

Vanderbilt University - Department of Veterans Affairs Internship in Professional Psychology



Updated: September 2011

DEAR PROSPECTIVE APPLICANT:

Thank you for your expression of interest in the Vanderbilt University - Department of Veterans Affairs Internship in Professional Psychology. In our judgment, the program has been a strong, stable, and successful one. We hope this web site provides the information you need to assess your interest in our program.



Vanderbilt Medical Center

(Courtesy of Medical Arts)

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Vanderbilt University-Department of Veterans Affairs Internship in Professional Psychology

OVERVIEW

The Vanderbilt-Department of Veterans Affairs Internship in Professional Psychology, (the Consortium) is a consortium through which a number of Middle Tennessee agencies combine their services and training resources in order to create an internship program of greater richness and variety than any one of them could offer alone. The internship has been in existence since 1965 and has been accredited by the American Psychological Association since 1971. Over 370 interns have elected to participate in our program, coming from the following universities:

Akron	North Carolina
Alabama at Birmingham	North Carolina State
Antioch New England Graduate School	North Texas
Argosy/Washington	Northwestern
Arizona	Nova Southeastern
Arkansas	Ohio University
Auburn	Oklahoma State
Ball State	Pacific Graduate School of Psychology
Baylor	PGSP-Stanford Consortium
Biola University	Penn State
Bowling Green	Purdue
Brigham Young	Regent
California School of Professional Psychology	Rosemead School of Psychology
Case Western Reserve	Rutgers
Catholic University	San Diego (SDSU/UCSD) Joint Doctoral Program
Columbia (Teachers College)	Simon Fraser
Denver	South Carolina
Duquesne	South Florida
Emory	Southern California
Fielding	Southern Mississippi
Florida	Spalding
Florida Institute of Technology	Temple
Florida State	Tennessee
Fordham	Tennessee State
Fuller Theological Seminary	Texas
George Fox University	Texas A&M
George Peabody College	Texas Tech
Georgia	Texas Woman's University
Georgia School of Professional Psychology	Toledo
Georgia State	Tulsa
Houston	Vanderbilt
	Vermont

Idaho State	Virginia Commonwealth
Illinois	Virginia Consortium
Illinois School of Professional Psychology	Virginia Technical Institute
Illinois Institute of Technology	Washington University
Iowa	William and Mary
Indiana	Wisconsin
Indiana State	Wright School of Professional Psychology
Jackson State	Xavier
James Madison	Yale
Loma Linda	Yeshiva
Louisville	
Massachusetts	
Memphis	
Miami	
Missouri at Kansas City	
Minnesota School of Professional Psychology	
Minnesota	

All of the Consortium agencies, except the Alvin C. York VA Campus (in Murfreesboro, TN, about 40 miles distant) are located in a large University/Medical Center complex and are in walking distance of one another. Also nearby are libraries, theaters, gymnasia, health care facilities and all of the other amenities expected in an academic center. Nashville is a pleasant city with a refreshing mixture of small city ambience and big city attractions.

The Consortium is a cooperative effort of five Middle-Tennessee organizations; all engaged in the delivery of mental health services. The agencies that make up the Consortium are the Vanderbilt University Psychological and Counseling Center, the Alvin C. York and Nashville Campuses of the VA Tennessee Valley Healthcare System, the Division of Child and Adolescent Psychiatry and the Division of Adult Psychiatry (both part of the Vanderbilt University Department of Psychiatry). These agencies and the training experiences each has to offer are described in more detail under the "Agencies" sections of this site.

Because of the number of affiliated agencies and their differing missions the Consortium is able to offer an unusually wide variety of clinical training opportunities. This strength also leads to one of the frustrations of the Consortium internship in that each intern is able to sample only a fraction of the training opportunities available. An individual intern's experience is determined by his/her selection of a primary and secondary placement (see internship structure), and interns' experiences will be quite different (e.g., a primary placement in Child and Adolescent Psychiatry vs. one in the Psychological and Counseling Center).

The Consortium is thus structured to provide an in-depth, immersive experience at one agency, which should be congruent with the intern's primary interest area (e.g., university counseling center, academic medical center, VA) while also providing a substantive training experience in a different setting, which may allow either the pursuit of special interests, or the strengthening of areas of weakness in the intern's past training experience.

All of the Consortium agencies share the recognition that the internship is usually a developing psychologist's last year of intensive clinical training and supervision. Therefore, although research opportunities are available across all Consortium sites, the primary focus of the internship is on the acquisition of clinical experience in a well-supervised environment conducive to learning and professional development.

The Consortium is governed by a Training Committee consisting of one voting representative from each agency and one non-voting intern representative. The Training Committee elects a director and associate director who oversee the day-to-day business of the Consortium. The Consortium Training Committee's administrative objectives are to coordinate the selection/admissions process, to provide a stable and supportive administrative structure for intern training, to ensure that training and supervision within the various Consortium agencies are of high quality and congruent with American Psychological Association (APA) guidelines, and to carry out the necessary administrative interaction with APA, APPIC, the Department of Veterans Affairs, Vanderbilt University, and other organizations relevant to the internship. The Consortium also provides an integrative function across the participating agencies so that interns have the opportunity to interact, discuss clinical issues, and learn from one another. This interaction, among a substantial number of interns with varied interests and training backgrounds, can be a very intellectually rewarding, emotionally enjoyable and supportive aspect of the consortium internship.

The by-laws by which the Consortium operates, including policies on Benefits and Leave, Supervision, Grievance Procedures, Probation and Termination and the Evaluation Process are available on this website. Applicants should expect the internship workload to range from 40 to 50 hours a week. You are urged to discuss this issue with the current year's intern's if/when you come to interview, as they will have the current, most accurate knowledge of this issue. Please be aware that workload will vary somewhat from week to week, from site to site and within the VA from rotation to rotation. There is also some variance due to intern-specific factors such as experience in report writing.

Although the content of training experiences across the Consortium agencies is quite diverse, the training program is conceptually grounded in a modified version of the scientist-practitioner model of the profession first articulated at the Boulder Conference (1949). The modification is that active involvement in research is not required of Consortium interns; however, training in clinical techniques across the Consortium is presented in relation to the framework of science that underpins clinical practice. Most of the supervisors in the Consortium were trained through the scientist-practitioner

model and the internship is located in an academic/medical center setting which offers the opportunity for involvement in research for interns who wish it.

The Consortium agencies also share agreed upon training goals and objectives. Interns come into the program as advanced graduate students. Our primary goal is to provide the experience, training, supervision, support, and guidance interns need to make the transition from student to journeyman professional, able to function competently, autonomously, and with confidence in a variety of clinical settings.

Flowing from this goal is the commitment to provide sufficient breadth of training across the traditional areas of psychological practice to allow graduates of the internship to move comfortably into a variety of clinical settings, while at the same time providing the flexibility for interns to pursue specialized interests and to gain experience in more innovative areas of practice. Training experiences and objectives are therefore structured to ensure that each intern will achieve the necessary level of competence in the basic core of assessment, intervention, and consultative skills expected of all professional psychologists while still allowing room for specialization. The opportunity to work in two or more of the participating agencies during the year helps to provide both breadth and depth of experience.

Additional objectives of the Consortium's training program are to foster professional development, and to foster comfort in working relationships with other professional disciplines. Our location in a major university/medical center complex facilitates progress toward these objectives. Throughout the Consortium psychologists interact with a wide range of other clinical disciplines, including anesthesiology, audiology, dietetics, nursing, education, health care administration, medicine, neurology, physical therapy, psychiatry, social work, speech therapy, surgery, and vocational rehabilitation. The focus on training and education in the Vanderbilt community leads to the existence of numerous learning opportunities not directly sponsored by the Consortium. Participation in professionally relevant seminars, rounds, workshops, and meetings on a local, state, regional and national level is encouraged.

INTERNSHIP STRUCTURE

Although there is a wide variety of training experience available within the Consortium, any single intern's experience will be limited to a few sites that are congruent with the intern's training objectives. On Uniform Notification Day, applicants are matched with a particular primary placement in one of the agencies described in the next section. Each Consortium intern devotes three and one half days per week to clinical training and supervision at this primary placement. It is, therefore, very important to review carefully the descriptions of the Consortium agencies to decide which agency/agencies you would consider for potential primary placement based on your training interests, and to indicate these on the [Consortium Supplemental Information Form](#) available through this web-site.

Each intern will spend one day a week at a secondary placement, which must be at a site different from the primary placement. Selection of a secondary placement takes place after the beginning of the internship year and plays no role in acceptance decisions. Prior to secondary placement selection interns are oriented to all of the Consortium agencies and available training experiences. Final assignment of a secondary placement takes into account the intern's expressed preferences, faculty and intern evaluation of the intern's training needs, and the availability of particular experiences and supervision. In order to diversify some interns have negotiated to have one secondary placement for the first six months of the year, and a different secondary placement for the last six months. Such an arrangement would require the agreement in advance of all parties involved. Secondary placement activities are scheduled on the same day of the week, currently Thursday, so that interns working at secondary sites can use the offices of primary interns, who are themselves away at their own secondary sites.

