposed to Veterans who range in age across the adult spectrum, and who represent various racial and ethnic backgrounds, gender identities, socioeconomic statuses, sexual orientations, and military affiliations and experiences. Currently, Veterans from a variety of service eras (e.g., World War II, Korean, Vietnam, Pre-9/11, and Post-9/11) are represented, with the highest proportion from post-9/11 and Vietnam eras. Interns encounter a spectrum of degrees of complexity in presenting mental health and medical problems of Veterans served and 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, 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 recovery-focused

residential and outpatient mental health and substance abuse care, including the following specialized treatment programs:

- Mental Health Intensive Case Management
- Outpatient Mental Health Clinic
- Primary Care-Mental Health Integration
- Veteran Whole Health
- Psychosocial Rehabilitation and Recovery Center
- Community Living Center/Geropsychology-Neuropsychology
- Post-Traumatic Stress Disorder (PTSD) Outpatient Program
- Trauma Intervention & Dual Diagnosis Empowerment Service Intensive Outpatient Program
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
- Domiciliary Residential Treatment (for Homeless Veterans)

Loch Raven VA Medical Center: The Loch Raven VA Medical Center specializes in providing inpatient, outpatient and primary care services. As a leader in providing rehabilitation and skilled nursing care, the medical 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 assistance for patients with Alzheimer's disease and other forms of dementia.

Community Based Outpatient Clinics (CBOCs): Each of our 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
- Eastern Baltimore County
- Fort Meade VA Outpatient Clinic
- Glen Burnie 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. It was established in partnership with the first public medical school in the nation, the University of Maryland School of Medicine (UMSOM). UMSOM is a recognized leader in biomedical research and healthcare education. Today, as then, all attending providers at UMMC are faculty members at the University of Maryland School of Medicine (UMSOM). UMMC provides a full range of health care services, coordinated across its downtown and midtown Baltimore hospital campuses and several community locations. As the flagship of the University of Maryland Medical System, UMMC serves as a referral center for the most critically ill and injured patients in the Mid-Atlantic region. Importantly, both campuses of UMMC provide comprehensive inpatient and outpatient services in behavioral health for children, adolescents, and adults.

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. Since its establishment, UMMC has trained generations of physicians, nurses and other health professionals as an international leader in patient care, research and education.

Overall, UMMC has nearly 1000 licensed beds and last year had >300,000 outpatient visits, nearly 30,000 inpatient admissions, and approximately 50,000 emergency visits. Through its hospitals and clinics,

UMMC/UMSOM serves a large pool of patients representing a range of gender identities, socioeconomic statuses, sexual orientations, and racial and ethnic identities. Similarly, with its many pediatric, child, and adolescent specialty programs and services, the complete age spectrum (birth-geriatric care) is represented. UMMC engages in efforts to provide care to people of all ages living in urban and more rural locations throughout the state of Maryland, and especially for communities that have historically had more limited access to high-quality healthcare. For example, in partnership with the state of Maryland and Johns Hopkins Medicine, UMMC is expanding access to free healthcare education programs for over 300 West Baltimore City residents.

UMMC includes several major centers and services:

- ***The R Adams Cowley Shock Trauma Center*** is the world leader in trauma care, research and training, one of the highest volume trauma centers in the US, and the heart of Maryland's model emergency medical services system.

- ***The University of Maryland Children's Hospital*** is a regional resource for diagnosing and treating infants through young adults, and is ranked among the top in the nation for pediatric cardiology and cardiac surgery by U.S. News & World Report.

- ***The University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center (UMGCCC)*** is an NCI-designated comprehensive cancer center, one of only 53 top cancer treatment and research centers in the nation. Construction of UMGCCC's new home is underway, the Roslyn and Leonard Stoler Center for Advanced Medicine, started in 2021, will provide state-of the-art inpatient and outpatient cancer services to meet the increasing demands for cancer care well into the future.

- ***The University of Maryland Division of Transplantation*** is one of the region's most active transplant programs – performing more than 300 organ transplants a year. The Scientific Registry of Transplant Recipients recognized UMMC for above average one year kidney transplant outcomes in adults.

- ***The University of Maryland Heart and Vascular Center*** is a national leader in minimally invasive treatment options and a top research center with the ability to access to the latest technologies and treatments before they are widely available.

- The world-class ***University of Maryland Center for Diabetes and Endocrinology*** located on the midtown campus, a program nationally recognized by the American Diabetes Association with a robust Diabetes Prevention Program certified by the Center for Disease Control.

- ***University of Maryland Neurosciences*** is nationally recognized for pioneering noninvasive and minimally invasive techniques and breakthrough treatments for a broad range of neurological disorders.

- The ***Center for Pulmonary Health***, recognized by U.S. News and World Report as a high-ranking program in the area of pulmonary and lung surgery and COPD, offers comprehensive care for a range of lung disorders.

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 health care approaches and intervention 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 Veterans 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 symptoms of multiple sclerosis

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. *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
5. *General Clinical Research Center* - cornerstone for clinical research within the University of Maryland by providing supports the full spectrum of patient-oriented research
6. *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

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, competent, culturally-responsive 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 towards the desired behaviors. Utilizing this approach, within a competency-based 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.**

The program adheres to APA's Implementing Regulations associated with the Standards of Accreditation. As such, structured training approaches and activities are designed to promote interns' "Readiness for Entry Level Practice" across all competency areas, in alignment with the Minimal Level of Achievement for completion of Internship. The Consortium is designed to prepare interns to function independently in a wide range of clinical and professional activities, apply skills and knowledge to novel circumstances, and continuously engage in a process of self-reflection and self-evaluation to inform when further training, supervision, and/or consultation is needed. 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. 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 range of professional settings.

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, administration, advocacy, training/education and/or clinical service but, in any scenario, their training will have prepared them to make meaningful contributions to the effective care of patients.

Commitment to Diversity, Equity, Inclusion, and Belonging

The VA and UM are Equal Opportunity Employers. Our Consortium values and is deeply committed to cultural and other dimensions of diversity, and encourages applicants from all backgrounds, including individuals who have often been underrepresented in health care settings such as Black, Indigenous, and People of Color (BIPOC), Veterans, LGBTQIA+, individuals reflecting diverse gender identities, and individuals with disabilities. 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, equity and inclusion-focused training is an integral component of the Consortium including, but not limited to, a diversity, equity and inclusion seminar series (required) and a diversity, equity and inclusion 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 nine core competency domains, which are deemed essential in facilitating the progression of interns from trainees to independent psychologists. From these nine core domains, corresponding goals are generated and outlined below in Table 1.

Table 1: Consortium Competencies

Competency	Goals
1. Professional Values, Attitudes, and Behaviors	Demonstrates a commitment to the professional values and attitudes symbolic of a health service psychologist as evidenced by a variety of behaviors (e.g., cultural humility, integrity, engagement in self-reflection, maintenance of professional boundaries, etc.).
2. Ethics and Legal Matters	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 principles, as well as institutional, local, state, regional, and federal levels.
3. Professional Communication and Interpersonal Skills	Demonstrates an ability to establish and maintain strong professional associations with providers, staff, colleagues, supervisees, and other sponsors and organizations, as well as those receiving professional services. Exhibits professional behavior, interpersonal skillfulness, and effective communication.
4. Consultation and Interdisciplinary Skills	Demonstrates an ability to effectively communicate with teams of providers, staff, and other sponsors as it relates to duties performed within the scope of professional psychology. Exhibits an ability to seek and provide consultation.
5. Individual and Cultural Diversity	Demonstrates knowledge, awareness, sensitivity, and skills when working with individuals and communities whose lived experiences, characteristics, and backgrounds reflect a spectrum of cultural influences and identities. Exhibits life-long commitment to self-evaluation regarding identities, cultural influences, positions of privilege and power, and impact on one's thoughts and actions. Seeks opportunities to learn from and about others whose identities and cultures differ from their own.
6. Theories and Methods of Psychological Diagnosis and Assessment	Demonstrates an ability to conduct evidence-based assessments, generate thorough and tailored integrated psychological assessment reports, and effectively communicate findings and recommendations to patients and others (e.g., other providers, families, etc.).
7. Theories and Methods of Effective Psychotherapeutic Intervention	Demonstrates an ability to consistently and effectively engage and collaboratively develop intervention goals with patients with a wide range of presenting concerns. Effectively selects, tailors, and delivers appropriate evidence-based (or where appropriate, evidence-informed) interventions.
8. Research, Scholarly Inquiry, and Application of Current Scientific Knowledge to Practice	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. Demonstrates the initiative and ability to integrate scientific knowledge into professional clinical practice.
9. Clinical Supervision	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.

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 Consortium didactic seminars (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, child inpatient and pediatric consult-liaison, child outpatient 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

Coordinators: Natalie White, Psy.D. (VA) & Antonia Girard, Psy.D. (UM)

Goals:

- To provide psychological assessment training that is developmentally appropriate to each intern throughout the internship
- To demonstrate increased skill in comprehensive psychological assessment across the entire internship
- To develop competency in comprehensive psychological assessment, including administration, scoring, case conceptualization, and providing feedback, with diverse patient populations and across diverse clinical settings, working within the unique context of each intern's training setting(s)
- To educate referral sources within multidisciplinary teams at VAMHCS and UM about a valuable service offered by psychologists
- To improve the quality of psychological assessment services provided to referral sources and patients

Across all tracks, Consortium interns are required to complete a minimum of six *comprehensive assessments (defined below)* during the training year. This is the **minimum** number of assessments judged adequate for meeting the goals above. It is encouraged to complete more comprehensive assessments if feasible for interns. Interns intending to specialize in assessment will likely complete more than six assessments during the year. In order to facilitate longitudinal development in assessment skills across the entire internship, at least one assessment must be completed during the early, mid, and late internship periods. The remaining three may be completed during any portion of the training year. This holds regardless of the total number of assessments an intern completes. The early, mid, and late internship periods correspond, respectively, to months 1-4, months 5-8, and months 9-12.

Drs. White and Girard coordinate the Assessment Requirement and check in and monitor interns' progress throughout internship. They are available for any consultation related to assessment and associated training opportunities.

Definition of a Comprehensive Assessment:

To count as one of the 6 required *comprehensive assessments* the final work must include the following:

- Completion of appropriately thorough structured or semi-structured interview that must include considerations of the following factors:
    - Psychosocial
    - Cultural
        - Defined as: the customs, arts, social institutions, and achievements of a particular nation, people, or other social group.
        - The goal of this requirement is for students to demonstrate an understanding of the impact of cultural factors on patient presentation
        - This requirement is relatively broad with many subcategories and can refer to:
            - Military Culture
            - SES
            - Race
            - Ethnicity
            - Age
            - and many more
    - Diagnostic
- Review of available pertinent records (medical, psychiatric, academic, etc.)
- Measure selection, administration, scoring (if applicable), and interpretation of at least one multi-scale objective psychological measure (e.g., personality, cognitive, neurocognitive, or developmental) or a multi-modal assessment process that incorporates at least two assessment measures and synthesizes multiple data points (e.g. chronic pain assessments, transplant evaluations, PTSD assessments.
- Brief self-report standardized inventories should be included as indicated
- Behavioral observations
- A summary that integrates all assessment data
- Impressions
- Treatment recommendations
- Feedback session with the patient and/or caregivers in which results, diagnostic impressions, and treatment recommendations are presented

The following are *encouraged* but not required aspects of intern assessment training:

- Pre-assessment consultation with the referral source to refine the referral question(s)
- Post-assessment feedback consultation with the referral source in which, results, diagnostic impressions and treatment recommendations are presented
- Listing of diagnostic impressions per DSM-5-TR.

Research Requirement

Coordinators: Christine Calmes, Ph.D. (VA) & Samantha Reaves, Ph.D. (UM)

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. The training committee has broadly defined what constitutes a "project" including, but not limited to, extant data analysis, original data collection (quantitative and/or qualitative), and program development and evaluation. **With oversight from mentor(s), interns will pose a research question at the beginning of the year, gather or otherwise identify the relevant data, and present this as a poster at UM Research Day towards the end of the year.**

Mentors for research activities include VA and UMSOM faculty and staff, such as 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. Interns are provided information regarding past research mentors and projects to guide ideas about possible mentors and projects. Once matched with a research mentor, a specific research plan is developed and implemented. 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. VA-based interns also have the option of completing an enhanced research minor, which affords up to 8-12 hours per week of research time. Toward the end of the year, each intern presents the results of their project at the University of Maryland Research Day, hosted by the UMSOM Department of Psychiatry. All Training Committee members in attendance at UM Research Day complete a poster rating form, with quantitative ratings and narrative feedback. De-identified feedback is shared with each intern and their mentor(s). Many intern research projects have led to presentations at local, regional, and national meetings as well as publications and ongoing collaborations.

Drs. Calmes and Reaves coordinate the Research Requirement and check in and monitor interns' progress throughout internship. They are available for any consultation related to research and associated training opportunities.

Consortium Didactics

Consortium Interns meet weekly for two and a half hours of required didactic training through a comprehensive Consortium Seminar Series. The seminar series, coordinated by Drs. Jessica Fraser and Antione Taylor, 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, adolescents, and adults, culturally-responsive 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). There are also several intern-led and experiential seminars, as described below. A sample schedule is provided in Table 2.

- *Intern-Led Case Presentations*: Each intern leads a case presentation of an internship assessment and intervention experience. The goal is to convey key case information in a tailored and thoughtful manner and spend the majority of the time engaging in a consultative discussion with other cohort members to obtain other perspectives and feedback.
- *Intern-Led Journal Presentations*: During an initial Consortium seminar, interns form six groups with two to three interns per group. Each group selects a recent and broadly influential article related to one of the following topics (with recognition that topics are not independent of one another): a) diversity, equity, inclusion, and belonging; b) training/education; c) interdisciplinary care; d) advocacy and leadership; e) research approaches; and e) supervision/mentorship. Each group collaborates on article selection (in alignment with designated topic) and presentation plan and disseminates the article to the rest of the intern cohort and seminar coordinators. During seminars designated for journal review, each group leads an interactive discussion. All attendees are expected to read the article in advance in order to be prepared to contribute to the discussion.
- *Mid-Year Research Presentation*: During a designated Consortium Seminar around the mid-year point, each intern presents a brief summary of their internship research project (e.g., topic, design, their role(s), mentor(s), progress to date) and offers points for further consideration and consultation, which are then discussed collaboratively with peers. The Consortium Research Co-Coordinators develop the presentation schedule and oversee the presentations. The end-of-year Research Presentation occurs at UM Research Day. This day includes a combination of poster presentations and a grand rounds platform presentation.
- *Simulated Supervision Experiences*: During select Consortium Seminars, interns engage in experiential supervision exercises in partners or small groups and have the opportunity to observe and evaluate simulated practice and provide feedback.

Diversity, Equity, Inclusion, and Belonging Seminar Series

Embedded within the seminar series is a monthly diversity, equity, inclusion and belonging seminar, coordinated by Dr. Candice Wanhatalo, which is focused on topics that enhance interns' understanding of culture and other dimensions of DEI & B within clinical and research applications. Seminars often incorporate a combination 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, equity, inclusion, and belonging seminar are to:

- provide an atmosphere in which interns 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, equity, inclusion, and belonging, and cultural factors in diagnostic and therapeutic processes, and the research environment
- broaden interns' effectiveness in provision of culturally-responsive clinical services and conduct of research across individuals representing a diversity of characteristics and lived experiences

Interns are also required to attend and participate in UM Diversity Day, which includes a combination of didactic presentations, experiential exercises, and a Grand Rounds platform presentation led by an external expert. The emphasis varies each year (e.g., 2024: Addressing Differences in the Therapy Room: Therapy in Times of Sharp Divide; 2023: The Human Impact of Climate Change: Mental Health and Resilience). but the day always includes opportunities for discussion and engagement with other attendees.

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, Primary Care-Mental Health Integration, 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. Since 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 VAMHCS Education department offers a weekly interprofessional Grand Rounds in which subject matter experts present evidence-based clinical and research topics. The UM Division of Services Research journal club meets weekly to discuss articles spanning 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 didactic schedule specific to their specialty.

Table 2: Sample Seminar Presentation Topics

Topic	Presenter(s)	Competency Area(s)
Introduction to Seminar/Review of Consortium Requirements/ Hopes & Fears	Moira Dux, Ph.D., Christine Calmes, Ph.D., Sam Reaves, Ph.D., Natalie White, Psy.D., Antonia Girard, Psy.D., Jessica Fraser, Psy.D., Antione Taylor, Ph.D. *Director of Internship Training, Research Co-Coordinators, Assessment Co-Coordinators, and Seminar Co-Coordinators*	Assessment; Intervention; Diversity; Research; Ethics; Supervision; Communication; Consultation & Interdisciplinary; Professional Behavior & Values
Introduction to Diversity, Equity, and Inclusion Seminar	Candice Wanhatalo, Ph.D. *Diversity, Equity, Inclusion, & Belonging Seminar Coordinator/VAMHCS Psychologist*	Diversity
Hopes & Fears	Jessica Fraser, Psy.D., Antione Taylor, Ph.D. *Seminar Co-Coordinators*	Professional Behaviors & Values
Tobacco Use/Cessation	Meagan Layton, Ph.D. *VAMHCS Behavioral Medicine Program Manager and CBT-I Team Lead*	Assessment; Intervention; Consultation & Interdisciplinary; Research
Work-Related Stress of Minorities and Low SES Individuals	Noemi Enhautegui de Jesus, Ph.D. *Senior Professorial Lecturer, American University*	Diversity; Professional Behaviors & Values; Communication; Research; Supervision
Psychopharmacology Overview	Neil Sandson, M.D., & Gloria Reeves, M.D. VAMHCS Psychiatrist and UMB Psychiatrist	Ethics; Intervention; Communication; Consultation & Interdisciplinary; Research
Diverse Streams of Income	Various VAMHCS and UM staff and faculty	Ethics; Diversity; Communication; Consultation & Interdisciplinary; Professional Behaviors & Values; Research; Assessment; Intervention
This is Baltimore: The Impact of Historical Structural Racism on Health	Chuck Callahan, D.O. *Vice President of Population Health, University of Maryland Medical Center*	Diversity; Research
Therapeutic Assessment	David O'Connor *VAMHCS Staff Psychologist*	Assessment; Ethics; Diversity; Communication; Consultation & Interdisciplinary; Supervision
Eating Disorders	Shayla Mross, Ph.D. *Consortium Professional Development and Evaluation Coordinator*	Research; Diversity; Assessment; Intervention; Communication; Consultation & Interdisciplinary
Psychology Licensure & PSYPACT	Megan Pejsa-Reitz *VAMHCS Staff Psychologist*	Professional Values & Behaviors; Ethics; Intervention; Assessment

Annual School Health Interdisciplinary Program (SHIP) ***Addressing the Needs of the Whole Child: What Works in School Health and Wellness***	Various experts in child psychology and psychiatry	Assessment, Intervention, Ethics, Diversity, Supervision; Research; Communication; Consultation & Interdisciplinary
Disabilities	Nicolette D. Carnahan, Ph.D. *Rehabilitation Psychologist, Johns Hopkins, Department of Physical Medicine and Rehabilitation*	Diversity; Intervention; Assessment; Professional Values & Behaviors; Supervision; Communication; Consultation & Interdisciplinary
Cost-Effectiveness of Program Evaluations	Corrine Kacmarek, Ph.D. *VISN 5 MIRECC*	Research; Consultation & Interdisciplinary; Professional Behaviors & Values
DEI & B Experiential Exercises	Candice Wanhatalo, Ph.D. *Diversity, Equity, Inclusion, & Belonging Seminar Coordinator/VAMHCS Psychologist*	Diversity; Professional Behaviors & Values; Supervision
Library Resources and Research Tools	Pamela Flinton, MLS, MAAL *VAMHCS Director of Library Services*	Research; Professional Behaviors & Values; Communication; Consultation & Interdisciplinary
Mid-Year Research Presentations	VAMHCS/UM-SOM Psychology Interns Christine Calmes, Ph.D., & Samantha Reaves, Ph.D. *Consortium Research Co-Coordinators*	Research; Communication; Professional Behaviors & Values
Dialectical Behavior Therapy	Cari Lee, Ph.D., & Alison James, Psy.D. *VAMHCS Staff Psychologists*	Ethics; Assessment; Intervention; Communication; Consultation & Interdisciplinary
ADDRESSING Model	Candice Wanhatalo, Ph.D. *Diversity, Equity, Inclusion, & Belonging Seminar Coordinator/VAMHCS Psychologist*	Diversity; Professional Behaviors & Values; Supervision; Assessment; Intervention
Military Culture: Applications to Assessment & Intervention with Military Personnel & Veterans	Jon Hollands *VAMHCS Peer Support Specialist* Tony Gibson, MHA *Program Director - CRRC*	Diversity; Assessment; Communication; Consultation & Interdisciplinary
Intern Journal Presentations	VAMHCS/UM-SOM Psychology Interns	Assessment; Intervention; Ethics; Supervision; Diversity
Symptom Validity Assessment	David O'Connor, Ph.D. *VAMHCS Clinical Psychologist (Trauma-Dual-Diagnosis)*	Assessment
White Supremacy Culture	Candice Wanhatalo, Ph.D. *Diversity, Equity, Inclusion, & Belonging Sem Coordinator/VAMHCS Psychologist*	Diversity; Professional Behaviors & Values; Supervision

Supervision Series	Various staff and faculty	Supervision-Professional Development
Resilience in Communities Resisting State-Sanctioned Violence	Tahani Chaudhry, Ph.D. *Assistant Professor, George Mason University*	Diversity; Professional Behaviors & Values; Ethics; Research; Assessment; Intervention
Suicide Risk Assessment & Prevention	Aaron Jacoby, Ph.D. *VAMHCS Director of Mental Health*	Ethics; Assessment; Intervention; Diversity; Communication; Consultation
Indigenous Mental Health	Rachel Austin, Psy.D. *VAMHCS PCMHI Psychologist*	Diversity; Assessment; Intervention
Introduction to Qualitative Research (Including How to Adapt Qualitative Work to Intern Research Projects)	Alicia Lucksted, Ph.D. *MIRECC Psychologist*	Research
Cultural Identity Assessment & Cultural Formulation Interview	Mary Katherine Howell, Ph.D. *VISN 5 Psychologist*	Diversity; Assessment; Intervention; Professional Values and Behaviors; Communication
Psychology Leadership Panel	Jade Wolfman-Charles, Ph.D., *VAMHCS Chief Psychologist* Aaron Jacoby, Ph.D., *VAMHCS Director of Mental Health* Gloria Reeves, M.D., *UMB, Vice Chair of Research, Department of Psychiatry* Cheryl L. Lowman, Ph.D., *VISN 5 Chief Mental Health Officer*	Professional Values and Behavior; Diversity; Supervision
Motivational Interviewing	Jade Wolfman-Charles, Ph.D., & Neil Weissman *VAMHCS Chief Psychologist & VAMHCS Staff Psychologist*	Intervention
Intern Clinical Presentations	VAMHCS/UM-SOM Psychology Interns	Intervention; Assessment; Diversity; Professional Behaviors & Values; Communication; Consultation & Interdisciplinary; Supervision
Post-Internship Panel	Various VAMHCS/UMSOM graduates sharing their post-internship career pathways	Professional Values & Behaviors
Recovery-Oriented Cognitive Therapy	Jennifer Boye, Ph.D., & Julie Rife-Freese, Psy.D. *VAMHCS Staff Psychologists-Psychosocial Residential & Rehabilitation Treatment Program*	Intervention; Communication; Consultation

Evaluation Procedures

Multiple methods are used to evaluate the Consortium training model and intern progress with the nine identified training competencies. Interns are monitored throughout the year, with the aim of facilitating developmental learning and progress toward readiness for entry level practice. In addition to measuring progress with these core domains, evaluations include measurement of rotation-specific goals and open-ended qualitative feedback. A sample clinical competency evaluation form can be found in the appendices of this brochure. In terms of the minimal levels of achievement (MLA), it is expected that all items be rated at the basic competency level (expected intern entry level) or higher at the initial rotation evaluation time point for VA-based interns and at mid-year rating periods for UM-based interns. At this level, performance reflects **developing**: skills and knowledge, ability to function in a range of clinical and professional activities, and self-awareness regarding when additional training, supervision, and/or consultation needed. Further growth is necessary. A remedial plan may be needed. By the end of the rotation or the training year, for VA- and UM-based interns respectively, it is expected that all items be rated, minimally, at the intermediate level of competency (minimal intern completion level; consistent with readiness for entry level practice). At this level, performance reflects **proficient**: skills and knowledge, ability to function in a range of clinical and professional activities, and self-awareness regarding when additional training, supervision, and/or consultation needed. Performance is satisfactory but further growth is desirable. VA-based interns completing year-long clinical minors are evaluated at mid-year and at the conclusion of the year using the same competency evaluation linked above. Research competency evaluations are completed for all interns at the mid-year and end-of-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. In terms of the minimal levels of achievement (MLA), it is expected that all items be rated at the basic competency level (expected intern entry level) or higher at the mid-year evaluation time point *and* that the mid-year presentation has been completed (as documented by check-off box on evaluation). At this level, performance reflects **developing**: skills and knowledge, ability to function in a range of research and professional activities, and self-awareness regarding when additional research training, supervision, and/or consultation needed. Further growth is necessary. A remedial plan may be needed. By the end-of-year rating period, it is expected that all items be rated at the intermediate level of competency (minimal intern completion level) *and* that the end-of-year presentation has been completed (as documented by check-off box on evaluation). At this level, performance reflects **proficient**: skills and knowledge, ability to function in a range of research and professional activities, and self-awareness regarding when additional research training, supervision, and/or consultation needed. Performance is satisfactory but further growth is desirable.

