



UAB-BVAMC Clinical Psychology Internship Consortium 2021-2022



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<http://www.uab.edu/medicine/psychiatry/education>

Application Due Date: November 1, 2020

APPIC Match #s:

- 110112 - UAB Psychiatry
- 110113 - UAB Veterans Affairs
- 110115 - UAB Child



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The University of Alabama at Birmingham (UAB) and the Birmingham VA Medical Center (BVAMC) have partnered to create the UAB-BVAMC Consortium and offer interns training experiences across a range of populations and settings. Both sites are located in the historic Southside District of the city. In addition to psychology internship training, UAB and BVAMC serve as major training facilities in the region and have students, interns, residents, and fellows in nearly all health care specialties.

Local Information

The city of Birmingham has a population of 209, 880 (U.S. Census Bureau estimate, 2019) and is the central hub of a metropolitan area of 1.1 million people. Known as the Magic City, Birmingham is a vibrant urban landscape known for its history in the civil rights movement, world-class medical research, and celebrated food, music, and arts scene. Birmingham and the associated VA CBOC communities are all within close proximity to a wide array of green spaces, including lakes, rivers, streams, and hiking trails.

Click the link below for a quick video tour of what Birmingham has to offer!

<https://www.youtube.com/watch?v=HC9Ke6O-TOs>

Additional locale information can be found at the following links:

<https://www.birminghamal.org/>

www.bhamnow.com

<https://birmingham.momcollective.com/>

Accreditation Status

The UAB-BVAMC Clinical Psychology Pre-Doctoral Internship Consortium has been fully accredited by the Commission on Accreditation of the American Psychological Association (APA) since 1969. The next site visit will be during the academic year 2022. The UAB-BVAMC consortium abides by all APA guidelines and requirements in the selection and administration of pre-doctoral interns.

APA can be contacted at:

American Psychological Association

750 First Street NE

Washington, DC 20002-4242.

(202) 336-5979 or (202) 336-5500

Selection Procedures

Eligibility

A candidate for the UAB-BVAMC Clinical Psychology Internship Consortium is considered based on the following:

- Candidates must show verified progression within a doctoral program in Clinical Psychology that is APA-approved (or in the process of APA approval with reasonable likelihood of approval).
- US Citizenship is required for 110113 - UAB Veterans Affairs track. US Citizenship is not required for 110112 – UAB Psychiatry or 110115 – UAB Child tracks.
- There are no minimum required hours for application. Our settings and faculty offer training across a broad array of clinical experiences, including neuropsychology, health psychology, trauma recovery, and rehabilitation. We welcome applicants with primary interests in assessment, intervention, or both.
- We are strongly committed to building a diverse internship class and welcome applications from prospective trainees of varied ethnic, cultural, sexual orientation, and/or disability backgrounds.

Interested individuals who meet eligibility criteria should submit the following application materials using the online AAPI application process. All application materials are **due by November 1, 2020**.

- The APPIC Application for Psychology Internship (AAPI)
- A cover letter indicating intent to apply to the internship consortium and internship training interests
- A curriculum vita
- Official graduate transcripts
- A minimum of three letters of reference (not including the letter of verification from the Graduate Training Director)

Interviews

Interview invitations will be sent via email no later than November 15, 2020. Applicants will be offered two dates from which to choose and the opportunity to identify faculty they would like to meet. Interviews will be conducted virtually in 2020/2021 due to the COVID-19 pandemic. Virtual interviews for child-track applicants will be held on December 11 and December 14, 2020. Virtual interviews for adult-track applicants will be held on December 14, 2020 and January 11, 2021. Adult-track applicants interview with faculty at both UAB and the VA on interview days.

Selection

The UAB-BVAMC Clinical Psychology Internship consortium complies with all APPIC guidelines in the recruitment and selection of interns and participates in the computer match program. The program agrees to abide by the APPIC policy that no person at this training program will solicit, accept, or use any ranking-related information from any intern applicant. A complete copy of APPIC policies can be found at the APPIC website at www.appic.org. Those matched will be contacted by the Training Director at the appropriate time on match day. Matched interns are also notified via e-mail as well as USPS mail to obtain appropriate signatures. Letters of recognition of the match are sent to each intern's program director.

Requirements for Completion/Performance Standards

To complete the internship successfully, interns must achieve:

- Average ratings of *Little consultation/Supervision needed. Sound clinical thinking/judgement evident overall. (Intern exit level; postdoc entry level)* on all competency elements on their final rotation evaluations
- Satisfactory rating on research presentation during weekly seminar
- Satisfactory rating on peer supervision skills during mock supervision simulation
- Equivalent of one year of a full-time training internship (2000 hours)

Psychology Training Consortium Overview

Background

Beginning in 1965, the Department of Psychiatry initiated a predoctoral clinical psychology internship. Presently, the Consortium is sponsored by the UAB School of Medicine and the Birmingham Veterans Affairs Medical Center, and includes all School of Medicine Departments and Centers and VA Medical Center programs in which clinical psychologists practice. Over the years, clinical psychologists have joined both departments and clinics outside psychiatry, becoming internship training faculty members and participating in program governance. Currently, clinical psychologists are located in the Department of Psychiatry and Behavioral Neurobiology, the Department of Physical Medicine and Rehabilitation, the Department of Neurology, the Department of Pediatrics, the Department of Preventive Medicine, and Civitan International Research Center-Sparks Clinics. In the VA Medical Center, psychologists provide services across a variety of settings, including Primary Care-Mental Health Integration, Mental Health Outpatient Clinic, PTSD Clinical Team, Outpatient Substance Abuse Clinic, Behavioral Sleep Medicine, Telehealth Team, Pain Outpatient Rehabilitation Program, Southeastern Blind Rehabilitation Center, Home-based Primary Care, and two Neuropsychology Clinics (Mental Health Neuropsychology and Rehabilitation Neuropsychology).

Internship Positions

Internship slots (8) are funded by consortium partners UAB and Birmingham VAMC. There are six adult-track positions and two child-track positions. Within the adult track of the internship, the VA funds four internship positions and UAB psychiatry funds two internship positions. Adult-track interns may choose major rotations across both sites, regardless of their funding source. Thus, most applicants will choose to rank both the VA track (APPIC #110113) and the Psychiatry track (APPIC #110112). Please note that U.S. citizenship is required for a VA stipend position, although a Psychiatry-funded intern who is not a U.S. citizen may receive some of their training in the VA. Two child-track positions are funded by the UAB Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program which is housed within UAB Civitan-Sparks Clinics.

Program Leadership

Dr. Tiffany Nowell is the consortium training director (tnowell@uabmc.edu, 205-934-9938). Dr. Misti Norton (misti.norton@va.gov, 205-704-1433) is the Birmingham VA training director, and Dr. Sarah O'Kelley (sokelley@uab.edu, 205-975-5781) is the training director for the UAB LEND program and acts as a liaison for other child-focused rotations. These three funding site representatives act as the consortium executive leadership committee and maintain overall responsibility for the internship program.

Program Training Sites

[The University of Alabama at Birmingham \(UAB\)](#) and the [Birmingham VA Medical Center \(BVAMC\)](#) have partnered to create the UAB-BVAMC Consortium and offer interns training experiences across a range of populations and settings. Both sites are located in the historic Southside District of the city. In addition to psychology internship training, UAB and BVAMC serve as major training facilities in the region and have students, interns, residents, and fellows in nearly all health care specialties.

UAB is a large service, research and educational complex consisting of the Medical Center, University College, and the Graduate School. UAB is the state's largest employer occupying more than 70 square blocks on Birmingham's Southside. Associated with the University, [Children's Hospital of Alabama](#) serves as an additional training site psychology interns.

The [Medical Center](#) consists of the Schools of Medicine, Dentistry, Nursing, Optometry, Health Related Professions, and the University of Alabama Hospital and Clinics (Center for Psychiatric Medicine, Kirklin Clinic, Jefferson Tower, Lurleen Wallace Cancer Hospital, Frank Spain Heart Hospital, Spain Rehabilitation Center, Diabetes Hospital, Eye Foundation Hospital, Children's of Alabama, and a Dean's Committee General Medicine and Surgical Veterans Administration Hospital). UAB's Department of Psychology and the Medical School co-sponsor doctoral programs in Medical Psychology and in Behavioral Neuroscience. The Medical Psychology program is APA-approved.

[Birmingham VAMC](#) is a state-of-the art 313-bed acute tertiary care facility, providing an array of mental health care and acute tertiary medical and surgical care to veterans of Alabama and surrounding states. Additionally, the BVAMC operates eight Community-based Outpatient Clinics in Central and North Alabama (Huntsville, Shoals, Gadsden, Anniston, Guntersville, Jasper, Bessemer, and Childersburg). Birmingham VAMC is a recognized leader in palliative care and multiple sclerosis, as well as a primary stroke and renal transplant center. It is also in preparation to become an ALS Center for Excellence.