All Consortium interns attend regularly scheduled case conferences and didactic seminars that are organized as part of the internship experience. These mandatory consortium-wide training activities occupy approximately one half day each week, currently on Friday mornings. In addition to the presentation of clinically or professionally relevant content, a major objective of these Consortium-wide training activities is to provide a structure within which members of the intern class may interact and learn from one another. [Click here to view Seminar Schedules for last year's \(2010-2011\) training activities.](#) There is also an abundance of conferences, colloquia, workshops, and research opportunities open to interns in the Consortium settings, in the larger university community, and the Nashville area. Participation in some of these activities can be arranged through negotiation with your training site, and will serve to enrich the internship year and provide a setting for valuable interaction with other professionals.

The following examples may help to illustrate some of the possible ways in which interns' time could be distributed. Intern A, with a primary placement at the Psychological and Counseling Center and a secondary placement at Adult Psychiatry might spend all day Monday, Tuesday, Wednesday, and Friday afternoon at the Counseling Center (PCC), Thursday at Adult Psychiatry (AP), and Friday morning in Consortium Training activities. Intern B, with a primary placement in Child and Adolescent Psychiatry (C&A) and a secondary placement at the Nashville VA would spend all day Monday, Tuesday, Wednesday and Friday afternoon at Child and Adolescent Psychiatry, Thursday at the Nashville VA and Friday morning in Consortium training activities.

	Monday	Tuesday	Wednesday	Thursday	Friday
Intern A	Counseling Center	Counseling Center	Counseling Center	Adult Psychiatry	AM: Training PM: PCC
Intern B	Child and Adolescent	Child and Adolescent	Child and Adolescent	Nashville VA	AM: Training PM: C&A

[Click here to view Seminar Schedules for last year's \(2010-2011\) training activities.](#)

**Vanderbilt University-Department of Veterans Affairs
Internship in Professional Psychology**

ACCREDITATION

Committee on Accreditation
American Psychological Association
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Washington, DC 20002-4242
(202) 336-5979
apaacred@apa.org

The Consortium has been accredited by the American Psychological Association since 1971. The last site visit was in the year 2005. The Consortium received accreditation for seven years, the longest period allowed for internship programs. The next accreditation site visit is scheduled for the September through December quarter of 2012.

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BENEFITS

Intern stipends are set by and paid through the intern's primary placement. Stipend levels vary within the Consortium. Expected stipend levels for the 2012-2013 training year may be found in the descriptions of the Consortium agencies.

Parking arrangements are also the responsibility of each primary placement. You may be required to pay for parking at either or both your primary and secondary placements.

Only the VA primary placement offers **health insurance** as a benefit of employment. However, interns at other sites may purchase student health insurance from Vanderbilt University at graduate student rates. As interns do not have free use of the University's Student Health Service they should expect to pay deductibles and co-payments that graduate students may be able to avoid. To provide continuity of coverage, you may choose to extend your current insurance through the internship year if it is possible to do so.

All Consortium interns are allowed a minimum of two weeks **annual leave** (vacation), two weeks of **sick leave**, and seven **professional days** (to be used for professional meetings and workshops, dissertation related activities, job interviews, etc.). Arrangements for leave should be negotiated in advance with the relevant training sites except in cases of emergency. Extended periods of absence due to serious illness, illness of a family member, etc., will need to be made up by extending the period of the internship in order to complete training requirements.

All Consortium interns have access to Vanderbilt University library resources, as well as the library and computer resources available at their training sites.

VA Tennessee Valley Healthcare System

History: Founded in the middle of the last century, the VA Medical Centers in Nashville, Tennessee and in Murfreesboro, Tennessee (Alvin C. York Medical Center) were administratively separate institutions for many years. Historically the Medical Center in Murfreesboro was a large, long-term psychiatric hospital. In the 1980s an affiliation was established with Meharry Medical School and the Center's medical and surgical facilities were extensively upgraded. The Nashville VA Medical Center is adjacent to and has had a long-standing affiliation with Vanderbilt University Medical Center. The Alvin C. York VA Medical Center has been training psychology interns as a part of the Consortium since 1994, the Nashville VA Medical Center since 1980.

The two medical centers merged administratively, into the VA Tennessee Valley Healthcare System (TVHS), in the late 1990s. TVHS consists of two campuses, the Alvin C. York Campus and the Nashville Campus, as well as thirteen Community Based Outpatient Clinics, which provide services closer to veterans who live at a distance from the campuses.

When the merger was first contemplated, the Psychology Services at both medical centers began to work to integrate their training programs. As the merger progressed the two Psychology Services merged into one, funding six intern positions, with a single Training Committee coordinating the training program.

Over the last several years TVHS has hired a significant number of new psychologists and initiated new Mental Health programs. The training program has been structured to incorporate new faculty interested in training and new training experiences. These changes included the decision to reserve one position for a Neuropsychology training track, featuring two three-month Neuropsychology rotations with different supervisors. This track is farther described below and is considered a separate program by NMS with its own match number. The other five positions are labeled the General Track and are considered a single program by NMS. The training experience for these positions will consist of four three-month rotations chosen from those described below.

Changes for 2012-13: If you reviewed this website before it was updated for 2012-2013 it is important to note that there have been a few changes in the TVHS program.

The Inpatient Psychiatry supervisor has retired and the rotation is not offered, and the Women's Clinic Rotation is also not available for 2012-2013; both have been removed from the website.

Training Objectives: It is the objective of the VA Tennessee Valley Healthcare System training program to prepare interns as generalists with a strong base of experience in

assessment, intervention, and consultation. Although most training in this primary placement takes place in a medical center, the experience is sufficiently broad that it should generalize to a wide range of post-internship settings. A second important objective is to prepare interns to move with competence and confidence into the role of working professional at the conclusion of the internship. Interns who successfully complete the program are prepared, by the depth and variety of their internship experience, to function confidently in a variety of work settings including medical centers, academic departments, university counseling centers, and community mental health centers, depending somewhat on their choice of secondary placement. A third objective is to assist interns in learning to function as effective participants in the health care delivery system, interacting professionally and with appropriate assertiveness with other disciplines involved in the provision of health care. It is the intention of the faculty to model behavior reflective of committed, competent, caring, thoughtful, and ethical psychological practitioners and to encourage interns to reflect on their personal characteristics and how these affect their work in therapy and other professional interactions.

GRECC: The Geriatric Research, Education and Clinical Center, a research oriented consortium involving TVHS, Vanderbilt Medical Center and Meharry Medical Center, and supported nationally by the VA, funds two internship positions. We have chosen not to single out particular intern slots as geropsychology training slots, so all interns participate in the training sponsored by the GRECC and thus acquire some training and experience in geriatrics. Psychology does not design the GRECC Training Program, and it changes somewhat from year to year.

Rotations: Unlike the other Consortium sites VA TVHS has a system of training rotations structured so that interns receive significant depth of experience across a broad range of specialty areas. The interns' time at the VA will be divided into four, three-month rotations, with approximately three days a week spent in rotation-related activities. The rotations available at the two campuses of the VA Tennessee Valley Healthcare system are described below.

Outpatient Psychotherapy: In addition to their rotation based training activities interns will carry an outpatient psychotherapy caseload throughout the internship year, with approximately four therapy hours a week beyond the requirements of the individual rotations. These cases may involve individual therapy with male or female clients, or couple therapy. There is great diversity in the demographics of the client population and in the nature of the psychological problems brought to therapy. Three interns will see their therapy cases at each campus; therapy cases will probably be scheduled on Friday afternoons.

Research Possibilities: There is great potential for research within the Tennessee Valley Healthcare System and intern involvement in research is possible. In particular VA interns will have the opportunity to participate in ongoing Geriatric Research, Education, and Clinical Center (GRECC) projects involving the examination of long-term cognitive outcomes of in critical illness. Other research opportunities are described

briefly under the appropriate rotation description. The primary focus of the internship, however, remains the acquisition of clinical experience, and significant involvement in research is optional and will require initiative and a commitment of additional time on the part of the intern.

Training Tracks: One internship position is reserved as a **Neuropsychology Track**. This position will have a unique NMS match number. Applicants who apply for this position should have an interest in specializing in Neuropsychology. The successful applicant's first two training rotations will be Neuropsychology rotations, one with Dr. Marshman and the other with Dr. Denning. For breadth of training the Neuropsychology Track Intern will choose at least one of the two remaining rotations from among the Mental Health rotations and the other from among the Behavioral Medicine rotations. The other five VA Interns will be in the **General Track**, which will consist of four three month rotations which may or may not include one Neuropsychology rotation depending on the intern's preference. To ensure breadth of training General Track interns should select at least one rotation from the Behavioral Medicine one from the Mental Health rotations.

Rotation Selection: There are more potential training rotations within TVHS than there are interns to fill them. Assignment of specific rotations will be accomplished within the first two weeks of the internship. Assignments will be based primarily on intern preference, although faculty judgment in relation to interns' training needs, practical issues such as office space availability, and the number of interns interested in specific rotations will also be taken into account. Rotation assignment will be guided by the following factors/constraints derived from practical limits and faculty judgment.

1. There will be only three interns at each campus at a time due to office space constraints.
2. No intern may complete both OEF/OIF Rotations.
3. Any interested intern will be able to complete at least one rotation in the area of PTSD, in the PTSD program, the OIF-OEF Rotation, or the Poly Trauma Rotation.
4. Interns in the General Track must select at least one rotation from the Behavioral Medicine rotations, and at least one rotation from among the Mental Health rotations.