If the supervisor perceives that there is a significant deficiency in the intern's competency in one or more areas, 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 strategies for improving performance can begin expeditiously and a formal remediation can be pursued if warranted and in accordance with *Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances*.

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 and is aligned with the overarching goal of enhancing self-awareness. Additionally, the self-assessment serves as another opportunity to facilitate individualized training and core competency development, which is discussed individually with the Training Director.

Interns also provide formal written feedback about their clinical and research supervisors and sites at the designated times documented in the Table 3 below. These evaluations are submitted to either the Psychology Training Program Director or the VAMHCS Chief Psychologist (if the supervisor being evaluated is the Psychology Training Program Director) using the Clinical Supervisor/Site Feedback and Research Supervisor/Site Feedback forms (see Appendix I.C.2.1.6). Although these written evaluations are

not shared with supervisors, interns are encouraged to discuss feedback with their supervisors throughout the course of their training regarding their perception of a supervisor's strengths and growth edges as well as the best aspects and areas for improvement within each training rotation. Interns are provided with specific prompts to facilitate these discussions. If a supervisor's ratings are low (e.g., rated Unacceptable or Below Expectations), the Training Director (or VAMHCS Chief Psychologist) 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 programmatic feedback to the Training Director at the end of the training year via completion of a Qualtrics Survey. Interns are queried on the following: rotations, research and assessment requirements, perceived preparedness for entry level practice across each of the nine competency areas, climate, cohort cohesion, didactic training and seminars, roles and responsibilities of training committee members, and general strengths and weaknesses of the Consortium. Once de-identified and aggregated, this feedback is shared with the Training Committee to inform program improvements.

In summary, criteria for successful completion of the training year include completion of all training rotations, completion of six comprehensive assessment reports, completion of a research project and the associated presentations, participation in weekly didactic training, and meeting the MLAs on competency evaluations (as described above) to collectively ensure readiness for entry level practice. The Training Director maintains correspondence with the interns' graduate programs by sending communications describing the training program, progress updates, and confirmation of internship completion.

Table 3: Consortium Evaluation Schedule

Evaluation Type	Competency	Time Point	Scale
Trainee Competency Evaluations (Clinical and Research)	1. Professional Values, Attitudes, and Behaviors 2. Ethics and Legal Matters 3. Professional Communication and Interpersonal Skills 4. Consultation and Interdisciplinary Skills 5. Individual and Cultural Diversity 6. Theories and Methods of Psychological Diagnosis and Assessment 7. Theories and Methods of Psychotherapeutic Intervention 8. Research, Scholarly Inquiry, and Application of Current Scientific Knowledge to Practice 9. Clinical Supervision	VA: Initial (1 month) and Final (4 months) for each major clinical rotation; 6 evaluations in total [Clinical Competency Evaluation] VA: Mid-Year and End-of-Year (Final) for each minor rotation (if applicable); 2 evaluations total [Clinical Competency Evaluation] UM: Oct. (1st Mid-Year), Feb. (2nd Mid-Year), June (End-of-Year); 3 evaluations in total [Clinical Competency Evaluation] All: Mid-Year and End-of-Year Research Competency Evaluation; 2 evaluations in total [Research Competency Evaluation]	1= Below Entry/Remedial 2= Basic Competency/Intern Entry Level (initial/mid) 3= Intermediate Competency (minimal intern completion level; entry level practice) 4= Intermediate to Advanced Competency (preferred intern completion level) 5= Consistently Advanced Competency (well above expected intern completion level) N/O= Not Observed

Trainee Self-Assessment	1. Professional Values, Attitudes, and Behaviors 2. Ethics and Legal Matters 3. Professional Communication and Interpersonal Skills 4. Consultation and Interdisciplinary Skills 5. Individual and Cultural Diversity 6. Theories and Methods of Psychological Diagnosis and Assessment 7. Theories and Methods of Psychotherapeutic Intervention 8. Research, Scholarly Inquiry, and Application of Current Scientific Knowledge to Practice 9. Clinical Supervision	Initial and Final; 2 self-assessments in total	1= Below Entry/Remedial 2= Basic Competency/Intern Entry Level (initial/mid) 3= Intermediate Competency (minimal intern completion level; entry level practice) 4= Intermediate to Advanced Competency (preferred intern completion level) 5= Consistently Advanced Competency (well above expected intern completion level) N/O= Not Observed
Clinical and Research Supervisor/Site Evaluations	1. Quality of Supervision 2. Supervisory Responsibilities 3. Supervisory Content 4. Supervisory Tools 5. Assistance in Professional Development 6. Assistance in Meeting Training Goals 7. Supervisory Outcomes 8. Quality of Rotation 9. Summary Ratings	VA: Each major and minor rotation Final; 3 + evaluations [Clinical Supervisor/Site Evaluation] UM: Oct., Feb., June; 3+ evaluations [Clinical Supervisor/Site Evaluation] All: Mid-Year and End-of-Year Research; 2+ evaluations [Research Supervisor/Site Evaluation]	UN=Unacceptable BE= Below Expectations ME= Meets Expectations SE= Slightly Above Expectations EE=Significantly Exceeds Expectations N/A= Not Applicable *Provided directly to Training Director
Year-End Program Evaluation	1. Rotation Specific 2. General Questions (e.g., climate, cohesion, roles and responsibilities of training committee members) 3. Seminars and didactics 4. Assessment Requirement 5. Research Requirement 6. Perceived preparedness for entry level practice across nine competency areas 7. Overall Experience	All: End-of-Year (June); 1 evaluation in total	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 post-pandemic phase in select circumstances and in accordance with programmatic telesupervision policy) 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 their 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 participates in a peer consultation group. A psychologist in a non-supervisory role is available to facilitate and provide consultation, as requested by the cohort. The group typically meets twice per month to provide support and encouragement regarding dissertation progress, supervision, identities and lived experiences, adjustment to internship, living in a new area (as applicable), and professional development. Finally, the Training Committee and/or Training Director meets multiple times per year 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 1st. Interns must work at least 2,080 hours, with most interns working an average of 40-45 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 20-24 hours per week engaged in clinical activities (including supervision, didactics, team meetings, etc.) at their major rotation/clinical setting. The remaining hours include minor clinical or administrative rotations (up to 8 hours per week for VA-based interns), research (up to 6 hours per week for Consortium research requirement and up to 12 hours 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 intern stipend for 2024-2025 is $38,543 and a 1% increase is anticipated for the 2025-2026 stipend. Interns accrue 4 hours bi-weekly of annual leave (13 days total), 4 hours bi-weekly of sick leave (13 days total), 11 federal holidays (& possibly 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 optimal selections 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 within the broad UM setting. 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.

Please click on the following link to view a video that highlights VA-based training tracks: https://www.youtube.com/watch?v=TdshFdCsGOQ

Table 4: Rotations by Site

Site	Typical Major Rotations Offered
University of Maryland	School Mental Health
	Child Inpatient and Pediatric Consult-Liaison
	Child Outpatient and Pediatric Consult-Liaison
	Clinical High Risk for Psychosis
Baltimore VA Medical Center	Health Psychology-Neurology/Chronic Pain
	Hospice & Palliative Care
	General Outpatient Health Psychology
	Intensive Outpatient Substance Use Treatment Program (ACT)

	Substance Use Disorders Treatment – Joint Intensive and General Outpatient Program (SUDTP – IOP/GOP)
	Primary Care – Mental Health Integration
	Baltimore 6A Inpatient and Triage
	Mental Health Clinic
Baltimore VA Annex	Trauma Recovery Program (TRP): Posttraumatic Stress Disorder Clinical Team
	Psychosocial Rehabilitation and Recovery Center (PRRC)
	Neuropsychology
	Family Intervention Team (FIT)
Perry Point VA Medical Center	Mental Health Clinic
	Psychosocial Rehabilitation and Recovery Center (PRRC)
	PTSD Clinical Team (PCT) & Perry Point Post Traumatic Stress Disorder Model of Accelerated Service Delivery (PP PTSD MASD)
	Primary Care – Mental Health Integration
	Gero-Neuropsychology – Community Living Center and Inpatient Neuropsychological Assessment
Loch Raven	Community Living Center and Hospice/Palliative Care

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) and participate in seminars and didactics associated with each rotation. They also have the opportunity to attend didactics of any of the other VA-based tracks listed below, if in alignment with their training goals and schedule permitting. 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 interns' research projects include:

- Implementation of the Race-Based Stress Trauma and Empowerment (RBSTE) Group for Veterans of Color

- Understanding Clinician Attitudes and Barriers to Providing Telemental Health Services Within VAMHCS
- Racial Differences in Mental Health Recovery Orientation Among Veterans with Serious Mental Illness
- CBT-I for Psychosis: Individual Veteran Outcomes and Clinician Experience
- An Examination of Racial Differences in the Relationship Between Religiosity, Sleep, and Alcohol Use Severity

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).

- Hospice & Palliative Care (Baltimore VA Medical Center)
- Health Psychology- Neurology/Chronic Pain (Baltimore VA Medical Center)
- General Outpatient Health Psychology (Baltimore VA Medical Center)
- Primary Care – Mental Health Integration (Baltimore VA Medical Center)
- Primary Care – Mental Health Integration (Perry Point VA Medical Center)
- Hospice & Palliative Care (Loch Raven VA Medical Center)

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. Interns are strongly encouraged to complete the VA Primary Care-Mental Health Competency Training, which is a comprehensive program designed for all PCMHI healthcare professions that includes two phases (Phase 1: prework survey and self-guided introduction to PCMHI; Phase 2: 20-hour live training that includes hands-on role plays and skill demonstrations).

Examples of former interns' research projects include:

- Using Participant Geographic Identifiers to Understand Protective Factors for Suicide Prevention and Disordered Eating
- Does Socioeconomic Status, Race, and Positive Affect Interact to Associate with Subclinical Atherosclerosis?
- Preparing Patients to Make Stigmatized Mental Illness Disclosures
- Mindfulness Based Stress Reduction for Veterans with Cancer
- Health Perceptions, Behaviors, and Coping in Veterans with Insulin Resistance or Type 2 Diabetes Completing an Exercise Intervention

VA Neuropsychology Track

The Neuropsychology Track 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 interns for post-doctoral fellowships in

neuropsychology. To achieve this objective, interns in this track complete two major rotations in neuropsychology at the Baltimore VA Annex/Baltimore VA Medical Center, and engage in research experiences 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/Baltimore VA. 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 Cognitive Assessment Clinic, Intervention 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.

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 Group Supervision (Every Tuesday for 60 Minutes)*
    - All interns rotate presenting cases
    - Staff occasionally present cases and rotate presenting neuroanatomy topics
    - Practice fact-findings are conducted
    - Report critiques and review of journal articles occur multiple times per rotation
- *Neuropsychology Intervention Group Supervision (Every Other Tuesday for 60 Minutes)*
    - Ongoing cognitive rehabilitation and psychotherapy cases discussed
    - Process-oriented discussions regarding issues relevant to intervention
    - 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, cancer-related cognitive impairment, etc.)

Additional training opportunities are also available and include: Neuropsychology Fellowship Distance Learning, Neurology Grand Rounds, Neuroscience Seminar (VA/ University of Maryland), HIV/Liver Disease Psychology Fellowship Training Seminar Series, MIRECC Science Meetings, 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.

Examples of former interns' research projects include:

- Social Determinants of Health among Veterans with Multiple Sclerosis: Correlates with Cognition and Sleep
- Cognition and Psychosocial Health in Older Adult Cochlear Implant Users
- The Impact of Fitness on the Association Between Blood Pressure and Cognition Over Time
- Functional Status, Neuropsychiatric Symptom Severity, and Caregiver Burden in Veterans with Cognitive Impairment
- PROMIS Self-Efficacy Declines during COVID-19 Lockdown in People with Parkinson's disease: A Longitudinal Study
- The Influence of Cognitive and Mood-Related Factors on Self-Awareness of Cognitive and Functional Changes in Older Adult Veterans

VA Serious Mental Illness Track (SMI)

VA-based SMI interns complete two 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 VA Annex)
- Psychosocial Rehabilitation and Recovery Center (Perry Point VA Medical Center)
- 6A Inpatient and Triage (Baltimore VA Medical Center)

In addition to the Consortium didactic seminar, SMI interns participate in a monthly didactic seminar focused on psychosocial treatments and recovery. 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.

Examples of former interns' research projects include:

- Helping our Veterans in Crisis: Police and VIP Partnerships
- Exploring the Role of Locus of Control in Veterans with Comorbid Bipolar Disorder and Chronic Pain
- What Gets in the Way of Exercise?: Perceived Barriers to Exercise for Older Adults with SMI
- Factors Associated with Reduced Cigarette Use After Smoking Cessation Intervention
- Formative Evaluation of the Community Living Bridge Program

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 VA Annex) &
- PTSD Clinical Team (PCT) & Perry Point Post Traumatic Stress Disorder Model of Accelerated Service Delivery (PP PTSD MASD) (Perry Point VA Medical Center)

In addition to the Consortium didactic seminar, Trauma Recovery Track interns will participate in a

biweekly seminar focused on advanced topics in PTSD assessment, intervention, and consultation. Didactic seminar topics an intern might expect to participate in during their training year may include:

- CAPS-5 Training
- Prolonged Exposure
- Cognitive Processing Therapy (Provided by CPT Rollout Consultants/Trainers)
- Therapeutic Assessment
- Cover Letter/Application Review
- Essentials of Interviewing
- Assessment of Symptom Validity
- DBT skills in PTSD treatment
- Co-Occurring PTSD and Substance Use Disorders
- Moral Injury

Other seminar topics include professional development sessions, journal club review, and group supervision. 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.

Examples of former interns' research projects include:

- Feasibility and Acceptability of a Posttraumatic Growth Group for Veterans
- Examining the Associations Between PTSD Symptom Clusters and Alcohol-related Problems in a Non-Veteran Sample of African American Adults from the Baltimore Area
- Feasibility and Acceptability of a DBT Aftercare Group for Veterans
- Streamlining the Integration of Trauma-Focused Treatment into Dialectical Behavior Therapy
- Examining PTSD Clinical Team (PCT) Treatment Retention, Engagement, and Outcomes by Veteran Gender

University of Maryland-Based Training Tracks

Please click on the following link to view a video that highlights UM-based training tracks: https://www.youtube.com/watch?v=9U5KmeOE3Qg

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 7 University of Maryland (UM) Child-Focused Internship Positions across four tracks:

UM School Mental Health Track (3 positions)
UM Clinical High Risk for Psychosis (1 position)
UM Child Inpatient and Pediatric Consult-Liaison Track (1 position)
UM Child Outpatient and Pediatric Consult-Liaison Track (2 positions)

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 track

offers comprehensive experiences in SMH practice, research, and policy with a goal of preparing scientist-practitioners to work in schools directly with vulnerable and underserved populations.

Interns receive rigorous clinical training with primary experiences occurring within 1) the UM SMH Program (SMHP) in Baltimore City Public Schools and 2) the Maryland Psychological Assessment and Consultation Clinic (MPACC). Interns 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 22 Baltimore City Public Schools (elementary, middle, or high school). Trainees provide high quality school mental health care that integrates a culturally responsive, anti-racist, and equitable (CARE) and trauma-informed, healing-centered lens. The schools affiliated with the SMHP primarily serve students and families of color from culturally enriched, low-income communities. 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. Primary therapeutic modalities include cognitive behavioral and family systems approaches. Interns 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. Interns also conduct assessments at the MPACC, which consists of a year-long experience providing assessment and consultation services to children and adolescents served through outpatient programs within the University of Maryland.

In addition to Consortium Seminars, 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 via the following didactic components: (1) a weekly interprofessional SMH seminar series (60 minutes each); (2) a monthly interprofessional case conference with psychiatry fellows and SMH psychology and social work professionals (1 hour); and (3) 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.

Interns spend one day a week at the NCSMH and are involved an array of research related to school mental health evaluation, quality improvement, and sustainability, as well as policy projects (e.g., monitoring of federal, state, and location legislation; development and dissemination of policy briefs) and policy-related meetings and conferences. Interns are encouraged to present posters and paper sessions at national conferences and/or publish their findings in peer-reviewed journals.

Some examples of former interns' research projects include:

- Family Engagement & Partnership in School Mental Health
- Strengthening Families Program: Necessary Cultural Adaptations and Implementation Efforts to Improve Family Engagement
- Improving the Quality of School-Based Universal Prevention Services for Trauma-Exposed Youth in Baltimore, MD
- Teachers as Agents of School Mental Health: A Mixed Methods Study of Identity and Experiential Factors
- Statewide Usage of a Parent Web-based Training for Adolescent Substance Use: Preliminary Findings
- Tier 1.5 as a Strategy for Trauma Supports in Schools

Further information regarding this track can be found here.

UM Clinical High Risk for Psychosis Track

The UM CHiRP Track is part of the Maryland Early Intervention for Psychosis Program (Maryland EIP) housed within the Department of Psychiatry, Division of Child and Adolescent Psychiatry in the UM School of Medicine. The CHiRP intern engages in supervised clinical experiences spanning the early psychosis spectrum and accrues mastery in assessment and intervention focused on clinical high risk (CHR) and first episode psychosis (FEP). The CHiRP program also provides advanced training in research, training, and policy related to CHR and FEP.

The CHiRP intern completes a combination of clinical experiences in early psychosis clinics (2.5 days/week) within the Maryland Early Intervention in Psychosis (MEIP) program, which include the First Episode Clinic (FEC) housed at the Maryland Psychiatric Research Center (MPRC), the RAISE Connection Program at the Midtown Campus of the University of Maryland Medical Center, and the Strive for Wellness Clinic which focuses on the identification and treatment of people at CHR for psychosis. Interns are involved in all aspects of clinical services, providing a range of intervention services including provider consultation, psychoeducation for individuals and family members, supported education and employment, safety planning and emergency service use reduction, and substance use treatment and risk reduction. Interns gain exposure to a variety of clinical approaches relevant to early intervention services including CBT for Psychosis, Motivational Interviewing, as well as Metacognitive Interventions. The CHiRP intern also completes comprehensive assessments in clinics spanning the Early Intervention in Psychosis Program such as psychotic risk assessment with the Structured Interview for Psychosis-risk Syndromes (SIPS), to psychodiagnostics and neuropsychological assessment for clients with FEP. They also engage in EIP Outreach and Education and well as policy work and research.

Examples of former interns' research projects include:

- Rates of Cigarette Smoking and Vaping Among Persons with First Episode Psychosis
- Diagnosing Psychosis among Black Americans: The Impact of White Clinicians' Colorblind Racial Attitudes and Perceived Multicultural Responsiveness
- The Impact of Attentional Deficits on Psychosis-risk Screening
- Characterizing Baseline Sleep Disturbances in Early Psychosis Within the Connection Learning Healthcare System

Further information regarding this track can be found here.

UM Child Inpatient and Pediatric Consult-Liaison Track

The Child Inpatient and Pediatric Consult-Liaison Track at the UM School of Medicine consists of primary clinical experiences in the child and adolescent inpatient unit, the Pediatric Consult-Liaison Program, and the Maryland Psychological Assessment and Consultation Clinic (MPACC), which consists of a year-long experience providing assessment and consultation services to children and adolescents served through outpatient programs within the University of Maryland. The inpatient/consult-liaison experiences facilitate intern participation in two programs for children and adolescents, with the inpatient psychiatry unit centered on trauma-informed care for children ages 5-18 and the consult-liaison program serving children birth through age 18 admitted to the hospital for medical concerns. Consultation is provided to multiple units such as: Shock Trauma, OB-GYN services, and pediatric medical units (e.g., oncology, neurology, cardiology, and the PICU). Patients seen during these rotations include children from birth to age 18 and their families. Although families from diverse ethnic and racial backgrounds are served, over 75% of patients are Black/African American. In addition to Consortium Seminars, interns in this track attend a weekly trauma-focused didactic. Interns also engage in research, preferably related to the child and adolescent service line. Please see following section for examples of prior intern research projects. Further information regarding this track can be found here.

UM Child Outpatient and Pediatric Consult-Liaison Track

The Child Outpatient and Pediatric Consult-Liaison Track at the UM School of Medicine consists of clinical experiences in the Taghi Modarressi Center for Infant Study/Secure Starts (CIS), with a focus on children from birth to age 6, the Child and Adolescent Outpatient Psychiatry Clinics (trauma, mood disorder, ADHD focuses), and the Pediatric Consult-Liaison Program (serving children birth through age 18 admitted to the hospital for medical concerns), as well as the Maryland Psychological Assessment and Consultation Clinic (MPACC), which consists of a year-long experience providing assessment and consultation services to children and adolescents served through outpatient programs within the University of Maryland. The CIS promotes and supports training, policy, and research in the field of infant and early childhood mental health. In addition to Consortium Seminars, interns in this track attend biweekly seminars focused on infant and early childhood mental health, as well as a weekly trauma-focused didactic.

Examples of former Child Outpatient/Child Inpatient interns' research projects include:

- Multidisciplinary Screening for Disordered Eating in Child & Adolescent Psychiatric Settings
- Perception of Addiction Stigma in Healthcare from Maryland Providers and Caregivers
- Multidisciplinary Management of Eating Disorders on a Pediatric Floor: A Case Series
- DBT Skills Group: Readmission Outcomes and Patient Acceptability on a Child & Adolescent Inpatient Unit
- Perception of Addiction Stigma in Healthcare from Maryland Providers and Caregivers

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
UM School Mental Health	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
UM Clinical High Risk for Psychosis (CHiRP)	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
UM Inpatient and Pediatric Consult-Liaison	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
UM Child Outpatient and Pediatric Consult-Liaison	1 Full Year Rotation	Included within track	Required within track	Yes, in addition to general didactics
VA Comprehensive	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 and those associated with

				rotations (as applicable)
VA Health Psychology	2 within track, 1 elective	None Required	General intern research project; does not have to be within track	Yes, in addition to general didactics
VA Neuropsychology	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
VA Serious Mental Illness	2 within track, 1 elective	None Required	General intern research project; available and encouraged within track	Yes, in addition to general didactics
VA Trauma Recovery	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.

Supervisor's Training & Experience

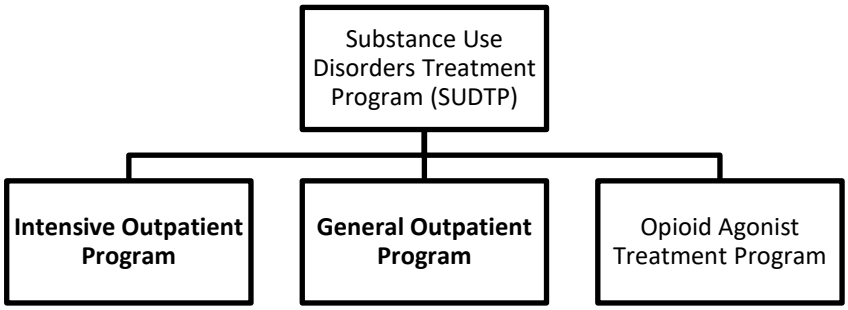
Catherine (Cate) Corno Garofano, Ph.D., completed her doctorate (Ph.D.) in clinical/community psychology at the University of Maryland, Baltimore County, specializing in substance use disorders and facilitating the process of change/recovery. She then completed the VAMHCS/UM-SOM Psychology Internship Consortium in the comprehensive track, working in both general mental health and specialty substance use and PTSD treatment programs. She continued her training within the VAMHCS by completing the psychology postdoctoral fellowship with an emphasis in PTSD specialty treatment. Dr. Corno is currently working as a VAMHCS Staff Psychologist within the Substance Abuse Treatment Programs, split between the ACT Intensive Outpatient Program and the General Outpatient Program. Dr. Corno is also a member of the VAMHCS Family Intervention Team and a primary supervisor for the MI/MET rotation.

