

Psychology Internship Program



Southeast Louisiana Veterans Health Care System

Mental Health Service (117)

P.O. Box 61011

New Orleans, LA 70161-1011

504-412-3700

<http://www.neworleans.va.gov/>

APPIC Match Number: 131811

Applications due: November 2, 2020

Accreditation Status

The pre-doctoral internship at the Southeast Louisiana Veterans Health Care System (SLVHCS) is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2020.

Information regarding the accreditation status of this program can be obtained from:

Office of Program Consultation and Accreditation

American Psychological Association

750 First Street, N.E.

Washington, DC 20002-4242

(800) 374-2721

(202) 336-5979

<https://www.apa.org/ed/accreditation/index>

Application & Selection Procedures

Eligibility: Applicants for internship must be Ph.D. or Psy.D. degree candidates from APA- or CPA-accredited doctoral programs in clinical or counseling psychology, and have supervised clinical practicum work to include at least 300 hours of direct contact hours in intervention and 100 hours in assessment. VA requirements specify that eligible applicants must be U.S. citizens and have fulfilled departmental requirements for internship as certified by their Directors of Clinical Training. Further details regarding the program are available in the APPIC Directory. The Department of Veterans Affairs is an Equal Opportunity Employer. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status.

Procedures: Applications must be submitted no later than November 2. However, applicants are urged to complete application requirements as early as possible. Interviews/virtual interviews for the internship site are normally scheduled during the first three weeks of January.

Application requirements:

1. Completed copy of the APPIC online Application for Psychology Internship (AAPI); The AAPI can be obtained at the APPIC Web site, <http://www.appic.org>

2. Letter of interest that explicitly states the applicant's top **three choices** in rotation preference (see "Training Experiences: Clinical Rotations"). This is to assist with assigning reviewers for the application materials; specific rotations are not guaranteed.
3. Current curriculum vitae.
4. Official transcripts of all graduate work.
5. The form "Academic Program's Verification of Internship Eligibility and Readiness," certifying that you have met your program's prerequisites for internship. This can be found in the AAPI.
6. At least **three** letters of recommendation from psychologists familiar with the applicant, preferably one from your academic advisor.

Completed applications or requests for additional information should be forwarded to:

Jessica L. Walton, Ph.D.
Interim Director, Psychology Training Program
ATTN: Internship Information
Mental Health Service (117)
Southeast Louisiana Veterans Health Care System
P.O. Box 61011
New Orleans, LA 70161-1011
Jessica.Walton2@va.gov

****This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.****

Psychology Setting

Southeast Louisiana Veterans Health Care System (SLVHCS) is a medical center with a strong emphasis on teaching health professionals and an ongoing commitment to medical research and preventive medicine. Teaching and research affiliations are currently maintained with Tulane University School of Medicine and the Louisiana State University School of Medicine, enhancing the high quality of patient care provided to Veterans. In addition to the Psychology Internship Training Program and Postdoctoral Residency, SLVHCS offers comprehensive health training opportunities to social work trainees, pharmacy students, nursing students, allied health professionals, medical students, and medical residency & fellowship programs.

Psychologists at the New Orleans VAMC function within an autonomous Psychology Service and cooperate with Psychiatry and Social Work Services to provide a broad range of mental health services to veterans. Within this system, psychologists hold primary administrative responsibility for a variety of mental health programs. Our new, state of the art, medical center opened in December 2016; thus the 2021-2022 internship class will be working within the new fully operational medical center. There are currently nine programs within the Mental Health Service that provide specialized mental health services, including Substance Use Disorders Treatment Team (SUDT), Posttraumatic Clinical Team (PCT), Ambulatory Mental Health Care (AMH), Primary Care Mental Health Integration (PCMHI), Homeless Program, Mental Health Intensive Case Management (MHICM), and Compensated Work Therapy (CWT), Military Sexual Trauma (MST); and Family Program. Psychologists have been appointed to leadership positions on several clinical teams, reflecting both the capabilities of individual psychologists and the high regard in which psychologists are held within the SLVHCS.

Kenneth Jones, Ph.D. currently serves as Chief of Psychology and C. Laurel Franklin, Ph.D. serves as Associate Chief of Psychology. The SLVHCS Psychology Training Committee is currently comprised of 20 doctoral level psychologists. We currently have five graduate-level externs, five pre-doctoral interns and five postdoctoral residents. Psychologists apply the knowledge and skills of psychology as a science and profession toward three primary goals: (1) patient assessment, treatment, and rehabilitation; (2) psychology-related education and training; and (3) research designed to enhance knowledge of normal and abnormal behavior and clinically relevant practices. Opportunities are available for interns to participate in all three of these areas. Teaching and research affiliations are currently maintained with Tulane University School of Medicine and the Louisiana State University School of Medicine, enhancing the high quality of patient care provided to veterans of these areas. SLVHCS has eight outpatient clinics in the 23 parish southeast Louisiana area.

Training Model and Program Philosophy

The Psychology Internship Program adheres to the values of the Department of Veterans Affairs, VISN 16, and the Southeast Louisiana Veterans Health Care System in its commitment to excellence in training.

Training is grounded in the scientist-practitioner model.

Our program assumes that good practice is always grounded in the science of psychology. In turn, the science of psychology is necessarily influenced by the practice of psychology. Thus, our approach to training encourages clinical practice that is consistent with the current state of scientific knowledge while still acknowledging the complexities of real patients and the limits of our empirical base. In this regard, we aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research or through program development and evaluation.

The members of the Psychology Training Program have identified six components to our educational model. With all interns, we attempt to ensure that these six components are a part of their training experience.

1. **An emphasis on high quality supervision** that varies with the developmental needs of an intern. On all rotations, a process is followed in which supervisors first assess the skill level of an intern, provide didactic instruction (if required) regarding the skill, model the clinically relevant skill for an intern, and observe the intern employing the skill. Only after completing this process would an intern employ the skill without direct supervision.
2. **Instruction in empirically-grounded methods of assessment and treatment.** On all rotations, interns are instructed in methods that have received widespread empirical validation. These include structured interview techniques, cognitive-behavioral techniques for treating a broad range of psychological problems and proper use of empirically validated psychometric instruments.
3. **A broad range of clinical experiences and didactics** designed to create general clinical skills. All interns are provided with a range of experiences across rotations designed to foster skills in general assessment of psychopathology, consultation and liaison skills, short and long-term therapy skills. Interns are also instructed in general professional issues.
4. **Specialized training in a substantive area chosen by an intern.** Interns may participate in the Traumatic Stress Recovery Program specialty offered at this site or in other rotations.

Interns, in collaboration with the Director of Training and their preceptor, may also design a unique set of training experiences that emphasize a trainee's interests.

5. **Flexibility in designing an individualized internship experience.** Interns, in collaboration with staff members, have the opportunity to create a unique set of rotations that best match their professional interests and goals. These selections are guided by the training needs and goals of each intern rather than the systemic needs of the hospital.
6. **Exposure to clinically-relevant research.** Opportunities to participate in clinically-relevant research are offered to all interns. These include collaborating with staff on ongoing projects during the internship year or initiating a project at the beginning of the internship year. At a minimum, interns are expected to develop a critical appreciation for ways in which clinically-relevant research can inform clinical practice.

Program Goals and Objectives

The purpose of the pre-doctoral internship is to train professional psychologists for independent professional psychology practice in the areas of clinical services, research, and education, particularly in medical center, public sector, and academic settings. This expected outcome is facilitated by the primary goal of ensuring advanced competency in clinical psychology.