This internship is intended to be a generalist internship; however, the selection of specific rotations allows interns to develop emphasis areas in behavioral medicine, PTSD, Neuropsychology and Geropsychology, all as practiced in a medical setting. The rotations are grouped into three categories as follows with the campus location indicated by (N) or (M). **Behavioral Medicine:** Organ Transplant Rotation (N); Hospice/Palliative Care Rotation (M); Geropsychology Rotation (M); **Mental Health Rotations:** Posttraumatic Stress Disorder Program (N); OEF/OIF Rotation(N & M); Poly-Trauma Rotations (N). **Neuropsychology Rotations:** the two Neuropsychology Rotations (N) and (M).

Constraints on Secondary Placement Selection: The training experience within TVHS is diverse and covers many of the various kinds of experiences interns are expected to receive; therefore, relatively few constraints are placed on interns' secondary placement choices other than the requirement that interns select a placement **outside** of either VA facility. Faculty judgment of intern training needs will still take precedence in some cases, and choices are always constrained by the interaction of the availability of training experiences and supervision and the preferences expressed by other members of the intern class.

Secondary placement experiences available this year within VA TVHS for interns with primary placements elsewhere include Psychotherapy with the veteran population(individual, couple and group), OIF/OEF Program at both campuses, Women's Clinic, Clinical Research, Poly Trauma in Nashville and Biofeedback. Secondary placement possibilities may change from year to year so specific experiences cannot be guaranteed for 2012-13.

Interviewing: Since all interns accepted at the VA Tennessee Valley Healthcare System will work at both VA campuses, faculty at both campuses will be involved in the interview process. Thus, if you are invited for an interview, you will spend the morning at one campus and the afternoon at the other. Please note that this will involve travel between the campuses. Arrangements for this will be your responsibility.

Travel: The Campuses are located approximately forty miles apart, and the internship will require a substantial amount of travel between campuses. Travel time from campus to campus varies from 50 to 60 minutes with the time of day and direction of travel.

Additional Criteria for Acceptance: American citizenship and an APA accredited graduate program are nationwide requirements for VA internship positions. **Please Note: The requirements noted here are necessary for all VA Internships nationwide:** *Before being accepted for employment in the VA system all potential employees including interns must pass a pre-employment physical examination and a background check. These will be performed after match day, but before the beginning of the internship. Below is the text from a national VA internship website regarding citizenship, drug screening, and for males, selective service registration.*

A CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA intern or VA postdoctoral fellow. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA will not consider applications from anyone who is not currently a U.S. citizen. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff. Interns

*and Fellows are also subject to fingerprinting and background checks. **Match result and selection decisions are contingent on passing these screens.***

Positions: 6 (one reserved for the [Neuropsychology](#) track)

Salary: \$23,974

Starting Date: July 2, 2012

Ending Date: June 28, 2013

Contact:

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Faculty:

Erlete Ascensao, Ph.D.; Emory University, Social Psychology Ph.D. University of Tennessee, Knoxville, Clinical Psychology Ph. D. Interests: Behavioral Medicine, Body-Mind Connection, Psychodynamic Psychotherapy.

Regina Austin, Ph.D.; University of Tennessee, Knoxville, Clinical Psychology, Ph.D. Interests: OEF/OIF veterans and treatment of trauma, Couples therapy with the Gottman method, Strength-based & solution-focused psychotherapy whether interpersonal, CBT, spiritual, or EBT.

Mary Beth Covert, Psy.D., ABPP; Regent University. Assistant TVHS Training Director. Interests: Positive Psychology, Integration of Psychology and Spirituality, Forgiveness of Self and Others, Posttraumatic Stress Disorder, and Women's Issues.

John H. Denning, II, Ph.D. Louisiana State University. 2-Year Neuropsychology Postdoctoral Fellowship: Johns Hopkins University School of Medicine, Department of

Physical Medicine and Rehabilitation. Interests: Neuropsychological Assessment, Malingering/Symptom Validity Assessment, Mild Traumatic Brain Injury, Mild Cognitive Impairment.

Pamela Drury, Ph.D.; Vanderbilt University. Neurobiology Postdoc – Duke University Medical School. Clinical Respecialization – Fielding University. Interests: Neuropsychology, Mild Traumatic Brain Injury, Treatment of Combat-Related Posttraumatic Stress, Co-Morbid TBI and PTSD.

Elizabeth Fenimore, Ph. D.; Pacific Graduate School of Psychology. Neuropsychology Postdoc: Vanderbilt Bill Wilkerson Center; Pi Beta Phi Rehabilitation Institute; Vanderbilt University Medical Center. Posttraumatic Stress, Neuropsychology, Rehabilitation, Geropsychology.

Sharon M. Gordon, Psy.D.; Antioch/New England Graduate School. Chief of Psychology Section. Interests: Neuropsychology, Geropsychology, Behavioral Medicine.

Thomas W. Hagood, Ph.D.; University of Southern Mississippi. Interests: Evidence Based Treatments, Posttraumatic Stress Disorder, Substance Abuse, Pain Management.

Shari L. Harwell, Psy.D.; Florida Institute of Technology. Interests: Trauma, Sexual Dysfunction, Cognitive Behavioral Therapy, Individual/Group/Couples Therapy.

Daniel F. Kearns, Psy.D.; Florida Institute of Technology. Interests: Behavioral Medicine, Group and Individual Psychotherapy, Psychological Aspects of Chronic Pain Management.

Elizabeth M. Latty, Ph.D.; Northwestern University. Interests: Evidence-based treatment of PTSD and related anxiety disorders, Sex and relationship therapy (including treatment of couples, sexual disorders & dysfunctions, gender identity & sexual orientation-related concerns), Behavioral medicine, and Integrated Mental Health/Primary Care.

Kimberly C. Marshman, Ph.D.; Florida State University. Neuropsychology Postdoc; Memphis VA and St. Jude's Children's Research Hospital/Lebonheur Children's Hospital. Interests: Neuropsychological Assessment and Consultation, Behavioral Medicine, Geropsychology, Clinical Research.

Jonathan E. May, Ph.D.; Vanderbilt University. Consortium Director and TVHS Training Director. Interests: Individual and Group Psychotherapy, Treatment of Sexual Dysfunction, Treatment of Combat-Related Posttraumatic Stress Disorder, Psychology Training.

Stacey Owen, Ph. D.; Auburn University. Interests: Posttraumatic Stress Disorder, Women's Issues, Health and Rehabilitation Psychology, and Work-Life Balance.

Michele M. Panucci, Ph.D.; University of Wisconsin, Madison. Interests: Psychotherapy, Treatment of Female Veterans, Personality Assessment, Posttraumatic Stress Disorder, Attachment, Health Psychology Issues, e.g. weight management and smoking cessation.

Erin L. Patel, Psy.D.; Nova Southeastern University. Interests: Geropsychology, Behavioral Medicine.

Jo Cara Pendergrass, Ph.D.; Rosalind Franklin University of Medicine and Science. Neuropsychology/Neuroimaging Postdoc; Dartmouth Medical School. Interests: Neuropsychology, Geropsychology, Neuroimaging/Neuropsychological Research in Clinical Populations.

Randolph S. Petersen, Ph.D.; Nova Southeastern University. Neuropsychology Postdoctoral Fellowship: University of Virginia Health Sciences Center. Interests: Neuropsychological Assessment, Psychological Assessment, Mild Traumatic Brain Injury, Rehabilitation, and Co-morbidity in TBI.

Sandra A. Saporiti, Psy.D.; Nova Southeastern University. Interests: Psychological Aspects of Organ Transplantation, Behavioral Medicine and Health Psychology, Trauma.

Lori Simms, Ph.D.; University of North Texas (Ph.D.). Vanderbilt/VA Consortium (Internship); University of Oklahoma Health Sciences Center (Postdoc). Interests: Posttraumatic Stress Disorder, Treatment of Co-occurring Disorders, Evidenced-Based Psychotherapies, Personality Assessment.

Lori J. Vehring, Psy.D.; Nova Southeastern University. Interests: Behavioral Medicine, Non-pharmacologic Pain Management, Complimentary and Alternative Treatments for Chronic Medical Conditions, Treatment for Female Veterans.

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[VA Tennessee Valley Healthcare System](#)

Rotations in Behavioral Medicine

[Organ Transplant](#)

[Hospice/Palliative Care](#)

[Geropsychology](#)

Organ Transplant Rotation

Location: Nashville Campus

Supervisor: Dr. Sandra Appelt Saporiti

Setting: The psychologist on the liver, heart, stem cell, and kidney transplantation services is an integral part of the transplant teams at this regional academic transplant center, which operates in conjunction with Vanderbilt University. Psychological evaluations of potential transplant candidates and their support person(s) are performed. These evaluations involve a diagnostic interview, cognitive and personality assessment, and a collateral interview. The psychologist formulates specific recommendations regarding suitability for transplantation, and possible interventions or behavioral markers which should be met before the candidate is listed. Follow-up in regard to the patient's progress in meeting intervention goals is an ongoing part of the evaluation. Results of the evaluation are presented in an interdisciplinary team meeting involving psychologists, transplant physicians, transplant surgeons, nurses, and social workers. Candidacy for transplant is decided at these meetings. In addition to evaluation, psychological interventions (psychotherapy and support groups) are provided for pre- and post-transplant patients and their families/support persons.