VAMHCS Substance Use Disorders Treatment—Joint Intensive and General Outpatient Program (BT SUDTP—IOP/GOP)

Clinical Setting(s)

The primary setting for the joint intensive and general outpatient rotation is the substance use disorders treatment program (SUDTP) offered at the Baltimore VA. The SUDTP is comprised of three programs (see chart below) and offers varying levels of care for Veterans primarily presenting for treatment regarding substance dependence. This program consists of both intensive outpatient (IOP) and general outpatient (GOP) program engagement; per American Society of Addiction Medicine (ASAM) criteria, IOP is categorized as a Level 2.1 outpatient program and GOP is categorized as a Level 1 outpatient program. Veterans enrolled in the IOP participate in 12 weeks (three hours per day, three days per week) of scheduled group psychoeducation and individual/group psychotherapy for co-occurring and mental health difficulties. Veterans enrolled in the GOP participate in 12 weeks (three hours per week) of group psychoeducation and individual/group psychotherapy for co-occurring and mental health difficulties. The SUDTP team is

comprised of a multidisciplinary team of Psychologists, Social Workers, Psychiatrists, Vocational Rehabilitation Counselors, Addiction Therapists, and Peer Support Specialists.



Client Populations

Veterans enrolled in SUDTP present primarily with a substance use disorder diagnosis; however, the majority of Veterans exhibit co-occurring mental and physical health difficulties including (but not limited to) mood-related disorders, trauma-related disorders, chronic pain, serious mental illness (SMI), and interpersonal difficulties. The most commonly encountered substances include alcohol, opiates, and cocaine. Veterans may present with other addictions including marijuana, benzodiazepines, prescription narcotics, and gambling. Veterans enrolled in IOP primarily present with active substance dependence and concurrent functional impairment with goals to manage substance use within a controlled and structured setting. Veterans enrolled in GOP are generally characterized as requiring a lower level of care, exhibited by at least one month of sobriety or moderated substance use, low risk of relapse/recurrence, and reported access to recovery-related resources. Of note, Veterans enrolled in IOP have the option to transition to GOP upon completing IOP in order to receive ongoing SUDs treatment and maintain recovery.

Demographically, the median age of Veterans in SUDTP is 54 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 with a different racial identity).

Clinical Approaches

This rotation promotes a transdiagnostic, culturally-informed clinical training approach that allows for interns to adapt their treatment for Veterans on an individualized basis. 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. Interns will have opportunities to co-facilitate various psychoeducation open and closed groups offered through SUDTP that promote a Whole Health recovery approach (e.g., Acceptance and Commitment Therapy (ACT), Mindfulness Based Relapse Prevention (MBRP), Dual Diagnosis, Anger Management, Healthy Relationships). Interns will also have opportunities to co-facilitate interpersonal process groups and obtain training in Yalom's interpersonal process therapy (IPT) approach. Individual therapy interventions will vary depending on the client's needs, strengths, and goals for treatment; as a result, interns have opportunities to obtain additional training in varying evidence-based clinical interventions. Commonly utilized interventions in SUDTP include acceptance and commitment therapy (ACT), motivational interviewing (MI), mindfulness-based relapse prevention (MBRP), dialectical behavior therapy (DBT), and cognitive behavioral therapy (CBT). Interns will also obtain training in regularly providing measurement-based care to Veterans in order to monitor their progress in treatment. Beyond clinical interventions, interns

are strongly encouraged to explore cultural considerations to treatment and how environment and identity may influence a client's clinical presentation both within and outside of treatment. Veteran engagement in both individual and group therapy through SUDTP provides interns with opportunities to provide care to their clients in varying clinical settings multiple times per week. Throughout this rotation, interns are encouraged to consult with SUDTP's multidisciplinary treatment team for additional training in providing care from a whole health approach.

Expected caseload

Interns are expected to participate in both IOP and GOP approx. 3 days per week and will collaborate with their IOP and GOP supervisors to determine how they wish to allocate their weekly training in both programs. On average, therapy group caseload may vary from 1-4 groups weekly, and individual caseload may vary from 3-6 clients. The primary factor for determining caseload will be consideration of the intern's specific training goals for the rotation and will be determined collaboratively with their supervisors as an ongoing process throughout the rotation. For example, interns who hope to gain more experience co-facilitating groups may prioritize group engagement with a lighter individual caseload. Interns will also be required to complete psychosocial intake assessments upon being assigned new individual therapy clients. Comprehensive assessment opportunities are available as needed.

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. Supervision will prioritize a developmental approach in order to collaboratively tailor clinical training to the intern's needs and training goals. Various supervision techniques will be utilized, including review of written work, review of cases and case conceptualizations, review of audio recordings, and live supervision while co-leading groups with providers. Additional formats of supervision can include weekly IOP and GOP team meetings.

Supervisor's(s') Training & Experience [list supervisor(s) name(s), credential(s), brief bio(s)]

Dr. Candice Wanhatalo received her Ph.D. from George Mason University. Prior to joining VAMHCS, 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. At the VAMHCS, Dr. Wanhatalo is a staff psychologist within the Baltimore VA Substance Use Intensive Outpatient Program, and the Consortium's Diversity, Equity and Inclusion Coordinator. Clinical interests include the impact of racism on mental health and health disparities, mindfulness, and integrating evidence-based treatments.

Dr. Ijeoma Madubata is a current staff psychologist in the Substance Abuse Treatment General Outpatient Program through the Baltimore VA. She completed her doctorate in clinical psychology at the University of Houston and completed her training as a comprehensive track intern through the VAMHCS/University of Maryland consortium in 2022. She has since worked post-internship as a staff psychologist at the Baltimore VA, beginning in the General Mental Health Clinic and transitioning to SATP in August 2023. Dr. Madubata provides individual and group psychotherapy and utilizes a transdiagnostic, culturally-informed approach to treat Veterans with co-occurring disorders in an outpatient setting. Her primary clinical interests include utilizing a multicultural, social justice framework and providing culturally-adaptive, person-centered clinical approaches to a diverse clinical population. She is also dedicated to exploring culturally-specific stressors (e.g., racial discrimination, cultural microaggressions) as they relate to the mental health of individuals.

General Outpatient Health Psychology – Baltimore VAMC

Clinic Setting

Outpatient: Interns will have the opportunity to provide consultative intervention and assessment services to various outpatient medical clinics throughout the hospital, including Infectious Diseases, Endocrinology, and Sleep Medicine. Services are offered both in person and via telehealth. Although the primary service modality is individual therapy, there are opportunities for group development depending on intern interest and motivation for program development.

Patient Population

The patient populations across clinics are diverse in race, gender, age, sexual orientation, and gender identity. However, given the surrounding geographical area of the Baltimore VAMC the majority of patients are African American, male Veterans over 50. The most common psychiatric comorbidities seen among these patient populations are Major Depressive Disorder, Adjustment Disorder, and Substance Use Disorders (in varying stages of recovery).

Clinical Approaches and Unique Assessment Opportunities

Infectious Disease Clinic: Common referrals from Infectious Disease include sexual risk reduction counseling, adjustment to diagnosis, medication adherence, or treatment readiness evaluations (e.g., PrEP for HIV prevention or HCV treatment). There is also the opportunity to work within the HIV Primary Care clinic providing brief interventions for a range of behavioral health concerns. Within the HIV Primary Care clinic, interns will learn to complete brief, focused psychological assessments of patients with HIV/AIDS by conducting clinical interviews supplemented by instruments that can be administered and interpreted quickly (e.g., the PHQ-9, GAD-7, and the Montreal Cognitive Assessment). Interns will 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 psychotherapy, which is typically short-term and problem-focused. There may also be the opportunity for longer term health and behavior focused interventions. Appropriate strategies include: cognitive-behavioral skills training (including relaxation and stress management), motivation enhancement, and supportive therapy.

Endocrinology: We serve multiple clinics within Endocrinology, including the Diabetes and Medical Weight Management. These patients are referred to this specialty medical clinic when their diabetes is not well-controlled, they are diagnosed with an endocrine problem such as hyper- or hypothyroidism, or they are pursuing medical interventions (e.g., medication, surgery) for weight loss. Referrals are often focused around making health behavior changes, addressing barriers to self-management of health conditions, and adherence to treatment. Additional assessment opportunities are available through Medical Weight Management clinic for mental health clearance for bariatric surgery. Appropriate strategies include: SMART Goal Setting, problem-solving, cognitive-behavioral skills training, acceptance and commitment therapy, and motivational enhancement.

Sleep Medicine: As a consultative service to Sleep Medicine we offer time-limited individual therapy for the treatment of sleep disorders, including insomnia, sleep apnea, and nightmare disorder. Interns will have the opportunity to learn and implement the EBP for these conditions, including CBT-I, CPAP desensitization, and IRT.

Transplant Assessments: Interns will utilize a semi-structured interview designated for VA-wide use as part of their psychological assessment of candidates for transplantation. This interview will be supplemented by review of the patient's electronic medical chart, administration of the BDI and BAI (to assess symptoms of affective distress), administration of the Montreal Cognitive Assessment), and administration of the PAI or MBMD (to determine if the patient is engaging in impression management and to assess personality functioning). Based on an integration of these sources of data, the intern will make a judgment about the patient's current psychosocial readiness for transplantation informed by the Stanford Integrated Psychosocial Assessment for Transplant (SIPAT) and, if appropriate, make recommendations for increasing the patient's transplant readiness.

Expected Caseload

An intern's caseload varies based on intern preferences and areas of focus. A typical caseload may include 1-3 brief intervention patients and 1-2 health psychology patients per day. Over the course of the rotation, interns will also be expected to complete at least 2 comprehensive evaluations (i.e., pre-surgical or transplant assessments).

Supervision

Interns on this rotation will receive a minimum of 2 hours of face-to-face individual supervision with one hour of scheduled supervision and the remaining hour(s) of spot supervision.

Supervisors' Training & Experience

Dr. Meagan Layton received her Ph.D. with a dual emphasis in Clinical Psychology and Behavioral Medicine in 2018 from the University of Maryland Baltimore County. Her clinical research was largely focused on health behavior change, particularly substance use, informed by the Transtheoretical Model of Intentional Behavior Change. Her clinical training was as a generalist including with court-mandated perpetrators of intimate partner violence, patients with varying neurological conditions (e.g., MS, chronic pain syndromes, TBI), and patients with substance use disorders. She completed her internship at the VA Maryland Health Care System (VAMHCS)/University of Maryland School of Medicine Consortium in the generalist track with major rotations in the Trauma Recovery Program, PC-MHI, and Mental Health Clinic, along with a minor in Health Psychology. She stayed at the VAMHCS for a Clinical Health Psychology Fellowship with an emphasis in HIV/Liver Diseases. Dr. Layton later accepted a staff position at the VAMHCS first as the PC-MHI psychologist for the Eastern Baltimore CBOC and now as the VAMHCS Behavioral Medicine Program Manager. She also serves as the team lead for the VAMHCS CBT-I team. Dr. Layton's clinical interests include the application of motivational interviewing in a variety of clinical populations and working collaboratively with interdisciplinary teams to promote patient engagement and outcomes.

Dr. Megan Pejsa-Reitz earned her doctorate in Clinical Psychology at Eastern Michigan University. She completed her internship at VAMHCS within the Health Psychology track, with training in PC-MHI, suicide prevention, pre-surgical clearance evaluations (transplant and bariatric), and chronic pain. Dr. Pejsa-Reitz completed a postdoctoral fellowship at the Eating Recovery Center, with a focus on treating eating disorders in higher levels of care. Her dissertation analyzed bariatric surgery outcomes among Veterans, and she completed specialized training in over one-hundred bariatric surgery evaluations at a Center for Excellence in Bariatric Surgery. Her work has also focused on behavioral interventions for weight management and related medical comorbidities, utilizing therapies that are tailored to meet the patient's needs. Her current position is split between

the Women's Health Center in PC-MHI, and Health Psychology – the Endocrinology & Weight Management Clinic.

Dr. Antione Taylor grew up in the DC Metro area and obtained his bachelor's, master's, and doctorate degrees from the University of Maryland Baltimore County (UMBC). He completed his internship in Rehabilitation Psychology at VA Boston and his Neuropsychology fellowship at MedStar National Rehabilitation Hospital in Washington D.C. His research interests pertain to the sociodemographic disparities in systemic and brain health outcomes among minorities, with his work primarily focusing on the African American community. Dr. Taylor provides health psychology and neuropsychology services at the Perry Point and Baltimore VA Medical Centers, and he also is the Consortium Seminar Co-Coordinator.

Hospice & Palliative Care (HPC) – Baltimore VAMC

Clinic Setting

Acute Care Hospital: Interns will have the opportunity to join the inpatient Palliative Care service as part of this major rotation. Interns will interact with Veterans who are admitted to the acute care hospital and facing terminal/life-threatening/life-limiting illnesses. Interns will engage in a high degree of collaboration with the Palliative care team and participate in consultation-liaison work with the inpatient primary and specialty medicine teams. Interns can also participate in daily interdisciplinary team huddles and family meetings. This portion of the rotation is to be completed onsite.

Outpatient Palliative Care Clinic: Interns will also have the opportunity to participate a weekly outpatient palliative care clinic. The intern will join shared, inter-disciplinary medical appointments with other members of the palliative care team. Psychology participation in the clinic is completed via telehealth at this time.

Patient Population

The inpatient/outpatient hospice and palliative care team sees patients are who referred from the inpatient medical teams (e.g., intensive care units, general medical floors), primary care clinic, or specialty medicine teams, and present with life-threatening and/or life-limiting illnesses such as advanced cancer, advanced liver disease, heart failure, end-stage renal disease, or end-stage dementia. As a team, the palliative care consult service assists with the following: pain/symptom management, goals of care, advanced care planning options, emotional support, and end-of-life/hospice care. Psychology may be asked to complete an assessment of mood and coping, assist with non-pharmacological management of chronic pain, facilitate goals of care conversations, support family and patients with end-of-life decision-making, and complete capacity evaluation for complex medical decisions. Patients are usually 65+ years old, predominantly male, and majority African American or Black. The most common psychiatric comorbidities seen on the service include Adjustment Disorder, Major Depressive Disorder, Anxiety Disorders, PTSD, Delirium, and neurocognitive disorder/cognitive decline. Existential distress is also commonly endorsed by palliative care patients.

Clinical Approaches and Unique Assessment Opportunities

On this rotation, the intern will integrate into an interdisciplinary treatment team and serve as a 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 psychotherapy for the duration

of patient's hospitalization, or complete brief cognitive assessment and/or capacity evaluations for complex medical decisions. The intern will develop skills to effectively communicate recommendations to 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 meaning-centered/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 to help answer the referral question and assess for distressing emotional symptoms, the patient's understanding of his/her illness, and assist in facilitating goals of care conversation. If additional follow-up is clinically indicated, the intern may have the opportunity to provide time-limited outpatient support/intervention to address concerns related to the 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 outpatient setting may include CBT, ACT, existential therapies (e.g., Meaning-Centered Psychotherapy, Dignity Therapy), life review, motivational enhancement, and behavioral therapy.

Expected Caseload

An intern's caseload varies by inpatient census and intern preference. A typical caseload may include 1-3 inpatients per day on rotation and weekly attendance at the shared medical outpatient appointment (1-2 patients). The intern may also have the opportunity to carry a small outpatient caseload for time-limited psychotherapy.

Supervision

Interns on this rotation will receive a minimum of 2 hours of face-to-face individual supervision with one hour of scheduled supervision and the remaining hour(s) of precepting between/after inpatient visits. Supervision may also occur in the form of co-visits and participation in interdisciplinary team meetings. Given the risk for compassion fatigue when working with acutely ill and/or dying patients, supervision will pay special focus on self-care, and personal and professional reflection.

Supervisor's Training & Experience

Dr. Shruti N. Shah received her Ph.D. in Clinical Psychology in 2013 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 on the practice of Geropsychology. From there, she served as a staff psychologist in Home-Based Primary Care with the VA Puget Sound for ~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 a 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, coping with terminal or life-threatening illness, and therapeutic goals of care conversation. 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 practitioners, interventional pain physician, pharmacist, chiropractor, 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. Veterans struggling with chronic pain are also more likely to have a history of addictive behaviors, including smoking, alcohol, and prescription opioid misuse, and are also at elevated risk for suicide.

Clinical Approaches

Interns will receive training in a variety of empirically-supported behavioral interventions for the treatment of chronic pain. Individual treatments offered to patients with chronic pain include cognitive-behavioral therapy for chronic pain (CBT-CP), acceptance and commitment therapy for chronic pain (ACT-CP), and biofeedback. Interns are expected to co-lead a CBT-CP group. Interns with interest in ACT approaches may also co-lead an ACT for chronic pain group as a part of the Empower Veterans Program (EVP, see below). Additionally, interns will participate in the monthly Interdisciplinary Pain Team meeting (IDT), during which the most complex patients are discussed for coordination of care among pain specialty providers, mental health, and primary care. Opportunities to learn biofeedback may also be available. Chronic pain impacts quality of life in several domains and is also often comorbid with other medical conditions. Thus, training in the assessment and treatment of co-occurring addictive behaviors, sleep disorders, and health behavior change may also be available.

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, and use of a wide range of assessments, including Patient

Health Questionnaire (PHQ-9), Pain Catastrophizing Scale (PCS), Primary Care PTSD Screen (PC-PTSD-5) or PTSD Checklist (PCL-5) as indicated, Columbia Suicide Severity Rating Scale (C-SSRS), Brief Addiction Monitor (BAM), Acceptance and Action Questionnaire (AAQ-2), and measures of opioid-related risk as applicable. Interns may have the opportunity to conduct brief neurocognitive screens to aid in referrals. Based on their interests/clinic needs, 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 several comprehensive evaluations for patients with chronic pain and will communicate findings to the interdisciplinary team to assist with comprehensive pain care.

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 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.

Supervision

Interns should expect to have at minimum one hour of dedicated weekly individual supervision. Both pain psychologists work closely and flexibly with interns to meet their training needs, including use of direct observation of pain psychology evaluations and when co-leading groups. Psychologists are also available for spot supervision throughout the week.

Supervisor's Training & Experience

Dr. Daniel Knoblach earned his doctorate in clinical psychology/behavioral medicine from the University of Maryland, Baltimore County. He completed doctoral practicum (Cambridge CBOC), internship (comprehensive track), and post-doctoral fellowship (Substance Abuse Treatment Program) within the VA Maryland Health Care System (VAMHCS). Dr. Knoblach is currently working as a clinical psychologist at the VAMHCS Pain Clinic and facilitates groups within the *Empower Veterans Program* (*EVP*). Dr. Knoblach has many past clinical experiences using ACT, CBT, and MI within the treatment of addictive disorders and co-occurring health conditions. His research has explored the mediating role of positive psychology factors in the recovery from addictive behaviors, as well as factors involved with successful organizational implementation of evidence-based practices. Prior to his doctoral education, Dr. Knoblach worked for ten years in several leadership positions, including directing a community SUD / Dual Diagnosis treatment team, managing NIDA/NIAAA community clinical trials, and instructing undergraduate psychology courses. Dr. Knoblach is a certified trainer of the *Addiction Severity Index* and has led provider trainings across the country in its use and clinical implementation.

6A Inpatient and Triage Rotation

Clinic Setting and Client Population

The Mental Health Inpatient Unit is a 5 bed* unit that serves Veterans with acute psychiatric conditions with the goal of stabilization and return to a lower level of care. Lengths of stay are typically brief, (FY20 mean length of stay 6.2 days with a mode of 2 days). In FY19 a total of 657 patients were admitted. An interdisciplinary team comprised of psychiatry, nursing, social work, psychology, physician assistant, and chaplain service deliver recovery-oriented care. In addition, the medicine service provides embedded medical care to address Veterans' co-occurring medical

conditions. Inpatient work is fast-paced, challenging (because we are working with patients when they are not at their best), and rewarding (because we can often witness significant improvements).

The Triage Clinic serves to rapidly assess and triage Veterans seeking to access mental health care. The triage clinic offers walk-in and prescheduled appointments. Triage assessments are designed to efficiently assess risk, clinical status and gather necessary information to link Veterans to appropriate services. The triage clinic has the capacity to see up to 8 Veterans per day.

Clinical Approaches

Psychological services provided to Veterans on the inpatient unit are primarily individual and typically brief (1-2 sessions). Types of therapeutic approaches include, but are not limited to, motivational interviewing, problem-solving, specific coping skills training (e.g., relaxation training), cognitive restructuring, introductory EBP sessions (e.g., educating individuals about available EBPs for specific disorders) as well as supportive, nondirective sessions. Psychologists also complete comprehensive suicide risk assessments and work with Veterans to develop suicide prevention safety plans. There are also opportunities to lead and co-lead (with nursing staff) groups focused on self-management strategies and general psychoeducation and depending on the milieu process-oriented groups. With regard to assessment, psychologists use standard psychological assessment measures for diagnostic clarification and to inform treatment planning. Such measures include the MMPI-2-RF, MCMI-IV, and PAI as well as cognitive measures such as the RBANS or WAIS. Interview based symptom measures such as the Brief Psychiatric Rating scale are also routinely administered as are a host of self-report symptoms checklists.

Expected Caseload

Interns will see 2-3 Veterans per week on the inpatient unit or individual sessions or assessment and as feasible will conduct 3-4 groups per week. Intern will complete approximately one triage assessment per week.

Additional Rotation Components

Simultaneous to ongoing physical renovations, there are efforts to develop the recovery infrastructure of the unit by expanding individual and group therapy, psychoeducation, and skills training. As such, for the interested intern there are also program evaluation and program development opportunities on the inpatient unit. These include, for example, measuring veteran satisfaction with services, needs assessment, evaluating outcomes, assessing program efficiency and related performance improvement activities. These are small scale and time limited clinically focused projects but are an opportunity to gets ones' hands dirty with real world data.

There also may be the potential to complete evaluations in the Emergency Department and to observe hearings with the Maryland Office of Administrative Hearings for patients that are involuntary admitted.

Supervision

I approach supervision from a developmental and junior colleague perspective -- interns are just months away from being potential colleagues and licensed independent practitioners. As such, I view my job as a supervisor as one to assist interns in developing the metacognitive awareness to assess their own practice, to accurately determine when they are confident in their clinical judgment and when they need to seek consultation. This is accomplished by collaboratively assessing strengths, weaknesses and training goals for the rotation. At the outset of the rotation there will be more direct observation and shared decision making about cases, and as the rotation progresses the

goal will be to shift supervision to more consultative allowing the intern more independent responsibility for the case. Interns will receive 2 hours of face-to-face supervision per week. In addition, given the acuity of patients on the unit there will be additional on the spot supervision (e.g., pre and post check ins about sessions etc.). The intern will also attend the interdisciplinary team meeting which is a valuable opportunity to bolster their knowledge base about psychopharmacology, the impact of cooccurring medical conditions, and mental health law as it applies to legal decision making and decisions to seek involuntary commitment.

Supervisor's Training & Experience

Jason Peer, Ph.D., is the VAMHCS Program Manager for Mental Health Hospital Based Services and is a VAMHCS Supervisory Psychologist. He completed his graduate training at the University of Nebraska-Lincoln where his training and research focused on psychosocial interventions for schizophrenia and related SMI. Dr. Peer completed a year-long internship with a SMI focus at the University of Maryland Baltimore/VAMHCS Psychology Internship Consortium and a post-doctoral fellowship in Mental Health Research and Treatment at the VISN 5 Mental Illness Research Education and Clinical Center. He has received extensive training in social skills training, motivational interviewing, CBT and skills based and psychoeducation focused interventions for SMI and substance abuse. He has been active in research and has published several peer reviewed papers related to cognitive impairment, psychosocial treatment response, vocational functioning, and substance use in SMI. He continues to collaborate with MIRECC investigators on research projects.

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 Baltimore primary care and 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 over 14,000 Veterans. On-site face-to-face care is offered, in addition to virtual care (VVC).

Client Population

The PCMHI team serves a diverse population with varying racial, ethnic, cultural, educational, and religious backgrounds. Approximately 85% of the clinic are male identified, with a higher proportion of the Vets 65+. Veterans who are appropriate for treatment in PC-MHI include those with mild-moderate 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 triage/disposition to specialty care. Interns will have availability to see both prescheduled patients and walk-in patients (warm hand offs) from primary care providers/PACT team.

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, assess, determine level of care disposition, and provide initial brief intervention as appropriate. Interns will learn to tailor assessments to the Veteran and their 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, CBT-insomnia, motivational interviewing, relaxation training, problem-solving, and ACT, IPT mindfulness. Interns may have the opportunity to co-facilitate a group if that aligns with their goals.

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.