Numerous resources are utilized in the Internship Program including multiple programs at the stipend sites of [Birmingham VAMC](#), [UAB Psychiatry](#) (including the [Community Psychiatry Program](#) and [Center for Psychiatric Medicine](#)) and [Civitan International Research Center/Sparks Clinics](#) (CIRC; through funding by [LEND training grant](#)). In addition, interns are able to train in additional UAB clinical settings, such as the [Spain Rehabilitation Center](#) and the [Neuropsychology Division of the Department of Neurology](#). Interns are also able to receive training at [Children's Hospital of Alabama](#). Internship faculty functions include clinical service, research, and teaching (medical students, psychiatric residents, psychology interns, medical psychology graduate students, social work trainees, postdoctoral fellows, and allied health trainees).

Training Model and Program Philosophy

The UAB Psychology Internship Training Consortium is committed to the philosophy that psychological practice should be based on the science of psychology which is influenced by the professional practice of psychology. We are grounded in the **scientist-practitioner** model and believe interns should receive training that integrates research and clinical experience. In particular, we are committed to the practice of empirically supported treatments.

The Consortium also holds the philosophy that the internship year is best served with generalist training, which includes a variety of experiences with a variety of populations. Although some students may begin specializing during the internship year, they must do so while completing generalist experiences. The need for training to be graded in complexity, sequential, and cumulative is viewed as vital to the overall professional development of the intern. With this in mind, the primary goal for the training year is to prepare interns for the professional practice of clinical psychology. Thus, interns are expected to develop competence with respect to psychological assessment, therapeutic interventions, and professionalism (ethics and interpersonal conduct) in preparation for postdoctoral employment or specialty training.

The Consortium is also committed to the philosophy that training is best accomplished in a manner that respects the trainee and their individual needs throughout the year. Our ability to construct a schedule specific to the needs of each intern and to revise that schedule as the needs of the intern change is vital to this internship site. Interns are treated as junior colleagues and mutual respect between interns and faculty is paramount, wherein interns can expect supervision, mentorship, and collegiality.

COVID-19 Statement

Interviews for the 2021-22 training year will be conducted virtually due to the COVID-19 pandemic. Applicants will have the opportunity to speak with both faculty supervisors and current interns on interview days. We do not anticipate any changes in future start dates or number of funded positions due to the COVID-19 pandemic.

The UAB-BVAMC Internship Consortium is closely following guidelines from our host institutions as well as APA, APPIC, and the VA Office of Academic Affiliations during the current COVID-19 pandemic. We have rapidly expanded opportunities for providing direct clinical services via telehealth platforms. Additionally, we have transitioned all of our didactic training (intern seminar, journal clubs, etc.) and supervision to phone and zoom platforms. At this time, most training rotations are operational with the exception of the Southeastern Blind Rehabilitation Center. SBRC staff are working on a plan to safely reopen and host trainees from a variety of disciplines; however, the reopening date is currently unknown.

UAB, BVAMC, and Children’s Hospital are all working diligently to provide effective, evidence based evaluation and treatment to patients without compromising the safety of our interns, other trainees, patients, and staff. The situation is evolving rapidly and there is much that we cannot predict about upcoming training years. Here is what we do know: Our commitment to high-quality clinical care and training has never been stronger! COVID-19 has led us to ensure that the internship experience will involve utilization of telehealth platforms, and interns will be trained in both the technical aspects of these methodologies and the clinical and ethical considerations for virtual care. As of the beginning of the 2020-21 training year, consortium sites and rotations vary in modality of services offered. Some are offering exclusively telehealth services, some are offering exclusively face-to-face services, and some are offering blended clinical services. We have attempted to detail this information in the Rotations section below; however, please contact Dr. Tiffany Nowell (tnowell@uabmc.edu), Dr. Misti Norton (misti.norton@va.gov), and/or Dr. Sarah O’Kelley (sokelley@uab.edu) with questions and concerns about specific training experiences or consortium processes. Interns who are high-risk for COVID-19 complications are able to request accommodations for telework through the Human Resources Department of their stipend site.

Program Aims and Competencies

The aim of our program is to train future psychologists who are competent to provide high-quality clinical services which are grounded in scientific research. We train interns to achieve competence in the following core areas. Interns are provided formal, written feedback on progress toward competencies at mid-rotation and the end of the 1st and 2nd rotations and at the mid-point of the final rotation. Interns also receive informal feedback from their supervisors throughout their training experience.

Research: Interns will demonstrate substantially independent ability to critically evaluate and disseminate research or other scholarly inquiries (e.g, case conference, presentation, publications) at the local, regional, and/or national level.

Evaluation: This competency is evaluated via a research presentation at one weekly didactic seminar. At least 4 faculty members attend and evaluate the presentation. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder. Additionally, rotation supervisors are expected to evaluate the intern's ability to integrate relevant literature regarding assessment and/or intervention relevant to patients being seen in the clinical setting. An intern is expected to use literature to inform clinical decision making.

Ethical and Legal Standards: Interns will be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. They will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. They will behave in an ethical manner in all professional activities.

Evaluation: This competency will be observed by direct supervisors through observation of clinical activities and weekly supervision. It will also be observed by indirect supervisors and other staff, including treatment team members and peers.

Individual and Cultural Diversity: Interns will demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves, as well as knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. They will also demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their training and careers to date. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict or contrast with their own. They will demonstrate the independent ability to apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

Evaluation: Interns participate in interactive didactics on a variety of topics related to individual and cultural diversity. Additionally, interns are expected to regularly discuss considerations of individual and cultural diversity with their clinical supervisors.

Professional Values, Attitudes, and Behaviors: Interns are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They engage in self-reflection regarding one's personal and professional functioning and engage in activities to maintain and improve performance, well-being, and professional effectiveness. They actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Evaluation: Supervisors provide assessment of professionalism across activities in all aspects of the training program, including seminar participation and presentations, clinical activities, team meetings, and supervision.

Communication and Interpersonal Skills: Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated and demonstrate a thorough grasp of professional language and concepts. Interns will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Evaluation: Supervisors will observe and evaluate the intern's communication and interpersonal skills across a broad range of contexts, including direct patient care and consultation with other professionals and trainees.

Assessment: Interns will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics to collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will also interpret assessment results following current research and professional standards and guidelines to inform case conceptualization, classification, and recommendations while guarding against decision-making biases and distinguishing the aspects of assessment that are subjective from those that are objective. Finally, interns are expected to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. The intern will exhibit the ability to generate a formal report incorporating history, interview, collateral information (if available), behavioral observations, and testing data that integrates information into an accurate conceptualization of the individual. The report will include strengths, areas of weakness, diagnostic conclusions, possible additional evaluation needs, and treatment recommendations. At the end of the training program, the intern's report should require only minimal editing by the supervising psychologist.

Evaluation: Interns' assessment skills will be evaluated across a variety of major and minor rotations requiring various assessment approaches, including interviews, self-

report measures, structured interview formats, personality measures, intellectual and cognitive measures, adaptive behavior scales, and provision of feedback.

Intervention: Interns will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. They will modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

Evaluation: This competency is evaluated through individual and group therapy cases independent of a major or minor rotation as well as any intervention experiences associated with selected rotations.

Supervision: Interns will apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals.

Evaluation: This competency is evaluated through simulated supervision seminars in which interns pair up as “supervisee” and “supervisor.” Interns’ competence as mock supervisor is evaluated by at least 4 supervising faculty. There are additional opportunities to develop supervision competency throughout the year, including supervision of junior level trainees and peer supervision of fellow interns during group psychotherapy supervision.

Consultation and Interprofessional/Interdisciplinary Skills: Interns demonstrate knowledge and respect for the roles and perspectives of other professions. They are expected to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, and/or systems related to health and behavior.

Evaluation: Supervisors observe and evaluate interns’ interactions with other professionals in a variety of contexts across major and minor rotations.

Program Structure

The UAB-BVAMC Internship Consortium is an integrated consortium and interns are encouraged to take advantage of training opportunities at multiple sites. This provides a wonderful opportunity to gain broad psychology training across multiple settings. During orientation, interns learn about training experiences across the UAB-BVAMC Clinical Psychology Internship Consortium. Rotation supervisors attend orientation in conjunction with their institution or department colleagues to discuss the population served, what problems are seen, and in what activities interns may participate. Interns are also assigned a year-long supervisor prior to the start of the internship year who attends orientation with them and assists them with planning their rotation schedule, considering gaps in their previous training, goals for their internship year, and future career goals. At the end of the second day of orientation, interns,

their year-long supervisors, interested faculty members, the VA training director, Child track director, and program training director assemble to build the rotation schedules for the intern class.