Specific skills to be developed

The internship program is structured to provide training activities to facilitate development of advanced competencies in several areas important for the provision of good clinical care, research, and education.

1) Assessment, Diagnosis, and Intervention

Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Interns will develop competence in theories and methods of intervention.

2) Consultation, Supervision, and Teaching

Interns will develop competence in providing consultation, in developing basic knowledge of supervision and possibly providing supervision, and in teaching. Interns will develop competence in educating and supporting other professionals in clinical settings, and may provide consultation to undergraduate apprentices and/or graduate-level externs.

3) Scholarly Inquiry

Interns will develop competence in a course of scholarly inquiry for purpose of clinical practice, and, if applicable, to scientific literature. Interns will develop competence in applying scientific knowledge in a clinical setting, in being educated consumers of empirical research, and in becoming competent in at least one Evidenced Based Therapies (EBT). Interns may develop skills in participating in a research project.

4) Professional, Ethical, and Legal Issues

Interns will demonstrate appropriate ethical and professional standards required for clinical psychologists. Interns will demonstrate professional responsibility and behavior consistent with current professional standards and ethical guidelines. Interns will demonstrate continued growth in professional development and identity.

5) Cultural and Individual Diversity

Interns will demonstrate knowledge of and provide culturally sensitive services (assessment, case conceptualization, and treatment) to the patient population. Interns will have a mature understanding of issues of ethnic, cultural, gender, sexual, and other aspects of diversity. Interns will, independently or with supervision, incorporate this understanding into their clinical work with veterans.

Structure of Internship Training

Administrative Structure

From an administrative standpoint, the program is supervised by the Director of Training, who oversees and implements intern recruitment and selection, matching of interns to faculty preceptors, and coordination of clinical and research experiences. The Director of Training is responsible to the Chief of Psychology for productive operation of the training program. Each intern selects a preceptor from available staff psychologists for year-round consultation and support to ensure a balanced range of clinical experiences. The function of the preceptor is to guide the trainee in the choice of clinical assignments, to assist in development and implementation of research activities, engage in professional development, and to aid in problem-solving throughout the internship year. Intern and supervisor evaluations are documented six times annually, and written reports are forwarded at least annually to university training directors. The Director of Training, in concert with the preceptor, ensures that internship experiences successfully meet an intern's training needs.

The Training Year

Graduate students accepted for psychology internship training arrive at the SLVHCS for a full year beginning in July. Incoming interns receive a full orientation during the first two weeks of the training year, including opportunities to meet with staff, review training options, and select a preceptor from among available staff psychologists. A working plan specifying three four-month rotations is developed for each intern during the second full week of the training year. Rotations may be half time rotations or full time rotations depending on the rotations selected. Interns may participate in rotations at community based outpatient clinics as well as in the New Orleans clinics. Rotation options are detailed in following sections of this brochure.

Rotation Selection

Interns electing to complete an Emphasis Area in PTSD or Behavioral Medicine (BMED) will commit the equivalent of two full rotations to the specialty area. These rotations include those supervised by Drs. Walton and/or Ennis (PTSD) and Drs. Slaton, Vigil, and/or Parkinson (BMED). In addition to ongoing rotations, interns establish a long-term experience of 4 hours weekly to be completed throughout the year. This may consist of training in a particular therapy (e.g., ACT), working with a particular patient population (e.g., veterans who have experienced MST), working in a particular clinic setting (e.g., inpatient), or a program evaluation or research project. Supervision for the long-term experience will be provided throughout the year by a staff supervisor.

Preceptors

Each intern chooses a preceptor from our training committee of approximately 20 psychologists for the training year. The preceptor's role is to help the intern negotiate the internship program, integrate feedback from various supervisors, and plan for post-internship goals. Interns have a minimum of one hour per month of supervised contact with their preceptor.

Research Participation

Interns are encouraged to participate throughout the year in some type of quality improvement, educational, or research project associated within an area of interest. Interns may pursue applied or experimental studies by participating in an ongoing staff project or by executing an independent but supervised research effort under the direction of staff members who are credentialed in the research department. Selection and structuring of research projects and/or research collaboration begins during the first month of the internship year, and staff members guide interns in completing their investigative goals by providing necessary assistance in obtaining materials, subjects, and other support. Current VA research resources include an expansive virtual library, an onsite Institutional Review Board, and two computers with statistical packages. Please also see the “Clinical Rotations” and “Additional Training Experience” sections for further discussion of opportunities for research involvement.

Supervision

Interns receive a minimum of two scheduled hours of individual supervision per week during a full time rotation from the staff psychologist formally assigned to the rotation. In actual practice, the amount of individual supervision is typically much greater due to daily supervisor trainee interactions in joint sessions with patients, etc. Additional supervision is provided in group and/or individual format such that each intern receives 4 hours of weekly supervision. Although the specifics of such ongoing supervision experiences will vary depending upon rotation, a relatively high level of routine working contact between staff psychologists and interns is characteristic of all rotation options. The intern cohort meets for an hour or more every other week as a group with the Director of Training.

Supervision agreements are completed at the beginning of each rotation by the intern in conjunction with the rotation supervisor(s). The purpose of the supervision agreement is to establish parameters of supervision; assist in intern professional development; and provide clarity in supervisor responsibilities including client protection. These materials become a part of the intern's permanent file kept by Mental Health Service, which is available to the Training Committee.

Evaluation

Formal evaluations of intern performance are completed at the midpoint and end of each rotation. Supervisors complete the General Clinical Competency Assessment Form, providing ratings of the intern's performance in key areas as well as narrative statements regarding strengths and areas for further development of the trainee or other relevant comments. Interns read and sign these evaluations. These materials become a part of the intern's permanent file kept by Mental Health Service, which is available to the Training Committee.

If evaluations of an intern indicate that he/she has an educational and/or skill deficiency that compromises the quality of professional performance, it is the responsibility of the intern's primary supervisor to discuss the deficiency with the intern, define the problem, and suggest procedures for remediation (e.g., special instruction, experience in a new training setting, etc.). The intern's preceptor may also be involved in this discussion. If the problem cannot be resolved by the primary supervisor or preceptor, he/she will consult the Director of Training with the intern. If the difficulty is of a serious nature, the Director of Training will convene a meeting with the Chief of Psychology Service and the Training Committee to describe, evaluate, and seek resolution for the problem. These procedures will be in accord with established guidelines for confidentiality and protection of the intern's right of due process.

Compensation and Benefits

Interns receive a stipend of \$26,234 for the 2021-2022 training year, paid biweekly. Interns also are eligible for the full range of health and life insurance options available to all federal employees. As with staff psychologists, professional liability coverage for all mandated intern activity is provided by the Federal Tort Claims Act. Benefits include 10 federal holidays, accrual of the equivalent of 13 vacation days and 13 sick days, and health insurance. Additionally interns are able to request authorized absence for educational and professional leave such as professional conferences.

Training Experiences: Clinical Rotations

Full and half time rotations are generally chosen from among the areas below. The primary clinical supervisor(s) for each rotation is listed, though additional supervision or training experiences may be offered by other doctoral-level psychology supervisors working on that clinical team. Given potential clinic or staffing changes, rotations presented here are typical and representative, but not guaranteed.

Ambulatory Mental Health (AMH)

Supervisors: Shannon Hartley, Ph.D. and Thomas Hallinan, Ph.D.