Additional Rotation Components

- Depending on the intern's interest:
    - Certification in the national VA PC-MHI rollout developed by the Center for Integrated Healthcare (CIH)
    - Participation and leading "Mindful Moments" for staff through the Employee Wellness Program– 10-minute guided meditations offered daily by various primary care staff (psychologists, SW, pharmacists)
    - Perinatal Mental Health – Comprehensive Women's Health Clinic (CWH)
        - Biweekly participation on the Maternity Care Coordination Team
        - Individual and/or group therapy opportunities for Perinatal MH population
    - Presurgical evaluations (transplant, bariatric, gender affirming surgery, hormone replacement therapy evaluation)

Supervision

Supervision will be a minimum of two hours per week, with additional "on the spot" supervision and consultation as needed.

Supervisors' Training & Experience

Dr. Rachel Austin earned her doctorate in Clinical Psychology at Nova Southeastern University with a specialized focus in health psychology. 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-Insomnia (CBT-i) and IPT for Reproductive Mental Health (IPT-RMH). 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, perinatal mental health, behavioral medicine, disordered eating, health promotion and disease management.

Dr. Nikki (Nicole) Ryan earned her doctorate in Clinical Psychology at Philadelphia College of Osteopathic Medicine. Dr. Ryan completed her pre-doctoral internship here at the VAMHCS within the Health Psychology track, with training in consultation and liaison, pre-surgical clearance evaluations (transplant, bariatric), neurology and chronic pain, hospice and palliative care, and MST group treatment. Dr. Ryan then completed a postdoctoral fellowship at the VAMHCS in PC-MHI. Prior to obtaining her doctorate degree, Dr. Ryan worked as an addiction's counselor on an inpatient psychiatric unit with Penn Medicine. Dr. Ryan has experience working in several primary care centers providing individual and group therapy in co-located, collaborative behavioral healthcare in integrated health settings. Her approach to treatment is grounded a biopsychosocial framework, with attention to trauma-informed care and diversity-related issues. Dr. Ryan works collaboratively with Veterans to identify their specific treatment needs and goals and utilizes Cognitive Behavioral Therapy, Motivational Interviewing, Acceptance and Commitment Therapy, and mindfulness-based approaches. Dr. Ryan is also passionate about better understanding social determinates of health, empowering Veterans to engage in health-related behavior change and preventive healthcare and building provider wellness initiatives.

Dr. Megan Pejsa-Reitz earned her doctorate in Clinical Psychology at Eastern Michigan University. She completed her internship at VAMHCS within the Health Psychology track, with training in PC-MHI, suicide prevention, pre-surgical clearance evaluations (transplant and bariatric), and chronic pain. Dr. Pejsa-Reitz completed a postdoctoral fellowship at the Eating Recovery Center, with a focus on treating eating disorders in higher levels of care. Her dissertation analyzed bariatric surgery outcomes among Veterans, and she completed specialized training in over one-hundred bariatric surgery evaluations at a Center for Excellence in Bariatric Surgery. Her work has also focused on behavioral interventions for weight management and related medical comorbidities, utilizing therapies that are tailored to meet the patient's needs. Her current position is split between the Women's Health Center in PC-MHI, and Health Psychology – the Endocrinology & Weight Management Clinic.

Baltimore VA Annex

Neuropsychology

Patient Population

Veterans with medical, neurological, and mental health 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 reflect a range of sociodemographic backgrounds. 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 identify as men, but the relative proportion of Veterans who identify as women or as non-binary 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 Team – Cognitive Assessment Clinic (IDT-CAC). 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 and post-pandemic phases, neuropsychological assessment has occurred face-to-face as well as via telephonic and video-based platforms. At this time, most evaluations occur face-to-face. 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 interdisciplinary cognitive assessment clinic patients per week. Interns will also have a minimum of 1-2 weekly 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 Rounds
2. Neuropsychology Fellowship Distance Learning with VA/DoD Sites
3. Neurology grand rounds
4. Diversity, Equity and Inclusion 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. earned a doctorate in clinical psychology with a concentration in geropsychology 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. Dr. Carmasin serves as Neuropsychology Externship Coordinator.

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. Dr. Dalrymple serves as the Neuropsychology Intervention Team Lead.

Moira Dux, Ph.D. is the VAMHCS Psychology Training Program Director. 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).

Kristi Dwyer, Ph.D. is a VAMHCS staff neuropsychologist. She earned a Ph.D. in Clinical Psychology from the University of Maryland, College Park and completed her internship at VA San Diego Healthcare System. After finishing her fellowship in clinical neuropsychology & serious mental illness (SMI) research at UC San Diego, she worked for three years at VA San Diego as a staff psychologist/neuropsychologist, clinic coordinator, and clinical supervisor, prior to joining the VAMHCS team in July of 2023. Dr. Dwyer has been broadly trained in clinical neuropsychology as well as assessment and intervention within SMI (e.g., schizophrenia) and trauma populations.

Terry Lee-Wilk, Ph.D. is the Program Manager of Neuropsychology at the VAMHCS. 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 additional 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 for Veterans with multiple sclerosis served by the VAMHCS. She serves as co-chair of the Consortium of Multiple Sclerosis Centers Mental Health Professionals Special Interest Group. 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.

Daniel Leibel, Ph.D. obtained his doctorate degree in Human Services Psychology with dual-concentrations in Clinical Psychology/Behavioral Medicine at the University of Maryland Baltimore County (UMBC). Dr. Leibel completed his Neuropsychology internship at VA Maryland and his Neuropsychology fellowship at Johns Hopkins Medicine, Dept. of Psychiatry & Behavioral Sciences. As a general neuropsychologist, his clinical and research interests are broad and include dementia, epilepsy, movement disorders, multiple sclerosis, stroke and vascular disease, functional neurological symptom disorders, and serious mental illness.

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 for the Baltimore VA Epilepsy Center of Excellence and also works with the VA Mind Brain Program and the Tele-Seizure Clinic at the VA's National Tele-Mental Health Center. 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.

Amy Olzmann, Psy.D. earned a doctorate in clinical psychology with a concentration in geropsychology from Xavier University in 2017. She completed a neuropsychology-track predoctoral internship at the Coatesville VAMC and a two-year postdoctoral fellowship in neuropsychology at the VA Maryland Health Care System. From 2019 to 2021, she worked as a clinical neuropsychologist at the University of Maryland Rehabilitation and Orthopaedic Institute, before returning to VAMHCS as a staff neuropsychologist. Dr. Olzmann is part of the VAMHCS polytrauma team. Her previous research examined factors that impact the experience of burden in dementia caregivers. Another area of interest for potential future research is gaining a better understanding of factors that influence perceived and objective cognitive outcomes post-TBI.

Megan M. Smith, Ph.D., ABPP-CN obtained her doctorate in clinical psychology from The Pennsylvania State University. She completed her predoctoral clinical internship and postdoctoral training in clinical neuropsychology at the Warren Alpert Medical School of 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. Dr. Smith is a member of the VAMHCS ethics consult service and serves as Neuropsychology Assessment Team Lead and Neuropsychology Inpatient Coordinator.

Family Intervention Team

Clinic Setting

The FIT mission is to provide high quality evidenced based family therapy services to Veterans and their adult family members and loved ones. FIT clinicians are particularly skilled in providing a variety of modalities of couples therapy. Additionally, FIT provides consultation to other clinical providers on couples and family issues.

FIT acts as an adjunctive program to the Veteran's primary mental health treatment team. FIT services are mainly virtual telehealth services but FIT also has the availability to provide in person services at the Perry Point and Baltimore VA Medical Centers. The office in Baltimore is located at the VA Annex.

Client Population

Veterans of all ages and their significant others. 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.

Clinical Approaches

The major 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. At the beginning of the rotation, 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. There will be weekly group supervision and scheduled individual supervision. Supervision modalities include discussion of the case and review of videotaped sessions. The major rotation requires an intern to commit to 24 hours a week.

Expected Caseload

Up to 10 couples.

Supervision

Minimum of 2.5 hours per week (1.5 in group supervision and 1 hour in individual supervision with more as needed.

Supervisor's Training & Experience

Neil Weissman, Psy.D. is the Family Intervention Team (FIT) coordinator. He has been an attending psychologist for the VA since 1992 and has supervised interns for nearly 30 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.

Psychosocial Rehabilitation and Recovery Center

Clinic Setting

The Psychosocial Rehabilitation and Recovery Center (PRRC) is an intensive outpatient program designed to support recovery and integration into meaningful self-determined community roles for Veterans experiencing serious mental illness. Two centers exist, one at the Baltimore VA Annex and the other at the Perry Point VA Medical Center. Referrals to the PRRC are for Veterans who need additional support, education, therapy, and care coordination to thrive in the community. Veterans remain in the PRRC for a time limited duration per their individual needs and recovery goals and participate in intensive programming multiple days per week. Aftercare/transition plans include participation in identified groups or activities consistent with their recovery plans.

Client Population

The PRRC treats Veterans who present with a broad spectrum of psychiatric illnesses. Our population includes Veterans with schizophrenia-spectrum disorders, 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 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, a CT-R based group, and an MI based group. Interns also have the opportunity to develop and lead their own group based on their interests and Veterans' needs. Opportunities for developing family consultation skills are also available.

In addition, frequent questions arise as to the accuracy of diagnosis for specific patients. A number of issues complicate the diagnostic picture, including extensive trauma history, co-morbid substance abuse, overlap with other major mental illness (*e.g.*, mood disorders with psychotic features), and dementia. Thus, interns 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 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. Lorenzo and additional supervision depending on clinical activities.

Supervisors' Training & Experience

Baltimore PPRC:

Jennifer Lorenzo, Ph.D. earned her degree in clinical psychology at the University of Maryland, Baltimore County. During her graduate education, she engaged in multiple training opportunities through the VAMHCS, including an externship at SARRTP and her predoctoral internship in the comprehensive track (PRRC, MHC, and Hospice/Palliative; Emotionally Focused Therapy [EFT] for couples minor). As a psychologist at the PRRC, Dr. Lorenzo takes a recovery-oriented approach to help Veterans with serious mental illness re-engage in their communities and live a meaningful life. She is trained in several evidence-based treatments including, Motivational Interviewing (MI), Social Skills Training (SST), and Cognitive Processing Therapy (CPT). She also plans to continue training in Recovery-Oriented Cognitive Therapy (CT-R).

Perry Point PPRC:

Jennifer Boye, Ph.D., ABPP, 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 PP PPRC, her focus is on utilizing recovery-oriented, evidence-based interventions that support individuals with serious mental illness toward meaningful, independent lives in their community. Dr. Boye also serves as VAMHC's Evidence Based Psychotherapy coordinator.

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

Clinic Setting

The TRP outpatient services in Baltimore consist of a specialized PTSD Clincal Team (PCT). The team consists of psychologists, social workers, psychaitrist and a 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 (or have been) consultants and/or trainers for our VA National Roll Out Trainings in CPT and PE. Interns are typically invited to attend the CPT Roll Out Training for VISN 5 to earn certification in CPT. Interns also have the opportunity to learn Prolonged Exposure, Written Exposure Therapy for PTSD, and the COPE protocol (Concurrent Treatment of PTSD and Substance Use Disorders Using PE).

Expected Caseload

The patient load will include two to four individual psychotherapy patients, in addition to weekly intake appointments or assessments, comprehensive assessments, and potentially 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 biweekly didactics, interdisciplinary treatment team meetings, and evidence-based practice (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. Biweekly 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. There is also a weekly EBP and assessment consultation group offered to staff and 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 primary clinical psychologist in order to review cases, provide further assessment and intervention training, and establish concrete treatment plans for group and individual patients. Additional supervision can be provided by other TRP staff psychologists, dependent on interns' group facilitation, minor rotations, and general goals/interests with specific populations. Supervisors in the TRP 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 Track Coordinator for the VAMHCS Psychology Postdoctoral Fellowship, PTSD Emphasis, a Staff Psychologist in the PTSD Outpatient Team, and an Assistant Professor in the Department of Psychiatry University of Maryland School of Medicine. 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, and is certified in Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy, Eye Movement Desensitization and Reprocessing, and Cognitive Behavioral Treatment for Insomnia. She has trained with Drs. Foa and Hembree to become a certified Prolonged Exposure consultant for the VA National Rollout Trainings. Her research interests include treatment outcome research for empirically supported treatments for PTSD and dissemination of novel treatments for PTSD. 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.

Tiffany Bruder-Motyka, Ph.D. is a Staff Psychologist in the Baltimore PCT and in the VAMHCS DBT Clinical Service. She is also the Clinic Coordinator for the Baltimore PCT. 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-Motyka's research interests include program evaluation and development, improving patient engagement in empirically supported treatments for PTSD, and delivery of the empirically supported treatment for PTSD within full model Dialectical Behavior Therapy.

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). Dr. Calmes is also a member of the full-model DBT Clinical Service.

Jessica Fraser, Psy.D. is the Seminar Co-Coordinator for the VAMHCS/UM SOM Psychology Internship Consortium and the Trauma Track Internship Lead. She also the Chair of the VAMHCS MH Diversity Committee. Dr. Fraser is a proud Baltimorean, who attended Johns Hopkins University for undergraduate and Loyola University Maryland for her graduate studies in Clinical Psychology. She completed her internship at the Federal Medical Center of Carswell in Ft. Worth, Texas and began her early career as the Addictions and Trauma Recovery Services Clinical Coordinator at Springfield Hospital Center in Sykesville, Maryland. Her areas of expertise include Racial Identity development, Racial trauma, Racial Identity development as a protective factor, Comprehensive Trauma, Substance Use, Reentry, Supervision, and Bias.

Jessica Grossmann, Ph.D. is a Staff Psychologist and Program Manager for the Trauma Recovery Program and Dialectical Behavior Therapy 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 a certified provider of Cognitive Processing Therapy, Prolonged Exposure Therapy, and Written Exposure Therapy, and has completed EMDR basic training. She also received training in full-model Dialectical Behavior Therapy through the VA and completed foundational training with Behavioral Tech, and applies DBT and other behavioral treatments for Veterans engaging in suicidal or other high-risk behaviors (such as substance use and non-suicidal self-injury). 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, quality improvement, and program evaluation projects.

Jaclyn Hutchinson, Ph.D. is a Staff Psychologist in the Trauma Recovery Program. When providing treatment on site, she works at the Ft. Meade VA Community Based Outpatient Clinic (CBOC). She also assists in outreach to Veterans with Military Sexual Trauma (MST) in her role as MST Champion to CBOCs within the VAMHCS. In 2014, she received her doctoral degree in Clinical-Community Psychology from Bowling Green State University. She completed her pre-doctoral internship in the SMI Track at the VA Maryland Health Care System and completed postdoctoral fellowship at the Durham VA Medical Center where she obtained further training in interventions for trauma and serious mental illness. She is a certified provider of Cognitive Processing Therapy and Prolonged Exposure. Her clinical interests focus on the use of EBPs with individuals with PTSD and co-occurring mental illness, and in providing treatment and outreach to Veterans with Military Sexual Trauma (MST). Her published research has focused on the factors that impact recovery in adults with serious mental illness and on family-based services and needs.

Brian Kok, Ph.D. is a staff psychologist at the Baltimore Trauma Recovery Program and the acting team-lead of Returning Veterans Program (R-VETS). He completed his internship at the

Washington DC VAMC and his post-doctoral fellowship at the VAMHCS in the TRP. Dr. Kok is trained in the use of trauma-focused treatments, including Prolonged Exposure/COPE, Cognitive Processing Therapy, EMDR, and Written Exposure Therapy. He also has additional training in Acceptance and Commitment Therapy, CBT-SUD, and neurocognitive rehabilitation. Dr. Kok has a number of research interests including risk factors for the development and maintenance of PTSD, the relationship between PTSD and mTBI, and examining the active duty to veteran transition period. Dr. Kok strives to deliver patient-centered care that emphasizes flexible, yet treatment-adherent, use of EBPs to encourage engagement and improve outcomes.

Daniel Koster, Psy.D. is the Veterans Integration to Academic Leadership (VITAL) coordinator for the VAMHCS and the Mental Health Clinical Center (MHCC) Measurement Based Care Champion. He completed his doctorate (Psy.D.) in clinical psychology at Loyola University Maryland in Baltimore. During graduate school, he conducted research and program-development focused on increasing access to mental health care for refugees and asylees. He completed a generalist predoctoral internship at the VA New Jersey Health Care System, where he trained in several settings, including a residential program for Veterans with PTSD. Dr. Koster completed his postdoctoral fellowship at the VAMHCS Trauma Recovery Program, a fellowship with an emphasis on providing evidence-based treatments for returning Veterans. On fellowship, Dr. Koster partially focused on intervention for co-occurring PTSD and substance use disorders. Dr. Koster is a certified provider in Cognitive Processing Therapy (CPT) for PTSD. He has additional training and experience in providing Prolonged Exposure (PE), Interpersonal Psychotherapy for Depression (IPT-D), Acceptance and Commitment Therapy (ACT) and Motivational Interviewing (MI). Dr. Koster is passionate about increasing access to mental health care, and in his current position, he applies this passion to aid the success of Veterans enrolled in higher education.

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.

Perry Point VA Medical Center

Gero-Neuropsychology – Community Living Center and Inpatient Neuropsychological Assessment

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. There may also be opportunities to conduct neuropsychological assessments for veterans on the inpatient/residential mental health units. Interns may choose either a major or minor rotation in CLC gero-neuropsychology as is consistent with their level of career interest.

Patient Population

CLC 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. Other inpatient assessment cases will draw from the Perry Point inpatient Substance Use Disorder Treatment Program and the Psychosocial Residential Rehabilitation Treatment program. Residents from these mental health units may be ages twenty and older who present with alcohol and other substance abuse diagnoses as well as serious mental illness such as schizophrenia, schizoaffective disorder, and bipolar disorder.

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 evidenced-based CBT, Life Review, and Problem-Solving Therapy (PST) intervention 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. As the schedule allows, the intern will be provided training and gain experience in implementing the STAR-VA approach to managing challenging behaviors.

Expected Therapy and Cognitive Rehabilitation 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. Interns will also have the opportunity to co-facilitate the weekly cognitive rehabilitation Brain Boosters group via tele-health. In addition,

there will be the opportunity to co-facilitate a weekly virtual outpatient psychoeducational cognitive-behavioral therapy group for depression.

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 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 to ten residents with an emphasis on evaluating their decision-making capacity and developing recommendations to assist with discharge planning. There may also be opportunities to conduct neuropsychological assessments with Veterans on three inpatient residential mental health units. 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. In addition, there may be an opportunity to conduct outpatient tele-neuropsychological assessments.

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 and participation in varied training experiences such as the cognitive rehabilitation group and mental health inpatient neuropsychological assessment and/or outpatient tele-neuropsychological assessment.

Supervisors' 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 as well as Problem-Solving Therapy (PST) for older adults. Dr. French has specialized Neuropsychology privileges and has conducted outpatient neuropsychological assessments in a private practice setting since 1998.

Dr. Daniel Leibel earned his doctorate in Human Services Psychology with dual concentrations in Clinical Psychology and Behavioral Medicine from the University of Maryland Baltimore County (UMBC) in 2020. He completed his Neuropsychology internship through the VAMHCS, which included a major rotation in gero-neuropsychology with Dr. French. Dr. Leibel subsequently completed a two-year postdoctoral residence in clinical neuropsychology at the Johns Hopkins University School of Medicine, Dept. of Psychiatry & Behavioral Sciences in 2022. After completing fellowship, Dr. Leibel was thrilled to return to the Perry Point VA as a staff

neuropsychologist. Since beginning his position, Dr. Leibel has conducted outpatient neuropsychological assessment and intervention services, as well as inpatient neuropsychological services on three resident mental health treatment units. He also currently conducts tele-neuropsychological assessments to improve access to services for Veterans throughout VISN5. As a general neuropsychologist, his clinical interests are broad and include dementia, epilepsy, movement disorders, multiple sclerosis, stroke and vascular disease, functional neurological symptoms disorders and serious mental illness.

Mental Health Clinic

Clinic Setting

The mental health clinics at the Baltimore VA Medical Center and Perry Point VA Medical Center serve more than 5,000 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, 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), and Existential-Humanistic Therapy. 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 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 developmental and collaborative. Supervision topics are not limited to clinical care but also can include professional development and exploring a psychologist's role in a large medical system with the goal of supervision to ensure that the intern is getting the training experience they desire.

Supervisors' Training and Experience

Perry Point Mental Health Clinic Supervisor:

Dr. Greer completed his Ph.D. at Fielding University and his pre-doctoral internship at the Devereux Foundation in Pennsylvania. He is the VAMHCS Assistant Chief Psychologist, the Internship Consortium Associate Director of Training (VA) and a staff psychologist in the Perry Point Outpatient Mental Health Clinic. Dr. Greer 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. Examples of groups conducted in the past include: Motivational Enhancement Therapy for Substance Use disorders, ACT for Behavioral Addictions, Mindfulness Based Stress Management and Conflict Resolution through dynamic mindfulness practice (Aikido).

Baltimore Mental Health Clinic Supervisor:

Dr. Bo Mullins completed his doctorate at Purdue University and has worked in inpatient and outpatient clinic in the VA. Before coming to the VA in 2018, Bo previously worked as a Psychologist at the University at Buffalo, University of Maryland, Baltimore, and University of Maryland, Baltimore County. He has experience working with substance use, trauma, anxiety, and depression. He also has interest in multicultural related issues.

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

Clinic Setting

The primary care clinic in Perry Point is a small, rural clinic, with approximately 8 primary care providers serving 6,000 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 50, majority (85%) are male, approximately 50% White, 40% Black/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 (for insomnia, depression, anxiety, chronic pain). Interns have the opportunity to provide individual as well as group treatments (such as CBT for chronic pain in a group setting).

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 5-6 short-term therapy cases throughout the rotation. Interns will also be expected to complete approximately two mental health evaluations for pre-transplant workup and/or bariatric surgery clearance.

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 PCMHI 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.

Interns also have the opportunity to attend the National PC-MHI Competency Training which includes readings and a 20hr in-person/virtual didactic.

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 coordiator 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.

Posttraumatic Stress Disorder Clinical Team (PCT) & Perry Point Post Traumatic Stress Disorder Model of Accelerated Service Delivery (PP PTSD MASD)

Clinic Setting

The Trauma Recovery Program (TRP) at the VAMHCS, Perry Point Division, consists of a specialized outpatient PTSD Clinical Team (PCT) and PTSD MASD Team (Model of Accelerated Service Delivery). This accelerated treatment program provides evidence based-treatment for PTSD in a massed format of three or more individual trauma focused therapy sessions per week. This rotation will be based primarily in the outpatient PCT, with some treatment activities in the PTSD MASD. Interns on this rotation will provide assessments and individual psychotherapy to Veterans referred to the PCT and PP PTSD MASD.

The PCT consists of one psychologist and one social worker and Veterans typically receive a course of weekly therapy. The PP PTSD MASD is a 3-5 week program that involves utilizing massed evidence-based treatment protocols. As such, Veterans typically meet with their individual therapist 3-5 times per week. Programming utilizes individual evidence-based treatment (Prolonged Exposure, Cognitive Processing Therapy, COPE, Written Exposure Therapy) and enables Veterans to complete treatment and experience recovery in a significantly shortened period of time. Group psychotherapy may also be a component of MASD treatment. The PP PTSD MASD consists of psychologists and social workers.

After an initial shift to 100% virtual care due to the COVID-19 pandemic restrictions, the MASD program has now transitioned to a hybrid model of clinical services where veterans have the option to complete care in-person, via VVC, or a combination of both. Through program evaluation, it was determined the program continued to see substantial decreases in PCL-5 outcomes, whereby 53% of treatment completers are reporting symptoms below threshold. Interns will deliver all EBPs via VVC and will receive supervision through VVC or Webex platforms, with the option of in-person service delivery and supervision on a limited basis. Supervisors have the option to observe live sessions through VVC and/or may use Audacity for audiotaping procedures.

Veteran Population

The Perry Point PCT and PP PTSD MASD 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 and PP PTSD MASD 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.

Clinical Approaches

The rotation will consist of core training experiences involving outpatient individual evidence-based treatments for PTSD. 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, Written Exposure Therapy, and Motivational Interviewing. 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 (MCMl; 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 3-5 weekly individual clients and/or 1-2 MASD clients, in addition to 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. Supervisors in the TRP 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.

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.