Sometimes, the order in which an experience is completed may change due to limited availability within a training rotation. If a situation arises in which all interns wanting a specific rotation cannot be accommodated, interns who are funded by the relevant site are given priority, followed by training need of interns from other funded entities, and finally by general interest of an intern. Because many rotation supervisors provide clinical services throughout the week and maintain active clinical practices, it is rare that an intern is “blocked” from an experience. Typically, the intern will be able to train in the setting or with the faculty member of interest but perhaps during a different time than originally requested. While it is expected that interns will schedule their training experiences during orientation, the intern has the option to review the proposed program and to consider alternatives as the intern gathers additional information from peers about a rotation, identifies a deficit to remediate that requires a change, or would benefit from a different experience to prepare for a postdoctoral or employment opportunity. Changes will be made in consultation with the year-long supervisor and training director. Any proposed changes to a schedule cannot adversely affect another intern’s program of training. Otherwise, the proposed change will be honored.

The internship year is divided into **three 4-month trimesters**. Interns generally complete one major rotation (2.5-3 days per week) and 1 minor rotation (1.5 days) per trimester. There is some flexibility in time frame for minor rotations—UAB LGBTQ clinic, UAB BSM clinic, and UAB Trauma Recovery Center require a commitment of at least 6 months for adequate rapport-building and completion of a course of psychotherapy. Major rotations are provided by the funding sites, and minor rotations are provided at any consortium site. Please see tables below for major and minor rotations and sample schedules. Interns also maintain a caseload of approximately 2 psychotherapy cases outside their rotations throughout the training year. Adult track interns receive these referrals from UAB Psychiatry clinics and the VA Primary Care-Mental Health Integration team. They attend a weekly group supervision seminar (Tuesday mornings, 8:30-10:30am). Within the weekly group supervision meeting, interns learn evidence-based psychotherapy protocols (e.g., Cognitive Behavioral Therapy for Depression). They take turns providing in-depth overviews of their therapy cases and offering feedback to each other. As the training year progresses, interns take turns leading the weekly seminar and thus have the opportunity to receive feedback on their peer supervision skills. During the training year, child-track interns’ psychotherapy caseloads should include at least 2 patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other internship faculty (e.g., Parent-Child Interaction Therapy at Glenwood).

All interns participate in a weekly didactic seminar on Monday afternoons. Adult-track interns also participate in a year-long psychotherapy supervision group on Tuesday mornings, as

described above. Child-track interns participate in a weekly Neurodevelopmental Disabilities Core Lecture Series (weekly on Thursday at noon).

Supervision

Interns receive a minimum of 4 hours of supervision per week, including at least 2 hours of individual supervision. While supervision is typically conducted face-to-face, tele-supervision is currently utilized by many consortium supervisors due to the COVID-19 pandemic. Interns will receive supervision from the following sources across the training year:

1. *Year-long supervisor:* Each intern is assigned a year-long supervisor at the start of the training year. This supervisor assists the intern in development of their rotation schedule and training plan for the year and acts as their advocate throughout the internship year. The year-long supervisor meets with the intern at least monthly throughout the training year. The supervisor will also make reports or convey requests to the Internship Training Committee (ITC). The supervisor will be responsible for compiling the intern's rotation and therapy evaluations, assuring/documenting that the intern has reviewed the evaluation and been provided an opportunity to respond, and, in conjunction with the ITC, evaluating the intern's progress toward meeting profession wide competencies and minimum level of achievement necessary for successful internship completion. Additionally, year-long supervisors are expected to monitor supervision received by the intern to assure it meets accreditation standards of regularly scheduled.
2. *Rotation supervisor:* A rotation supervisor is a faculty psychologist or other professional approved by the PTC who teaches, instructs, observes, and otherwise assumes direct responsibility for a specific clinical training activity. Interns receive at least 1 hour per week of regularly-scheduled individual supervision from their major and minor rotation supervisors. In addition to scheduled supervision, interns frequently conduct assessments and therapy sessions along with their supervisors, allowing for in-vivo supervision. Supervisors will evaluate the intern at the 6 week point of the rotation to give formative feedback and at the conclusion of the training activity to provide a summary performance assessment. Evaluations are discussed with the intern and communicated to the year-long supervisor.
3. *Case supervisor:* Interns also carry caseloads of at least 2 psychotherapy patients outside their rotations throughout the year. Adult-track interns receive these patients from UAB Psychiatry or VA Primary Care-Mental Health Integration and attend a 2-hour group supervision with Dr. Norton (VA DCT), Dr. Susan Rathmell (VA Evidence-based Psychotherapy Coordinator) and Dr. Tiffany Nowell (Consortium DCT). The evidence-

based treatment, Cognitive Behavioral Therapy for Depression protocol, is the therapeutic modality initially taught and used by interns. Additional evidence-based psychotherapy protocols may be added across the training year, depending on intern level and skill. Child-track interns' caseloads should include at least 2 patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other internship faculty (e.g., Parent-Child Interaction Therapy at Glenwood).

Adult Track Overview

Adult Track Sample Rotation Schedule #1

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Adult Track	Group Supervision- Tuesday mornings 8:30-10:30											
All interns	Major Rotation #1 (2.5-3 days/week)				Major Rotation #2 (2.5-3 days/week)				Major Rotation #3 (2.5-3 days/week)			
	Minor Rotation #1 (1.5 days/week)				Minor Rotation #2 (1.5 days/week)				Minor Rotation #3 (1.5 days/week)			
	Didactics (~1hrs/wk) Monday afternoons 2 Psychotherapy cases throughout the year outside of main rotations											

Adult Track Sample Rotation Schedule #2

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Adult Track	Group Supervision- Tuesday mornings 8:30-10:30											
All interns	Major Rotation #1 (2.5-3 days/week)				Major Rotation #2 (2.5-3 days/week)				Major Rotation #3 (2.5-3 days/week)			
	Minor Rotation #1 (1.5 days/week)						Minor Rotation #2 (1.5 days/week)					
	Didactics (~1hrs/wk) Monday afternoons 2 Psychotherapy cases throughout the year outside of main rotations											

Adult track interns complete major rotations through UAB Psychiatry and Birmingham VAMC. Adult track interns may also choose one child-focused minor rotation if desired (see options in [Clinical Child and Pediatric Psychology Track](#)). There are no required rotations within the Adult Track. At internship orientation, the training directors and your assigned year-long supervisor will work with you to develop a training plan that addresses previous gaps in training, as well as your professional interests and goals.

Within the context of broad general clinical training to ensure competence in key areas, interns may focus their training in the following areas of interest, if desired:

Neuropsychology: Interns desiring eventual board certification in clinical neuropsychology can easily meet the requirement for 50% neuropsychology training. Major rotations on both inpatient and outpatient units at UAB Psychiatry are available and will provide interns with additional experience in assessment administration, scoring, and report writing, as well as comprehensive treatment planning which often includes opportunities to learn and provide short-term behavioral and cognitive behavioral interventions. Major rotations are also available through both MH Neuropsychology and Rehabilitation Neuropsychology at the VA. Through these rotations, interns will gain experience with outpatient neuropsychological evaluations (including interview, assessment administration/scoring, report writing, and provision of feedback to patients). Minor rotations in Medical/Surgical Neuropsychology with transplant service at UAB, with the Neuropsychology Division in the Department of Neurology (offering outpatient evaluations a variety of neurologic conditions, including dementia, movement disorders, pre-DBS and pre-epilepsy surgery evaluations, brain tumor evaluations, and Wada testing), and with outpatient TBI/Acquired Brain Injury, outpatient Stroke, and inpatient Acquired Brain Injury services with Spain Rehab neuropsychologists are also available. The inpatient Acquired Brain Injury rotation provides experience with inpatient rounds, consult-driven bedside neurocognitive and neurobehavioral assessment, and generation of consultation reports. The outpatient TBI/Acquired Brain Injury and Stroke services provide training in traditional outpatient neuropsychological assessment services, post-discharge follow-up of patients with acquired brain injury, and a specialized post-concussion clinic. Adult-track interns may also choose a minor rotation in neuropsychological assessment with children if desired, which will provide experience in neuropsychological evaluation of children with epilepsy, concussion/traumatic brain injury, and other neurological conditions.

Trauma Recovery: Through a combination of major and minor rotations, interns may gain experience with treatment of both chronic PTSD and acute trauma reactions. The major rotation with the VA PTSD Clinical Team provides training in evidence-based psychotherapies such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) for veterans with military-related PTSD, as well as time-limited coping skills-focused groups. Interns choosing a major rotation with the VA telehealth Team gain experience providing PE and CPT to veterans throughout the state of Alabama via clinical video telehealth. Interns may also gain experience treating patients with childhood and other non-military PTSD through a year-long minor

rotation (1 day per week) with UAB's Trauma Recovery Center. They may also gain experience with treating acute trauma reactions by selecting minor rotations with the Medical Trauma service and/or Spinal Cord Injury Service at Spain Rehabilitation Center.