Working within the framework of the Ambulatory Mental Health Clinic (AMH), multidisciplinary staff provide comprehensive mental health services to veterans suffering from issues related to anxiety, mood, personality, adjustment, and grief. For veterans seeking treatment, interns will conduct initial evaluations and administer assessment measures to assist with case formulation, differential diagnosis, and treatment planning. Interns will follow short- and long-term therapy cases and participate in group psychotherapy (shadowing or co-facilitating depending on ability level). Clinical writing skills will be developed throughout the rotation. Attendance at interdisciplinary team meetings and group supervision is also required.

Community Based Outpatient Clinics

Supervisor in LaPlace: Michele Carroll, Psy.D.

Supervisor in Slidell: Sheila Corrigan, Ph.D.

Supervisors in Baton Rouge: Royce Butler, Psy.D., MHA (PCMHI)

These rotations emphasize development of skills needed to integrate psychological services within interdisciplinary treatment teams in rural or suburban medical contexts. Major components of these rotations include:

- Brief evaluation and treatment of clinical and health psychology problems;
- Triage decision-making to prioritize service delivery; consultation and collaboration with primary care providers for psychological and medical management;
- Psychological assessment, individual and group psychotherapy;
- Referral to specialty mental health programs, and coordination of care with the onsite psychiatrist/mental health staff.

Interns take part in leading empirically based treatment groups on topics such as sleep, pain, mastering emotions, and other chronic medical ailments. On these rotations, interns gain experience working with problems that have psychological origins (mood, anxiety, substance abuse, sleep, adjustment, and anger management). In addition, interns have the opportunity to develop skills in promoting healthy behaviors (i.e. physical activity) and help patients resolve other medically-related problems (i.e. pain management, treatment adherence, coping with illness, and disease management).

Health Psychology and Behavioral Medicine

Supervisors: Karen Slaton, Ph.D., Joseph Vigil, Ph.D., and Christopher Parkinson, Ph.D.

In health psychology and behavioral medicine, interns function as consultants on the psychosocial and behavioral aspects of disease expression, control, and prevention in addition to providing brief, solution-focused behavioral health treatment for adjustment issues and less severe mental illness. With potential involvement among several outpatient clinics, the Southeast Louisiana Veterans Health Care System offers opportunities for applying principles of health psychology and behavioral medicine in primary and specialty health care service delivery. Interns share responsibilities for providing acute and extended treatments for a wide range of emotional and behavioral complications of disease, medical and surgical procedures, hospitalization, and associated family crises. Actual rotations can be tailored to training goals, but the modules may encompass:

- Primary Care Mental Health Integration
 - Brief solution-focused treatment for depression, anxiety, and adjustment issues
 - Health coaching for health promotion and disease prevention utilizing motivational interviewing
 - Treatment of chronic pain in primary care setting
- Physical Medicine and Rehabilitation
 - Participation in the Comprehensive Pain Rehabilitation Program
 - Evidence-informed treatment for chronic pain offered at a tertiary level
 - Behavioral interventions for veterans in cardiac rehabilitation and with TBI, spinal cord injury, ALS, amputations, etc.
 - Evaluation of veterans in Interdisciplinary Pain Clinic and Pain Evaluation Program
- Assessment of patients prior to solid organ transplants, bariatric surgery, and implantation of spinal cord stimulators
- Group and individual self-management interventions designed for pain management, weight control, and smoking cessation
- Assessment and treatment of veterans with chronic illness
- Behavioral treatment experiences include:
 - Cognitive restructuring therapies (pain control, insomnia, adherence)
 - Clinical Hypnosis (pain control)
 - Relaxation training (meditation, yoga)
- Consultation and interprofessional treatment planning with primary care and specialty medical care providers (palliative care, infectious disease, physical medicine, etc.)
- Training emphasis is directed toward functioning within a multidisciplinary medical treatment team in primary care and surgery (anesthesia pain clinic).

Inpatient Psychology

Supervisor: Desirae Vidaurri, Ph.D.

On this rotation, emphasis is placed on adapting empirically supported treatments for short term delivery. Focus will be put on learning a modular approach to flexibly apply treatments that are evidence based, particularly from a cognitive behavioral perspective, to a broad range of diagnoses. Interns will have the flexibility to tailor the experience to their training goals, customizing their experience by highlighting particular areas of interest (e.g., assessment; brief individual therapy), while learning to work in an acute setting.

Major components of this rotation include:

- Leading or co-leading group therapy, tailoring empirically supported treatments, particularly from a cognitive behavioral perspective, to the current population on the unit
- Exposure to cognitive behavioral therapies, including Dialectical Behavior Therapy, and other complementary treatments such as Motivational Interviewing
- Collaboration with other mental health professionals, such as psychiatry, pharmacy, social work, and nursing, within a uniquely integrated team

Examples of other potential experiences include: engaging in diagnostic interviews and personality/symptom measure assessments; providing psychoeducation to Veterans and their families on mental health diagnoses; conducting brief recovery focused interventions (e.g., IRT; CBT-I; exposure); learning about administrative roles of psychologists; and engaging in outreach to vulnerable populations (e.g., caring contact letters).

Military Sexual Trauma

Supervisor: Marie Barrett, Ph.D.

Training experiences are provided in the assessment and treatment of military sexual trauma (MST) in both female and male veterans. This may be selected as a primary rotation or as a long term clinical experience. As a result, work with this population of veterans is highly variable and may include intake assessment, individual psychotherapy, and/or group psychotherapy. Therapies selected by past trainees have included Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Skills Training in Affective and Interpersonal Regulation (STAIR).

Palliative Care

Supervisor: Christopher Parkinson, Ph.D.

Interns interested in obtaining experiences in palliative care psychology will develop education and skills in the following areas (1) Psychological, sociocultural, interpersonal, and spiritual factors in chronic disease and life-threatening or terminal illness, (2) Advanced illness and the dying process, (3) Socioeconomic and health services issues in end-of-life care and systems of care, (4) Normative and non-normative grief and bereavement, (5) Assessment of issues common in patients with chronic, life-threatening, or terminal illness and their family members, (6) Treatment of patients with chronic, life-threatening or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, unfinished business), (7) Treatment of family and social systems, (8) Interface with other disciplines through interdisciplinary teams and consultation in multiple venues, (9) End-of-life decision making and ethical issues in providing palliative care and hospice services.

Opportunities within palliative care exist on both the outpatient and inpatient settings working within the context of our core interdisciplinary team comprised of five disciplines: medicine, psychology, social work, nursing, and chaplaincy. The role of psychology in the outpatient clinic is predominantly to provide assessment of psychological/cognitive symptoms, quality of life, and existential suffering in order to provide intervention and treatment recommendations. Concerns for which patients may be identified/referred include difficulty managing a physical condition and its associated symptoms (e.g. pain associated with malignancy), increased psychological distress, maladjustment, adherence issues, evaluation of capacity, complicated family dynamics, decreased overall quality of life, and existential crises experienced within the context of a terminal illness. Group interventions are also offered such as support groups (e.g. cancer, caregiver), problem-solving therapy, meaning-centered psychotherapy, and groups for advance care planning.

Inpatient psychological services are also provided to patients who are hospitalized on various medical services: 1) Inpatient Medicine/Surgery, 2) Community Living Center, and 3) Hospice. Psychologists provide assessment and intervention at the bedside and serve as an active member on the interdisciplinary team. Family members of Veterans are also evaluated and offered individual counseling for caregiver stress. Bereavement services are also offered to family members/caregivers of Veterans.