What Interns Will Do: The intern and the staff psychologist attend team meetings together and are jointly involved in all aspects of the rotation. A goal of this rotation is the objective assessment of the risk of noncompliance, including relapse to smoking and substances of abuse, presence of dysfunctional family systems, presence of psychopathology, and cognitive impairment, any of which might be a barrier to successful transplantation. The intern must learn to communicate and report to non-mental health professionals clearly, both orally and in writing, and to work closely with medical center staff from a variety of disciplines. In addition, the intern will attend the Liver Support Group for pre- and post-transplant patients, as well as provide psychotherapy to pre- and post-transplant patients, as needed.

Research: While there is no ongoing research project on this rotation, there is potential for research if the intern is interested in initiating a project.

Hospice/Palliative Care Rotation

Location: Murfreesboro/York Campus

Hospice/Palliative Care Supervisor: Dr. Sharon Gordon

Back-up Supervisor: Dr. Elizabeth Fenimore

Setting: Sixteen-Bed Hospice/Palliative Care Unit - The Hospice/Palliative Care Unit is an inpatient unit with 12 Hospice Beds and 4 Palliative Care beds. The patients have a variety of terminal or chronic illnesses including cancer, liver failure, failure to thrive, congestive heart failure, and various other diseases. Most have co-morbid psychiatric conditions such as substance abuse, depression and PTSD. The majority of the patients encountered on this rotation are in the geriatric age group.

What Interns Will Do: This rotation is designed to provide the intern with experience in Hospice and Palliative Care. Psychologists provide evaluation and therapeutic services to the veterans and their families or significant others as well as functioning as a core members of the Treatment Team. Interns conduct initial evaluations in addition to providing supportive psychotherapy for patients and family members centering on life review and end of life issues.

Geropsychology Rotation

Location: Murfreesboro Campus

Supervisor: Dr. Erin Patel

Setting: Veterans seen on this rotation reside on the Community Living Centers at this VAMC. The Community Living Centers provide comprehensive, interdisciplinary care to Veterans requiring short-term rehabilitative care and long-term skilled nursing care. Two CLCs will be specifically covered, while others may also be covered on occasion.

Caribbean Islands/CLC-E- This is a 60-bed CLC which provides long-term care, short-term physical rehabilitation, and palliative care. Veterans on this unit typically present with multiple medical and psychiatric co-morbidities.

Patriot's Haven/CLC-W- This 40-bed CLC primarily provides care for Veterans with dementia. However, many Veterans also present with psychiatric co-morbidities, including psychotic disorders.

What Interns Will Do: Interns will complete diagnostic interviews, brief cognitive assessments, capacity assessments, provide individual and group therapy, and assist in the development of behavioral contracts with Veterans. There are also opportunities available to work with family members, such as co-facilitating the caregiver support group. Interns will actively participate in Interdisciplinary Treatment Team meetings, providing information to physicians, pharmacists, nurses, and other healthcare providers. Interns may also be involved with staff education activities and will be asked to provide a professional presentation to Geriatrics and Extended Care Staff on a topic relevant to their interests in geropsychology.

Research: At this time, there are no active research protocols on this rotation. However, if this is a strong interest area of the intern, research in the CLCs can be pursued.

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[VA Tennessee Valley Healthcare System](#)

Rotations in Mental Health

[PTSD](#)

[OEF/OIF](#)

[Polytrauma](#)

Post-Traumatic Stress Disorder Program

Location: Nashville Campus, PTSD Outpatient Clinic

Supervisors: Lori Simms, Ph.D & Elizabeth Latty, Ph.D.

Setting: The PTSD program provides comprehensive outpatient treatment for veterans, including psychotherapy, medication management, and ancillary services such as occupational therapy. Treatment options in the PTSD program include weekly group therapy (support groups and coping-skills groups), individual psychotherapy, including evidenced-based trauma processing therapies such as Prolonged Exposure, Cognitive Processing Therapy, and EMDR. Treatment is also available to veterans diagnosed with co-occurring PTSD and substance use disorders. Initial entry to any of these treatment options involves a comprehensive psychological evaluation. The evaluations are conducted based on extensive clinical interview, mental status exam, and when indicated, administration of formal psychological assessments and structured interviews (e.g. the CAPS, SCID). The PTSD program has an active treatment team which meets weekly. The psychologist serves as a member of the interdisciplinary treatment team, conducts evaluations, individual psychotherapy, and group therapy.

What Interns Will Do: The intern will spend a large portion of his or her time conducting initial evaluations and doing individual, couple, and group psychotherapy. The specific break down of these activities can be adapted to fit the selected intern's training needs and desires. In addition, the intern will have the opportunity to learn and practice evidenced-based psychotherapies for PTSD such as Cognitive Processing Therapy and Seeking Safety. The intern will also function as a member of the treatment team and as such, will attend weekly treatment team meetings and consult with other staff members on a regular basis. The intern will additionally have an opportunity to participate in the formulation of initial treatment plans. All of these activities will be conducted in an environment where a premium is placed on gaining a more advanced understanding of PTSD, current evidence-based treatments for PTSD, the military environment, and the nature of combat.

Research: While there is no ongoing research project on this rotation, the potential for future research projects is being discussed.

OEF/OIF/OND Rotation

Important Note: There are two OEF/OIF/OND Rotations, one at each campus

Location: Nashville Campus and Murfreesboro/York Campus

Supervisors: Dr. Shari Harwell (Nashville); Dr. Regina Austin (Murfreesboro)

Setting: The **SeRV-MH** (Services for Returning Veterans-Mental Health) program is a nation-wide program offered through the Department of Veterans Affairs to provide mental health services specifically for those individuals who have served in the combat areas of Afghanistan (Operation Enduring Freedom/OEF) and Iraq (Operation Iraqi Freedom/OIF) since 2001, as well as post war support during the reunification of Iraq (Operation New Dawn/OND). The program is designed to provide early intervention for those serving in recent conflicts to promote a more rapid reintegration back into the family environment and the community. TVHS has two psychologists working in the program (one based at the Nashville campus and one at the Murfreesboro campus) to provide clinical evaluation, therapeutic intervention, and in-reach services.

Intervention services are available to OEF/OIF/OND veterans of all ages and both genders, to National Guard and Reserve veterans, and possibly to some active duty military. Therapeutic opportunities may include individual, group, couple, or family counseling using such modalities as Cognitive Behavioral Therapy, supportive/talk therapy, stress inoculation/coping skills training, and/or trauma processing. Although the primary emphasis is on readjustment issues, there is also opportunity to treat a range of mental health disorders. Anxiety, anger, depression, sleep problems, post-traumatic stress, parenting problems, and marital discord are prominent issues within this population.

Psycho-education for medical staff may be provided through in-service presentations. Staff members are provided education on the effects of acute stress reactions from having served in a combat zone, as well as the effects of military training on readjustment to the civilian realm.

What the Intern Will Do: The intern will have the opportunity to conduct psychological evaluations consisting of a structured clinical interview and possibly the administration of brief assessment instruments, such as the Beck Depression Inventory-II and the Posttraumatic Checklist List-military version, as indicated. The intern will provide individual and/or group psychotherapy to those experiencing difficulty upon their return stateside from deployment to a conflict arena. Opportunities to work with couples and family members may also be available. There may be opportunities for the intern to assist the psychologist with in-service presentations.

Research: Currently there is no ongoing research project with these rotations; however the opportunity may arise in the near future.

Polytrauma

Location: Nashville VA Medical Center Polytrauma Clinic

Supervisor: Dr. Pamela Drury

Setting: The Polytrauma Clinics at Nashville and Murfreesboro are specialty clinics that provide comprehensive health care for veterans of Iraq and Afghanistan who have sustained multiple injuries, including at least one traumatic brain injury (TBI). The types of TBI range from concussions with residual neurological symptoms to moderate to severe TBIs. The latter veterans have often undergone inpatient and outpatient rehabilitation at acute centers and are now reintegrating back into their communities. These veterans in particular tend to have a number of co-existing medical, mental health, and psychosocial issues associated with their transition from combat to home. The clinic is composed of an interdisciplinary team, consisting of psychiatrists, psychologists, speech and language pathologists, physical therapists, occupational therapists, social workers, registered nurses, and nurse care managers. This team works together closely to provide comprehensive care within the context of post-deployment readjustment.

What Interns Will Do: Interns will respond to consults from the Polytrauma team for neuropsychological evaluations. Interns will be expected to conduct one to two evaluations per week depending on their level of experience and competency. Evaluations typically involve a chart review, a clinical interview, a flexible battery of neuropsychological tests, and personality assessment. The intern will be expected to score and interpret results, and produce a well-written report. The intern will also attend weekly interdisciplinary team meetings and present oral summaries of reports to the team as needed. The intern may have the opportunity to co-lead with the supervisor cognitive rehabilitation or symptom management groups, either on site or via telehealth depending on veteran needs.

Supervision: Supervision will consist of 1-2 hours of scheduled face-to-face time each week, plus informal supervision as needed. Written feedback will be provided regularly on interns' report writing.

Secondary Placement: A secondary placement opportunity will be available in the Polytrauma Clinic in Nashville for interns with primary placements at Vanderbilt. This secondary placement will be supervised by Dr. Pamela Drury, and will consist of evidence-based psychotherapy for PTSD and other mental health issues experienced by this population.