Health Psychology: Interns may choose major rotations with Primary Care-Mental Health Integration (PCMHI), the Pain Rehabilitation Outpatient Program (PROP), and Behavioral Sleep Medicine (BSM) service at the VA. In PCMHI, they will work along-side primary care providers and learn to complete brief same-day functional assessments of referred veterans. They will also learn to implement brief therapy for veterans with mild-to-moderate psychopathology within the primary care setting. Interns rotating with PROP will learn evidence-based psychotherapy protocols for chronic pain and will participate as members of an interdisciplinary treatment team consisting of physical therapists, occupational therapists, clinical social workers, pharmacists, and physicians. They may also choose a minor rotation with UAB Behavioral Sleep Medicine. Interested interns may arrange their training to meet requirements for board certification in Behavioral Sleep Medicine. At both UAB and the VA, interns choosing BSM rotations will gain experience with evidence-based therapies for insomnia, nightmare disorder, and challenges with CPAP adherence. Interns may also choose a minor rotation in Medical/Surgical Neuropsychology with the transplant service at UAB Psychiatry. UAB Psychiatry is also beginning a Primary Care-Mental Health program at the Gardendale Clinic, and we anticipate offering a major rotation in this clinic in 2021-2022.

Rehabilitation Psychology: Available major rotations include VA Blind Rehabilitation and VA Pain Rehabilitation Outpatient Program (PROP). The VA Blind Rehab rotation provides training in assessment, intervention, and consultation of visually impaired, and often, medically complex patients. The VA PROP rotation allows interns to participate as full members of an interdisciplinary team focused on rehabilitation of patients with complex chronic pain presentations. The VA Rehabilitation Neuropsychology rotation may also allow interns to gain additional intervention experience with cognitive rehabilitation strategies for veterans who have sustained traumatic brain injuries. Interns may also choose a minor rotation with Spain Rehabilitation Psychology (Spinal Cord Injury/Pain/Trauma, Medical Trauma, Inpatient Stroke/Adult Outpatient, and TBI/Acquired Brain Injury). Through these rotations, interns can gain additional experience with conducting medical/psychosocial evaluations as well as brief interventions focusing on pertinent considerations for patients within an inpatient rehabilitation setting (i.e., behavioral management/intervention, environmental management, family education and counseling, crisis intervention). An opportunity to provide behavioral health services for outpatient Cardiopulmonary Rehabilitation services may also be available via the Medical Trauma minor rotation.

Rotations

Location	Rotation	Setting	Major	Minor
VA	Neuropsychology	Outpatient	X	X
VA	Rehab Neuropsychology	Outpatient	X	X
VA	Southeastern Blind Rehabilitation Center (BRC)	Residential	X	X
VA	PTSD Outpatient Psychotherapy	Outpatient	X	X
VA	Primary Care Mental Health Integration (PCMHI)	Outpatient	X	X
VA	Telehealth Team	Outpatient	X	X
VA	Pain Rehabilitation Outpatient Program (PROP)	Outpatient	X	X
VA	Behavioral Sleep Medicine	Outpatient	X	X
VA	Outpatient Substance Abuse Clinic (OSAC)	Outpatient		X
VA	Outpatient Mental Health Clinic	Outpatient		X
VA	Home-based Primary Care (on Thursdays as part of another major or minor rotation)	Outpatient	partial	partial
UAB Psychiatry	Inpatient Neuropsychological Testing Service	Inpatient	X	X
UAB Psychiatry	Outpatient Therapy in Community Mental Health (SMI and non-SMI) and First Episode Psychosis (FEP)	Outpatient	partial	X
UAB Psychiatry	Geropsychology/Neuropsychology	Outpatient/Inpatient	X	X
UAB Psychiatry	Medical/Surgical Neuropsychology	Outpatient/Inpatient		X
UAB Psychiatry	Behavioral Sleep Medicine	Outpatient		X
UAB Psychiatry	LGBTQ Health and Wellness Clinic	Outpatient	possible	X
UAB Neurology	Adult/Geriatric Neuropsychology	Outpatient		X
UAB SRC	Rehabilitation Psychology- Spinal Cord Injury	Inpatient/Outpatient		X
UAB SRC	Rehabilitation Psychology- Medical/Trauma Inpatient/CPR Outpatient	Inpatient/Outpatient		X
UAB SRC	Rehabilitation Neuropsychology- Neurotrauma TBI & Stroke Inpatient	Inpatient		X
UAB SRC	Outpatient Adult Neuropsychology: Acquired Brain Injury, Capacity to Drive, Stroke follow-up	Outpatient		X
SRC	Outpatient Adult Neuropsychology: Acquired Brain Injury, Post-Concussive, TBI follow-up	Outpatient		X

Birmingham VA Medical Center (BVAMC)

1. Mental Health Neuropsychology

Preceptor: Paul Blanton, Ph.D.

Rotation Site: The Neuropsychology Clinic at the VA provides outpatient neuropsychological assessment for adults of various ages who have a wide variety of medical, psychiatric, and neurological conditions associated with different types of neuropsychological dysfunction. The clinic is a consultation service that receives referrals from neurology, psychiatry, geriatrics, primary care, SCI/TBI rehabilitation, and other sources. Because many of our patients have multiple co-morbid medical and psychiatric disorders, often without clear neurological findings, determining the presence, pattern, and severity of cognitive impairment is often complex and challenging. Within this rotation, there is opportunity for interns to receive specialized training in the following areas (along with gaining general neuropsychology experience): Geriatric Neuropsychology – including normal cognitive aging, differential diagnosis of dementia (e.g. Alzheimer’s disease, FTLN, cerebrovascular disease, etc.), and other conditions which may result in decreased cognitive functioning in older adults (e.g. mild cognitive impairment, delirium, other medical disorders, psychiatric conditions such as depression, etc.

Rotation Offered: Major or Minor

Distribution of Clinical Activities: Approximately 40% of the intern’s time is spent providing neuropsychological assessment; 35% report writing; 20% supervision and didactics; and 5% intervention, feedback, and case management. Interns will be expected to evaluate 2-3 Neuropsychology Clinic patients per week if they take this as a major rotation. Optional activities include attendance at: 1) Neuropsychology Case Conference with UAB-affiliated neuropsychologists once a month for 1 hour; 2) Geriatric Noon Conference (every Thursday at noon, lunch provided); 3) weekly UAB neurology rounds (Tuesdays at 7:00 a.m.); 4) and Brain Cuttings (Wednesdays, 9-12).

Assessment Characteristics: Most neuropsychological assessments involve administering the same set of commonly employed neuropsychological tests, with tests being added or subtracted depending upon the referral question. Combined with the interview, the assessment process takes about 4-5 hours. Typical assessment instruments include: Wechsler Memory Scale-III, Wechsler Adult Intelligence Scale-III, California Verbal Learning Test-II, subtests from the Boston Diagnostic Aphasia Examination, subtests from the Halstead-Reitan Neuropsychological Battery, Repeatable Battery for Neuropsychological and Status (RBANS), subtests from the Delis-Kaplan Executive Functioning System (DKEFS), Beck Depression Inventory or Geriatric Depression Inventory, and others. Interns will also have the opportunity to learn how to utilize newer instruments such as the Neuropsychological Assessment Battery (NAB).

Intervention Characteristics: Intervention activities include providing feedback to patients and their families regarding results of assessment; educating them about the etiology, diagnosis, and prognosis of their disorders; and making recommendations about practical methods for coping with cognitive deficits.

Covid-19 status: Veterans are offered either brief telephone or video evaluations or full-neuropsychological testing face-to-face. This rotation will require face-to-face appointments

with veterans for full experience.

2. VA Rehabilitation Neuropsychology

Preceptor: Christine Mullen, Psy.D.

Rotation Site: The Rehabilitation Neuropsychology Clinic within the Department of Physical Medicine and Rehabilitation at the VA is an outpatient assessment clinic for veterans who have sustained traumatic brain injuries in both combat and non-combat related events. The population consists primarily of OEF/OIF veterans who have sustained blast injuries and/or vehicle accidents during their time in combat. The neuropsychological evaluation is part of a comprehensive assessment conducted by the multi-disciplinary TBI Team. Co-morbid conditions, such as PTSD and depression, are common. In addition to TBI populations, the Rehabilitation Neuropsychology Clinic provides neuropsychological evaluations of veterans with the following diagnoses: stroke, memory disorders, multiple sclerosis, epilepsy/seizures, Parkinson's disease and other movement disorders, Deep Brain Stimulation, neurosurgery, and neuro-oncology. There is ample opportunity for the intern to gain further assessment and intervention experience and collaborate with the attending neuropsychologist and other treatment team members (e.g., staff physician, nurses, social work service, speech/occupational therapists). There are also possibilities for intervention activities focused on education, cognitive rehabilitation, emotional regulation, pain management, etc. that can serve to increase the quality of life for Veterans who have sustained an injury.

Rotation Offered: Major or Minor

Distribution of Clinical Activities: Approximately 40% of the intern's time is spent providing neuropsychological assessment; 35% report writing; 10% supervision and didactics; and 15% intervention, feedback, and case management. Interns will be expected to evaluate 2-3 Neuropsychology Clinic patients per week if they take this as a major rotation.