PTSD

Supervisors: *Jessica Walton, Ph.D. and Chelsea Ennis, Ph.D.*

Interns in this rotation will work with veterans diagnosed with Trauma Related Disorders, including Posttraumatic Stress Disorder and Other & Unspecified Trauma Related Disorders. The diagnosis of PTSD may stem from military and/or non-military experiences and may be complex in nature (i.e., both). Trainees will conduct comprehensive intake evaluations and have the opportunity to administer additional PTSD-specific assessments (e.g., CAPS-5) for situations when diagnostic clarification is needed. Interns may also participate in the treatment planning process where veterans are educated on both non-EBP and EBP treatment options offered within the clinic. Interns can receive training in providing evidence-based psychotherapies, including Prolonged Exposure Therapy, Cognitive Processing Therapy for PTSD, as well as treatments for trauma-related insomnia (Cognitive Behavioral Therapy for Insomnia), recurrent nightmares (Imagery Rehearsal Therapy), emotional and interpersonal regulation difficulties (Skills Training in Affective and Interpersonal Regulation), and depression (Cognitive Behavioral Therapy for Depression).

Psychosocial Rehabilitation (PSR)

Supervisor: *Baris Konur, Psy.D.*

This rotation will emphasize development of skills needed to provide psychological services to a population with serious mental illness (SMI).

Major components of this rotation include evaluation and treatment of clinical and psychosocial problems both within an outpatient clinical setting and out in the community;

- Collaborate and work hand-in-hand with the Mental Health Intensive Case Management (MHICM) team
- Outreach to Veterans with SMI that are lost to care via the SMI Re-Engage Program
- Collaborate and consult with community providers and other stakeholders
- Provide group psychoeducation as part of the Psychosocial Recovery Program
- Provide education to staff and community stakeholders on SMI, Veteran issues, and other relevant topics

Interns have the opportunity to take part in promoting recovery principles and providing mental health care outside of a traditional outpatient setting. The rotation is highly customizable and allows the intern a large amount of flexibility in what services are provided depending on interests. In addition, interns are provided the opportunity to participate in activities that are outside of what is commonly thought of as “VA psychologist” activities. As this rotation is set within a community based outpatient clinic, interns will also gain experience working with problems that have biopsychosocial origins (mood, anxiety, substance abuse, sleep, adjustment, life stressors, medical conditions, pain, and anger management).

Research

Supervisors: *Laurel Franklin, Ph.D. and Amanda Raines, Ph.D.*

Interns may select a half time research rotation during their internship year. In addition, interns may select up to six hours of research per week across rotations, as part of their long-term hours.

The minimum requirement of 500 clinical face-to-face hours must be met regardless of participation in research.

On the research rotation, emphasis is placed on development and implementation of an advanced curriculum that will promote intern skills and experiences in clinically relevant research. Specifics of the research module will vary to reflect the diversity of ongoing research programs and opportunities available at the start of the internship year.

Ongoing projects for 2021-2022 include examination of: use of measurement-based assessment in diagnostic decision making; the factor structure of PTSD in *DSM-5*; overlap between symptoms of PTSD with other disorders; suicidal correlates among veterans; utility of transdiagnostic treatments within the VA; and the relationship between anxiety sensitivity and opioid use. Drs. Franklin and Raines also collaborate with clinician-researchers across rotations (e.g., AMH, CBOCs, PTSD, BMed) collecting program analysis data to inform clinical work within and outside of SLVHCS. In addition, trainees working with Drs. Franklin and Raines have opportunities to partner with other VA sites and universities on collaborative projects.

DAT LAB: Depression, Anxiety, & Trauma-disorders Laboratory

The Depression, Anxiety, & Trauma-disorders Laboratory (“DAT lab”) mission is to bring together psychologists and trainees interested in discussing research ideas; reviewing research articles; and giving and receiving feedback about independent research in the area of anxiety and trauma-related disorders.

Interns may participate in the DAT lab including during a half-time research rotation or part of their long-term hours. Preceptor concurrence is required prior to participation.

Recent Publications:

Raines, A. M., Thomas, E. A., Tock, J. L., Hallinan, T. M., Hartley, S., MacKenna, H., Constans, J. I., & Franklin, C. L. (in press). Examining the Effectiveness of a Group-Based Behavioral Activation Treatment for Depression among Veterans. *Journal of Psychopathology and Behavioral Assessment*.

Raines, A. M., Allan, N. P., Franklin, C. L., Huet, A. M., Constans, J. I., & Stecker, T. (in press). Correlates of Suicidal Ideation and Behaviors among Former Military Personnel Not Enrolled in the Veterans Health Administration. *Archives of Suicide Research*.

Franklin, C. L. & Raines, A. M. (in press). The overlap between OCD and PTSD: Examining self-reported symptom differentiation. *Psychiatry Research*.

Raines, A. M., Oglesby, M. E., Walton, J. L., True, G., & Franklin, C. L. (2019). Intolerance of uncertainty and DSM-5 PTSD symptoms: Associations among a treatment seeking veteran sample. *Journal of Anxiety Disorders*, 62, 61-67.

Raines, A. M., Franklin, C. L., & Carroll, M. (2019). Obsessive-compulsive symptom dimensions and insomnia: Associations among a rural treatment seeking veteran sample. *Journal of Cognitive Psychotherapy*, 33, 46-57.

Raines, A. M., Carroll, M., Mathes, B. M., Franklin, C. L., & Constans, J. I. (2019). Examining the relationships between perfectionism and obsessive-compulsive symptom dimensions among rural veterans. *Journal of Cognitive Psychotherapy*, 33(1), 58-70.

Franklin, C. L., Raines, A. M., & Hurlocker, M. C. (2019). No trauma, no problem: Symptoms of posttraumatic stress in the absence of a Criterion A stressor. *Journal of Psychopathology and Behavioral Assessment*, 41(1), 107-111.

Franklin, C. L., Raines, A. M., Walton, J. L., Chambliss, J. L., & Maieritsch, K. P. (2018). Using the Clinician Administered PTSD Scale for *DSM-5* to examine overlap of PTSD criteria D and E. *Journal of Nervous and Mental Disease*, 206(6), 429-432.

Franklin, C. L., Raines, A. M., Chambliss, J. L., Walton, J. L., & Maieritsch, K. P. (2018). Examining various subthreshold definitions of PTSD using the Clinician-Administered PTSD Scale for *DSM-5*. *Journal of Affective Disorders*, 234, 256-260.

Franklin, C. L., Raines, A. M., Cuccurullo, L. J., Chambliss, J. L., Maieritsch, K. P., Tompkins, A. M., & Walton, J. L. (2018) 27 ways to meet PTSD: Using the PTSD-Checklist for *DSM-5* to examine PTSD core criteria. *Psychiatry Research*, 261, 504-507.

Walton, J. L., Raines, A. M., Cuccurullo, L. J., Vidaurri, D. N., Villarosa-Hurlocker, M. C., & Franklin, C. L. (2018). The relationship between DSM-5 PTSD symptom clusters and alcohol misuse among military veterans. *The American Journal on Addictions*, 27(1), 23-28.

Hurlocker, M. C., Vidaurri, D. N., Cuccurullo, L. J., Maieritsch, K., & Franklin, C. L. (2018). Examining the latent structure mechanisms for comorbid posttraumatic stress disorder and major depressive disorder. *Journal of Affective Disorders*, 229, 477-482.