Research: There are no ongoing opportunities to conduct research on this rotation, though interns will be encouraged to stay abreast of latest research regarding mild TBI and PTSD, as this is an evolving field particularly relevant to the Polytrauma veterans.

Vanderbilt University-Department of Veterans Affairs Internship in Professional Psychology

VA Tennessee Valley Healthcare System

Rotations in Neuropsychology

There are two Neuropsychology training rotations offered, one at the Nashville Campus supervised by Dr. Marshman, and one at the York Campus supervised by Dr. Denning.

As two different neuropsychologists run and supervise the different rotations, there will be some differences in the training experiences. They are described separately below. One intern per year will be enrolled in the **Neuropsychology Track**, in which the first 6 months of training will be in Neuropsychology (one 3-month rotation with Dr. Marshman and one 3-month rotation with Dr. Denning). The Neuropsychology Track Intern will also choose one rotation from the Mental Health emphasis area and one rotation from the Behavioral Medicine emphasis area. Other interns will have the opportunity to take one, but not both of the neuropsychology rotations. The neuropsychology track meets APA Division 40 standards for pre-doctoral internship training. Recent neuropsychology interns have successfully obtained competitive 2-year post-doctoral fellowships in neuropsychology at sites including the Chicago Medical School, University of Kansas Medical School, and the Memphis VA.

Nashville Neuropsychology Rotation

Location: Nashville Campus

Supervisors: Dr. Kim Marshman

Setting: The neuropsychological assessment rotation provides an opportunity to learn about brain-behavior relationships, the field of neuropsychology, various methods of assessment, and the functioning of a neuropsychology service within a medical center setting. Neuropsychology is a consultative service that receives referrals from various sources including neurology, neurosurgery, psychiatry, primary care, and other specialty clinics/services (e.g., transplant). The service primarily provides differential diagnostic assessment and recommendations for treatment, with most patients being seen on an outpatient basis. Typical cases involve the assessment of cortical and subcortical dysfunction associated with various medical conditions, illnesses, and injuries, including degenerative dementias (e.g., Lewy-body, Alzheimer's, frontotemporal), multiple sclerosis, cerebrovascular diseases/CVAs, epilepsy, traumatic brain injury, "normal aging" memory complaints, and pseudodementia. Due to the nature of the VA population, many evaluations also include the assessment of psychiatric disorders, such as Major Depression and Post-Traumatic Stress Disorder, and their impact on cognitive performance. Because changes in mood and personality may occur in certain neurological conditions, personality assessment (e.g., PAI, MMPI-2) may also play an

important role in a neuropsychological assessment. Since the majority of our patients have comorbid medical conditions (e.g., diabetes, hypertension, sleep apnea, COPD), interns have the opportunity to learn about the impact of non-neurological conditions and medications on cognitive functioning.

What Interns Will Do: The neuropsychological assessment format employs a modified "flexible battery" approach, with typical tests including the WASI, CVLT-II, RBANS, FTT, COWAT, WCST and portions of the WMS and WAIS, among others. Interns are expected to conduct one to two supervised assessments per week, depending upon their level of experience and training needs. Interns will learn how to conduct a neuropsychological clinical interview, administer and score commonly-used neuropsychological tests, interpret the results, develop useful recommendations, write a comprehensive but relatively brief neuropsychological report, and provide feedback to patients, families, and other medical staff. Through the clinical cases and outside readings, interns will have the opportunity to learn functional neuroanatomy to integrate into the report and recommendations. Depending upon scheduling and availability, interns may attend Neurology Rounds at Vanderbilt and other didactics. Supervision includes 1-2 hours of scheduled individual time, as well as ad hoc supervision. Supervision is also provided via written feedback on each of the intern's neuropsychological reports. Because the services provided by neuropsychology are often communicated to the referral source solely in writing, interns will be expected to have, or be willing to develop, accurate written communication skills during the rotation. The overall goal of this rotation is to help the intern gain a broad understanding of brain-behavior relationships that will enhance his or her general clinical skills and, for those who are interested in pursuing post-doctoral neuropsychological training, to provide a firm foundation for the post-doctoral residency.

Murfreesboro/York Neuropsychology Rotation

Location: Murfreesboro/York Campus

Supervisor: John Denning, Ph.D.

Setting: The Neuropsychology Rotation is an outpatient consultation service that receives referrals primarily from Primary Care, Psychiatry, Psychology, and Neurology. The clinic provides exposure to a variety of patient populations ranging in age from the mid 20's to the upper 80's. Patients often have multiple medical conditions (e.g., high blood pressure, diabetes, sleep apnea, TBI, stroke, heart attack, etc.) and frequent comorbid psychiatric diagnoses (Depression, PTSD, Substance Abuse, Personality Disorder). In younger populations, frequent diagnostic questions focus on the possible cognitive effects of TBI, PTSD, ADHD, and differential diagnosis to assist with treatment planning.

Throughout the rotation, interns will gain exposure to patients with a variety of medical, psychiatric, and motivational factors that may influence cognitive test performance. In order to provide the most accurate assessment of neuropsychological functioning and provide the most appropriate recommendations, assessment of test validity is an extremely important aspect of this rotation. As a consequence, interns will learn to administer, score, and interpret multiple freestanding and embedded symptom validity measures within the context of every evaluation.

What Interns Will Do: The intern will be responsible for 1-2 full neuropsychological assessments per week which includes record review, interview with the patient and family members, test administration (3 hours), scoring, report writing (typically 5-6 pages), and feedback of results/recommendations. The typical test battery is a flexible grouping of measures but is rather fixed with only small modifications due to patient age or motor/sensory limitations. Tests include: WAIS-III/WAIS-IV (selected subtests), CVLT-II, BVM-T-R, COWAT, WCST, Trails, BNT, Stroop, BTA, ACT, FTT, TOMM, MSVT, and MENT.

Supervision is at structured times during the week, informally whenever needed, and before, during, and after an evaluation. All tests are computer scored using an integrated scoring program and summary sheet that allows for simultaneous computation of standard scores based on multiple sources of normative data (e.g., Heaton, MetaNorms, MOANS/MOAANS, test manuals, etc.). Ample readings and up-to-date research findings relevant to clinical cases as well as a broad range of neuropsychology-related topics are also provided.

(Optional) Research Opportunities Available:

There are currently three IRB-approved research studies in progress that an intern may wish to become involved with during the internship year (archival data collected from ongoing database of patients). Additional research studies may be proposed by the intern and carried out during the course of the year.

1) Predicting the malingering of cognitive deficits

- involves comparing the accuracy of 2 measures from TOMM trial 1 (total score and total number of errors on the first 10 items) to a compilation of 8 embedded measures in predicting passing or failing the MSVT

2) Characterizing the pattern of cognitive deficits in those with mTBI/PTSD after controlling for invalid test performance

- describes the pattern of cognitive performance of those diagnosed with mTBI/PTSD based on whether they passed or failed various validity measures (MSVT, TOMM trial 1)

3) Assessing the construct validity of the modified WCST (Nelson version, 48 cards) in an elderly sample

- provides additional data on the usefulness/efficiency of this (very) short version of the WCST and how well it measures aspects of executive functioning

Department of Psychiatry (Adult Psychiatry) Vanderbilt School of Medicine



Setting and Population Served: Training in the provision of outpatient psychological services is conducted in Adult Psychiatry primarily through the Vanderbilt Mental Health Center (VMHC). The clinic is staffed by a team of multidisciplinary professionals from the fields of psychology, psychiatry, nursing, education, and social work. Adults with chronic mental illness, a history that makes obtaining private insurance difficult, and the working poor with mental health needs are eligible for treatment regardless of race, gender, age, religion, sexual orientation, or ethnic origin. Adult Psychiatry offers services to a broad spectrum of mental health clients ranging from those with mild impairment to severe disability. Co-morbid Axis I, Axis II, and Axis III diagnoses are common for this population.

Training Objectives: Fostering professional development is emphasized as a primary goal of training. Interns are encouraged to obtain enhanced competence in the following areas: evidence-based psychological interventions, forensic assessment, and consultation with multidisciplinary treatment team members. Additional objectives include proficiency with intake procedures, clinical diagnosis, and community referrals.

Training Program/Experiences: The weekly schedule for the intern whose primary placement is in Adult Psychiatry consists of three and one-half days at the Adult Psychiatry outpatient clinic, one day of placement at a secondary site within the consortium, and one-half day of didactic training.

The primary focus of training during the three and one-half days at the Adult Psychiatry outpatient clinic is on conducting individual and group psychotherapy. Delivery of Cognitive-Behavioral and other evidence-based psychotherapy techniques is emphasized. The intern will also have the option to co-lead one of several ongoing psychotherapy groups. Intake assessment and forensic assessment are experiences that supplement the overall training experience. The internship experience takes place in a clinical setting and the intern will gain valuable experience with managed care

(primarily Tennessee's version of Medicaid), electronic medical record keeping, and general productivity. The intern will gain experience treating a variety of psychiatric disorders. Additionally, the intern will be oriented to the organizational and administrative structure of a busy mental health center.