Assessment Characteristics: Most neuropsychological assessments involve administration of a brief battery of neuropsychological tests, designed to tap multiple cognitive domains. Interns will be expected to interview the veteran, administer and score the tests, and write the report. Typical evaluations last approximately 4 hours, including the interview.

Intervention Characteristics: Intervention activities include providing feedback to patients and their families regarding results of assessment, as well as educating them about the etiology, diagnosis, and prognosis of their disorders. There are also opportunities for brief psychotherapy, typically focused on adjustment issues, with the veteran and the family. The intern can also assist with the development of individual and group cognitive rehabilitation programs for veterans with TBI or other neuropsychological issues.

Covid-19 status: Veterans are offered either brief telephone or video evaluations or full-neuropsychological testing face-to-face. This rotation will require face-to-face appointments with veterans for full experience.

3. VA Southeastern Blind Rehabilitation Center (BRC)

Preceptor: Chebon A. Porter, Ph.D.

Rotation Site: The BVAMC Southeastern Blind Rehabilitation Center (SBRC) is 20-bed residential treatment facility for visually impaired veterans. It is one of only five such facilities in the U.S. The patient population is derived nationally, with the majority of referrals coming from states southeast of the Ohio River Valley. The SBRC maintains a large multidisciplinary staff of master's level blind rehabilitation specialists, a full nursing staff, physician, optometrist, and other support personnel. The SBRC has a longstanding tradition of providing holistic rehabilitation, as well as tailoring the program to meet individual patient needs, in the areas of low vision training, orientation and mobility, living skills, communications, manual skills, and computer access technology.

Rotation Offered: Major or Minor

Patient Characteristics: The patient population is representative of veterans from all living cohorts. Although there are high rates of medical comorbidity (e.g., traumatic brain injury, war-related injuries, diabetes, heart disease, stroke, pulmonary disease), blind rehabilitation is a physically and mentally challenging environment, requiring veteran's to participate in individual training sessions with blind rehabilitation specialists for seven hours a day. Given the degree of medical comorbidity, psychological/behavioral processes involved in pain management, dietary and medication compliance, and arousal reduction are commonly encountered. Moreover, a wide array of psychiatric issues is present in this patient population. The most frequently observed diagnostic entities include PTSD, adjustment disorders, sleep disorders, major depression, dementia, substance use disorders, and characterological issues.

Clinical Activities: Psychology Service maintains an active presence, per assessment, intervention, and consultation. Therefore, the service involves a number of opportunities for assessment and intervention. A comprehensive psychological evaluation is conducted within one-week of admission. Additional assessment may also be warranted and include standardized measures of verbal fluency, verbal learning/memory, and verbal intelligence. Standardized measures of anxiety, depression, and trauma-related distress are also often used. Finally, objective personality assessment is also conducted when needed. Interventions are based in a cognitive-behavioral framework. Staff consultations occur with all members of the SBRC, including nursing/medical, optometry, and blind rehabilitation specialists.

Distribution of Clinical Activities: Assessment and report writing – 30%, individual intervention – 40%, staff consultations – 20%, supervision received – 10%.

Covid-19 status: BRC is currently closed. Staff are working to plan for safe re-opening and return of trainees; however, reopening date is currently unknown.

4. VA PTSD Outpatient Psychotherapy

Preceptors: Susan Isbill, Ph.D., Brandon Sentell, Psy.D.

Rotation Site: Adult veterans seek treatment for Post-Traumatic Stress Disorder (PTSD) and co-morbid disorders such as Major Depression from the PTSD Clinical Team (PCT). This team represents the largest sub-specialty group in the VA's Mental Health Clinic. This is a rapidly growing area of clinical career opportunity and can serve to outfit interns with clinical skills that will prove valuable in both military and civilian treatment.

Rotation Offered: Major or Minor

Distribution of Clinical Activities: Interns may complete a major or a minor rotation. Interns spend approximately 70% of their time in assessment and intervention, 20% in supervision and 10% documenting clinical activities.

Assessment Characteristics: Evaluation is done through diagnostic interviews and symptom severity scales.

Intervention Characteristics: The PCT runs a recovery-oriented program. Interventions are multi-modal, and include individual psychotherapy and assessment, time-limited skills groups, such as Dialectical Behavior Therapy (DBT) and Skills Training for Affective and Interpersonal Regulation (STAIR), evidence-based Cognitive Processing Therapy and Prolonged Exposure. Minor foci include: Integrative Behavioral Couples Therapy (IBCT) couples' therapy, marital and family therapy, military sexual trauma treatment.

Covid-19 status: Individual evidence-based psychotherapies are offered via clinical video telehealth or telephone. Groups are currently postponed until at least January 2021. PCT intakes are conducted via video telehealth or telephone.

5. VA Primary Care Mental Health Integration (PCMHI)

Preceptors: Karen Clark, Ph.D.; Susan Rathmell, Ph.D.

Rotation site and team: Consists of 2.5 psychologists; one social worker; 2 prescribers; and peer support specialist working at 2 locations (Birmingham VA Clinic and Main hospital) co-located in primary care clinics

Rotation offered: Major or Minor

Overview of PCMHI: PCMHI operates within an evidence-based model of collaborative care with the goal of expanding access to mental health services to veterans in the primary care setting. PCMHI offers same day mental health services to veterans seen in primary care and operates through a warm hand-off with PCMHI providers. PCMHI provides a stepped care approach, allowing for veterans with mild to moderate mental health conditions to receive co-located treatment in primary care, rather than being referred to traditional mental health. PCMHI also provides treatment for the behavioral aspects of chronic medical conditions (like chronic pain, diabetes, hypertension). Services are population based and designed to address the mental health concerns of broad population of veterans in primary care with focus on early intervention.

Clinical activities: Interns will respond to same day referrals from Primary Care, conduct functional assessments which are 25-30 minutes long, provide curbside consultation/feedback to PCP's, and provide brief psychotherapy for mental health and physical health conditions. Interns will have the opportunity to gain exposure to CBT for Chronic Pain.

Covid-19 status: Veterans are offered appointments via clinical video telehealth, telephone, or face-to-face. Interns may opt to see patients face-to-face, but this is not required.

6. VA Telehealth Team

Preceptors: Sarah Rowe, Ph.D., Katie Jackson, Psy.D., Laura Nelson, Ph.D.

Rotation offered: Major or Minor

Overview of telemental health: BVAMC has a rich history of delivering mental health treatment via video telehealth. This rotation will occur on a team of highly experienced telemental health providers who are rolling out a new program focused on expanding access to care using VA Video Connect (VVC; telehealth directly to patient's home, work, etc.). Interns will have the opportunity to actively participate in program development and evaluation and telehealth team meetings. Intern will be trained and achieve VA certification in telehealth. This rotation offers the opportunity to develop experience and skills providing mental health care via VA Video Connect (VVC). It also offers individual evidenced-based psychotherapies (e.g., CPT, PE, CBT-CP, IPT-D) and short-term, insight-oriented psychotherapy.

Clinical activities: Provide individual, evidence-based psychotherapy to veterans via VVC. Engage in program development and evaluation tasks. Participate in team meetings.

Covid-19 status: This rotation is fully operational, and all veteran appointments are conducted via clinical video telehealth.

7. VA Pain Rehabilitation Outpatient Program (PROP)

Preceptors: Carin L. Eubanks, Ph.D.

Rotation Site: The Pain Rehabilitation Outpatient Program (PROP) is an interdisciplinary program serving veterans with chronic pain housed in the VA Annex. The PROP interdisciplinary team includes Psychology, Social Work, Pharmacy, Physician, Occupational Therapy, and Physical Therapy. Interns will work closely with all team members.

Rotation Offered: Major/Minor

Distribution of Clinical Activities: The PROP rotation consists of intake (to assess appropriate treatment options), individual psychotherapy (using evidenced based interventions), and group psychotherapy (using evidence-based interventions). Interns will also have the opportunity to collaborate closely with other PROP Team members regarding veteran care and participate in the weekly interdisciplinary meeting to discuss veteran progress.

Assessment Characteristics: Clinical Interview is the primary means of assessment during intake. Veterans admitted to the PROP program are given a packet of self-report measures at admission, discharge, and three follow-up assessments. These measures are used to track progress and inform care.

Intervention Characteristics: Interns will have the opportunity to implement CBT for Coping with chronic pain with PROP patients and co-facilitate psychotherapy groups; including Cognitive Coping and Anger Management / Assertive Communication.

Covid-19 status: Individual and group interventions are offered via clinical video telehealth or telephone. PROP meetings are being held virtually at this time. The team is exploring a safe return to face-to-face care.

8. VA Behavioral Sleep Medicine

Preceptor: Misti J. Norton, Ph.D.