Recent Grant Funded Projects:

Raines, A. M. & Constans, J. I. *Comparing the interactions of risk factors by method of suicide among Veterans: A network analysis approach*. American Public Health Association, New Investigator Research Award.

Raines, A. M., Franklin, C. L., & Schmidt, N. B. *An All-Encompassing Approach to Treating Multiple Affective Disorders via Identification and Elimination of Safety Aids*. South Central MIRECC, Clinical Educator Grant.

Raines, A. M., Allan, N. P., & Franklin, C. L. Evaluating the utility of a brief computerized anxiety sensitivity intervention for opioid use disorders: A pilot investigation. South Central MIRECC, Pilot Award.

Raines, A. M., Walton, J. L., & Franklin, C. L. *Improving Access to Evidence Based Care Among Rural Veterans using a Transdiagnostic Treatment Approach*. South Central MIRECC, Pilot Award.

NCBI Bibliography:

https://www.ncbi.nlm.nih.gov/sites/myncbi/1vEH7rVV_YIA3/bibliography/51034918/public/?sort=date&direction=ascending.

Google Scholar Bibliography:

<https://scholar.google.com/citations?user=s34Y8HwAAAAJ&hl=en&oi=ao>

Didactics

General Inservice Training:

Psychology interns are provided an ongoing series of weekly presentations in the following areas: assessment, treatment, professional development, diversity, etc. Presenters include VA and academically affiliated psychologists and psychiatrists, psychology interns, and residents. Some of the topics from past didactics include, CBT for Insomnia, Psychotropic medication, CAPS-5 training, Licensure, Board Certification, and Professional Identity, Somatization, Suicide in the VA community, Private Practice, ACT training, and SCID/SCID-II training. Participation in the in-service component of the internship is required to help maximize intern exposure to the expertise of mental health professionals within the VA and community.

Presentations:

Each intern makes a minimum of two presentations during the training year. The focus of the presentations are:

- A clinical scholarship presentation on a research/dissertation topic
- A case conceptualization presentation on a case encountered during the internship year

Assessment Training:

The SLVHCS internship believes that psychological assessment is a core competency of the applied psychologist. Our interns receive training on several assessments (e.g., SCID, SCID-II, CAPS-5, MMPI-RF, PAI, bariatric evaluations, spinal cord stimulator evaluations, etc.) throughout the training year depending on the rotation selection. Interns also receive instruction from staff psychologists on the fundamental aspects of psychological assessment as well as supervised training in the administration, scoring, interpretation, and presentation of tests commonly utilized by practicing psychologists. Interns will also have the opportunity to staff more difficult cases with their supervisor's designated BHIP team for consultation on diagnosis, case conceptualization, and treatment planning.

Multicultural Training:

All interns participate for a minimum of 3-4 months in a weekly seminar course on multicultural psychological practice, offered at the Tulane University School of Medicine. This inservice is both for interns from Tulane and from SLVHCS. Topic areas include: Undoing Racism, Diversity in Clinical Practice, Diversity in Research, Working with Diverse Populations, and Becoming Culturally Competent. In addition, interns will receive a multicultural didactics series presented by VA staff over the course of the training year. Some examples of these didactics include: Intersectionality and Privilege and Queer Theory and Working with LGBTQAI patients.

Professional Identity and Development:

Interns attend 3-4 months of weekly seminars in the area of Professional Identity and Development. These are held in conjunction with the Tulane University School of Medicine Internship program. Examples of topic areas include, CV Preparation, Negotiating Contracts/Business Issues, Academic Mentoring, Supervision, Forensic Assessment, and Developing a Research Career.

Ethics:

Interns attend 3-4 months of weekly seminars at the Tulane University School of Medicine in the area of Ethics. Examples of topic areas include, Psychotherapy, Children and Families, Testing and Research, and Legal Cases.

Additional Didactics:

Interns are also encouraged to attend lectures, seminars, and case conferences offered by affiliated medical schools and community groups and to participate in annual scientific meetings. During each year, the Training Program also attempts to offer specially scheduled presentations, workshops, and seminars for trainees and staff by nationally known scientist practitioners in psychology and related disciplines.

Additional Learning Activities

Interns are strongly encouraged to attend the monthly Psychology service meetings. These meetings include all psychology staff and are facilitated by the Chief of Psychology Service. These

meetings allow interns the opportunity to hear about institutional policy and psychology program updates, developments, and achievements.

Trainee representation at the monthly Training Committee meeting is also strongly encouraged. At the beginning of the training year, interns may decide how the intern cohort would like to be represented at the meeting (e.g., rotating schedule among all interns or appointing a Chief Intern to represent the cohort). These meetings allow the interns opportunities to present training-related issues and provide feedback as well as learn about training administrative issues.

Requirements for Completion

To maintain good standing in the training program and complete the program, it is required that all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the areas of:

- a. Theories and methods of assessment and diagnosis and effective intervention (including empirically supported treatments)
- b. Theories and/or methods of consultation, evaluation, and supervision
- c. Strategies of scholarly inquiry
- d. Issues of cultural and individual diversity relevant to all of the above

This is accomplished by:

1. Demonstrating intermediate to advanced progress in the training competencies.
2. Not be found to have engaged in any significant ethical transgressions

Additionally, interns are expected to complete a minimum of 500 direct clinical service hours, successfully complete all rotation requirements, successfully present both the clinical scholarship and case conceptualization presentations, and successfully complete all requirements of the long-term training experience.

Facility and Training Resources

Currently, interns and residents share an office space with cubicles that consist of a desk, telephone, and computer terminal for each intern. Swing offices are utilized for individual patient sessions. On different rotations and in different clinic settings, interns may change offices. Training settings consist of large and small conference rooms, and group rooms.

Assessment instruments are available as needed including the SCID, SCID-II, CAPS-5, MMPI-2 RF, PAI, Beck Depression Inventory, etc. Access to the online library is also available. Trainees may utilize library resources at Tulane University or Louisiana State University Medical Center.

Administrative Policies and Procedures

Problem resolution and complaint procedures to ensure interns have due process in addressing concerns are available and described in our Psychology Internship Training Manual which interns receive at the beginning of the training year.

Self Disclosure - The Southeast Louisiana Veterans Health Care System's Predoctoral Internship does not require interns to disclose personal information in the context of their training unless the supervisor feels that such personal information is needed in order to evaluate or obtain assistance

for a trainee whose personal problems are preventing the trainee from performing professional activities competently or whose problems are posing a threat to the trainee or others.

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

Training Staff

The following psychologists serve as primary supervisors and/or preceptors of interns. The following brief biographical sketches highlight the qualifications and interests of each faculty member.

Marie Barrett, Ph.D. Staff Graduate Psychologist, MST Clinic, PTSD Team. Clinical Psychology, Western Michigan University, 2018. Dr. Barrett completed her pre-doctoral psychology internship at SLVHCS with an emphasis on PTSD and MST. She began her postdoctoral fellowship at SLVHCS but transitioned to a full-time clinical staff position in the MST clinic during her fellowship year. Her professional interests include evidence-based treatments for PTSD and anxiety; third-wave behavioral therapies; mindfulness; language and relational frame theory; burnout and compassion fatigue; the psychology of gender and sexuality; and issues of cultural diversity, social justice, and power as they relate to clinical practice. Dr. Barrett enjoys creative writing, birdwatching, and experiencing as much of the New Orleans food and music scene as possible.