The intern whose primary placement is in Adult Psychiatry will receive supervision from multiple sources, including: Weekly individual supervision with the primary therapy supervisor, Dr. Kirsten Haman, to discuss psychotherapy cases seen through Adult Psychiatry; weekly supervision for group therapy experiences, depending upon which group the intern chooses to co-lead; individual and group supervision (alternate weeks) for the forensic assessment experience with Dr. Kimberly Brown; and additional weekly individual supervision from the supervisor of his or her secondary placement site.

Didactic training occurs weekly with all interns throughout the consortium. Half of the weekly meeting is spent participating in a case conference that is facilitated by a Vanderbilt, VA, or community psychologist. Each week a different intern presents a case and a different facilitator is present. The second half of the meeting consists of a guest speaker or intern who presents on topics pertinent to the science and practice of psychology. There is also an open invitation for interns to attend additional training opportunities, such as psychiatry and general medical center Grand Rounds and psychiatric resident psychotherapy trainings, throughout the year.

Research Possibilities: There are active research programs ongoing in the Department of Psychiatry. Involvement in clinical research is an option for the intern; however, research participation will require a commitment of additional time on the part of the intern. Before accepting any invitations to conduct research, the intern is expected to discuss the matter with the internship site director (Dr. Haman) and the coordinator of the internship program (Dr. May).

Constraints on Secondary Placement Selection: The intern collaborates with his or her supervisor to accommodate scheduling needs of both primary and secondary placements.

Secondary placement experiences available: The intern whose primary placement is in Adult Psychiatry will interview for a secondary placement at one of the other sites in the consortium. For an intern whose primary placement is at one of the other sites in the consortium, Adult Psychiatry offers several potential secondary placement options. Specific options are determined each year based on supervisor availability but may include experiences in forensic assessment, behavioral medicine, and outpatient psychotherapy.

Additional Criteria for Acceptance: Successful candidates will have experience conducting therapy and psychological assessment as well as having an attitude of cooperation and motivation. **Note:** *All interns with primary placements in the Vanderbilt Department of Psychiatry must pass a background check. This will be performed after match day. Match results and selection decisions are contingent on passing the background check. No prospective TVHS intern has ever been refused employment as a result of the background check, but it is a possibility. Several have had difficulty, in all cases because of past legal problems they chose not to reveal during the application process. Department of Psychiatry interns performing a secondary placement in the VA must also complete a VA background check.*

Potential for Change: There are no current indications for change.

Positions: 1

Salary: \$25,000

Starting Date: July 1, 2012

Ending Date: June 30, 2013

Faculty Contact: Kirsten L. Haman, Ph.D. (Ph.D., Vanderbilt University)
Assistant Professor of Clinical Psychiatry
Email: kirsten.haman@vanderbilt.edu
Phone: (615) 343-2572

Affiliated Faculty: Abbe Boeka, Ph.D. (Ph.D., University of Alabama)
Assistant Professor of Psychiatry
Areas of Clinical Expertise: Obesity, weight management, eating disorders, health psychology

Kimberly Brown, Ph.D. (Ph.D., University of Alabama)
Assistant Professor of Forensic Psychiatry and Psychology
Areas of Clinical Expertise: Forensic psychology; Competency evaluations

Tobi Fishel, Ph.D. (Ph.D., University of Miami)
Assistant Professor of Psychiatry, Psychology, and Pediatrics
Areas of Clinical Expertise: Behavioral and integrative medicine

Linda Manning, Ph.D. (Ph.D., University of Texas at Austin)
Assistant Professor of Psychiatry
Areas of Clinical Expertise: Trauma; Chronic illness

Steven Passik, Ph.D. (Ph.D., New School for Social Research)
Professor of Psychiatry and Anesthesiology
Areas of Clinical Expertise: Psycho-oncology, palliative care,
chronic pain

Gary Solomon, Ph.D. (Ph.D., Texas Tech University)
Associate Professor of Psychiatry
Areas of Clinical Expertise: Traumatic brain injury, memory
disorders, neurodegenerative disorders

David Street, M.D. (M.D., Medical College of Pennsylvania)
Assistant Professor of Psychiatry
Areas of Clinical Expertise: Forensic psychology; Personality
disorders; PTSD

Vanderbilt University Psychological and Counseling Center



Setting and Population Served: The Psychological and Counseling Center is a multifaceted facility serving Vanderbilt University students, staff, and their partners and dependents. Supervision is provided by clinical and counseling psychologists who represent diverse theoretical orientations. There are also vocational and educational counselors, social workers, psychiatrists, psychiatric nurse practitioners, drug and alcohol specialist, outreach and training personnel, and approximately thirty practicum students, masters level pre-license trainees, pre-doctoral interns and post-doctoral fellows. On the average, the Center provides over 19,000 therapy hours per year with an additional 1200 hours of presentations/training on campus. In particular the Center works closely with the Department of Residential Education and the Athletic Department. Organizational consulting to university programs and departments is also provided.

The population seen at the Center ranges in age from early childhood to retirement eligible, with approximately 80% being in early adulthood. Sixty percent are female, forty percent male. The ethnic/nationality mix reflects that of the university, with ethnic minorities or international students comprising approximately 25% of the clientele.

Training Objectives: The internship at the Center is designed to provide intensive individualized professional training experience in the varied activities carried out by psychologists in an innovative, service oriented counseling center. Graduates of our program are trained in short and long term individual as well as group psychotherapy, couples counseling, family and child work, diagnostic interviewing, personality assessment, cognitive assessment, sports psychology, supervision, crisis intervention, vocational counseling, outreach and consultation, program development, and research. This primary placement provides sound preparation for those seeking a career in outpatient settings or for those desiring placement in a setting charged with multiple

responsibilities for mental health and organizational development in a broad university community or business-consulting firm.

Training Program/Experiences: The primary focus for interns includes individual psychotherapy, but allows for participation in any or all of the experiences listed above. Clients exhibit a diverse range of issues, mostly of moderate or greater severity. Interns carry an average of 18 (individual, group, intake and assessment) client hours per week, with an increase during peak seasons. Services range from crisis intervention to long-term therapy. Some of the clinical opportunities available to interns are intensive study in groups, treatment of eating disorders, treatment of sexual abuse survivors, couples work, lesbian/gay/bisexual/trans issues, and rather uniquely for a university counseling center, child and family issues. Additionally, there is opportunity for the development of skills in vocational counseling.

Psychological assessment focuses on ADHD, learning disabilities and personality evaluation of Center clients in ongoing therapy. Each intern is encouraged to develop his or her own clinical program, consulting project, or research effort for the year which would correspond with a Center need. Interns are given the chance to experience the role of supervisor by providing individual ancillary supervision to a masters level practicum student. This experience is helpful in developing supervision skills and is another key part of the intern experience. Interns are also expected to participate in on-call emergency duty. Currently, this requires our interns to be available to handle after-hour emergency calls for four 1-week periods during the academic year.

The experiences at this site are fairly constant throughout the year in that there is no provision for a rotational system through different experiences at the Center. However, interns are given a degree of autonomy, selecting from many diverse opportunities, to design a program at the Center which will fit their training needs, interests, and talents.

Special emphasis is placed on supervision during the internship. All interns are assigned to two psychologists with experience in direct client service, supervision, and training. Interns meet with supervisors for a total of at least two hours per week of individual supervision for the three and one-half days spent at the Center. Additionally, all interns participate in a vocational assessment seminar, psychological assessment seminar, group therapy seminar and a supervision of supervision group. Group seminars are also available for some of the clinical subspecialties mentioned above. Each intern also has a one day a week secondary placement at another site in the Consortium where there is an additional hour of weekly individual supervision.

Diversity: The staff of the Center is committed to the affirmation of diversity. The Center provides accentuated training in this area, including didactic experiences regarding gender, different ethnicities, cultures, sexual orientations, socioeconomic backgrounds, religious backgrounds, ages, and abilities.

Research Possibilities: Interns can participate in or create team research relevant to Center operations. The amount and focus of such research varies from year to year.

Constraints on Secondary Placement Selection: Since there is no inpatient service and limited experience with the chronically mentally ill and health psychology, Center interns are encouraged to seek such experiences through the secondary placement.

Additional Criteria for Acceptance: None. Previous counseling center experience is valued.

Potential for Program Change: Not significant over the next year.

Positions: 3

Salary: \$27,592.14

Starting Date: July 1, 2012

Ending Date: June 30, 2013

Contact:

Rhonda R. Venable, Ph.D., Director, Training Director and Assistant Dean of Students

Daniel J. Sullivan, Psy. D., J.D., Associate Director

(615) 322-2571

www.vanderbilt.edu/pcc

Faculty:

Allison K. Bradshaw, Ph.D.; Indiana State University; M.A., Murray State University. Assessment Coordinator. Interests include: Anxiety, Psychological Assessment, ADHD & Learning Disorders, Women's Issues, and working with international and graduate students.

Valri Bromfield MA: Argosy University, Nashville, Tennessee, Outreach Coordinator. Interests span all areas, with a special interest in transgender and transsexual issues.

Ryan Gillespie, Ph.D.; Indiana State University. Assistant Director. Vocational Assessment Coordinator. Occupational Assessment Interests: Individual, group, and couples psychotherapy, student-athletes, men and masculinity, existential concerns, and student development/supervision.

Cindy Greene, M.S.S.W., L.C.S.W.; University of Tennessee - Nashville. Interests include: Spirituality in Psychotherapy, Eating Disorders, Couples and Family.