Rotation offered: Major or Minor

Rotation site: Behavioral Sleep Medicine is a new BVAMC program developed in 2020, offering individual and group Cognitive Behavioral Therapy for Insomnia (CBT-I), individual Imagery Rehearsal Therapy for nightmares, and telephone CPAP adherence coaching. Intern will have the opportunity to actively participate in program development and evaluation. Referrals come from within the Mental Health Service, Sleep Clinic, Primary Care, Neurology, and Pain Program.

Clinical activities: Interns will spend the majority of their time engaged in conducting intakes and providing evidence-based behavioral interventions for sleep disorders. Interns will also provide education, outreach, and consultation on behavioral treatment of sleep disorders to Mental Health, Primary Care, Sleep, and other medical specialty clinics within BVAMC.

Assessment characteristics: Clinical interview is the primary means of evaluation during intake. Veterans also complete several self-report questionnaires, including the Insomnia Severity Index (ISI), at the beginning and end of treatment.

Intervention characteristics: Interns will learn evidence-based treatments for sleep disorders, including Cognitive Behavioral Therapy for Insomnia and Imagery Rehearsal Therapy for nightmares. They will also learn a brief telephone-based intervention for CPAP adherence.

Covid-19 status: Veterans are primarily offered appointments via clinical video telehealth, with telephone or face-to-face sessions offered as indicated by patient needs. Interns may opt to see patients face-to-face, but this is not required.

9. VA Outpatient Substance Abuse Clinic Rotation (OSAC)

Preceptor: Gloria Roque, Ph.D.

Rotation Site: OSAC is a multidisciplinary team that works together to provide assessment and treatment to veterans with substance use disorders.

Rotation Offered: Minor (1 intern per rotation)

Population: Adult substance abusers (95% male) whose primary substances of abuse are generally cocaine and alcohol. Many of our patients have co-existing psychiatric conditions and numerous psychosocial stressors they need to address in order to initiate and maintain recovery. Many patients are also enrolled in the Homeless Veteran Program (HVP) to address their housing and psychosocial needs. Although many of our patients participate in 12 step programs (Alcoholics Anonymous, Narcotics Anon, etc.), OSAC focuses more on developing coping skills and operates out of a cognitive-behavioral and social learning model.

Expectations: By the end of the rotation the intern will be familiar with substance abuse diagnoses, identification and assessment of substance abuse disorders, and basic issues involved in treatment of substance abusers. Most of the intern's interactions with patients will involve clinical assessment. Interns will have opportunities to co-lead OSAC educational groups.

Clinical Duties: Interns generally perform 1-2 psychological assessments per week (interview/MSE). They will also co-lead 1-2 educational groups per week. Groups are scheduled between 8-11:30am. Interns may be asked to help with substance abuse consults to inpatient wards.

Intern Schedules: Interns selecting this rotation should plan to spend the bulk of their time with OSAC on Mondays and Tuesdays. Dr. Roque works at the VA part-time and prefers to have interns on-site during the days when she can provide direct supervision of their activities.

COVID-19 Status: Individual and group psychotherapy sessions are primarily conducted via clinical video telehealth or telephone. Face-to-face individual sessions will likely be available to interns but are not required.

10. VA Outpatient Mental Health Clinic

Preceptors: Robert Campbell, Psy.D., David Eakin, Ph.D.

Rotation Site: Veterans are seen in the outpatient mental health clinic for the full range of psychological diagnoses, including mood disorders, anxiety disorders, schizophrenia-spectrum disorders, and personality disorders. Therapeutic services include individual psychotherapy and couples/marital/family therapy. Interns can gain supervised experience in evidence-based treatment practices with a variety of patients while developing and broadening their skills in conducting psychotherapy with individuals, groups, and families.

Rotation Offered: Minor

Distribution of Clinical Activities: Interns spend approximately 70% of their time providing direct therapeutic services, 20% in supervision, and 10% documenting clinical activities.

Assessment Characteristics: Diagnostic interviews, symptom severity scales and objective personality testing as warranted.

Intervention Characteristics: Interventions typically involve evidence-based treatment strategies, including cognitive-behavioral therapy models. Occasionally, integrative therapeutic strategies are utilized according to the specific needs of the veteran.

COVID-19 Status: Appointments are offered via clinical video telehealth or telephone. Face-to-face individual sessions will likely be available to interns but are not required.

11. VA Home-based Primary Care

Preceptor: Mark Phillips, Psy.D.

Rotation Offered: Thursdays, as part of another major or minor

Overview: The Home-Based Primary Care sub-rotation exposes interns to providing psychotherapy and brief assessment services to geriatric veterans who are homebound due to chronic illness. The intern functions as part of a multidisciplinary primary care team (physician, RNs, LCSW, Dietitian, OT) and accompanies the HBPC psychologist on home visits in rural Alabama. Common interventions include: treatment of anxiety, depression and adjustment disorders secondary to chronic illness; treatment of PTSD; assessment and treatment of veterans with dementia and support of caregivers of veterans with all stages of dementia; treatment of veterans with major mental illness who are elderly and chronically physically ill; therapy related to end of life issues.

COVID-19 Status: The majority of patient contacts are via video telehealth or telephone; however, some visits to veteran homes continue.

UAB Department of Psychiatry and Behavioral Neurobiology

1. Neuropsychological Testing Service

Preceptor: Alison Thomas, Ph.D.

Rotation Offered: Available as a major or a minor can accommodate both a major and minor intern at the same time

Required day: Services in person – Mon or Thu morning; Telehealth – Mon morning

Population Served: The Neuropsychological Testing service provides assessment service to four of the five inpatient psychiatry units. The units served are: Geriatric Psychiatry, Adult Psychiatry, Serious Mental Illness – Adult Psychiatry (acute behavioral), and long-term Adult Psychiatry. There may also be opportunities on the Adolescent inpatient psychiatry unit. The most frequent referrals are dementia/memory loss evaluations, evaluation of first episode psychosis, and differential diagnosis with medically, psychiatrically, and neuropsychologically complex cases (e.g., unusual presentations that could be a rare or uncommon neuropsychological disorder). As all referrals are from inpatient psychiatry, clinical presentations are usually more complex than the average outpatient neuropsychological evaluation.

Clinical Duties: Assessment includes some combination of clinical interview, cognitive testing, and personality testing depending on the referral question. We are supported by trained psychometricians, some of whom are clinical psychology graduate students, many of whom have a focus in neuropsychology. There is a wide range of tests available for administration and interns are expected to order testing that is specifically appropriate to the diagnostic question. Occasionally I also have a graduate student rotating with me, in which case the intern will be expected to engage in a tiered supervision model.

Expected Learning: Interns are expected to challenge and hone diagnostic skills. There is a particular emphasis on differential diagnosis that accounts for medical, psychiatric, and neuropsychological contributors to the clinical presentation. In addition, interns can expect exposure to a range of diagnoses and clinical presentations that is expected to support a broader understanding of the intersection of medical, psychiatric, and neuropsychological factors. Interns are expected to gain proficiency in developing concise, targeted assessment batteries that are specifically related to the pertinent diagnostic question. As this is an inpatient service, interns are expected with work with increasing efficiency in all aspects of the assessment.

COVID-19 Status: This rotation is being offered only as a telehealth option for the moment. Interns are interviewing the patients by phone. There may eventually include true telehealth (video and audio).

2. Outpatient Therapy in Community Mental Health (SMI and non-SMI) and First Episode Psychosis (FEP)

Preceptor: Alison Thomas, Ph.D.

Rotation Offered: Available as a minor or an element of major rotation, 1 year commitment, Can accommodate one to two interns at the same time, depending on the combination of interests

Required day: Tue morning for FEP work; Strong preference for Friday afternoon

Population Served: The Community Psychiatry Program (CPP), UAB's Community Mental Health Center, primarily serves individuals with serious mental illness diagnoses at a range of levels of functioning. CPP also serves individuals with Medicaid or no insurance, including individuals with non-SMI diagnoses. The First Episode psychosis Clinic (FEC) runs Tuesday mornings from 8-11 am. This clinic solely serves individuals experiencing early phases psychosis and their families.

Clinical Duties: The primary duty on this rotation is intervention. There is also an opportunity for some consultation within the FEC as the intern will, at times, sit with the attending psychiatrists. As the population served varies greatly in age and level of functioning, interventions also vary greatly. For the most part, treatment includes behavioral interventions, psychoeducation, and CBT-based techniques. There are also often clients who are interested in more introspective therapy.

Expected Learning: This rotation will challenge intervention skills on several levels. The SMI population often requires clinicians to work at a slower pace with highly individualized markers of progress. Interns can also expect to work closely with families. One of the most rewarding (and at times challenging) aspects of this work is the personal growth many clinicians experience around working with clients with a wide range of unchangeable barriers. Interns can also expect to develop an explicit focus on both common factors (e.g., the importance of the therapeutic alliance) and a large dose of principles of Acceptance and Commitment Therapy.