Joseph "Jay" Boffa, Ph.D. VISN 16 South Central MIRECC Core Investigator; SLVHCS Graduate Psychologist and Suicide Prevention Coordinator; Tulane University School of Medicine Department of Psychiatry and Behavioral Sciences Adjunct Clinical Instructor. Dr. Boffa completed his Doctorate of Philosophy in Clinical Psychology at Florida State University and pre-doctoral internship at SLVHCS in 2020, after which he joined the SLVHCS staff. His research has focused on cognitive-affective variables that intersect PTSD and suicide risk, and the development of novel interventions to target those conditions. Dr. Boffa has published more than three-dozen peer-reviewed articles and obtained funding awards from the NIMH, Military Suicide Research Consortium, and VA South Central MIRECC. His clinical specialties include diagnostic assessment, cognitive behavioral therapies for anxiety- and trauma-related disorders, and suicide risk management. He is an unabashed Southern California native, which actually lends itself to enjoying everything about New Orleans. Well, except the humidity.

Royce D. Butler, Psy.D., M.H.A. Staff Psychologist, Primary Care Mental Health Integration (PCMHI)/Ambulatory Mental Health (AMH); Clinical Health Psychology, Nova Southeastern University, 2011; Clinical Psychopharmacology, Nova Southeastern University, 2014. Dr. Butler completed his pre-doctoral psychology internship with an emphasis on behavioral medicine/health psychology at SLVHCS. He then worked in PCMHI at the G.V. (Sonny) Montgomery VA Medical Center in Jackson, MS for two years prior to returning to his home state of Louisiana to work at the VA Community-Based Outpatient Clinic (CBOC) in Baton Rouge. He will be taking the Psychopharmacology Examination for Psychologists (PEP) this fall to become a licensed medical psychologist with prescriptive authority in Louisiana. His primary theoretical orientation is cognitive-behavioral/client-centered therapy and his professional interests include psychopharmacology, chronic illness management (particularly cardiovascular health, diabetes, cancer, chronic pain management, and dementia/other neurocognitive disorders), and reducing mental health stigma especially in minority populations. Dr. Butler enjoys spending time with friends and family, traveling, music, and taking care of his beagle, Jax.

Michele N. Carroll, Psy.D. Staff Psychologist, Mental Health Clinic- St. John Community Outpatient Clinic. Clinical Psychology, Florida Institute of Technology, 1996. Dr. Carroll completed her internship at the University of Alabama at Birmingham Consortium and a post-doctoral fellowship at Spain Rehabilitation (a hospital of the UAB system). She was then the Clinical Director and later the Executive Director of Region One Mental Health Center, a rural community mental health center located in the Mississippi Delta. She was very involved in Mississippi state psychological issues and became the President of the Mississippi Psychological Association in 2007. She returned to Louisiana in 2008 when she joined SLVHCS as Suicide Prevention Coordinator and then became the St. John Clinical Psychologist. Dr. Carroll's clinical interests include rural mental health, treatment of Obsessive-Compulsive Disorder and other anxiety disorders, and self-care. In her spare time, Dr. Carroll glitters cups, enjoys being a Who Dat, and cheers on the Tigers.

Taylor L. Ceroni, Ph.D. Staff Psychologist; Intimate Partner Violence (IPV) Coordinator; South Central MIRECC Affiliated Faculty Member. Dr. Ceroni completed her Doctorate of Philosophy in Counseling Psychology at the University of Akron in 2019. She completed her pre-doctoral psychology internship at SLVHCS with an emphasis on PTSD. She subsequently accepted a position as the IPV Coordinator upon completion of her internship. Dr. Ceroni's clinical interests include the assessment and treatment of IPV and interpersonal trauma, as well as evidence-based treatments for PTSD (i.e., Prolonged Exposure, Cognitive Processing Therapy). Her clinical practice is also informed by feminist and multicultural therapy theory. Her research interests include IPV and IPV-related PTSD, issues of diversity and multiculturalism (e.g., gender, sexuality, race), empowerment, and feminist therapy interventions. In her free time, she enjoys exploring and eating her way through New Orleans, as well as, spending time with her sassy cat, Meatball.

Sheila A Corrigan, Ph.D. Staff Psychologist, Mental Health Clinic- Slidell Community Outpatient Clinic (CBOC). Clinical Psychology, State University of New York at Binghamton, 1985. Dr. Corrigan completed her internship at the University of Mississippi Medical Center-Jackson VA Consortium with a specialty in Behavioral Medicine. She was part of the internship and training staff at the University of Mississippi Medical Center where her clinical and research work focused on eating disorders and dietary patterns. She was co-Investigator and Co-PI on NHI-funded grants examining lifestyle influences on hypertension. Dr. Corrigan moved to the New Orleans VA where she has been a psychologist, at first specializing in Behavioral Medicine/Health Psychology. After Hurricane Katrina she has worked as the general psychologist at the Slidell CBOC. Dr. Corrigan's nonclinical interests involve glittering shoes and at this point, planning weddings.

Chelsea R. Ennis, Ph.D. Staff Psychologist, PTSD Team; South Central MIRECC Affiliated Faculty Member. Dr. Ennis completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2019. She completed her pre-doctoral psychology internship at SLVHCS with an emphasis on PTSD and suicide prevention research. She subsequently accepted a position as a PTSD psychologist upon completion of her internship. Dr. Ennis' clinical interests include evidence-based treatments for PTSD and mood disorders (i.e., Prolonged Exposure, Cognitive Processing Therapy, cognitive behavioral therapy for depression), and suicide prevention interventions. Dr. Ennis is also currently the Principal Investigator on a South Central MIRECC Pilot Grant examining the utility of a group-based cognitive behavioral therapy for suicide prevention among rural Veterans. Her research interests include the identification of clinical correlates and risk factors for non-suicidal self-injury, as well as suicide prevention interventions. In her free time she enjoys eating and drinking her way through New Orleans and playing with her goldendoodle, Hazel.

Laurel Franklin, Ph.D. Assistant Chief, Psychology Service; Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine. Dr.

Franklin received a Ph.D. in clinical psychology from Pacific Graduate School of Psychology, and completed a psychology internship at the New Orleans VAMC (now SLVHCS) and a postdoctoral fellowship at Brown University/Rhode Island Hospital. Currently licensed in Louisiana, her professional interests are assessment of posttraumatic reactions; treatment of posttraumatic insomnia; and evidenced based treatments for PTSD. Dr. Franklin is currently the Site Lead for the South Central Mental Illness, Research, Education and Clinical Center (MIRECC). Current research projects include examining use of measurement-based assessments to aid in diagnostic decision making. Dr. Franklin is a member of the International Society for Traumatic Stress Studies, Anxiety and Depression Association of America, Southeastern Psychological Association, and the Louisiana Psychological Association. She is a board member for several peer-reviewed trauma journals. When not at work, Dr. Franklin enjoys keeping up with her nine-year-old son. She loves Mardi Gras, her French Bulldog “Skull,” and traveling with her family.

Shannon Hartley, Ph.D. Staff Psychologist, Ambulatory Mental Health (AMH). Dr. Hartley completed her Ph.D. in Clinical Medical Psychology, 2006, with the University of Alabama at Birmingham. Postdoctoral fellowship in Pediatric Psychology at the University of Louisville School of Medicine and Kosair Children’s Hospital was completed in 2007. She then worked at an inpatient psychiatric facility in Alabama, serving an inner-city population by conducting psychological evaluations for children, adolescents, and adults. Upon moving to New Orleans, Dr. Hartley joined SLVHCS where she first served in the PTSD Clinical Team and then AMH. She works with a wide variety of diagnoses and presenting issues using various treatments including Interpersonal Psychotherapy for Depression, Problem Solving Therapy, and Motivational Enhancement Therapy for Substance Use Disorder. Dr. Hartley was born and raised in Metairie, LA. Along with her husband and four children, she is grateful to call it home.