Interns will be encouraged to participate in a number of additional training opportunities during the rotation, including biweekly didactics, interdisciplinary treatment team meetings, and an EBP consultation group. Biweekly 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 There is also a weekly evidence-based practice (EBP) and assessment consultation group offered to staff and 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

Natalie C. White, Psy.D. is a Staff Psychologist on the PTSD Clinical Team at the Perry Point VA Medical Center. She also serves as the Psychological Assessment Coordinator for VAMHCS and the Assessment Co-Coordinator for the VAMHCS/UM-SOM Psychology Internship Consortium. She completed her predoctoral internship at the Richmond VA Medical Center and postdoctoral fellowship in the North Florida/South Georgia Veterans Health System. She has focused much of her training and research in the areas of PTSD and substance use disorders, with specific focuses on combat-related trauma, complex trauma, and co-morbid PTSD and substance abuse. Prior to

starting with VAMHCS in 2018, she worked as the PTSD/SUD psychologist at the Gainesville VA Medical Center. She utilizes and is trained in various treatments to address veteran needs across different settings, including Prolonged Exposure Therapy, Cognitive Processing Therapy, Motivational Interviewing, and Cognitive Behavioral Therapy for Insomnia.

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 regional trainer and consultant for Cognitive Processing Therapy (CPT) for PTSD and is also certified in Prolonged Exposure and Cognitive Behavior Therapy for Insomnia. Dr. Mahoney also enjoys teaching and serves as Adjunct Assistant Professor of Psychology at the University of Maryland, Global Campus (formally UMUC).

Moshe L. Miller, Psy.D. is a staff psychologist in the MASD Program/PTSD Clinical Team for PTSD at the Perry Point campus. In this role he provides assessments and individual therapy for PTSD as well as supervises psychology pre-doctoral interns and postdoctoral fellows as well as psychiatry residents in the provision of PTSD treatment. Dr. Miller received his doctoral degree from Loyola University of Maryland. He completed his pre-doctoral internship at the Washington DC VA Medical Center where he received specialized training in PTSD treatment. Dr. Miller worked as a Staff Psychologist at the Washington DC VAMC in the Trauma Services Program before transferring to VAMHCS. While in this position, he ran Mindfulness, ACT, STAIR, and CPT group therapies as well supervised externs, pre-doctoral interns, and post-doctoral fellows. Dr. Miller is currently the Military Sexual Trauma Champion at Perry Point and is a certified provider of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), Interpersonal Process Therapy (IPT) and Written Exposure Therapy (WET).

Additional Adjunctive Supervision may be provided by Psychology Postdoctoral Fellows in the PTSD MASD Program with vertical supervision provided by staff psychologists.

Loch Raven

Hospice/Palliative Care/CLC 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 have the opportunity to work with patients on any of the above-mentioned units plus 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 community 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 be involved in caregiver support 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. 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 Child-Focused Internship Positions

UM School of Medicine Child 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 University of Maryland Medical Center Child and Adolescent inpatient psychiatry 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 in the two programs for children and adolescents. The inpatient psychiatry unit is a brand-new, 16-bed coed unit for children ages 5-18 years of age. This unit is the first in Maryland that is both architecturally and clinically designed for trauma-informed care. The pediatric consult-liaison program serves children birth – 18 admitted to the hospital for medical concerns. Consultation is provided to multiple units including: Shock Trauma, OB-GYN services, and pediatric medical units, such as oncology, neurology, cardiology, and the PICU.

Both programs involve extensive interdisciplinary training experiences and the opportunity to work with and be an active member of an experienced hospital team. 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 consists of children and adolescents between the ages of 5 and 17, 51% of whom identify as Black/African American, 60% of whom identify as female. Approximately 25% of patients report themselves to be members of the LGBTQ+ community. Admissions are approximately 230 per year but anticipated to increase. Diagnoses treated include: attention deficit hyperactivity disorders, bipolar disorder, major depressive disorder, post-traumatic stress disorder, anxiety disorders, and psychotic disorders. Psychiatric comorbidity is high, and a significant portion of our clinical population also experience learning difficulties.

Consult-Liaison Population

Most cases referred for consultation are prompted by medical concerns with comorbid psychiatric concerns (e.g., depression or anxiety, disruptive behavior) presenting as a barrier to medical treatment, coping with new medical diagnosis/injury, nonadherence to medical regimen, or somatic symptoms without clear medical/physiological etiology.

The population is balanced in terms of gender identification of male-female, Black/African American-White, and is largely working class to middle socioeconomic class, with a few patients of higher socioeconomic status. Disease presentation varies. Children up to the age of 18 are seen through this service.

Clinical Approaches

Child Inpatient Program

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

The clinical emphasis of the unit 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, nursing, social work, and psychiatry. The intern's role consists of providing consultation to the treatment team, leading therapeutic groups, and providing brief individual therapy. The intern will have opportunities to enhance skills in the delivery of a variety of empirically-supported treatments including trauma-informed care using the Attachment, Self-Regulation, and Competency (ARC) framework, cognitive-behavioral therapy, dialectical-behavior therapy, motivational interviewing, and parent management training. 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.

Youth may be referred to the University of Maryland Medical System Child and Adolescent Psychiatry Outpatient Clinic for longer term follow-up after discharge, affording interns opportunities to engage in outpatient therapy, specifically trauma-focused cognitive behavioral therapy (TF-CBT).

Pediatric Consult-Liaison Program

The consult-liaison program provides psychological care to patients admitted to the hospital for medical reasons. 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 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 consulting 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. Antonia Girard will be the supervisor for Pediatric Consult-Liaison Rotation and will provide at least an hour of supervision each week. Additional supervision will be provided by Dr. Antonia Girard 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 group supervision 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 parent training and will function as the primary therapist for these cases. The intern is responsible for the direct care of these patients, including brief individual therapy and parent training. The intern will also coordinate care with outpatient providers and give 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 intern will also gain experience in group therapy multiple times per week, which will allow them direct contact with all patients admitted to the unit, not just those for whom they are the primary therapist.

The child intern will have approximately 15-20 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.

If the intern elects to engage in outpatient therapy, the caseload will consist of 2 to 3 hours of outpatient service per week. Cases are typically referred directly from the Child and Adolescent Inpatient Psychiatry Unit.

Additional Components

Assessment

The UM child inpatient and consult-liaison intern will conduct monthly comprehensive assessments within the Maryland Psychological Assessment and Consultation Center and will also provide brief psychological assessment support to the inpatient unit as needed.

Child Psychology: Maryland Psychological Assessment Clinic Rotation

The intern will participate in the Maryland Psychological Assessment and Consultation Center (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), 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 monthly 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. 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), 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.

Interns will receive targeted trainings during the year on assessment topics and participate in a weekly testing seminar to present their testing cases in order to review scoring and discuss case conceptualization and recommendations. Dr. Antonia Girard will provide weekly supervision of interns and co-lead feedback sessions with interns, as well as 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. The emphasis of research on this rotation is quality improvement/program development. Research questions tend to be driven by direct clinical experience, with the goal to enhance the services provided to patients on the Child and Adolescent Inpatient Psychiatry Unit.

UM School of Medicine Child Outpatient and Pediatric Consult-Liaison Psychology Track

Clinic Setting

The Child and Adolescent Outpatient and Pediatric Consult-Liaison Program at the UM School of Medicine consists of a rotation in the Taghi Modarressi Center for Infant Study/Secure Starts (CIS) and a rotation in the Child and Adolescent Trauma Disorders Clinic, as well as participation in the University of Maryland Medical Center Pediatric Consult-Liaison Program and the Maryland Psychological Assessment and Consultation Center (MPACC; see description here).

The Outpatient/Consult-Liaison Rotation will allow the intern to participate in the program for children birth through 5 with a focus on trauma. Secure Starts at the Center for Infant Study is an Outpatient Mental Health Clinic that provides specialized mental health services to young children who are at risk for or are experiencing social, emotional, or behavioral challenges. Services include psychological evaluations, family, individual, and group therapy, as well as medication management and psychiatric services for attachment problems between caregivers and child, depression, separation anxiety, trauma, including sexual or physical abuse and neglect, bereavement, executive dysfunction, behavioral and emotional regulation challenges, as well as school difficulties. Psychological evaluations also assess for the presence of developmental delays and disabilities, autism spectrum disorders, ADHD, PTSD, as well as mood and behavior disorders. The Secure Starts team includes psychologists, counselors, social workers, and psychiatrists.

The Outpatient/Consult-Liaison Rotation will also allow the intern to participate in the Trauma Disorders Clinic for children and adolescents ages 6-18, as well as to see patients within the ADHD and Mood Disorders Clinic. The Trauma Disorders Clinic provides specialized mental health services to children and adolescents who have experienced a trauma in their lives. Services include evaluations, family and individual therapy, as well as medication management for trauma, including sexual or physical abuse and neglect, as well as the consequences of life-threatening events. The

ADHD and Mood Disorders Clinic provides specialized mental health services to children and adolescents presenting with ADHD, depression, anxiety, mood instability, and behavior challenges. Services include evaluations, family and individual therapy, as well as medication management. Both the Trauma Disorders Clinic and the ADHD and Mood Disorders Clinic team includes psychologists, social workers, and psychiatrists.

The pediatric consult-liaison program serves children admitted to the hospital for medical concerns. Consultation is provided to multiple units including: Shock Trauma, OB-GYN services, and pediatric medical units, such as oncology, neurology, cardiology, and the PICU.

All programs involve extensive interdisciplinary training experiences and the opportunity to work with and be an active member of an experienced team.

Patient Population

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

Consult-Liaison Population

Most cases referred for consultation are prompted by medical concerns with comorbid psychiatric concerns (e.g., depression or anxiety, disruptive behavior) presenting as a barrier to medical treatment, coping with new medical diagnosis/injury, nonadherence to medical regimen, or somatic symptoms without clear medical/physiological etiology.

The population is balanced male-female, Black/African American-White, and is largely working class to middle socioeconomic class, with a few higher socioeconomic status patients. Disease presentation varies. Children up to the age of 18 are seen through this service by the interns.

Clinical Approaches

Child Outpatient Program

The outpatient clinics provide trauma-informed multidisciplinary outpatient services and supports, as well as encourage active participation of caregivers and works collaboratively with involved agencies.

The clinical emphasis is on diagnosis, assessment, and treatment of the child and family. The intern will participate in the multidisciplinary team training clinics consisting of social work, psychology, and psychiatry. The intern's role consists of conducting intakes, providing evidence-based individual/family therapy and, within the CIS clinic, administering psychological assessments. The intern will have opportunities to enhance skills in the delivery of a variety of empirically-supported treatments and frameworks including TF-CBT, Chicago Parent Program, cognitive-behavioral therapy, motivational interviewing, and parent management training. 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 patients admitted to the hospital for medical reasons. 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 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 interns will receive 2 hours of supervision with a 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 clinic staff. Dr. Antonia Girard will be the supervisor for the MPACC clinic and the Pediatric Consult-Liaison Rotation and will provide at least an hour of supervision each week. Additional supervision will be provided by the intern's research supervisor. In addition, group supervision will be available as part of the MPACC clinic, outpatient clinics, and through weekly group supervision with the other child interns.

Expected Caseloads

The intern will carry a caseload of approximately 15 patients for individual/family therapy.

Additional Components

Assessment

The UM child outpatient and consult-liaison interns will conduct monthly comprehensive assessments within the Maryland Psychological Assessment and Consultation Center. Additionally, the CIS rotation consists of conducting comprehensive assessments within the CIS weekly.

Child Psychology: Maryland Psychological Assessment Clinic Rotation

The intern will participate in the Maryland Psychological Assessment and Consultation Center (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), 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 monthly 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. 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), 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.

Interns will receive targeted trainings during the year on assessment topics and participate in a weekly testing seminar to present their testing cases in order to review scoring and discuss case conceptualization and recommendations. Dr. Antonia Girard will provide weekly supervision of interns and co-lead feedback sessions with interns, as well as review and provide feedback on assessment reports.

Didactics

The Outpatient 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) biweekly seminars focused on infant and early childhood mental health (as part of the Secure Starts Teaching Clinic).

Research

The UM Child Outpatient and Consult-Liaison interns will be encouraged to pursue research related to their clinical work. The emphasis of research on this rotation is to support data-driven decision-making and innovation in the field. Research questions tend to be driven by direct clinical experience, with the goal to enhance the services provided to children, adolescents, and their families.

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 provide high quality school mental health care that integrates a culturally responsive, anti-racist, and equitable (CARE) and trauma-informed, healing-centered 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/Black. 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 primary experiences 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 22 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 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, Nikita Parson, Assistant Director, and Drs. Tiffany Beason, Britt Patterson, and Sharon Hoover, Senior Advisors. 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 22 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).

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. Dr. Girard 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 is part of the Maryland Early Intervention for Psychosis Program (Maryland EIP) and provides advanced training in clinical practice, research, training, and policy related to individuals at **clinical high risk (CHR) for psychosis and with first episode psychosis (FEP).**

Clinical Activities (50%)

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, supported education and employment, safety planning and emergency service use reduction, and substance abuse treatment and risk reduction. Interns will gain exposure to a variety of clinical approaches relevant to early intervention services including CBT for Psychosis, Motivational Interviewing, as well as Metacognitive Interventions. Interns will complete clinical rotations (2.5 days per week) spanning the early psychosis spectrum and will gain mastery in assessment and intervention focused on CHR and FEP. The CHiRP intern will complete a combination of rotations in early psychosis clinics within the Maryland Early Intervention in Psychosis (MEIP) program, which include the First Episode Clinic (FEC) housed at the Maryland Psychiatric Research Center (MPRC), the RAISE Connection Program at the Midtown Campus of the University of Maryland Medical Center, and the Strive for Wellness Clinic which focuses on the identification and treatment of people at CHR for psychosis.

Assessment

The CHiRP intern will provide a minimum of 6 comprehensive assessments in clinics spanning the EIP (approximately 6 hours per week). These assessments vary from psychosis risk assessment with the Structured Interview for Psychosis-risk Syndromes (SIPS), to psychodiagnostics and neuropsychological assessments for clients with FEP.

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 4 hours per week with a licensed psychologist to discuss cases, provide further intervention training, establish concrete treatment plans, and to advance research.

Outreach and Education (30%)

The Maryland EIP Outreach and Education (O&E) component contributes to the central mission of the Maryland EIP by providing education and raising awareness about early identification and intervention for psychosis in youth and young adults. The Maryland EIP O&E component has developed a rich battery of multi-modal training resources and has built a robust infrastructure to engage in outreach and education across Maryland communities, creating strong connections with organizations including school personnel, behavioral health providers, and primary care physicians. The intern helps to develop newsletters, social media posts, advisory council meeting materials and content, and training resources to support workforce development. There are numerous opportunities to deliver training and to participate in presentations and writing development. The COVID-19 pandemic has highlighted and exacerbated pre-existing disparities and equity gaps in mental health care outcomes, particularly those among marginalized racial groups, indicating the need for both intensified and novel outreach and education efforts to address these needs. With COVID-19 expansion grant dollars the Maryland O & E team will expand the reach and quality of the Maryland EIP outreach and education training on the early identification and treatment of psychosis. We are developing a more targeted outreach and education approach with one of Maryland's Historically Black Colleges and Universities (HBCU). We are working in close partnership with HBCU faculty to develop and deliver training on the early identification and treatment of psychosis to pre-service students, faculty, and affiliated alumni and professionals. As part of this partnership, we are also further developing and embedding a culturally responsive and equity perspective into our Maryland EIP O&E trainings and resources to better prepare the current and future behavioral health workforce to meet the needs of all clients, including those among marginalized racial groups.

Didactics (10%)

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) and 3) a monthly SMI didactic series which also includes VA SMI track interns.

Research (10%)

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 (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.

Connection Learning Healthcare System (LHS) Early Psychosis Intervention Network (EPINET; R01 and R34)

The Connection LHS EPINET project, spearheaded by Dr. Melanie Bennet, is an NIMH funded initiative which seeks to create a national learning health care system for early psychosis. EPINET links early psychosis clinics through standard clinical measures, uniform data collection methods, data sharing agreements, and integration of client-level data across service users and clinics. Clients and their families, clinicians, health care administrators, and scientific experts partner within EPINET to improve early psychosis care and conduct large-scale, practice-based research. The Connection LHS hub spans Maryland and Pennsylvania and represents a network of 5 academic institutions and over 20 Coordinated Specialty Care (CSC) programs serving hundreds of young adults experiencing a mental illness with psychosis and their families. An additional R34 project exploring the use of a motivational enhancement therapy intervention for nontreatment-seeking heavy cannabis-using young people to target CSC engagement, medication adherence, and risk reduction to improve use, functioning, and recovery outcomes in CSC patients who are persistent cannabis users.

Strive for Wellness Clinic

The EIP's Strive for Wellness (SFW) clinic is directed by Dr. Gloria Reeves. 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.

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

Policy

The CHiRP intern will 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 will 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.

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.

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 principal 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.

Larraine Bernstein, M.S. is a Policy Analyst who has worked more than 30 years coordinating efforts across agencies at the local and state levels to improve child, adolescent and young adult health. She has extensive experience managing and implementing grant programs focused on prevention, early intervention, and access to care, and policy development and efforts to improve the lives of youth and young adults in Maryland. Ms. Bernstein is currently responsible for managing outreach, education and training programs focused on the behavioral health needs of youth and young adults and the professionals who support and/or treat them. Ms. Bernstein serves as the Coordinator for the Maryland EIP Outreach Team.

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 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. Dr. Bohnenkamp is the Consortium Research Co-Coordinator.

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.

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.

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.

Katrina Escuro, MD is a child and adolescent psychiatrist at the University of Maryland Medical Center. She is an Assistant Professor in the Division of Child and Adolescent Psychiatry. She graduated from the University of Toledo College of Medicine in 2013 and completed her residency and Child and Adolescent Psychiatry Fellowship at the University of Maryland School of Medicine within the Department of Psychiatry. She is Board Certified in Psychiatry. She is the Medical Director of the Child and Adolescent Psychiatry Inpatient Unit. Her interests include providing trauma-informed care, diversity, equity, and inclusion, and family engagement.

Antonia Girard, Psy.D., BCBA, LBA is an Assistant Professor and licensed psychologist in the Division of Child and Adolescent Psychiatry, University of Maryland School of Medicine. She oversees psychological testing within the Center for Infant Study (CIS), as well as provides training and supervision related to infant and early childhood mental health. She is the Director of the Maryland Psychological Assessment and Consultation Clinic (MPACC) and provides supervision related to the Child and Adolescent Inpatient and Pediatric Consultation-Liaison 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). 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.

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 directs the outreach and education efforts for the Maryland Early Intervention for Psychosis (Maryland EIP) Program. 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.

Brittany Patterson, Ph.D. is a licensed psychologist and an Assistant Professor at the University of Maryland School of Medicine and National Center for School Mental Health. She received her Ph.D. in School Psychology from the University of Buffalo, State University of New York. Dr. Patterson completed her pre-doctoral internship and postdoctoral fellowship at the National Center for School Mental Health. Dr. Patterson has significant experience developing and delivering training and technical assistance to clinical providers, education staff, and community partners (including experience developing and delivering in-service curricula for teachers, school police officers, parents, and school staff). Dr. Patterson supervision to and collaborates with the school mental health intern and the CHiRP intern. She serves as a consultant to the Outreach and Education team for the Maryland Early Intervention for Psychosis Program. Dr. Patterson's interests include diversity, equity, inclusion, and anti-racism, school mental health, and evidence-based assessment and intervention.

Pamela Rakhshan Rouhakhtar, Ph.D., is a Research Faculty at the University of Maryland Baltimore County. She completed her internship within the University of Maryland Clinical High Risk for Psychosis Track and graduated from the University of Maryland Baltimore County with her doctorate in Human Services Psychology. In her current role, Pamela oversees a number of clinically oriented research projects including the SAMHSA-funded CHiRP clinic, the Strive for Wellness research program within the Maryland EIP, and other projects related to early psychosis. Her interests include validation and development of psychosis spectrum assessments, application of advanced quantitative methods in the study of early psychosis assessment and studying the role of cultural and contextual factors -- particularly race -- in our understanding of the psychosis construct, as well as illness presentation, course, and treatment.

Samantha Reaves, Ph.D., is a Clinical Psychologist and an Assistant Professor in the Division of Child and Adolescent Psychiatry. She is also the Research Co-Coordinator for the VAMHCS-UM/SOM Psychology Internship Consortium. She is a core faculty within the National Center for School Mental Health. Her work integrates her research and clinical experiences to improve outcomes for children. Her research interests lie at the intersection of mental health and education, and she often investigates how school or family factors influence student outcomes in underserved communities. As a clinical-community psychologist, she believes great prevention work can be done and realizes the importance of strengthening the systems children are nested in to promote well-being, so she is committed to supporting schools, at multiple levels, to improve policies and procedures around student socioemotional functioning. In her work at the NCSMH she is a core faculty member on the Partnering for Student Wellness project, the SOR parenting program evaluation, and the National Quality Initiative.

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.

Cindy Schaeffer, Ph.D., is an Associate Professor in the Division of Child and Adolescent Psychiatry at the University of Maryland School of Medicine and a faculty member within the National Center for School Mental Health. Dr. Schaeffer's research focuses on developing, evaluating, and ensuring the successful real-world implementation of interventions for youth involved in, or at high risk of involvement in, the juvenile justice and child protective service (CPS) systems. She is particularly interested in family, school, and peer-based interventions that target issues such as school dropout and expulsion; deviant peer relationships; teen and parent substance abuse; low parenting skill; and family conflict / family violence. Dr. Schaeffer's work has been highly influenced by Multisystemic Therapy (MST), an ecological, empirically-supported family-based intervention originally designed for juvenile offenders, and she has worked to adapt that model for new populations. She is also the developer of a linked parent-teen mobile phone app system, iKinnect, to improve parent-teen warmth and parental management of risky teen behavior. Dr. Schaeffer serves as the co-lead of the Outreach and Education team for the Maryland EIP and also aids in advancing our data collection and evaluation of our outreach efforts.

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.

Core Components: 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 8 and a maximum of 12 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.
    - Please note that for some Interns the core research project will be subsumed by the Enhanced Research Minor 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.
- 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

Supervision

Potential research opportunities will be presented to interns in the middle of July in a meeting with the intern's assigned Research Coordinator - Dr. Calmes or Dr. Reaves. 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, SMI, Child/School—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.

Cognitive Behavioral Therapy for Insomnia (CBT-I) Minor

Veterans from all service eras demonstrating sleep difficulties that are not due to underlying medical condition or other sleep disorder. Patients may be experiencing co-morbid medical conditions, mental health and/or mild substance use disorders.

The primary training activities associated with this minor include facilitating individual CBT-I assessments and intervention and participation in monthly CBT-I Team Peer consultations. Prior to starting treatment, training in CBT-I (e.g., virtual trainings, manual review, didactics) will be provided for those without prior experience. Prior training experience with CBT is required.

Supervisors' Training and Experience

Dr. Meagan Layton received her Ph.D. with a dual emphasis in Clinical Psychology and Behavioral Medicine in 2018 from the University of Maryland Baltimore County. Her clinical research was largely focused on health behavior change, particularly substance use, informed by the Transtheoretical Model of Intentional Behavior Change. Her clinical training was as a generalist including with court-mandated perpetrators of intimate partner violence, patients with varying neurological conditions (e.g., MS, chronic pain syndromes, TBI), and patients with substance use disorders. She completed her internship at the VA Maryland Health Care System (VAMHCS)/University of Maryland School of Medicine Consortium in the generalist track with major rotations in the Trauma Recovery Program, PC-MHI, and Mental Health Clinic, along with a minor in Health Psychology. She stayed at the VAMHCS for a Clinical Health Psychology Fellowship with an emphasis in HIV/Liver Diseases. Dr. Layton later accepted a staff position at the VAMHCS first as the PC-MHI psychologist for the Eastern Baltimore CBOC and now as the VAMHCS Behavioral Medicine Program Manager. She also serves as the team lead for the VAMHCS CBT-I team. Dr. Layton's clinical interests include the application of motivational interviewing in a variety of clinical populations and working collaboratively with interdisciplinary teams to promote patient engagement and outcomes.

Dr. Megan Pejsa-Reitz earned her doctorate in Clinical Psychology at Eastern Michigan University. She completed her internship at VAMHCS within the Health Psychology track, with training in PC-MHI, suicide prevention, pre-surgical clearance evaluations (transplant and bariatric), and chronic pain. Dr. Pejsa-Reitz completed a postdoctoral fellowship at the Eating Recovery Center, with a focus on treating eating disorders in higher levels of care. Her dissertation analyzed bariatric surgery outcomes among Veterans, and she completed specialized training in over one-hundred bariatric surgery evaluations at a Center for Excellence in Bariatric Surgery. Her work has also focused on behavioral interventions for weight management and related medical comorbidities, utilizing therapies that are tailored to meet the patient's needs. Her current position is split between the Women's Health Center in PC-MHI, and Health Psychology – the Endocrinology & Weight Management Clinic.