COVID-19 Status: This rotation is being offered as a telehealth rotation only. Therapy is being provided via telehealth. Although both video and audio platforms are possible, there is a strong preference for video based session, phone only is an option

3. Geropsychology/Neuropsychology Rotation

Preceptor: Brittney Randolph, Ph.D., Kristine Lokken, Ph.D.

Time Commitment: This rotation is offered as either a Major rotation (3 days) or a Minor rotation (1.5 days). Psychiatry Grand Rounds are offered Tuesdays from 11:00 am to noon. Gerontology, Geriatric and Palliative Care Conference occurs Thursdays at noon. Neuropsychology case conference and journal club are Wednesdays at noon.

Patient Characteristics: Patient population includes men and women primarily over the age of 60, though adults over the age of 18 are seen as well. These individuals are primarily seen on outpatient basis, though inpatient is also available. Common diagnostic categories represented include MCI vs normal aging, Dementia (AD, VAD, PD, etc), depression, and functional status/capacity evaluations. This population often has a wide variety of medical problems that may case conceptualization more complex.

Distribution of Activities: Neuropsychological assessment of outpatients is typical, as is occasional inpatient assessment, with the intern performing some of the testing if desired or if psychometric support is unavailable. For those less experienced in neuropsychological assessment training is provided. Interviewing patients and family members is an important component of the experience, as well as organizing and interpreting neuropsychological test results. Test selection is also important and should be tailored to the ability of the patient. Interns participate in feedback sessions with patients and family members. Concise and clear

report writing is emphasized, ranging from short staffing notes to neuropsychological testing reports of several pages.

Assessment Characteristics: Interns will learn to employ measures of neurocognitive ability at a screening level and in a more comprehensive battery. The latter usually involves a half day of assessment focusing on major neuropsychological instruments. This includes assessment of intellectual and academic skills, as well as memory functioning, reasoning skills and language abilities. Personality assessment, particularly use of projective instruments, is brief in nature. Interns are expected to participate in initial interviews for testing cases and also in feedback sessions, which ideally occur the same day. Psychometric support is available, but the intern may be performing some of the testing, which is considered an important part of the learning experience.

Intervention Characteristics: When intervention is offered it usually consists of individual therapy with an emphasis on behavioral and cognitive orientations and techniques. Interns are not expected to assume a leading role in intervention, unless they request to do so.

Goals of Rotation: This rotation can be tailored to each intern's specific training needs. Training and supervision will follow a graduated approach, increasing responsibilities as appropriate for each intern's level of competency. Therefore, this rotation is appropriate for those with little to no experience in neuropsychological assessment and for those who have advanced neuropsychological assessment skills. Differential diagnosis is an important skillset to be learned for the more advanced trainee while administration may be more appropriate for the neuropsychology novice. Note: Collaborative research activities are available for interested interns.

COVID-19 Status: Assessment is primarily conducted via telehealth, with some psychometrist testing in-person.

4. Medical/Surgical Neuropsychology Rotation

Preceptor: Brittney Randolph, Ph.D., Kristine Lokken, Ph.D.

Patient Characteristics: The vast majority of patients seen on this rotation are candidates for heart and lung transplantation and are referred by the UAB Department of Surgery's Cardiothoracic Transplant Service as part of a series of pre-transplant medical evaluations. Very occasionally, referrals for neuropsychological transplant evaluations are made to this service by other medical/surgical services. Roughly 75 percent of patients are seen on an outpatient basis, while the remaining 25 percent are seen on an inpatient basis. Patients range in age from the mid-teens to mid-seventies and present with a wide range of medical, psychiatric, and behavioral diagnoses.

Distribution of Activities: Roughly 40 percent of the intern's time is devoted to evaluation, which includes conducting clinical interviews and possibly administering and scoring neuropsychological measures. Approximately 30 percent of the intern's time is devoted to reviewing patient records and information, test interpretation, and report writing. The remaining 30 percent of time is spent in transplant team meetings, didactic meetings, and supervision.

Assessment Characteristics: All assessments include a thorough diagnostic clinical interview that includes an evaluation of patients' compliance, substance use, exercise, diet, health behavior, psychiatric, social, academic, and vocational histories, social support network

and stress-coping skills. The evaluations are geared toward helping the Transplant Service determine the candidate's suitability for transplantation, identifying areas of concern that may negatively impact upon the individuals transplant candidacy (e.g., limited and inconsistent social support, cognitive deficits), and suggesting ways in which these limitations may be practically addressed. Neuropsychological testing is "light" in nature. The typical evaluation is less than three hours in length, with intellectual, attentional, memory, expressive language, visuoperceptual, and executive cognitive functions being assessed. Psychometrician support is typically available for test administration and scoring. While a "standard" battery of tests is routinely used, the battery may be tailored to accommodate the specific needs of patients.

Intervention Characteristics: This rotation provides the occasional opportunity for short- and long-term psychotherapy, as well as patient education to improve/enhance compliance and adherence behaviors.

Time Commitment: This is a minor rotation and will require 1.5 days per week. Some flexibility in the intern's schedule can be accommodated. Lung and Heart transplant team meetings are held from 7:30 to 9:00 am on Wednesday and Thursday mornings, respectively. The multidisciplinary Liver Disease Conference is held Tuesday mornings at 10 am.

Rotation Goals: Specific goals of this rotation are fairly flexible and can be accommodated to meet the intern's specific training needs. However, the general goal for the rotation is to familiarize interns with neuro/psychological evaluation of medical/ surgical patients. Supervision over the course of the rotation will typically follow a graduated approach, with increasing responsibility being given to interns as the competency increases. The rotation is appropriate for interns with limited neuropsychological assessment experience, as well as those with advanced pre-internship training in clinical neuropsychology.

COVID-19 Status: Assessment is primarily conducted via telehealth, with some psychometrist testing in-person.

5. Behavioral Sleep Medicine

Preceptor: Justin Thomas, Ph.D., DBSM

Rotation Offered: Minor, Minimum 6 month commitment (BSM Board Exam would be at least one day a week for a year)

Rotation Description: Dr. Thomas is the Director of the UAB Behavioral Sleep Medicine (BSM) Clinic and Training Program. The UAB BSM Clinic is integrated in the UAB Sleep/Wake Disorders Center and provides BSM services for a variety of sleep disorders including insomnia, circadian sleep-wake rhythm disorders, nightmares, as well as addressing adherence to continuous positive airway pressure (CPAP) and treating sleep disorders within the context of psychiatric illness. The BSM Training Program is accredited by the Society of Behavioral Sleep Medicine and fulfills training requirements for the Board of Behavioral Sleep Medicine (BBSM). Research opportunities in a variety of areas, including the impact of sleep on cardiovascular disease, are also available.

COVID-19 Status: This rotation is being offered as a telehealth rotation only. Therapy is being provided via telehealth. Although both video and audio platforms are possible, there is a strong preference for video based session, phone only is an option.

6. LGBTQ Health and Wellness Clinic, Sparks Ambulatory Psychotherapy Rotation

Preceptor: Tiffany Nowell, Ph.D.

Rotation Offering: Available as a minor (a major may be possible depending on interests), 6 month minimum commitment, optional involvement in EMLALA Clinic at Children's Hospital (Gender Clinic serving kids and adolescents with gender identity concerns and gender dysphoria)

Rotation Description: This psychotherapy rotation consists of providing individual, couples, and/or family therapy services for patients seeking services with UAB's department of psychiatry. Emphasis is placed on patients within the LGBTQIA community seeking mental health treatment but will also serve the general population. Interns will gain experience composing letters of support for transitioning patients based on WPATH guidelines. The primary modes of therapeutic intervention can vary depending on the intern's training goals (and presenting concern of the patient) but could consist of ACT, CBT, Interpersonal, Relational, Existential, and Psychodynamic Psychotherapies. Interns will receive a minimum of one hour of supervision per week yet expectations may vary depending on the number of patients being treated. Interns will be expected to engage in readings/trainings on multicultural competency throughout the rotation/training experience.

COVID-19 Status: This rotation is being offered as a telehealth rotation only. Therapy is being provided via telehealth. Although both video and audio platforms are possible, there is a strong preference for video based session, phone only is an option.

UAB Department of Neurology

1.Division of Neuropsychology, Adult/Geriatric Neuropsychology

Preceptors: Kristen Triebel, Ph.D., ABPP-CN, Roy Martin, Ph.D., Adam Gerstenecker, Ph.D., Andrea Solomon Celka, Ph.D., and Victor Del Bene, Ph.D.

Rotation offered: Minor, telemedicine

Rotation Goal: The goal of this training experience is to introduce clinical psychology interns to clinical interviewing and assessment, cognitive testing, psychometrics, brain-behavior relationships, functional neuroanatomy, report writing, and relevant sociocultural factors.