Claire Houtsma, Ph.D.

Graduate Psychologist and Suicide Prevention Coordinator, SLVHCS; Clinical Investigator, South Central MIRECC. Dr. Houtsma completed her Doctorate of Philosophy in Clinical Psychology at the University of Southern Mississippi in 2020. She completed internship at SLVHCS. Dr. Houtsma’s research interests include firearm suicide, service member & Veteran suicide prevention, development of lethal means safety interventions, and sociocultural influences on suicide risk. Her clinical interests include evidence-based psychotherapies for PTSD, depression, anxiety, and emotion dysregulation (e.g., CPT, PE, CBT, DBT, MI). Dr. Houtsma is an active member of the American Association of Suicidology. She is originally from Chicago and encourages anyone who visits to try a Portillo’s Italian beef sandwich. During her free time she enjoys walks around Audubon Park, soccer, attending Broadway musicals, live comedy, and any New Orleans festival.

Arnold James, Ph.D. Dr. James is a Louisiana licensed Clinical Psychologist. He received his education from The University of South Carolina. He received a Bachelor of Science in Psychology, a Master of Public Health in Health Education and Promotion, and his Doctor of Philosophy in Clinical-Community Psychology. He was affiliated with the Tulane School of Medicine, Department of Psychiatry and Behavioral Sciences for over 20 years, in various capacities diagnosing and treating mental disorders. He has worked as an inpatient and outpatient psychotherapist, in and around the New Orleans Metro area, employing brief and long-term psychotherapy modalities. Currently, he is a psychologist in Home Base Primary Care at the Southeast Louisiana Veterans Health Care System and treats outpatients in a private practice. These patients have a wide range in age, and severity of diagnostic presentation. Dr. James has completed a postdoctoral fellowship in Psychoanalytic Psychotherapy from the New Orleans-Birmingham Psychoanalytic Institute, and was awarded DIPLOMATE status in the International Academy of Behavior Medicine, Counseling and Psychotherapy in Psychotherapy.

Kenneth “Ken” Jones, Ph.D. joined SLVHCS as the Chief of Psychology in April 2019, after 15 years of service with VA headquarters. Most recently, Dr. Jones served as the Director of Associated Health in the VA Office of Academic Affiliations (OAA), overseeing allied health clinical training across VA, where he significantly expanded mental health training positions. Previously, he led the national development and implementation of the MOVE! Weight Management Program for Veterans. He first came to VA in 1991 and has 23 total years of VA service. He has also worked in academic and clinical settings. A clinical health psychologist/ psychophysiologicalist, his clinical and research interests include the management of chronic pain, obesity, metabolic syndrome, functional gastrointestinal disorders, and stress. He holds his Ph.D. in Clinical Psychology from the University of Southern Mississippi, interned at Rush Medical University, and was a clinical research fellow at the University of North Carolina at Chapel Hill. He was the 2017 recipient of the James Besyner Lifetime Achievement Award from the APA Section of VA Psychologists in Public Service, and he is the 2019 recipient of the VA Psychology Training Council - Antonette and Robert Zeiss Award for his support of VA clinical training nationally. He holds awards for his research efforts (military sexual trauma in female Veterans, the pathophysiology of irritable bowel syndrome) and for his clinical leadership with VA’s weight management program. Dr. Jones is the President Elect of the Association of VA Psychology Leaders (AVAPL), a group that is independent of VA.

Baris B. Konur, Psy.D. Local Recovery Coordinator. Clinical Psychology, Regent University, 2005. Prior to completing his doctorate, Dr. Konur completed a one-year clinical internship with Eastern Virginia Medical School in Norfolk, VA with a focus on rehabilitation psychology and clinical neuropsychology within medical and psychiatric settings. Dr. Konur then completed a two year post-doctoral fellowship with the VHA National Center for Organization Development whose mission is to provide organizational assessment and consultation to VHA facilities nationwide. He is licensed in Ohio. These prior experiences have prepared him for his current position as Local Recovery Coordinator for the Southeast Louisiana Veterans Health Care System (SLVHCS). Dr. Konur participates in a variety of functions, including acting as coordinator and Mental Health liaison to the Mental Health Consumer Council, providing consultative services to mental health staff in areas of recovery, collaborating and partnering with community agencies, consulting with primary care staff on serious mental illness, as well as chairing the Disruptive Behavior Committee. Outside of SLVHCS, Dr. Konur enjoys offshore fishing, boating, golf and spending time with his family.

Christopher R. L. Parkinson, Ph.D. Interim Co-Director of Psychology Programs; Palliative Care Psychologist; Telehealth Champion for Mental Health Programs; Adjunct Clinical Instructor, Department of Psychiatry & Behavioral Science, Tulane University School of Medicine; South Central MIRECC Affiliated Faculty Member. Dr. Parkinson completed his Doctorate of Philosophy in Clinical Psychology at Rosalind Franklin University of Medicine & Science in 2014 with emphasis in Health Psychology. He completed internship at the Gulf Coast Veterans Health Care System in Biloxi, Mississippi and postdoctoral fellowship in behavioral medicine/health psychology with emphasis in pain at SLVHCS. He is currently licensed in Louisiana. Dr. Parkinson’s professional interests include behavioral medicine, adjustment to chronic illness, psycho-oncology, promoting resilience, enhancing quality of life, assessing capacity, advance care planning, telehealth, and interprofessional care. Dr. Parkinson is a member of the Society of Behavioral Medicine and a director of the executive council for the Louisiana Psychological Association. He is a native New Orleanian. During his free time, he enjoys travelling, LSU football (Geaux Tigers!), arguing for the superiority of Marvel to DC, and parading with the Krewe of King Arthur.

Amanda M. Raines, Ph.D., Core Investigator with the South Central MIRECC and SLVHCS; Assistant Professor, Department of Psychiatry, Louisiana State University. Dr. Raines completed her Doctorate of Philosophy in Clinical Psychology at Florida State University in 2016 and both her pre-doctoral internship and post-doctoral residency at SLVHCS in 2016 and 2017, respectively. Dr. Raines' research focuses on identifying and empirically examining transdiagnostic risk and maintenance factors, as well as the development and refinement of novel interventions that can be used to prevent and treat anxiety and related forms of pathology including PTSD and suicide. To date, she has published over 80 peer-reviewed manuscripts and received support for work from various intramural and extramural agencies. Dr. Raines is a member of the International Society for Traumatic Stress Studies (ISTSS), Association for Behavioral and Cognitive Therapies (ABCT), Association of VA Psychologist Leaders (AVAPL), and Louisiana Psychological Association (LPA) where she serves as an Executive Director. During her free time, she likes to hang out with Dr. Franklin and is sure she has other interests outside of psychology but cannot think of any at this time.