Dorothy H. Gager, M.Div., LCSW--University of Tennessee college of Social Work, MSSW; Vanderbilt University Divinity School, M.Div.; Alcohol and Drug Counselor. Interests: Substance use disorders, 12 Step Recovery, Harm Reduction, Spiritual/religious issues, Families of alcoholics/addicts.

Jennifer C. Kasey, Psy.D.; James Madison University; M.A./Ed.S., James Madison University. Interests include: Individual and Group therapy, Multicultural/diversity issues,

Family of Origin issues, Adjustment, Interpersonal Process, Relationship Concerns, LGBTQI issues, and Identity Development. Jennifer expects to be independently licensed and a staff psychologist in mid-September, 2011.

Carolyn J. LaBarbera, Ph.D.; Vanderbilt University, Ph.D. in Clinical Psychology, 1977; Previously at Student Health Center at Vanderbilt from 1985 until 2011; Currently Staff Psychologist at PCC since May, 2011. Interests: Psychotherapy with adults, women's issues, relationship issues, approach is eclectic using variety of methods as needed such as Insight, CBT/Behavioral, and Supportive therapies.

Lisa Lorenzen, Ph.D.; Tennessee State University. Intake Coordinator. Interests include: Individual, group, and couples psychotherapy, eating disorders and body image disturbances in men and women, and psychological assessment.

Monicah Muhomba, Ph.D.; University of Kentucky, M.A. Asbury Theological Seminary. Research Coordinator. Interests include: Diversity Issues, Spirituality, International Student Issues, Adjustment Issues, Relationship Concerns, Couples Therapy, and Group Therapy.

Jonathan Rudiger, Psy.D.; Virginia Consortium Program in Clinical Psychology. Long-term psychotherapy group co-facilitator. Interests include: anxiety, depression, relationship conflicts, family of origin/trauma, men's issues, personality disorders, and couple's therapy. Focus on psychoanalytic theory and psychodynamic treatment approaches. Jonathan expects to be independently licensed and a staff psychologist in mid-September, 2011.

Johanna C. Shadoin, M.S.S.W., L.C.S.W.; UT-Knoxville; M.P.S. Loyola University-New Orleans. Staff Therapist at VU Psychological and Counseling Center. Interests include: Depression, Anxiety, Adjustment/Transition Issues, Bereavement/Loss, and Spiritual Issues.

Vida Sobie, Ph.D.; University of Miami. Co-Coordinator of Case Assignment; Interests: Psychodynamic/Interpersonal Psychotherapy, Personality Disorders, Body Image Disturbances and Eating Disorders.

Daniel Sullivan, Psy.D.; Wright State University. J.D.; University of Alabama. Associate Director. Interests: Learning Disabilities & ADHD, LGBTQ Issues, Trauma/PTSD Issues, EMDR, Group Therapy, Psychological Assessment.

Rhonda Venable, Ph.D.; Georgia State University. Director, Training Director, Psychological and Counseling Center. Assistant Dean of Students, Vanderbilt University. Associate Director, Vanderbilt-Department of Veterans Affairs Internship in Professional Psychology. Interests: Training and Supervision, Adult Survivors of Sexual Abuse, Child and Family Therapy, Diversity Issues and Training (including gay and lesbian issues), Alcohol and Drug Abuse, Group Psychotherapy, Couple Therapy, Sports and Performance.

Vickie Woosley, Psy.D., Argosy University, Washington, D.C. Coordinator of Sport Psychology Services & Police Screening Coordinator. Interests include: Individual, couples, and group psychotherapy, sports and human performance, and police assessments.

Medical Faculty:

Brad Williams, M.D. – Medical degree, University of MS Medical Center; Residency in Psychiatry, Vanderbilt University Medical Center.

Casey Arney, M.D.

Paula Nunn, M.D. M.D. Vanderbilt University Medical School; Board Certification in Child and Adolescent Psychiatry and in Adult Psychiatry; Assistant Clinical Professor of Psychiatry Vanderbilt University School of Medicine, Medical Director of the PCC.

Christopher D. L. White, APRN-BC, Psychiatric-Mental Health Nurse Practitioner. Bachelor of Arts in Psychology, University of Tennessee Knoxville, Knoxville, Tennessee, 1984 ; Master of Science in Nursing, Vanderbilt University, Nashville, Tennessee, 1997. Diagnosis and treatment of Axis I and Axis II disorders utilizing medication and therapeutic alliance to effect symptom improvement, empowerment of those seeking treatment, and sustainable approaches to health and hope.

Taylor C. Fife, APRN-BC: Undergraduate: Ft. Lewis College, BA Psychology; Masters: Vanderbilt University, Nurse Practitioner in psychiatry. Doctorate (currently enrolled): Vanderbilt University, Doctorate of Nursing Practice. Clinical Interests: Brief CBT interventions coupled with providing medications when needed for the full spectrum of psychiatric illness. Utilizing psychodynamic intervention over the course of the therapeutic relationship.

Child and Adolescent Psychiatry



Setting and Population Served: The Division of Child and Adolescent Psychiatry is one component of the Department of Psychiatry in the Vanderbilt School of Medicine. It has provided an APA-approved internship experience for more than 20 years. The Division consists of a staff of child/adolescent psychologists and psychiatrists together with trainees from several mental health disciplines. It is associated with the youth services component of the Vanderbilt Community Mental Health Center and is both a major mental health services provider for Middle Tennessee and a regional training center. The Division has developed a multi-faceted outpatient program. Interns primarily will provide outpatient mental health services to low-income children and their families at the Mental Health Center and also may provide therapy in an elementary or middle-school-based site. Children present to the clinics with a range of psychiatric problems including conduct and behavioral disturbances, adjustment problems, depression and anxiety, and symptoms of psychotic disturbances. Interns will gain experience with patients ranging in age from early childhood to late adolescence and representing several racial and ethnic groups, primarily Caucasian and African American with increasing numbers from African, Middle Eastern, and Latin American countries. While treatment of some patients may be relatively straightforward, many patients are quite complex. Our children and adolescents often present with comorbid disorders, exposure to a variety of family and environmental stressors, and with the involvement of numerous agencies and systems.

Training Objectives: The goal of the internship experience is to provide supervised clinical training, as well as didactic teaching, so that graduates are prepared to assume roles as child and adolescent oriented clinical psychologists. Objectives for this placement include development of basic skills in child clinical psychology including psychological evaluation, psychotherapy with children and teenagers, work with parents, family therapy, and consultative work with school systems. We expect interns at the end of their year to be familiar with the operation of a child and adolescent outpatient service. Also expected is the development of skill in interacting productively with other disciplines, recognition of patient problems that call for consultation with other professionals, understanding of relevant ethical and legal principles arising in the treatment of children and adolescents, and sensitivity and competency in providing

services to a racially, culturally, and socio-economically diverse patient population. Trainees will gain familiarity and competence in delivering a range of evidence-based treatment approaches to address child, adolescent and parenting issues.

Training Program/Experiences: Although this placement is not organized into a system of rotations, multiple training experiences are offered. The structure of this placement includes assessment with child and adolescent psychiatric populations, psychotherapy with children, teenagers and parents, consultation with trainees and staff from varied disciplines, and professional development, as well as opportunities for more specialized training experiences which are tailored to the intern's interests whenever possible. Services provided at the Mental Health Center are organized around the provision of evidence-based treatment protocols (e.g., cognitive behavioral therapy, parent training protocols, etc.). Training and supervision for interns, fellows, students and staff in evidence-based treatments are incorporated into the program. In addition to two individual supervision hours per week, interns participate in weekly group supervision with staff therapists and trainees from multiple disciplines. Further didactic offerings include weekly child and adolescent grand rounds, a psychiatry fellows' seminar series, and various trainings and lectures offered through the Psychiatry Department and affiliated Medical School and University departments.

There are certain experiences that this setting does not provide. These include extensive work with individuals with mental retardation and autism spectrum disorders. Clinical work with infants also is not represented. Eating disorders are infrequent in our population. Although we see parents as an adjunct to our work with their children or adolescents, we do not normally work with adult patients.

A secondary placement experience through Child and Adolescent Psychiatry is available for interns with primary placements elsewhere. This placement is in the Child and Adolescent Psychiatry outpatient clinic. This position involves seeing Medicaid eligible children, adolescents and families for psychotherapy. Additional secondary placements may be added from year to year. However, beyond the psychotherapy placement, we cannot guarantee the availability of any further placements for the 2012-13 training year.

Additional Criteria for Acceptance: Enrollment in an APA accredited program is preferred. **Note:** *All interns with primary placements in the Vanderbilt Department of Psychiatry must pass a background check. This will be performed after match day. Match results and selection decisions are contingent on passing the background check. No prospective TVHS intern has ever been refused employment as a result of the background check, but it is a possibility. Several have had difficulty, in all cases because of past legal problems they chose not to reveal during the application process. Department of Psychiatry Interns performing a secondary placement in the VA must also complete a VA background check.*

Potential for Program Change: None known.