Diversity, Equity, Inclusion, & Belonging Minor

The Diversity, Equity, Inclusion, & Belonging Minor Rotation was developed in the spirit of integrating DEI & B 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, equity and inclusion to daily practice. This minor rotation will provide interested interns an opportunity to bridge the gap between knowledge and application.

The DEI & B 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 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. *Engagement in individual and/or group psychotherapy with DEI & B related topics and identity.* Supervision will have a heavy DEI & B focus.

Supervision

Supervision will be conducted using a motivational enhancement and multicultural approach, emphasizing how best to apply empirically supported treatments to a diverse 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 individual 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

Specific supervisors and mentors range depending on who might be an ideal fit based on an intern's areas of interest and training goals, but the primary point of contact and coordinator for this experience is the Consortium's Diversity, Equity and Inclusion Coordinator, Dr. Candice Wanhatalo.

Dr. Candice Wanhatalo received her Ph.D. from George Mason University. Prior to joining VAMHCS, 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. At the VAMHCS, Dr. Wanhatalo is a staff psychologist within the Baltimore VA SUD IOP and GOP and the Consortium's Diversity, Equity, Inclusion, & Belonging Coordinator. Clinical interests include the impact of racism on mental health and health disparities, mindfulness, and integrating evidence-based treatments.

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 supervision once a week for one hour. However, spot supervision will be available as well.

Supervisor's Training and Experience

Christine Calmes, Ph.D. is the Research Co-Coordinator for the VAMHCS/UMSOM 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). Dr. Calmes is also a member of the full-model DBT Clinical Service.

<u>EFT Couples Therapy Minor</u>

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. is the Family Intervention Team (FIT) coordinator and has been an attending psychologist for the VA since 1992 and has supervised interns for nearly 30 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.

Psychological Assessment Minor

This minor rotation offers interns the opportunity to simultaneously accrue assessment and related administrative experiences. Interns will engage in virtual psychological assessments and have the option of completing in-person assessments at the Perry Point VA Medical Center. Clients include Veterans referred for general psychological assessment to assist with diagnostic clarification and treatment planning. Veterans are referred from various clinics throughout VAMHCS to include the Mental Health Clinic, Trauma Recovery Program, Community Based Outpatient Clinics, residential units, and primary care.

Interns will gain experience in administrative tasks (e.g., consult/record review, program development related to broader VAMHCS assessment needs and initiatives), implementation of psychological assessment procedures, and provision of therapeutic feedback. The expected caseload is at least three assessments per 6-month rotation, in addition to administrative and program development/evaluation tasks. The estimated weekly time commitment is an average of three hours (one hour clinical, one hour administrative, and one hour of individual supervision).

Supervisors' Training & Experience

Natalie White, Psy.D., graduated with her Doctor of Psychology degree from Florida Institute of Technology in 2013. She completed her predoctoral internship at the Richmond VA Medical Center and postdoctoral fellowship at the North Florida/South Georgia Veteran's Health System. She worked as the PTSD/SUD Psychologist at the NF/SG HCS until 2018, after which time she began working as a Staff Psychologist in the Trauma Recovery Program (TRP) at the Perry Point VA in the VA Maryland Health Care System (VAMHCS). In addition to continuing to work with the TRP, she became the Psychological Assessment Coordinator for VAMHCS in 2022. Clinical and research interests include OEF/OIF Veterans, trauma-related disorders, dual-diagnosis, and personality assessment.

Leanne Valentine, Ph.D. earned her Ph.D. in Clinical-Community Psychology from Georgia State University. She completed her predoctoral internship at the Coatesville VAMC in Coatesville, PA; she remained at Coatesville VAMC for 12 years, completing her post-doctoral hours there and serving in both clinical and administrative roles. During her time at Coatesville VAMC, Dr. Valentine was one of a few psychologists who completed Compensation and Pension evaluations for the Veterans Benefits Administration. Dr. Valentine transferred to VAMHCS in 2022 and currently works as a member of the Osprey BHIP team, providing individual, couple and group psychotherapy. She has continued her work in assessment by offering comprehensive assessment for diagnostic clarification in the Perry Point MHCC. Interests include trauma-and anxiety-related disorders, couples and caregivers, and assessment.

Perinatal Mental Health Minor

This rotation allows interns to gain experience working as part of the multidisciplinary care team that serves Veterans in the perinatal period (pregnancy through 1 year postpartum). The Maternity Care Coordination Team of clinicians includes our Women's Health Program Manager, RN Maternity Care Coordinator, Psychologists, Social Work, Dietician, Pelvic Floor Physical Therapy, and Pharmacy. The psychologists and trainees on the team conduct behavioral health assessments, brief evaluations, and consultation-liaison services to various resources and levels of specialty care within the system. Initial evaluations are focused in identifying symptoms of perinatal mood and anxiety disorders (PMADs). In addition to direct patient care, the intern will engage in

multidisciplinary team meetings and monthly training related to reproductive mental health and/or women's health at large.

Clinical Approaches and Experiences:

Assessment Experiences:

Maternity Mental Health Initial Assessment
Diagnostic Assessment
Functional Assessment
Care facilitation/triage

Intervention (most common modalities used):
Cognitive Behavioral Therapy (Anxiety, Depression, Insomnia)
Interpersonal Psychotherapy – Reproductive Mental Health (IPT-RMH)
ROSE (Reach Out, Stay Strong, Essentials for mothers of newborns)
Completion of Reproductive Mental Health Series (12hr certification on TMS)

Expected Caseload

Individual therapy: 4-6+ cases/week. Group therapy: Biweekly Postpartum Group "Postpartum Warriors" 1st and 3rd Monday/month 2-3pm. Consultation: monthly consultation group related to perinatal mental health. Includes case consultation, education, and resource sharing. There are also several opportunities to engage in multidisciplinary team meetings/calls.

Supervision

One hour per week.

Supervisor's Training & Experience

Rachel Austin, Psy.D. has worked at VAMHCS since 2018 and is currently the Baltimore Site Lead – Staff Psychologist on the Primary Care-Mental Health Integration (PC-MHI) team and the Maternity Care Coordination team. She is also VA Maryland Health Care Systems Women's Mental Health Champion. Her clinical interests include perinatal mental health, depression, integrative mental health, and health psychology. Dr. Austin is co-located in PACT and is involved with assessment, triage, consultation, and psychotherapy for our Veterans at Baltimore. Dr. Austin is also involved in VAMHCS training program and supervises interns and postdoctoral fellows. She takes a biopsychosocial approach to assessment and interventions are individually tailored to meet the needs of the Veterans.

Dialectical Behavior Therapy (DBT) Clinical Service Minor

The DBT minor is designed to provide interns an opportunity to participate in a full-model DBT program. Interns will have the opportunity to co-facilitate one of the DBT Skills groups. 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. Interns will prior DBT experience may be able to provide individual therapy within the service as well. The VAMHCS DBT Team consists of 5+ licensed psychologists and 2 social workers. 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). All components of this service are currently being offered virtually.

Supervisors' Training & Experience

Specific supervisors vary depending on training goals. Interns completing this minor will have opportunities to interact with multiple DBT Clinical Service team members. The primary point of contact and coordinator for this experience is Dr. Tiffany Bruder-Motyka.

Tiffany Bruder-Motyka, Ph.D. is a Staff Psychologist in the Baltimore PCT and in the VAMHCS DBT Clinical Service. She is also the Clinic Coordinator for the Baltimore PCT. 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-Motyka's research interests include program evaluation and development, improving patient engagement in empirically supported treatments for PTSD, and delivery of the empirically supported treatment for PTSD within full model Dialectical Behavior Therapy.

Alison James, Psy.D. is the Staff Psychologist in the Community Resource and Referral Center (CRRC) where she provides evidence based therapy and triage assessments to veterans within various VAMHCS homeless service programs. She is also a team member of the VAMHCS DBT Clinical Service. Dr. James completed her doctoral training at Indiana State University and her clinical internship at the Richard L. Roudebush VA in Indianapolis, IN with an emphasis area in Serious Mental Illness and Recovery. She then went on to complete her postdoctoral fellowship at the San Francisco VA in Psychosocial Rehabilitation (PSR). She has received training in evidence-based therapies including Dialectical Behavioral Therapy, CBT, Social Skills Training, and Motivational Interviewing. Dr. James additionally has extensive training in Metacognitive Reflection and Insight Therapy (MERIT) for severe mental illness.

<u>Motivational Interviewing/Motivational Enhancement Therapy Minor</u>

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.

Supervisors' Training and Experience

Jade Wolfman-Charles, Ph.D., completed her degree in Clinical and Community/Social Psychology at the University of Maryland, Baltimore County. She joined the VA Maryland Health Care System (VAMHCS) as a Staff Psychologist in 2009 and has held multiple roles during her tenure, including: Evidence-Based Psychotherapy Coordinator; National Consultant and Regional Trainer in Motivational Interviewing and Motivational Enhancement Therapy; Psychology Training Program Director; and Vice-Chair of the VAMHCS Mental Health Diversity, Equity and Inclusion Committee. Dr. Wolfman-Charles currently serves as the Chief of Psychology Services, overseeing the professional practice of up to 80 Psychologists across the VAMHCS.

Catherine (Cate) Corno Garofano, Ph.D., completed her doctorate (Ph.D.) in clinical/community psychology at the University of Maryland, Baltimore County, specializing in substance use disorders and facilitating the process of change/recovery. She then completed the VAMHCS/UM-SOM Psychology Internship Consortium in the comprehensive track, working in both general mental health and specialty substance use and PTSD treatment programs. She continued her training within the VAMHCS by completing the psychology postdoctoral fellowship with an emphasis in PTSD specialty treatment. Dr. Corno is currently working as a VAMHCS Staff Psychologist within the Substance Abuse Treatment Programs, split between the ACT Intensive Outpatient Program and the General Outpatient Program. Dr. Corno is also a member of the VAMHCS Family Intervention Team and a primary supervisor for the MI/MET rotation.

<u>The VISN 5 Administrative and Leadership Rotation</u>

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. Interns will also have the opportunity to learn about organizational health initiatives, coaching, the all employees survey and Lean training process improvement. 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. Eyler 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. Dr. Eyler received her Doctorate Degree from Loyola University in 2002. She completed her internship at St. Elizabeth's Hospital in 2002. Prior to transitioning to the VISN 5 office, Dr. Eyler was a VAMHCS psychologist.

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.

Supervisors' Training & Experience

Moira Dux, Ph.D. Please see supervisor description here.

Ashley Greer, 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.** 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-, CPA-, PCSAS-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 (**11/06/2024**). Given that many continue to experience delays related to COVID-19 even in the current post-pandemic phase, we will consider applicants who expect to defend their dissertation proposal by 11/30/2024. Interview invitations for qualified applicants will be rescinded if documentation of successful dissertation defense by 11/30/2024 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 Master's and Doctoral level count toward this requirement. We recognize that COVID-19 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 hour 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. 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. Applicants who were noted as male on their birth certificate, regardless of current gender, must have registered with the Selective Service System by age 26 (and provide proof of registration) to be eligible for any US government employment, including selection as a paid VA trainee.
    a. VA-based interns are health professions trainees (HPTs) and are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director, Dr. Dux,

will provide you with the information you need to understand the requirement and reasons for the requirement in a timely manner.

b. Applicants are encouraged to review the eligibility checklist and other resources for VA Health Professions Trainees provided by the VA Office of Academic Affiliations: Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations.

6. For UM-based tracks, J-1 visas and Green Cards **are** accepted. F-1 and H1-B visas are **not** accepted.
7. Interns are subject to fingerprinting, employee health screening, verification of educational credentials, and background checks. Selection decisions are contingent on passing these screens.
8. 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. For more information, please review the document linked here: VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf (va.gov).

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 more than one child-focused track. However, please clearly state in your cover letter which track is your top preference. Please note that you may not be considered for all tracks that you specify.
3. Submit the required de-identified psychological assessment report as your supplemental work sample. Please remove the client's name (or clearly denote if using an alias) and any other protected health information. Unless information would identify the client to a likely application reviewer, it is helpful to include relevant demographic information.
4. Submit three letters of recommendation.
5. All applications materials should be submitted through the on-line APPIC portal: www.appic.org
6. The deadline for submission of applications is 11:59 PM EST on November 6th, 2024.

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 15th. Interviews will be conducted exclusively virtually (via video-based conferencing platforms). There will **not** be an on-site interview option or open house. 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 (01/09/2025, 01/16/2025, 01/23/2025, and 01/30/2025).

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.

The VAMHCS and UM are Equal Opportunity Employers. Our Consortium values and is deeply committed to cultural and individual Diversity, Equity and Inclusion 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
VA Comprehensive	134711	2
UM Child Outpatient and Pediatric Consult-Liaison	134712	2
VA Health Psychology	134713	2
UM Clinical High Risk for Psychosis (CHiRP)	134714	1
UM Child Inpatient and Pediatric Consult-Liaison	134715	1
UM School Mental Health	134716	3
VA Neuropsychology	134717	3
VA Serious Mental Illness	134718	1
VA Trauma Recovery	134719	2

Contact Information

Please visit our Training Program website at: https://www.va.gov/maryland-health-care/programs/mental-health-clinical-center-psychology-training-program/. 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

Jovan S. Bess, B.S.
Program Support Specialist
443-421-6322
Jovan.Bess@va.gov

Secondary Contacts:

Ashley Greer, Ph.D.
Associate Director of Training (VA)
410-642-2411x25675 (office) or 443-531-0429 (mobile)
Ashley.Greer2@va.gov

Nancy Lever, Ph.D.
Associate Director of Training (UM)
410-706-0980
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
Nikkita P. Southall, M.D.	Associate Chief of Staff for Education, VAMHCS
Aaron Jacoby, Ph.D.	Director, VAMHCS Mental Health Clinical Center
Jill RachBeisel, M.D.	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.

Psychology Training Program Director - Moira Dux, Ph.D.:

In collaboration with Associate Directors of Training, oversees welcoming and orienting of new interns, organizes, directs, administers, and manages all aspects of the Consortium (e.g., cultivate diverse, equitable, and inclusive training environment; comprehensive planning, development, and implementation of policies and procedures; determination of needs of program; oversight of quality and quantity of training; establishment of program initiatives within the allocated budget and available staff/faculty), provides administrative support to training implementation, provides consultation on sensitive training matters and ethical dilemmas, provides feedback to supervisors, provides updates to and seeks guidance from Consortium Steering Committee, and coordinates quality improvement/program development initiatives to enhance quality or efficiency of Consortium.

Program Support Specialist - Jovan Bess, B.S.:

The Program Support Specialist is responsible for monitoring completion of Consortium evaluation and forms, assisting with database development and entry, and supporting the administrative aspects of recruitment, onboarding, and out-processing.

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 - Ashley Greer, 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 based in Baltimore.

Assessment Co-Coordinators - Antonia Girard, Psy.D. and Natalie C. White, Psy.D.:

The Assessment Coordinators, located at VA and UM respectively, 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 comprehensive assessments, track the completion of assessments throughout the year, work with supervisors and staff to optimize assessment opportunities, and provide didactics and consultation on assessment-related topics.

Seminar Co-Coordinators - Jessica Fraser, Psy.D. and Antione Taylor, Ph.D.:

The Seminar Co-Coordinators are responsible for scheduling/facilitating weekly didactic seminars for interns, and are integral to promoting cross-Consortium education/training and cohesion. They oversee intern-led case and journal presentations, as well as supervision exercises. The Co-Coordinators collaborate with the DEI & B Coordinator, Training Director and other Training

Committee members in regards to the content of the seminars and relationship between the content of the core curriculum and Consortium's aims and competency areas. The Co-Coordinators are responsible for the selection and scheduling of consultants, faculty seminars, and guest speakers. They also help to ensure that interns complete evaluations of each seminar via a brief, anonymous Qualtrics survey.

Diversity, Equity, Inclusion, & Belonging Coordinator- Candice Wanhatalo, Ph.D.:

The DEI & B Coordinator schedules/facilitates the monthly diversity seminar, develops and implements experiential exercises, provides consultation regarding DEI & B, shares DEI & B-related materials, trainings, and advocacy opportunities, and supports and/or supervises the DEI & B minor. The DEI & B Coordinator collaborates with Seminar Co-Coordinators regarding seminar content, presenters, and schedules. The DEI & B Coordinator helps to ensure that interns complete evaluation of each diversity seminar via a brief, anonymous Qualtrics survey.

Research Co-Coordinators- Christine Calmes, Ph.D. and Samantha Reaves, Ph.D.:

The Research Coordinators, located at VA and UM respectively, contribute to the Consortium's overall mission by creating a scientist-practitioner environment for interns. The Co-Coordinators are responsible for orientating interns to the research requirement, tracking completion of required research trainings, identifying research opportunities throughout the Consortium network and assist in facilitating intern-mentor matches, oversee and support intern progress on research project/minor and help to navigate challenges, coordinate mid-year and end-of-year UM Research Day presentations, collect and disseminate research presentation feedback, and disseminate information regarding research-related trainings and seminars.

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

The Program Evaluation/Development Coordinator oversees electronic entry and tracking of training program forms and evaluations via REDCap, utilizes a data-driven approach to refine existing internship forms/evaluations and generates proposals for new training elements and procedures, assists with data collection and submission for APA Annual Report Online and other accreditation procedures, and helps to analyze and interpret feedback from applicants, interns, supervisors, and leadership (as applicable) and presents findings during Training Committee meetings.

Intern Representative(s):

At least one UM- and one VA-based intern volunteers are identified at the beginning of the training year to serve as a liaison between the internship cohort and Training Committee (e.g., communicate intern preferences, concerns, and feedback), assist with oversight of peer consultation group, and provide reminders to intern cohort regarding completion of seminar evaluations and other tasks. They attend Training Committee meetings and provide invaluable input from the interns' perspective into the Training Committee's discussions and decisions and collaborate with other members of the committee on projects.

Clinical and Training Staff Summary – VAMHCS

RACHEL AUSTIN, PSY.D.
Nova Southeastern University, 2013 Clinical Psychology
Staff Psychologist, Primary Care-Mental Health Integration (PC-MHI)
Licensed Psychologist in Maryland
Interests: Integrated healthcare, Perinatal MH, disordered eating, health behavior change, coping with chronic medical conditions

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

JENNIFER BOYE, PH.D.
University of North Carolina Greensboro, 2011. Clinical Psychology
Licensed Psychologist in Delaware
Interests: Assessment and treatment of Serious Mental Illness, Evidence Based Psychotherapy (Interventions, Systems-level factors that impact EBP implementation)

TIFFANY BRUDER-MOTYKA, PH.D.
Hofstra University, 2018. Clinical Psychology
Returning Veteran Team Lead for the Baltimore PTSD Clinical Team; DBT Clinical Service Team Lead
Licensed Psychologist in Maryland
Interests: Program evaluation and development; Massed treatments for PTSD; Improving patient engagement in empirically supported treatments for PTSD

STEVEN BUTZ, PSY.D., ABBP
Loyola University of Maryland, Clinical Psychology
Staff Psychologist in Hospice and Palliative Care
Licensed Psychologist in Maryland
Interests: neuropsychological testing, decisional capacity evaluations, psychotherapy, and behavioral management in a variety of outpatient and inpatient settings, including independent living, assisted living, nursing home, rehabilitation and hospice units.

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: Military Sexual Trauma and implementation of evidence-based therapies to treat Veterans with PTSD and co-occurring disorders

KEISHA CARDEN, PH.D.
University of Alabama, 2020. Clinical Psychology, Geropsychology Track
VAMHCS Psychology Training Program – Comprehensive Track Co-Coordinator
VAMHCS Psychologist, Geriatric Psychiatry
Licensed Psychologist in Maryland
Interests: Trauma Treatment in Later Life, Late Life Depression, Caregiver Family Therapy, Cognitive Impairment/Dementia, ACT

JEREMY CARMASIN, PH.D.
University of Louisville, 2015. Clinical Psychology
Neuropsychologist, Neuropsychology Externship Coordinator, VAMHCS
Neuropsychology Consultation Liaison Clinical Service
Licensed Psychologist in New York
Interests: Early cognitive change in older adults, Awareness of cognitive deficit

MOIRA DUX, PH.D.
Rosalind Franklin University of Medicine and Science, 2009. Clinical Psychology (Neuropsychology Track)
VAMHCS Psychology Training Program Director, 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.

CATHERINE CORNO GAROFANO, PH.D.
University of Maryland, Baltimore County (UMBC), 2018, Clinical/Community-Social Psychology
Staff Psychologist
Interests: MI training and consultation; Program evaluation and development; Substance use recovery; PTSD treatment

ASHLEY GREER, PH.D.
Fielding University, 2013. Clinical Psychology
Assistant Chief Psychologist, Consortium Associate Director of Training VA
Psychologist, Outpatient Mental Health Clinic
Licensed Psychologist in Maryland
Interests: Motivational Enhancement Therapy, Complementary and Integrative Health, Dynamic Mindfulness

JESSICA GROSSMANN, PH.D.
George Mason University, 2016. Clinical Psychology
Clinic Coordinator, Baltimore PTSD Clinical Team; Trauma Recovery Track Internship Coordinator; DBT psychologist
Licensed Psychologist in North Carolina
Interests: Evidence-based PTSD treatment; Post-9/11 Veterans; Moral injury; DBT; program development and evaluation

JACLYN HUTCHINSON, PH.D.
Bowling Green State University, 2014. Clinical-Community Psychology.
Staff Psychologist, Trauma Recovery Program; Community Based Outpatient Clinic MST Champion
Licensed Psychologist in Maryland
Interests: Treatments for OEF/OIF/OND Veterans and Reservists

DANIEL KNOBLACH, PH.D.
University of Maryland, Baltimore County, 2019, Clinical Psychology/Behavioral Medicine
Staff Psychologist, Neurology/Chronic Pain & Empower Veterans Program (EVP)
Licensed Psychologist in Maryland
Interests: Comprehensive treatment of pain, Substance use disorders, Acceptance and Commitment Therapy, Motivational Interviewing for health-behavior change

BRIAN KOK, PH.D.
Palo Alto University, 2019. Clinical Psychology
Staff Psychologist, Trauma Recovery Program
Licensed Psychologist in Maryland
Interests: Treatment of comorbid PTSD and TBI; Returning Veterans

DANIEL P. KOSTER, PSY.D.
Loyola University Maryland, 2017. Clinical Psychology

Veterans Integration to Academic Leadership (VITAL) Coordinator; Measurement Based Care (MBC) Champion
Licensed psychologist in Maryland
Interests: Delivery of evidence-based treatment for PTSD; Aiding Veterans in post-military readjustment; Research and application related to measurement based care

MEAGAN LAYTON, PH.D.
University of Maryland Baltimore County, 2018. Clinical Psychology and Behavioral Medicine
Staff Psychologist, Health Psychology
Licensed Psychologist in Maryland
Interests: Chronic medical illnesses (e.g., diabetes; HIV; Hepatitis C); pre-surgical evaluations; sleep disorders; health behavior change; interdisciplinary collaboration

TERRY LEE-WILK, PH.D.
University of Maryland, 2002. Clinical Psychology
Program Manager, Neuropsychology
Licensed Psychologist in Maryland
Neurocognitive correlates of Multiple Sclerosis, HIV infection, and mild traumatic brain injury

DANIEL K. LEIBEL, PH.D.
University of Maryland, Baltimore County, 2020. Clinical Psychology/Behavioral Medicine -- VAMHCS Neuropsychologist
Licensed Psychologist in Maryland
Interests in: Assessment of conditions associated with dementia; neuropsychology of epilepsy and movement disorders; assessment and treatment of functional neurological symptom disorders; cognitive rehabilitation

JENNIFER LORENZO, PH.D.
University of Maryland Baltimore County, 2019. Clinical Psychology.
Staff psychologist, Psychosocial Rehabilitation and Recovery Center
Licensed Psychologist in Maryland.
Interests: Psychosocial treatments for SMI; Recovery model and Recovery-Oriented Cognitive Therapy; Emotionally Focused Therapy for couples

IJEOMA MAUDBATA, PH.D.
University of Houston, 2022. Clinical Psychology
Staff Psychologist, SUDTP General Outpatient Program (GOP)
Licensed Psychologist in Maryland
Interests: Culturally-informed care, impact of racial trauma on psychological well-being, acceptance and commitment therapy, mindfulness, and strength-based approaches.