Karen Slaton, Ph.D. Program Manager: Primary Care Mental Health Integration and Behavioral Medicine, Health Behavior Coordinator; Clinical Assistant Professor, Departments of Family Medicine and Psychiatry and Behavioral Health, Tulane University School of Medicine. Counseling Psychology, The University of Southern Mississippi, 2000. Dr. Slaton completed a clinical psychology internship at Tulane University School of Medicine. After internship, she joined the faculty at Tulane in Family Medicine and Psychiatry where she remained until Hurricane Katrina. Prior to joining the New Orleans VA, Dr. Slaton maintained a private practice as the owner of Northshore Psychological Services. She is licensed in Louisiana. She is certified in Sports and Clinical Hypnosis and is President of the New Orleans Society for Clinical Hypnosis. Dr. Slaton's professional interests include behavioral medicine, integrated mind-body medicine, health promotion and disease prevention, clinical hypnosis, performance enhancement and treatment of chronic pain. She is a fitness enthusiast and is certified by the American College of Sports Medicine as an Exercise Physiologist. She is also a registered yoga teacher.

Desirae N. Vidaurri, Ph.D. Inpatient psychologist. Inpatient Program Coordinator. Acting Local Recovery Coordinator. Clinical Instructor. Clinical Psychology, University of Maine, 2016. Dr. Vidaurri completed her pre-doctoral internship with an emphasis on trauma recovery and 11 months of a trauma focused post-doctoral residency at SLVHCS in 2016 and 2017, respectively, before joining SLVHCS as a Staff Psychologist. She is currently licensed in Virginia. Dr. Vidaurri's training, which began at her undergraduate institution (hook 'em), has focused on understanding the incorporation of research into psychology. This strong emphasis on empirically based treatments, particularly cognitive behavioral therapies, was further maintained throughout graduate school and subsequent training experiences. Clinically, she has particular interest in trauma-related disorders and depression, as well as working with populations with low motivation/confidence to engage in treatment; which lends nicely to her role on the acute inpatient mental health unit. Overall, Dr. Vidaurri strives to provide evidence based treatments in a way that is palatable for all Veterans, aiming to find ways to improve quality and continuity of care. Outside of work, she greatly enjoys time with friends and experiencing the New Orleans lifestyle, with a particular proclivity for food and all things Mardi Gras and glitter.

Joseph O. Vigil, Ph.D. Staff Rehabilitation Psychologist detailed to the Physical Medicine and Rehabilitation Product Line, Adjunct Instructor, Department of Rehabilitation Counseling, Louisiana State University Health Sciences Center. Counseling Psychology, The University of Memphis, 2003. Dr. Vigil completed his pre-doctoral psychology internship at the Central Arkansas Veterans Healthcare System in 2003, and he completed his postdoctoral hours working for a private practice

in the New Orleans area in 2005 mostly performing neurocognitive and disability assessments, where he also served as a consultant/expert witness in regional torts. Dr. Vigil holds an additional license in Louisiana as a vocational rehabilitation counselor and specializes in rehabilitation psychology assessment and counseling. He is also a member of American Psychological Association's Division 22 (Rehabilitation Psychology) and Southern Pain Society. When not at work for SLVHCS, Dr. Vigil mostly spends time with his children and family. He also enjoys playing and coaching soccer, as well as personal training, when not actively advancing awareness and research for classic Late Infantile Neuronal Ceroid Lipofuscinosis (or Batten Disease).

Jessica Walton, Ph.D. Interim Director of Training for Psychology Service, SLVHCS; Staff Psychologist, PTSD Team; Adjunct Clinical Instructor, Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine; MIRECC affiliate. Clinical/Rehabilitation Psychology, Illinois Institute of Technology, College of Psychology 2013. Dr. Walton completed her pre-doctoral psychology internship and postdoctoral fellowship with an emphasis on PTSD treatment and research, at SLVHCS. She accepted the position as PTSD/SUD psychologist upon completion of her postdoctoral fellowship. Her professional interests are evidenced based treatments for PTSD; cognitive behavioral psychotherapy; treatment of posttraumatic insomnia; exposure-based treatments; and clinical research. Dr. Walton enjoys spending time with family, playing Fantasy Football, and working out at Orange Theory. A New Orleans native, Dr. Walton, is an avid New Orleans Saints fan and travels to away games several times per football season to support her "Who Dat" boys.

Trainees

We currently maintain five intern positions, which may be filled by either Clinical or Counseling Psychology students. Our former interns have gone on to work in VA medical centers, private practices, mental health units in the military, university medical centers, state hospitals, community mental health clinics, counseling centers, and universities. Many of our recent interns have chosen to pursue postdoctoral training in specialty areas including health psychology, PTSD, and research. Please see last page of brochure for trainee's initial post internship positions.

Below is a list of recent trainee classes and the doctoral programs they attended.

2020-2021

University of Texas (2)
Kent State University
University of Southern Mississippi
University of Central Florida

2019-2020

Florida State University
Palo Alto University
University of Louisville
Southern Illinois University
University of Akron

Local Information

The city of New Orleans is a cosmopolitan community. One of the oldest and most fascinating cities in the United States, thousands of visitors enjoys its unique attractions throughout the year. The famous French Quarter has been declared a National Landmark as have other areas of the city, and the beautiful homes of the upper and lower Garden District reflect the genius of the architects who designed them. At Jackson Square, where the French Quarter meets the Mississippi, one can see paddlewheels, ferries and tugboats side by side. New Orleans is famous as a birthplace of jazz music, which is played at a wide variety of venues in the city, and a rich diversity of all musical

styles abounds. If one enjoys live theater and the ballet, Le Petit Theatre du Vieux Carre, and the New Orleans City Ballet draw enthusiastic audiences. The Mardi Gras tradition is very much alive, and the beautiful parades preceding the Lenten season are described as the greatest free show on earth. Carnival is soon followed by the French Quarter Festival and the internationally acclaimed Jazz & Heritage Festival. The New Orleans area is known worldwide for its French, Creole and Cajun cuisine, as well as the famous seafood of the Gulf Coast Region. Recreational activities such as university and professional football, e.g., the annual Sugar Bowl is held in New Orleans. In view of the New Orleans SLVHCS, the Louisiana Superdome is the largest enclosed stadium in the world (and how about those Saints?? Who Dat!). For those who love the outdoors, Louisiana is a sportsman's paradise, with good fishing and hunting, and beautiful Lake Ponchartrain is available for boating. Rental properties of varying types and locations are readily available at moderate rates. A semitropical climate with rare freezes and lush vegetation makes New Orleans an inviting place for the internship year.

Additional Information on Federal Appointments

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the

VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Per VHA Directive 1192.01 flu shots are now mandatory for all health care personnel. For more information visit: [Directive 1192.01](#)
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(a) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1)** Misconduct or negligence in employment;
- (2)** Criminal or dishonest conduct;
- (3)** Material, intentional false statement, or deception or fraud in examination or appointment;
- (4)** Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5)** Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6)** Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7)** Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8)** Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(b) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1)** The nature of the position for which the person is applying or in which the person is employed;
- (2)** The nature and seriousness of the conduct;
- (3)** The circumstances surrounding the conduct;
- (4)** The recency of the conduct;
- (5)** The age of the person involved at the time of the conduct;
- (6)** Contributing societal conditions; and
- (7)** The absence or presence of rehabilitation or efforts toward rehabilitation.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: September 2020

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements: *See pages 1-2 of this brochure for description of selection criteria.*

Does the program require that applicants have received a minimum number of hours of the following at time of application? *Yes.*

Total Direct Contact Intervention Hours: *300*

Total Direct Contact Assessment Hours: *100*

Describe any other required minimum criteria used to screen applicants: *Dissertation proposal successfully completed.*

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$26,234	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96 - 104	
Hours of Annual Paid Sick Leave	96 - 104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe):		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who remain in training in the residency program	4	
	PD	EP
Community mental health center	1	
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	8	5
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department	1	
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

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