Positions: 1

Salary: \$25,000

Starting Date: July 1, 2012

Ending Date: June 30, 2013

Faculty Contact: Kirsten L. Haman, Ph.D. (Ph.D., Vanderbilt University)
Assistant Professor of Clinical Psychiatry
Email: kirsten.haman@vanderbilt.edu
Phone: (615) 343-2572

Affiliated Faculty: Blythe Corbett, Ph.D. (California School of Professional Psychology)
Assistant Professor of Psychiatry
Areas of Clinical Expertise: Autism, Tourette Syndrome, ADHD

Jon Ebert, Psy.D. (Wheaton College)
Assistant Professor of Clinical Psychiatry
Areas of Clinical Expertise: Marriage and family therapy, juvenile justice, trauma and attachment

Patti Van Eys, Ph.D. (Bowling Green State University)
Assistant Professor of Psychiatry
Areas of Clinical Expertise: Assessment of complex cases, trauma and attachment

REQUIREMENTS FOR APPLICANTS

The following are the minimum requirements an applicant must fulfill to be considered for an internship in the Consortium:

1. The applicant must be actively enrolled in an academic program leading to a doctoral degree in professional psychology or have completed a doctoral degree in a non-professional field of psychology and be certified by an appropriate official as being enrolled in an organized respecialization program requiring the completion of the equivalent of pre-internship training in professional psychology.
2. If in the United States, the academic program must be housed in a regionally accredited, degree-granting institution. If in Canada, the institution must be publicly recognized as a member in good standing by the Association of Universities and Colleges of Canada.
3. The applicant must have completed at least three years of graduate academic work in a program meeting the requirements described above.
4. The applicant must have a minimum of 550 Total Intervention and Assessment Hours as defined by the AAPI. This training must be of such a nature and amount as to provide the applicant with the experience needed to have a reasonable opportunity to succeed in the Consortium placement for which the applicant is being considered.
5. The applicant must be certified by the program's Director of Clinical Training as being ready for internship.
6. American citizenship and an APA accredited graduate program are required for a primary placement in the VA Tennessee Valley Healthcare System. These are nationwide VA requirements. Neither of these factors is a necessary requirement for the Consortium's other primary placements.

Please review the sections titled "Additional Criteria for Acceptance," under the descriptions of the Consortium agencies in which you are most interested for additional criteria specific to these agencies.

**Vanderbilt University-Department of Veterans Affairs
Internship in Professional Psychology**

DIVERSITY

We live in a nation that is rapidly becoming more ethnically and culturally diverse, and in a world in which improved communication and transportation brings people from distant geographic areas and cultures into frequent, meaningful, and important interaction. In order to function as professionals in this evolving national and global context psychologists must be able to work effectively with clients, patients, professionals, and even communities with different ethnic and cultural backgrounds.

In recognition of this the Consortium provides training both through supervision of clinical practice and didactics to enhance interns' ability to work effectively in this increasingly diverse society. Additionally, the Vanderbilt Psychological and Counseling Center has developed a strong emphasis on diversity training.

Perhaps no formal training experience is more helpful in moving toward this goal than close personal contact in a supportive environment with others, particularly peers, from different backgrounds. Accordingly, the Consortium faculty value the variety of perspectives a culturally diverse intern class brings to the training process. Applications from ethnic minorities are therefore especially encouraged.

Vanderbilt University-Department of Veterans Affairs Internship in Professional Psychology

APPLICATION/SELECTION PROCESS

If, after reviewing this website, you are interested in applying to the Consortium please read this section carefully and follow the application procedures outlined below.

The Consortium's application and selection process has been designed to be in accord with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including participation in the [Match](#). All applicants must register for the Match using the online registration system on the Match website at www.natmatch.com/psychint. If you apply for this internship, you are expected to submit all your application materials via the APPIC online application system. Go to the APPIC website at www.appic.org and click on the AAPI ([APPIC Application for Psychology Internship](#)) Online link. Completed internship applications are due in November each year; this year the due date will be **Monday, November 1, 2011**. **All application materials must be submitted and received by us on or before this date.**

All application elements (#1-6) should be submitted using the AAPI Online system. Follow all instructions accompanying the AAPI Online to either enter your information directly, or upload your documents (#1-3). We encourage all CVs to be uploaded as Microsoft Word (version 2003 or earlier) or Adobe Acrobat files. Only the transcript (#4) should be mailed in hard copy form to the AAPI Online application address.

Please note that, due to the high volume of e-mails sent during the application season, you will not receive a confirmation e-mail from us that your application materials have been received. You can check on the AAPI Online system if your application is complete and if your DCT and letter writers have completed their parts (#5-6). We will notify you by email on or before December 15th of your interview status.

Application Requirements List

1. Cover letter: In a separate line above the body of your cover letter please list the Consortium agencies to which you are applying. The Consortium has five programs to which you may apply. These are listed at the end of this section with the accompanying match numbers. Do not rank order your choices. Your cover letter should indicate how these choices fit with your training interests and goals.
2. All elements of the AAPI Online general application.
3. Curriculum Vita.

4. Consortium Supplemental Information Form. The Consortium's Supplemental Information Form may be found on this Website in the [Documents to Download Section](#).

5. Transcripts of graduate work. The transcripts should cover all post baccalaureate course work. You should mail one official copy of all graduate transcripts to the AAPI Online application address at:

*AAPI Online Transcription Department
PO Box 9117
Watertown, MA 02471*

6. Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online System.

7. Submit at least three and no more than four letters of recommendation from faculty members or practicum supervisors who know your clinical as well as your research work well. At least one must be from an academic faculty member, and at least one from a clinical supervisor. Letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

Representatives from the Consortium sites will review the completed internship applications looking for applicants whose interests and training objectives are compatible with the training experiences each site has available. The selection process is coordinated by the Consortium Training Committee. Applicants are accepted into a particular primary placement at a site that is deemed congruent with the applicant's training interests. It is, therefore, important that applicants delineate their training goals and objectives clearly on the application or in the cover letter and indicate in the cover letter and Supplemental Information Form which Consortium site(s) are of interest to them.

After screening the application materials, the Consortium faculty will contact, by phone, letter or e-mail, applicants to be invited for interviews. It is the faculty's intention to inform all applicants of their interview status by December 15. If you are strongly interested in our program, and have not received an invitation for an interview, you may contact by phone or email the designated contact person for the site in which you are the most interested and request information about your status.

The Consortium has established the following interview dates for this year.

- December 5, 2011/Monday
- December 6, 2011/Tuesday
- December 15, 2011/Thursday
- December 16, 2011/Friday
- January 9, 2012/Monday
- January 10, 2012/Tuesday
- January 19, 2012/Thursday

- January 20, 2012/Friday

The faculty member who contacts you will work with you to schedule an interview on one of these dates. Depending upon your expressed interests you may be invited to interview at more than one Consortium agency, in which case we will work to arrange the interviews within the same two day period and schedule them so they do not conflict. You are welcome to interview at more than one agency, **as long as you are genuinely interested in each of the agencies as a potential primary placement. Do not accept an invitation to interview and do not schedule** that choosing to interview at more than one site may require an overnight stay depending upon the scheduling discussed above. If you are interested in an interview at only one site, faculty may choose, at their discretion, to schedule the interview on a date different from those listed. If you cannot be here on any of the scheduled dates, you may be able to arrange an interview on an individual basis with a site in which you are interested; however, the faculty cannot guarantee to be available at other times.

Experience has shown that applicants to **Child and Adolescent Psychiatry** are much less likely to have an interest in another primary placement than are applicants to the other agencies. Therefore, applicants who are interested **only** in a primary placement at Child and Adolescent Psychiatry may negotiate an interview date and time with Dr. Kirsten Haman without regard to the schedule above.

A personal or phone interview is not a required part of the application process; however, an interview is beneficial in that it brings you to the attention of the Consortium faculty and provides you with more information about the Consortium's program than can be gleaned from this website alone. A review of our selection process showed that since the computer match has been in effect, only two applicants who did not interview in person were on the ranked lists submitted by the Consortium to National Matching Services. Those applicants initially scheduled interviews but subsequently withdrew for pressing personal reasons.

Secondary Placement Selection takes place after the beginning of the internship year and plays **no** role in decisions about acceptance as a Consortium intern. During the first week of the internship, interns are provided an orientation to the Consortium and its component agencies, including all available secondary placement training experiences. Secondary placement assignments are made by the Consortium Training Committee after a careful consideration of the intern's expressed preferences, the intern's overall training needs and objectives as developed jointly by the intern and faculty, and the availability of supervisory resources and workload.

The Vanderbilt-Department of Veterans Affairs Internship in Professional Psychology is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adheres to the Association's policies (which may be found on the web at www.appic.org) regarding internship offers and acceptances. It is our intention to be in full compliance with both the letter and the spirit of the APPIC policy. The Consortium

will abide by the APPIC policy that no person involved with the internship will solicit, accept or use any ranking-related information from any intern applicant.

Each primary placement within the Consortium is listed in the match as a program within the Consortium internship and has a separate match number. The VA Tennessee Valley Healthcare System has two numbers, one for the General and one for the Neuropsychology Track. In ranking your choices for the match, you are encouraged to include more than one Consortium agency on the ordered list you submit to National Matching Services if that is a true reflection of your interests. If you have indicated an interest in more than one consortium agency, and more than one agency believes you would fit well with their program, you may be included on more than one of the rank order lists the Consortium sends to NMS.

The match numbers for the Consortium Agencies are as follows:

Adult Psychiatry	156612
Child and Adolescent Psychiatry	156614
Psychological and Counseling Center	156617
VA TVHS General	156618
VA TVHS Neuropsychology	156619