JACQUELINE C. MAHONEY, PH.D.
University of Maryland Baltimore County, 2017. Clinical Psychology
Staff Psychologist, PTSD Intensive Outpatient Program; CPT Consultant and Regional Trainer; Intimate Partner Violence Assistance Program (IPVAP) Champion for Perry Point
Licensed Psychologist in Delaware
Interests: Etiology and treatment of PTSD; EBPs for PTSD; Intimate Partner Violence

LIZ MALOUF PH.D.
George Mason University, 2014. Clinical Psychology
VAMHCS Psychology Training Program – Comprehensive Track Co-Coordinator
VISN 5 Psychologist, Tele-mental-health Clinical Resource Hub
Licensed Psychologist in Maryland

Interests: Interpersonal Therapy, Evidence Based Treatment for PTSD, Cognitive Behavioral Therapy, Mindfulness, Program Development and Evaluation

MOSHE L. MILLER, PSY.D.
Loyola University of Maryland, 2017. Clinical Psychology
Staff Psychologist, PTSD Intensive Outpatient Program
Licensed Psychologist in Maryland
Interests: Providing evidence-informed treatment for PTSD with a focus on exposure-based treatments and incorporating mindfulness, acceptance, and process-orientated therapeutic principles

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 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

JASON PEER, PH.D.
University of Nebraska-Lincoln, 2006. Clinical Psychology.
Supervisory Psychologist, Program Manager-Mental Health Hospital Based Services
Licensed Psychologist in Maryland.
Interests: serious mental illness, psychosocial treatment response, vocational functioning in SMI, program evaluation.

MEGAN PEJSA-REITZ, PH.D.
Eastern Michigan University, 2021 Clinical Psychology
Staff Psychologist, Health Psychology and Women's Health Primary Care-Mental Health Integration (PC-MHI)
Licensed Psychologist in Maryland
Interests: disordered eating, behavioral interventions for weight management, medical comorbidity treatment adherence, suicide prevention

JULIE RIFE-FREESE, PSY.D.
Argosy University, Washington, DC Campus, 2007, Clinical Psychology
Psychologist, Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Coordinator
Licensed Psychologist in Maryland
Interests: treatment of Serious Mental Illness

NIKKI (NICOLE) RYAN, PSY.D.
Philadelphia College of Osteopathic Medicine, 2020 Clinical Psychology
Staff Psychologist, Primary Care-Mental Health Integration (PC-MHI)
Licensed Psychologist in Pennsylvania
Interests: health behavior change, implementation of integrated healthcare, mindfulness-based interventions, provider wellness initiatives

MELISA SCHNEIDER, PSY.D.
La Salle University, 2010. Clinical Psychology
Staff Psychologist, PC-MHI.

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

SHRUTI N. SHAH, PH.D.
University of Louisville, 2013, Clinical Psychology
Staff Psychologist, Hospice & Palliative Care
Licensed Psychologist in Maryland
Interests: End-of-life, terminal/advanced illness, goals of care conversation, grief & bereavement, geropsychology

MEGAN M. SMITH, PH.D., ABPP-CN
The Pennsylvania State University, 2007. Clinical Psychology
Neuropsychologist, VAMHCS
Licensed Psychologist in Iowa
Interests: Assessment of cognition in neurodegenerative disorders and the neuropsychological correlates of depression

CANDICE WANHATALO, PH.D.
George Mason University, 2007. Clinical Psychology
Consortium Diversity, Equity, and Inclusion Coordinator
Staff Psychologist, SUDTP Integrative Recovery Intensive Outpatient Program (IR/IOP)
Licensed Psychologist in Virginia
Interests: Impact of racism on mental health and health disparities, mindfulness, and integrating evidence-based treatments.

JADE WOLFMAN-CHARLES, PH.D.
University of Maryland, Baltimore County (UMBC), 2009, Clinical/Community-Social Psychology
VAMHCS Chief Psychologist
Adjunct Assistant Professor, Department of Psychiatry, UMSOM
MI Consultant and Regional Trainer
Interests: Program evaluation, development, and administration; person-centered and culturally responsive care

NEIL WEISSMAN, PSY.D.
Yeshiva University, 1990. Clinical Psychology.
Staff psychologist and Coordinator of the Family Intervention Team (FIT)
Licensed Psychologist in Maryland.
Interests: Emotionally Focused Couples Therapy (EFT)

Clinical and Training Staff Summary- MIRECC

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

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, women's health/mental health; stigma and other barriers to mental health care, family services

CLARE GIBSON, PH.D.
University of North Carolina at Chapel Hill, 2012
Clinical Psychology National Trainer & Consultant, VA Social Skills Training for Serious Mental Illness
Coordinator, VAMHCS/UMSOM Internship SMI Track Didactic Series
Licensed Psychologist in Maryland
Interests: Psychosocial treatments for SMI and factors related to recovery, self-stigma, self-care for mental health professionals

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

ALICIA LUCKSTED, PH.D.
University of Maryland College Park PhD in Clinical/Community Psychology, 1997
Clinical Research Investigator, VA VISN-5 Mental Illness Research, Education, and Clinical Center (MIRECC)
Licensed Psychologist in Maryland
Interests: Mental Health Services Research, Resisting Internalized Stigma regarding Mental illness and Using MH Services, Self-Help and Peer Delivered Services

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

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

TIFFANY BEASON, PH.D.
University of Maryland Baltimore County, 2018. Clinical and Community Psychology
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine
Faculty National Center for School Mental Health
Licensed Psychologist in Maryland
Interests: School mental health, cultural responsiveness anti-racist and equitable care, strength-based approaches to supporting racial/ethnic minority students, well-being

JILL BOHNENKAMP, PH.D.
University of Virginia, 2012. Clinical and School Psychology
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine
Faculty National Center for School Mental Health

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

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, Faculty National Center for School Mental Health
Interests: Quality and evidence-based practice in school mental health, including dissemination and implementation methods, workforce development and comprehensive program evaluation

ANTONIA GIRARD, PSY.D.
Nova Southeastern University, 2014. Clinical Psychology
Director, Maryland Psychological Assessment Clinic
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine
Licensed Psychologist in Maryland
Interests: Early childhood mental health, infant mental health, autism spectrum disorder, developmental disabilities, developmental evaluations, child and adolescent clinical assessments, trauma-informed care

AIJAH K.B. GOODWIN, PH.D.
Louisiana State University, 2021
Assistant Professor, University of Maryland School of Medicine
Licensed Psychologist in Maryland
Interests: culturally responsive practices, mental health help-seeking and accessibility, adolescent mental health, internalizing disorders, trauma-informed care

SHARON HOOVER, PH.D.
University of Maryland Baltimore County, 2002. Clinical and Community Psychology
Co-Director, National Center for School Mental Health, University of Maryland School of Medicine
Director, National Center for Safe Supportive Schools
Professor, Department of Psychiatry, University of Maryland
Licensed Psychologist in Maryland.
Interests: School Mental Health, evidence-based practice in school mental health, trauma, and youth, quality improvement and sustainability, school mental health policy, international school mental health

NANCY LEVER, PH.D.
Temple University, 1997. Clinical Psychology.
Consortium Associate Director
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, family engagement, well-being, school mental health policy

ALICIA LUCKSTED, PH.D.
University of Maryland College Park, 1997. Clinical/Community Psychology
Clinical Research Investigator, VA VISN-5 Mental Illness Research, Education, and Clinical Center (MIRECC)
Licensed Psychologist in Maryland
Interests: Mental Health Services Research, Resisting Internalized Stigma regarding Mental illness and Using MH Services, Self-Help and Peer Delivered Services

BRITTANY PATTERSON, PH.D.
University at Buffalo, 2015. School/Counseling Psychology
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine
Faculty National Center for School Mental Health
Licensed Psychologist in Maryland
Interests: School Based Mental Health Services, trauma, disruptive behavior disorders, individual therapy, family therapy, group therapy, evidence-based assessment and intervention, cultural diversity, equity, inclusion, and anti-racism

SAMANTHA REAVES, PH.D.
DePaul University, 2019. Clinical
Assistant Professor, Department of Psychiatry, University of Maryland School of Medicine
Faculty National Center for School Mental Health
Licensed Psychologist in Maryland
Interests: Preschool mental health, measurement development, quality improvement in school mental health, risk factors and facilitators of student outcomes, family engagement

PAMELA RAKHSHAN ROUHAKHTAR, PH.D.
University of Maryland Baltimore County, 2021, Clinical Psychology
Assistant Research Scientist, University of Maryland Baltimore County
Licensed Psychologist in Maryland
CHiRP Track Director
Interests: My clinical and research interests include understanding biases in psychosis-risk assessment of marginalized populations, as well as the application of advanced quantitative methods in the study of psychosis-risk.

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
Faculty National Center for School Mental Health
Interests: Ecologically-based interventions, multi-systemic therapy (MST), juvenile justice, Parent CRAFT, Strengthening Families Program, Early Intervention for Psychosis

APPENDIX A

VAMHCS/UMSOM PSYCHOLOGY INTERNSHIP CONSORTIUM
PSYCHOLOGY TRAINEE COMPETENCY ASSESSMENT FORM

Trainee:_____ Supervisor:_____
Date: _____ Rotation/Clinic: _____

Evaluation time point: UM interns:	1st Mid-Eval.	2nd Mid-Eval.	3rd Eval. (End-of-Year)
VA interns:	1st rotation	Initial	Final
	2nd rotation	Initial	Final
	3rd rotation	Initial	Final
Minor Rotation:	Mid-Rotation	Final	

ASSESSMENT METHOD(S):

_____ Direct observation*
_____ Videotape
_____ Audiotape
_____ Case presentation
_____ Review of written work
_____ Review of raw test data
_____ Discussion of clinical interaction
_____ Comments from other staff

COMPETENCY RATINGS

1 – Trainee does not demonstrate basic competency (below intern entry level expectations). Performance reflects **suboptimal**: skills and knowledge, ability to function in a range of clinical and professional activities, and self-awareness regarding when additional training, supervision, and/or consultation needed. A remedial plan is required.

2 – Trainee demonstrates basic competency (expected intern entry level). Performance reflects **developing**: skills and knowledge, ability to function in a range of clinical and professional activities, and self-awareness regarding when additional training, supervision, and/or consultation needed. Further growth is necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of competency (minimal intern completion level; consistent with readiness for entry level practice). Performance reflects **proficient**: skills and knowledge, ability to function in a range of clinical and professional activities, and self-awareness regarding when additional training, supervision, and/or consultation needed. Performance is satisfactory but further growth is desirable.

4 – Trainee demonstrates an intermediate to advanced level of competency (preferred intern completion level). Performance reflects **well-developed**: skills and knowledge, ability to function in a range of clinical and professional activities, and self-awareness regarding when additional training, supervision, and/or consultation needed.

5 – Trainee demonstrates consistently advanced level of competency (well above expected intern completion level). Performance reflects **exceptional**: skills and knowledge, ability to function in a range of clinical and professional activities, and self-awareness regarding when additional training, supervision, and/or consultation.

N/O – Not Observed

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

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 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Acts in ways that embody the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, lifelong learning, and concern for the well-being of others.	
2. Engages in self-reflection regarding personal and professional functioning.	
3. Participates in activities to maintain and enhance performance, well-being, and professional effectiveness.	
4. Seeks and demonstrates openness and responsiveness to feedback and supervision.	
5. Responds professionally in increasingly complex situations with a greater degree of autonomy.	
6. Maintains professional boundaries.	
7. Actively/meaningfully participates in team meetings.	
8. Prioritizes various tasks efficiently.	

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 principles, as well as institutional, local, state, regional, and federal levels.

Rating Scale

1 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates awareness of, and adherence to, current version of the APA Ethical Principles of Psychologists and Code of Conduct.	
2. Demonstrates awareness of, and adherence to, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels.	
3. Demonstrates awareness of, and adherence to, relevant professional standards and guidelines.	
4. Acts in an ethical manner in all professional activities.	
5. Discusses issues of consent and confidentiality with clients.	
6. Effectively identifies ethical and legal dilemmas.	
7. Effectively addresses ethical and legal dilemmas by employing ethical decision-making processes.	
8. Evaluates and responds appropriately to patient risk (e.g., suicidal/homicidal concerns) and crisis situations.	
9. Maintains complete and accurate records of all client interactions.	

COMPETENCY AREA 3: PROFESSIONAL COMMUNICATION AND INTERPERSONAL SKILLS

GOAL: Demonstrates an ability to establish and maintain strong professional associations with providers, staff, colleagues, supervisees, and other sponsors and organizations, as well as those receiving professional services. Exhibits professional behavior, interpersonal skillfulness, and effective communication.

Rating Scale

1 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Establishes and maintains effective relationships with a wide range of individuals/groups, including colleagues, communities, organizations, and supervisors.	
2. Establishes and maintains effective alliances with those receiving professional services.	
3. Exhibits effective interpersonal skills and the ability to manage difficult communications well.	

4. Generates and comprehends oral, nonverbal, and written communications that are informative, tailored, and well-integrated; demonstrates a thorough grasp of professional language and concepts.	

COMPETENCY AREA 4: CONSULTATION AND INTERDISCIPLINARY SKILLS

GOAL: Demonstrates an ability to effectively communicate with teams of providers, staff, and other sponsors as it relates to duties performed within the scope of professional psychology. Exhibits an ability to seek and provide consultation.

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. Exhibits knowledge and respect for the roles and perspectives of other professions.	
2. Demonstrates an ability to identify when consultation is needed and seeks consultation in such circumstances.	
3. Gives the appropriate level of guidance when providing consultation to peers, clients and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	
4. Demonstrates an ability to take into account the referring provider(s) level of knowledge regarding psychological theory, methods, and principles when providing information.	
5. Effectively navigates healthcare systems to coordinate care and facilitate access to resources.	

COMPETENCY AREA 5: INDIVIDUAL AND CULTURAL DIVERSITY

GOAL: Demonstrates knowledge, awareness, sensitivity, and skills when working with individuals and communities whose lived experiences, characteristics, and backgrounds reflect a spectrum of cultural influences and identities. Exhibits life-long commitment to self-evaluation regarding identities, cultural influences, positions of privilege and power, and impact on one's thoughts and actions. Seeks opportunities to learn from and about others whose identities and cultures differ from their own.

Rating Scale

1 – Remediation required

2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Exhibits an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one perceives and interacts with people different from oneself.	
2. Actively seeks supervision or consultation about individual and cultural diversity.	
3. Actively seeks out scientific literature or other materials or experiences to expand understanding of individual and cultural diversity.	
4. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and provision of services.	
5. Effectively integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., clinical service delivery, research, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered, as well as with individuals whose group membership, demographic characteristics, or worldviews create conflict with one's own.	

COMPETENCY AREA 6: THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

GOAL: Demonstrates an ability to conduct evidence-based assessments, generate thorough and tailored integrated psychological assessment reports, and effectively communicate findings and recommendations to patients and others (e.g., other providers, families, etc.).

Rating Scale

1 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	**RATING**
1. Evidences current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
2. Exhibits understanding of human behavior within its context (e.g., family,	

social, societal, and cultural).	
3. Demonstrates an ability to incorporate knowledge of functional and dysfunctional behaviors as well as relevant contextual factors into the assessment and/or diagnostic process.	
4. Selects appropriate assessment measures, with consideration of the empirical base, relevant diversity characteristics, and psychometrics.	
5. Administers assessment measures in accordance with standardized procedures.	
6. Accurately scores assessment measures.	
7. Demonstrates effective diagnostic interviewing skills.	
8. Demonstrates awareness of objective versus subjective aspects of the assessment process in order to reduce decision-making biases.	
9. Exhibits nuanced interpretation of assessment measures, guided by current research and professional standards, to inform case conceptualization, diagnosis, and recommendations.	
10. Effectively integrates and synthesizes information from multiple sources (e.g., client, informant, assessment measures, health records, educational records, etc.).	
11. Writes assessment reports that effectively address the referral question(s) and identified goals of the assessment.	
12. Formulates well conceptualized and useful recommendations.	
13. Generates reports that clearly and concisely convey pertinent information (e.g., presenting concerns, cultural and contextual factors, background information).	
14. Accurately and effectively communicates assessment results and recommendations and in a manner that is tailored and sensitive when providing feedback to recipients (e.g., client, family members, referring provider).	
15. Reports have minimal careless errors (e.g., typos, scoring errors).	

COMPETENCY AREA 7: THEORIES AND METHODS OF PSYCHOTHERAPEUTIC INTERVENTION

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

Rating Scale

1 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Demonstrates an awareness of personal factors that could interfere with provision of intervention services.	
2. Establishes and maintains effective alliances with recipients of psychological services.	
3. Exhibits an ability to apply relevant research to clinical decision-making processes.	
4. Effectively generates and implements evidence-based intervention plans, based on assessment/case conceptualization, cultural and contextual factors, referral, and treatment goals.	
5. Demonstrates an ability to effectively modify and adapt evidence-based approaches when a clear evidence-base is lacking.	
6. Collaboratively establishes measurable treatment goals with clients.	
7. Monitors client progress towards reaching treatment goals, evaluates intervention effectiveness, and adapts goals and approaches as needed.	
8. Develops appropriate goals for the nature and duration of the group.	
9. Demonstrates an ability to maintain group order and focus on goals of session.	
10. Displays an ability to manage group dynamics.	
11. Demonstrates an ability to function effectively as a group (co-)facilitator.	
12. Exhibits skill in managing termination processes.	

COMPETENCY AREA 8: SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

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

Rating Scale

1 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Exhibits skill in critically evaluating research and other scholarly activities (e.g., presentations, case conferences).	
2. Demonstrates knowledge of common research methodologies relevant to psychology and the implications of the use of such methodologies for practice.	
3. Identifies areas of needed knowledge with specific clients/populations.	

4. Independently seeks out and is responsive to supervisor's suggestion of empirical information relevant to clinical service delivery.	

COMPETENCY AREA 9: 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 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

ITEMS	RATING
1. Identifies major components of models of supervision (e.g., competency-based developmental model, strengths-based).	
2. Seeks out information regarding supervision theory/practice using relevant scientific and other professional sources.	
3. Demonstrates ability to effectively self-supervise, including skillful observation, evaluation, and provision of feedback.	
4. Demonstrates ability to effectively apply supervision skills (observation, evaluation, feedback) with peers.	
5. Demonstrates an ability to establish an effective alliance with supervisor.	
6. Consistently recognizes relevant issues related to supervision.	
7. Effectively discusses the supervisory process with supervisor.	
8. Effectively receives feedback from supervisors.	
9. Effectively provides feedback to supervisors.	
10. Demonstrates an ability to establish an effective alliance with supervisee.	
11. Effectively applies supervision skills including observation, evaluation, and provision of feedback with supervisee.	

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:

_____

_____

Comments:

_____

_____

Rating: _____

2. Goal:

_____

_____

Comments:

_____

_____

Rating: _____

3. Goal:

_____

_____

Comments:

_____

_____

Rating: _____

4. Goal:

_____

_____

Comments:

_____

_____

Rating: _____

5. Goal:

_____

_____

Comments:

_____

_____

Rating: _____

SUPERVISOR COMMENTS

Summary of strengths:

_____

_____

_____

_____

Areas needing additional development, including recommendations:

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:

CRITERIA FOR COMPLETION

Initial 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.

Final Rotation (VA) or End-of-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):

_____

_____

_____

_____

_____

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/UMB 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 (below intern entry level expectations). Performance reflects **suboptimal**: skills and knowledge, ability to function in a range of research and professional activities, and self-awareness regarding when additional research training, supervision, and/or consultation needed. A remedial plan is required.

2 – Trainee demonstrates basic research competency (expected intern entry level). Performance reflects **developing**: skills and knowledge, ability to function in a range of research and professional activities, and self-awareness regarding when additional research training, supervision, and/or consultation needed. Further growth is necessary. A remedial plan may be needed.

3 – Trainee demonstrates an intermediate level of research competency (minimal intern completion level). Performance reflects **proficient**: skills and knowledge, ability to function in a range of research and professional activities, and self-awareness regarding when additional research training, supervision, and/or consultation needed. Performance is satisfactory but further growth is desirable.

4 – Trainee demonstrates an intermediate to advanced level of research competency (preferred intern completion level). Performance reflects **well-developed**: skills and knowledge, ability to function in a range of research and professional activities, and self-awareness regarding when additional research training, supervision, and/or consultation needed.

5 – Trainee demonstrates consistently advanced level of research competency (well above expected intern completion level). Performance reflects **exceptional**: skills and knowledge, ability to function in a range of research and professional activities, and self-awareness regarding when additional research training, supervision, and/or consultation needed.

N/O – Not Observed

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 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
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 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
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 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
N/O – Not Observed

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 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
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 – Remediation required
2 – Basic competence
3 – Intermediate competence
4 – Intermediate to advanced competence
5 – Consistently advanced competence
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:

_____

_____

Comments:

_____

_____

Rating: _____

2. Goal:

_____

_____

Comments:

_____

_____

Rating: _____

3. Goal:

_____

_____

Comments:

_____

_____

Rating: _____

SUPERVISOR COMMENTS

Summary of strengths:

_____
_____
_____
_____

Areas needing additional development, including recommendations:

_____
_____
_____
_____

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:

_____
_____
_____
_____

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):

_____

_____

_____

_____

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 *far below* 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 *slightly below* 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 meets my expectations within this domain.
SE	Slightly Above Expectations	Supervisor/site *slightly* surpasses my expectations within this domain.
EE	Significantly Exceeds Expectations	Supervisor/site *greatly exceeds* 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.	☐	☐	☐	☐	☐	☐
Expressed interest in and commitment to my growth as a clinician.	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐
Provided feedback in a constructive/tactful manner.	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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.	☐	☐	☐	☐	☐	☐
Was available for supervision outside of regularly scheduled meetings (e.g., spot supervision, urgent/emergent situations, phone consultation).	☐	☐	☐	☐	☐	☐
Provided feedback in a timely manner.	☐	☐	☐	☐	☐	☐
Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.)	☐	☐	☐	☐	☐	☐

Collaboratively developed a plan to meet my training goals/needs at the start of the rotation, and reviewed throughout the course of supervision.	☐	☐	☐	☐	☐	☐
Helped me navigate/problem-solve any challenges I encountered within the rotation (e.g., time management concerns, etc.).	☐	☐	☐	☐	☐	☐
Ensured that I had the resources necessary to perform my rotation-related duties (e.g., keys, office space, manuals, 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 <u>not</u> 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.	☐	☐	☐	☐	☐	☐
Discussed case conceptualization.	☐	☐	☐	☐	☐	☐
Discussed client diversity & case conceptualization in context of diversity-related client factors.	☐	☐	☐	☐	☐	☐
Discussed/provided education about risk issues and their documentation (e.g., suicide and homicide risk assessment, reporting child abuse, etc.).	☐	☐	☐	☐	☐	☐
Encouraged me to engage in scholarly inquiry/reference the literature.	☐	☐	☐	☐	☐	☐
Provided opportunities for training in theories and methods of psychological diagnosis and assessment.	☐	☐	☐	☐	☐	☐
Provided guidance in the administration of empirically supported treatments, based on the client's presenting problems.	☐	☐	☐	☐	☐	☐
Provided tiered clinical supervision ("supervision of supervision").	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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 ☐ No☐	☐	☐	☐	☐	☐	☐
Live supervision when co-leading groups.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Live supervision in other clinical contexts (e.g., observation of assessment, clinical interviews, individual sessions, etc.).	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Audio recordings.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Sharing their own case material/past experiences with clients, when appropriate.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the field and/or rotation specialty area.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐

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.	☐	☐	☐	☐	☐	☐
Encouraged me to demonstrate greater autonomy, as my capabilities and skills allowed.	☐	☐	☐	☐	☐	☐
Discussed development of my professional identity as a psychologist in the treatment context (e.g., interdisciplinary team, school, clinic, etc.)	☐	☐	☐	☐	☐	☐
Encouraged application of current scientific knowledge to clinical practice.	☐	☐	☐	☐	☐	☐

Provided opportunities for training in professional communication and consultation.	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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.	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐

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.	☐	☐	☐	☐	☐	☐
I feel more confident in my clinical skills/abilities.	☐	☐	☐	☐	☐	☐
My competence in clinical assessment has increased.	☐	☐	☐	☐	☐	☐
My competence in the delivery of therapy has increased.	☐	☐	☐	☐	☐	☐
I have become more autonomous in my professional activities.	☐	☐	☐	☐	☐	☐
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	☐	☐	☐	☐	☐	☐

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.	☐	☐	☐	☐	☐	☐
The supervisory content was effective in meeting my training needs for the rotation.	☐	☐	☐	☐	☐	☐
The supervisor adequately addressed diversity issues in supervision.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my development as a scientist-practitioner.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my professional development.	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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 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.	☐	☐	☐	☐	☐	☐
Training opportunities in line with my training goals.	☐	☐	☐	☐	☐	☐
Resources needed to perform rotation/clinic-related duties (e.g., office space, books/manuals, computer access, etc.).	☐	☐	☐	☐	☐	☐
A sense of being an integrated/valued member of the treatment team.	☐	☐	☐	☐	☐	☐
Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.).	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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:

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 *far below* 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 *slightly below* 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 meets my expectations within this domain.
SE	Slightly Above Expectations	Supervisor/site *slightly* surpasses my expectations within this domain.
EE	Significantly Exceeds Expectations	Supervisor/site *greatly exceeds* 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.	☐	☐	☐	☐	☐	☐
Expressed interest in and commitment to my growth as a researcher.	☐	☐	☐	☐	☐	☐
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.	☐	☐	☐	☐	☐	☐
Provided feedback in a constructive/tactful manner.	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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.	☐	☐	☐	☐	☐	☐
Provided feedback in a timely manner.	☐	☐	☐	☐	☐	☐
Educated me about expectations with respect to roles, documentation, and policies (e.g., confidentiality, etc.)	☐	☐	☐	☐	☐	☐
Collaboratively developed a plan to meet my research training goals/needs at the start of the year, and reviewed throughout the course of supervision.	☐	☐	☐	☐	☐	☐

Helped me navigate/problem-solve any challenges I encountered within the research rotation (e.g., time management concerns).	☐	☐	☐	☐	☐	☐
Ensured that I had the resources necessary to perform my research-related duties (e.g., office space, computer access, appropriate statistical software, manuals, 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 <u>not</u> 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.	☐	☐	☐	☐	☐	☐
Encouraged me to engage in scholarly inquiry/reference the literature to formulate research aims and hypotheses.	☐	☐	☐	☐	☐	☐
Discussed/provided education about applicable scientific methods and procedures.	☐	☐	☐	☐	☐	☐
Discussed/provided education about analytic approaches relevant to my research project.	☐	☐	☐	☐	☐	☐
Provided guidance with interpretation of data analyses.	☐	☐	☐	☐	☐	☐
Helped me to explore alternate explanation(s) for results.	☐	☐	☐	☐	☐	☐
Encouraged me to consider limitations of my study/project.	☐	☐	☐	☐	☐	☐
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).	☐	☐	☐	☐	☐	☐
Provided guidance in outlining implications of my research.	☐	☐	☐	☐	☐	☐
Encouraged me to disseminate my research project through local, regional, and/or national platforms (e.g., poster presentation), and assisted with this, as needed.	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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
Direct instruction (e.g., modeling skills, observation of research assessment, observation of participant interviews, documentation, data analysis, etc.)	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Sharing their own past experiences in the context of research, when appropriate.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐
Specific didactic materials (e.g., readings, trainings) that were effective in expanding my knowledge base in the research specialty area.	Yes ☐ No☐	☐	☐	☐	☐	☐	☐

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.	☐	☐	☐	☐	☐	☐
Encouraged me to demonstrate greater autonomy in the setting, as my capabilities and skills allowed.	☐	☐	☐	☐	☐	☐
Discussed development of my professional identity as a psychologist in the context of research.	☐	☐	☐	☐	☐	☐
Provided opportunities for training in professional communication and research-related consultation.	☐	☐	☐	☐	☐	☐

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 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.	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐

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.	☐	☐	☐	☐	☐	☐
I feel more confident in my ability to utilize the scientific literature to formulate research aims and hypotheses.	☐	☐	☐	☐	☐	☐
My competence in conducting and interpreting data analyses has increased.	☐	☐	☐	☐	☐	☐
My competence in discussing implications of research findings has increased.	☐	☐	☐	☐	☐	☐
I have become more autonomous in conducting research activities.	☐	☐	☐	☐	☐	☐
I feel more prepared for the next step in my career (e.g., postdoctoral fellowship, staff psychologist, faculty position).	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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.	☐	☐	☐	☐	☐	☐
The supervisory content was effective in meeting my training needs.	☐	☐	☐	☐	☐	☐
The supervisor adequately addressed diversity issues in supervision.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my development as a scientist-practitioner.	☐	☐	☐	☐	☐	☐
The supervisor provided adequate assistance in my professional development.	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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.	☐	☐	☐	☐	☐	☐
Research training opportunities in line with my training goals.	☐	☐	☐	☐	☐	☐
Resources needed to perform research-related duties (e.g., office space, books/manuals, computer access, etc.).	☐	☐	☐	☐	☐	☐
A sense of being an integrated/valued member of the research team/clinic.	☐	☐	☐	☐	☐	☐
Proper safety measures to protect against potentially threatening situations (e.g., shuttle to parking garage, etc.).	☐	☐	☐	☐	☐	☐

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 <u>not</u> 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:

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.*

APPENDIX E

VAMHCS/UMB School of Medicine Psychology Internship Consortium

Supervision Contract

Intern name: _____ Supervisor name: _____

Rotation/clinic name: _____

Psychology Intern: *I agree to the following conditions and procedures related to supervision:*

1) Take supervision time seriously, be on time and prepared with case materials, audio/video recordings, and agenda that prioritizes emergent situations for immediate discussion.
2) Practice ethically, legally, and professionally as outlined by APPIC, APA, and the Maryland Board of Psychologists.
3) Be open and honest regarding successes, areas of growth, countertransference and emotional reactions in therapy, for the purposes of clinical growth and development. Be willing to accept constructive feedback and ask for help when needed. Personal disclosures that are not relevant to the supervisory process will not be required of trainees or supervisors. Boundaries appropriate to the supervisor-supervisee relationship will be maintained at all times, in accordance with APA ethical guidelines (Please see VAMHCS/UMSOM Psychology Internship Consortium Trainee Staff Boundaries Guidelines and Decision Tree located in the Consortium Handbook).
4) Comply with all clinic and program policies, procedures, and paperwork, including volume expectations.
5) Actively participate in the supervision process by setting goals, planning, and identifying criteria for success.
6) Provide the supervisor with honest feedback about supervision and the supervisory process.
7) Always work within the limits and scope of my competency, skills, and training. In doing so, I will identify myself as a Psychology Doctoral Intern, operating under the license and supervision of the named licensed supervising Psychologist.
8) Be respectful of and abide by confidentiality, required reporting, and related regulations (HIPAA, Joint Commission, Maryland state law).
9) Strive to be self-aware and willing to work toward professional growth and competence.
10) Communicate concerns directly with my supervisor and, if needed, also with the consortium director of training and/or associate directors of training.

Supervisor: *I agree to the following conditions and procedures related to supervision:*

1) Orient supervisees to supervision and the supervisory process, including setting goals, planning, and identifying criteria for success (Please see VAMHCS/UMB Psychology Internship Consortium Psychology Trainee Competency Evaluation located in the Consortium Handbook for a full set of criteria for rotation/track completion) and policies and procedures for addressing problematic performance/grievances during the rotation (Please see the VAMHCS/UMB Psychology Internship Consortium Procedures for Remediation of Problematic Performance, Administration of Due Process, and Addressing Grievances located in the Consortium Handbook).

2) Consistent with VAMHCS Education Policy 512-14/E&AA-009, "Supervision of Associated Health Trainees", conduct a developmental skills assessment of interns strengths and areas of growth at the beginning of the supervisory relationship. The skills assessment will inform the interns' training plan and determine the general type of supervision (e.g., room, area, or available). If the level of supervision should change for any reason during the rotation, this will be discussed openly in supervision and the supervision contract will be revised as necessary. Please complete Graduated Levels of Responsibility form attached.

3) *Primary supervisors*: **Ensure that my supervisee receives a minimum of 2 hours of face-to-face (including via video) individual supervision and a minimum of 2 hours of other supervision per week (4 hours/week in total).** This supervision may be provided by other supervisors, but I will work with the intern to ensure that this requirement is met.

4) *Primary supervisors*: Please indicate intern's supervision schedule. Please include the supervision that you will provide as well as any other supervision that the intern is scheduled to receive (*e.g.*, supervision at other clinics, minor rotations, research supervision) so that this is a *complete* list all of the supervision the intern will be receiving.

Day(s) of the week	**Time(s)**	**Mode** (individual, group, etc.)	**Supervisor name**	**Frequency**	**Duration of supervision sessions**
		Individual Clinical Supervision	Clinical Supervisor:	2x/week	1 hour each, face to face
		Individual Research Supervision	Research Supervisor:	1x/week	1 hour
			Minor Supervisor:		

5) The VAMHCS-UMB Psychology Internship Consortium is a scientist-practitioner training program that highly values training in scientific research, and requires psychology interns to participate in an empirical research/program evaluation project during their internship year. *The Consortium provides up to 6 hours per week of protected time for these projects.* Please

indicate a mutually agreed upon date and time that the psychology intern will work on his/her research project and receive supervision from their mentor.

Day(s) of Week:_____ Time(s):_____

6) Supervise according to high ethical, legal, and professional standards as outlined by APPIC, APA and the Maryland Board of Psychologists, including maintain protection of client welfare and professional standards of practice for entry into the field. Provide positive role modeling in ethical, legal and professional standards in clinical and professional interactions for psychology trainees.

7) Take the supervision time seriously, be on time, and be prepared to address questions/concerns, prioritizing emergent and high risk situations in each supervision meeting.

8) Share relevant resources with the supervisee and teach evidence-based skills and attention to diversity as part of supervision.

9) Take a strengths-based approach with a focus on both successes and challenges.

10) Comply with all documentation and correspondence/external communication requirements (specified by COMAR, Psych Associate, Joint Commission etc), including documenting supervision and signing off on clinical records and external correspondences.

11) Seek consultation/support on best practices in supervision and on issues outside of my expertise.

12) Provide the supervisee with honest and constructive written and verbal feedback about their work at regular intervals. Evaluations will be reviewed during individual, face-to-face supervision.

13) Be available to address crisis situations during non-supervisory times. Provide trainee with emergency contact information (e.g., pager, cell phone) for high risk situations.

14) Help support ethical practice and work with supervisee toward professional growth and competence.

15) Comply with supervisory guidelines and expectations established by the Consortium Training Committee, and provide supervision that is consistent with the VAMHCS/UMB Psychology Internship Consortium training philosophy of scientist-practitioner training.

16) Keep the Consortium Training Committee apprised of intern progress by completing evaluations when they are scheduled and notifying the training committee if serious deficiencies that are in need of remediation are identified prior to scheduled evaluations. The Training Committee will use this information to inform internship completion requirements and to communicate with graduate training programs regarding trainee development and performance throughout the training year.

The following rotation/clinic-specific competencies have been agreed upon as training goals that the supervisor and supervisee will address during the rotation/training year (Please identify several competencies below that the intern can expect to be evaluated on several times throughout the training experience):

1. Competency: _____
2. Competency: _____
3. Competency: _____

The following practices will be utilized for supervision on this rotation/track:

1. The use of audio/visual equipment for supervision.
2. Models of supervision (please specify): _____
3. Required readings:_____
4. Additional rotation/track specific practices:_____

I have reviewed the specific goals and skills for this rotation with the supervisee:

_____ Yes _____ No

My signature below indicates that I have read the Supervision Contract and agree to abide by its terms.

My signature below indicates that I have read the Supervision Contract and agree to abide by its terms.

_____	_____
_____	_____
Intern	Date
_____	_____
Primary Supervisor	Date
_____	_____
Research Supervisor	Date
_____	_____
Additional Supervisor	Date

APPENDIX F

VAMHCS/UMSOM PSYCHOLOGY TRAINING PROGRAMS
Graduated Levels of Responsibility for Psychology Trainees

Supervisee: _____ □Extern □ Intern □Fellow

Rotation/Placement: _____ Date: _____

Rating Time Point: initial rotation change/ midyear/annual remediation Other:_____

In accord with VHA Handbook 1400.04 *Supervision of Associated Health Trainees* and its supervision requirements related to graduated levels of responsibility for safe and effective care of veterans, we have evaluated the above individual's clinical experience, judgment, knowledge, and technical skill, and we have determined that the trainee will be allowed to perform the following clinical activities within the context of the below assigned levels of responsibility.

As part of this evaluation, at the initiation of new clinical activity (e.g., new clinical placement or rotation) the supervising practitioner (licensed psychologist) directly observed at least one trainee clinical encounter to determine level of supervision required. Changes to level of supervision as a result of remediation or skill development (i.e., greater autonomy) will be documented through the completion of a new form.

Supervision Levels
Room: The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.
Area: The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
***Available:** Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

Please indicate a level of supervision for each clinical activity the supervisee is performing.
Ultimately, the supervising practitioner determines which specific activities the trainee will be allowed to perform within the context of these assigned levels of responsibility.

Activity Types	Level of Supervision		
General Clinical Activity	**Room**	**Area**	**Available**
Diagnose within the Scope of Psychology			
Psychological Testing			
Psychotherapy			
Consultation/Liaison			
Crisis Intervention			
Prevention (UM only)			
Specialized Clinical Activity			
Neuropsychology			
Geropsychology			
Cognitive Rehabilitation			
Biofeedback			

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Supervisee Name: _____

Supervisee Signature: _____ Date: _____

Training Director Name: _____

Training Director Signature: _____ Date: _____

*For UM Interns, "available" includes periodic on-site supervision, of which the frequency may be increased as needed.

APPENDIX G

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 2024

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
The VAMHCS/UMSOM Psychology Internship Consortium adheres to the scientist-practitioner approach to training. Applicants from graduate programs that place an equally strong emphasis on scientific study and broad clinical training are considered strong candidates for our program. For the scientist component, we seek applicants that have a combination of peer-reviewed publications and professional presentations that clearly demonstrate their skills as a psychological scientist. For the practitioner component, it is expected that applicants 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.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	Y		Amount: minimum 500 combined intervention and assessment hours
Total Direct Contact Assessment Hours	Y		Amount: 50

Describe any other required minimum criteria used to screen applicants:
Applicants must be trainees in good standing in an APA-, CPA-, PCSAS-accredited doctoral program in clinical, counseling, or school psychology and approved for internship by their graduate program Training Director. Applications are only reviewed for trainees who have successfully proposed their dissertation prior to the application deadline. For UM-based tracks, J-1 visas **are** accepted. Green cards and F-1 and H1-B visas are **not** accepted. For VA-based tracks, applicants must be citizens of the United States. 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. Applicants who were noted as male on their birth certificate, regardless of current gender, must have registered with the Selective Service System by age 26 (and provide proof of registration) to be eligible for any US government employment, including selection as a paid VA trainee. Interns are subject to fingerprinting, employee health screening, verification of educational credentials, and background checks. Selection decisions are contingent on passing these screens.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$38,543
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	**Yes**
If access to medical insurance is provided:	
Trainee contribution to cost required?	**Yes**
Coverage of family member(s) available?	**Yes**
Coverage of legally married partner available?	**Yes**
Coverage of domestic partner available?	**Yes**
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	Accrue 4 hours every 2 weeks (104 hours)
Hours of Annual Paid Sick Leave	Accrue 4 hours every 2 weeks (104 hours)

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes** (determined on a case-by-case basis)
Other Benefits (please describe): 40 hours of professional development leave (e.g., conferences, dissertation defense)	

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023	
Total # of interns who were in the 3 cohorts	48	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Academic teaching	PD=0; EP=0	
Community mental health center	PD=1; EP=0	
Consortium	PD=0; EP=0	
University Counseling Center	PD=0; EP=0	
Hospital/Medical Center	PD=12; EP=0	
Veterans Affairs Health Care System	PD=12; EP=2	
Psychiatric facility	PD=0; EP=0	
Correctional facility	PD=0; EP=0	
Health maintenance organization	PD=0; EP=0	
School district/system	PD=1; EP=0	
Independent practice setting	PD=5; EP=0	
Other: Academic university (non-counseling center/not exclusively teaching)	PD=8; EP=3	
Other: Research institution	PD=3; EP=0	
Other: State Health Department	PD=1; EP=0	

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

APPENDIX H

VAMHCS-UMSOM Psychology Internship Consortium: Telesupervision Policy

Context: Prior to the COVID-19 pandemic, the VAMHCS-UM Psychology Internship Consortium did not utilize telesupervision. In light of unprecedented circumstances associated with the COVID-19 pandemic, telesupervision was incorporated in specific contexts and in accordance with American Psychological Association (APA), VA Office of Academic Affiliations (OAA), and VAMHCS/UM Institutional guidelines. In this post-pandemic phase, telesupervision continues to be utilized and in accordance with APA, VA OAA, and VAMHCS/UM Institutional guidelines. The following document outlines the relevant definitions, considerations, and guidelines that govern the use of telesupervision within the Consortium.

Definitions:

The American Psychological Association Implementing Regulations (IRs) Section C (IRs related to the Standard of Accreditation), specifies the following definitions in relation to supervision and telesupervision:

"***Supervision*** is defined as an interactive educational experience between the resident and supervisor. The relationship between the supervisor and resident must be evaluative and hierarchical, extend over time, and have the simultaneous purposes of enhancing the professional functioning of the more junior person, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession."

"***Telesupervision*** is supervision of psychological services through a synchronous audio and video format in which the supervisor is not in the same physical location as the resident."

"In-Person Supervision is supervision of the psychological services where the supervisor is physically in the same room as the resident."

Other relevant definitions are below.

Graduated Levels of Responsibility: Refers to the types of clinical activities that trainees are permitted to provide within the context of the assigned level of supervision being provided. Determinations regarding levels of supervision are made based on a trainee's clinical experience, judgment, knowledge, and technical skill. The three assigned levels of supervision for in-person clinical encounters include:

> Room: The supervising practitioner (SP) is physically present in the same room while the trainee is engaged in health care services.
>
> Area: The SP is in the same physical area and is immediately accessible to the trainee. SP meets and interacts with Veteran as needed. Trainee and SP discuss, plan, or review evaluation or treatment. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.
>
> Available: Services furnished by trainee under SP's guidance. SP's presence is not required during the provision of services. SP available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.

Guiding Considerations:

- Prior to the onset of the COVID-19 pandemic, the APA Commission on Accreditation (CoA) permitted up to 50% of required individual supervision to occur via telesupervision.
- During the COVID-19 pandemic, APA CoA permitted 100% of required individual supervision to occur via telesupervision. The VA OAA allowed telesupervision in specific circumstances as outlined below, namely for clinical encounters occurring via telehealth platforms, while UM did not place specific limits on circumstances in which telesupervision could be utilized.
- As of July 2023, ***Implementing Regulation C-15 I. Telesupervision***, was modified to remove limits on the specific amount of telesupervision and emphasized the continued need for programs utilizing any degree of telesupervision to have a *formal policy* outlining the use of this supervision modality within their program.
- VA policies and procedures relevant to supervision and telesupervision are delineated in the Veterans Health Administration Handbook 1400.04. Additionally, a memo sent from the Chief Academic Affiliations Officer from the VA Office of Academic Affiliations on October 2nd, 2023, outlines relevant policies and parameters regarding remote work, telework, and virtual supervision (telesupervision) for health professions trainees (HPTs). Per this memo, telesuperivsion may be utilized when HPTs are providing telehealth services to Veterans.

Rationale for Telesupervision:

- Telesupervision promotes increased access to supervisors and expands certain types of training activities, especially related to the provision of telehealth. Video telehealth platforms were widely used in VA prior to the onset of the COVID-19 pandemic, and the scope and frequency of telehealth use greatly expanded during the pandemic and has persisted post pandemic.
- Telesupervision can facilitate continuity of clinical care and training amid unexpected circumstances in which co-located supervision in the same physical space might represent a safety/health risk or when other barriers exist.
- VA/UM supports multiple telehealth platforms and communication tools such as Microsoft Teams to facilitate trainees and supervising practitioners to be either co- located in a virtual space or immediately accessible to one another.
- Use of telehealth/telesupervision is consistent with the Consortium's aims of preparing trainees to have the knowledge and skills to practice psychology in complex and varied types of health care settings. It is also aligned with the program's values of creating a training environment that flexibly adapts to the unique identities and needs of trainees and supervising practitioners. Telesupervision can often enhance accessibility by making supervision more easily available to persons for whom the in-person environment might pose a barrier (e.g., differences in mobility that may impact an individual's ability to navigate between VAMHCS/UMSOM buildings/locations, underlying health conditions for which in-person contact increases health risks). Telesupervision can also increase ease of use for trainees and/or supervising practitioners with different sensory abilities. Microsoft Teams and other similar platforms include a range of accessibility features such as live captions and transcription, utilization of accessibility checker for content shared during supervision sessions, spotlight video function, modification of background to reduce visual distractions, and noise suppression.

VAMHCS/UMSOM Psychology Internship Consortium: Telesupervision Guidelines

- Telesupervision is *not* permitted for in-person clinical services being rendered to Veterans by interns. In those instances, the supervising practitioner (SP) must be in the same facility as the trainee and provide supervision in accordance with the level(s) denoted on the intern's Graduated Levels of Responsibility Form. Telesupervision may be used for services rendered to clients served by UMSOM as long as the level denoted on the intern's Graduated Level of Responsibility Form is "available", other licensed mental health providers are present in the clinical setting, and the SP is immediately accessible via video and is able to present in person, as clinically warranted, to assist the intern in navigating unexpected and/or urgent clinical circumstances.
- Telesupervision *is* permitted for clinical services being rendered to Veterans via telehealth platforms (e.g., VA Video Connect-VVC) and must be provided in accordance with all VA guidelines and safety procedures for telehealth, as outlined in mandatory VA Talent Management System (TMS) trainings regarding the provision of telehealth. Telesupervision is also permitted for clinical services being rendered to clients served by UMSOM. For VA- and UM-based interns, the supervising practitioner (SP) must provide supervision in accordance with the level(s) denoted on the trainee's Graduated Levels of Responsibility Form with "Room" necessitating the SP's presence in the virtual encounter, "Area" necessitating the SP to be able to immediately join the virtual encounter as needed, and "Available" referring to the SP being reachable and able to join the virtual encounter as needed. As is the case with in-person clinical care, the supervising practitioner maintains full professional responsibility for telehealth cases.
- Telesupervision is permitted for supervision that is occurring outside of the direct oversight of in-person clinical encounters and for ad-hoc non-scheduled supervision.
- Synchronous video platforms should be used for individual and group telesupervision. Telephone supervision should *not* be utilized. Trainees and supervising practitioners are provided with equipment (e.g., laptop, external cameras). As a result, they have multiple ways to connect to synchronous video platforms and can switch between devices in the event of a technology failure.
- Trainees and supervising practitioners involved in the provision of telehealth services and associated telesupervision are oriented in the use of technology and programmatic procedures at the outset of training and at the beginning of VAMHCS/UMSOM employment, respectively. Supervising practitioners and trainees are required to be up-to-date on VA/UMSOM trainings and guidelines related to the technical use of telehealth platforms, procedures for maintaining confidentiality of clients during telehealth encounters, and telehealth safety procedures and guidelines for responding to acute mental health or medical crises.
- Trainees and supervising practitioners are expected to adhere to the conditions and procedures related to supervision, in their respective sections, as outlined on the VAMHCS/UMSOM Psychology Internship Consortium Supervision Contract and discussed collaboratively at the outset of and throughout each supervisory association. Accordingly, the effectiveness of supervision modality is routinely discussed and modifications to the supervision approach and environment are implemented as indicated. Trainees more formally provide their ratings of the effectiveness of supervision content and supervision modalities on supervisor evaluation forms. Supervising practitioners formally rate trainees in terms of their engagement and responsiveness to supervision content and supervision modalities on competency evaluation forms.
- All trainees are eligible to provide telehealth services and receive telesupervision in accordance with the guidelines outlined above and in alignment with level(s) of supervision denoted on their Graduated Levels of Responsibility Form.

APPENDIX I

Distribution of Program Policies & Procedures

All programmatic policies and procedures are reviewed during orientation and are accessible to interns throughout the duration of training and are saved in shared folders, distributed via email, and/or distributed via printed copies. Interns are encouraged to ask questions and seek clarification regarding policies and procedures at any point during their training. Please direct these inquiries to Moira Dux (moira.dux@va.gov).

All training program forms, evaluations, and formal complaints are stored electronically in a limited access folder on a secured drive on the VAMHCS Mental Health shared drive. Physical training program files are stored in locked cabinets within administrative spaces of the VAMCHS Mental Health Clinical Center. The electronic folder where internship records are organized and stored has access that is restricted to members of psychology training program leadership and the psychology training program support specialist (Mr. Bess). Training program records are maintained indefinitely and are periodically reviewed for completeness.

To access the following policies, please visit: https://www.va.gov/maryland-health-care/programs/mental-health-clinical-center-psychology-training-program/

- **VAMHCS/UMSOM Consortium Procedures for Remediation of Trainees' Problematic Behaviors and Performance and Addressing Trainees' Grievances**
- **Psychology Training Program Standard Operating Procedure**
- **Psychology Training Program Scope of Practice**

To access the UMSOM EEO and Non-Discrimination Policy, please visit:
https://www.usmd.edu/regents/bylaws/SectionVI/VI100.pdf

To access the VA EEO and Non-Discrimination Policy, please visit:
https://www.va.gov/ORMDI/docs/EEO_Policy.pdf