Population: The clinical populations served include various dementia syndromes (e.g, Alzheimer's disease, vascular, frontotemporal, lewy body), epilepsy, movement disorders (Parkinson's disease, essential tremor, atypical parkinsonian conditions), stroke, neuro-oncology, HIV, and multiple sclerosis, among other neurologic conditions. Depending on the day, there are opportunities to attend neurology grand rounds (Tuesday mornings 8:00 AM) and deep brain stimulation surgical case conference (1st Friday of the month at 1:00 PM). Additionally, there may be opportunities to assist with ongoing research projects, dependent on the progress of your clinical training and approval of the internship training directors.

COVID-19 Status: This rotation is currently being offered as a telehealth rotation only. Assessment is conducted via clinical video telehealth or telephone until further notice. The intern will become competent with teleneuropsychology by the end of the rotation.

UAB Spain Rehabilitation Center (Department of Physical Medicine and Rehabilitation)

1. Rehabilitation Psychology- Spinal Cord Injury, Inpatient

Preceptor: Casey Azuero, Ph.D., MPH

Rotation Offering: Minor, (Staffing on Tuesdays), in-person inpatient and telehealth outpatient

Patient Characteristics: Inpatient case load is almost exclusively acute onset spinal cord injury with some related conditions: transverse myelitis, anterior artery syndromes, spina bifida etc. This is a predominantly young male population, disproportionately African American based on community epidemiology. Causes of spinal cord injury are typically motor vehicle crashes, falls, and violence. Pre-existing conditions such as substance use and concomitant complications such as chronic pain and cognitive dysfunction/limitations can compound the coping/adjustment process.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

COVID-19 Status: Outpatient appointments are conducted via telehealth; inpatient consults are seen in person—inpatients will have negative COVID-19 test prior to interaction with trainees.

2. Rehabilitation Psychology- Medical/Trauma Inpatient, CPR Outpatient

Preceptor: Megan McMurray, Ph.D.

Rotation Offering: Minor, Inpatient SRC in-person inpatient and telehealth outpatient

Patient Characteristics: Patients on this service encompass a wide range of medical trauma, including fractures, burn, crush, amputations, and other major trauma without severe

head injury, although mild TBI and post-operative confusion are common. Medical patients are also seen with peripheral weakness from infectious diseases, autoimmune disorder, cancer, cardiopulmonary, and post-surgical debility. Among older people there is an increased risk for delirium and sometimes dementia. Age range is from the 20's to geriatric cases. Behavioral health services are provided to outpatients in Cardiopulmonary Rehabilitation in groups as well as consult-based individual health and behavior interventions.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

COVID-19 Status: Outpatient appointments are conducted via telehealth; inpatient consults are seen in person—inpatients will have negative COVID-19 test prior to interaction with trainees.

3. Rehabilitation Psychology- Neurotrauma TBI & Stroke Inpatient

Preceptor: Elaine Mahoney, Ph.D.

Rotation Offering: Minor, Inpatient SRC (Staffing on Monday & Thursday), in-person inpatient and telehealth outpatient

Patient Characteristics: Patients on this service have acquired brain injury, either non-traumatic (stroke, aneurysm) or traumatic (TBI), and exhibit physical and cognitive disabilities. Age ranges from sixteen years to geriatric cases, with TBI cases more often in the young adult range, and older adults with CVA.

Trainee Clinic for un(der)insured patients: There is also the opportunity to see patients for outpatient therapy under the supervision of either Drs. Azuero, Mahoney, or McMurray. You can refer patients for ongoing assessment and treatment following discharge from the inpatient service to the community. Patients can also be assigned cases of interest that come

from outpatient referral sources. Referral reasons typically include adjustment issues, trauma, depression, and anxiety. Treatment modalities include trauma-focused therapy (prolonged exposure or cognitive-processing therapy) and cognitive behavioural therapy, among others. If supervision experience is of interest for training, the opportunity to supervise graduate students in a scaffolding approach is also possible.

Distribution of Clinical Activities: The student will spend approximately 50% of the time in inpatient evaluation, 25% in consultation with members of the interdisciplinary treatment team and 25% in treatment interventions and report writing. The student will also participate in supervision and inpatient rounds.

Assessment Characteristics: Students will learn to employ both neurocognitive and emotional status screening to evaluate inpatients with various medical conditions. A thorough pre and post injury psychosocial history is the primary assessment tool supplemented by cognitive screening, pain assessment measures, and, at times, personality measures as needed. Assessments using either cognitive screening measures or more comprehensive neuropsychological techniques are employed depending on the ability level of the patient.

Intervention Characteristics: Adjustment disorders and acute stress reactions are the focus of clinical intervention on the inpatient service. Brief interventions may involve supportive contact, education, psychotherapy (individual and/or family), stress management (relaxation training, cognitive behavioural techniques), other behavioural interventions and/or crisis intervention. Collaboration with treatment team members is integral to this service. A wide range of treatment models are utilized, but the primary orientation is cognitive-behavioural. Opportunities for evidence-based psychotherapy in the general hospital setting, including CPT, PE, CBT-D, and CBT-I. Sex education/counselling is sometimes needed. Family education and family therapy are often needed as well. A psycho-educational approach is often used to initiate therapeutic involvement. Opportunities to lead group psycho-education classes are also available.

COVID-19 Status: : Outpatient appointments are conducted via telehealth; inpatient consults are seen in person—inpatients will have negative COVID-19 test prior to interaction with trainees.

4. Outpatient Adult Neuropsychology: Acquired Brain Injury, Capacity to Drive, Stroke follow-up

Preceptor: Amy Knight, Ph.D., ABPP-CN

Rotation Offering: Minor, Telemedicine

Patient Characteristics: The primary population will be stroke patients, although other differential diagnosis cases are also seen. Patients typically range in age from middle age adults to the elderly. Most are experiencing cognitive and/or physical disabilities, often both. Outpatient neuropsychological testing typically includes evaluation of patients with stroke, traumatic brain injury, tumor, aneurysm repair, dementia, and other neurologic conditions.

Distribution of Clinical Activities: Assessing outpatients, many of whom are returning inpatients for whom issues of return to driving, work, and independent living are paramount. Based on experience/interest the student may be administering and scoring tests. For those with a prime interest in neuropsychology the focus is often on interpretation of test results, providing feedback, and report writing. All students participate in interviews of patients and

family members, as well as feedback. There are typically one or two neuropsychological evaluations per day. The neuropsychological assessments vary in breadth from 2 hours extended screenings to full day batteries depending on the case. Psychometricians are available to administer tests, but students can perform administration to fill in gaps in experience. Typically, everything is completed by the end of the day, including reports.

COVID-19 Status: Most appointments are conducted via telehealth. Some aspects of driving evaluations are conducted in-person but it is not required for interns to be in-person.

5. Outpatient Adult Neuropsychology: Acquired Brain Injury, Post-Concussive, TBI follow-up

Preceptor: Sean Hollis, Ph.D.

Rotation Offering: Minor, Telemedicine

Patient Characteristics: Patients seen on this service have acquired brain injury, usually by traumatic means. As a result of the brain injury they exhibit physical and cognitive disabilities which rapidly improve in many cases. Age ranges from sixteen years to geriatric cases, majority young adult range.

Distribution of Clinical Activities: Assessing outpatients, many of whom are returning inpatients for whom issues of return to driving, work, and independent living are paramount. Based on experience/interest the student may be administering and scoring tests. For those with a prime interest in neuropsychology the focus is often on case conceptualization, interpretation of test results, providing feedback, and report writing. All students participate in interviews of patients and family members, as well as feedback. There are typically one or two neuropsychological evaluations per day. The neuropsychological assessments vary in breadth from 2 hours extended screenings to full day batteries depending on the case. Psychometricians are available to administer tests, but students can perform administration to fill in gaps in experience. Typically, everything is completed by the end of the day, including reports.

COVID-19 Status: : All appointments are conducted via telehealth. Some aspects of driving evaluations are conducted in-person but it is not required for interns to be in-person.

Clinical Child and Pediatric Psychology Track Overview

Sponsored by the [UAB LEND Program at Civitan-Sparks Clinics](#)

The Child specialty track of the UAB – BVAMC Clinical Psychology Internship Consortium provides exposure to diverse and complex clinical populations in a wide variety of settings, including [Civitan-Sparks Interdisciplinary Clinics](#) (a LEND/UCEDD training site) [Children’s of Alabama](#) and [Glenwood](#). The diversity of settings and role functions afford numerous opportunities to interface with physicians, other health care professionals, schools, state agencies, advocates, and mental health professionals. All services emphasize the need to impact systems of care and individual lives through clinical service delivery to individuals and families, community education, and advocacy. Along with their supervisors, child interns are members of interdisciplinary teams throughout most of their rotations.

In conjunction with their year-long supervisor, each intern develops an individualized training plan based on their training goals and clinical emphasis. The primary training method is experiential (i.e., direct service delivery) and supervision plays a central role in the learning process. Supervision is augmented by a wide variety of didactic seminars, observation of staff conducting clinical services, guided reading, and consultative support. Several opportunities for mentoring are available to the interns. In addition to their yearlong supervisor and rotation preceptors, interns have opportunities to pursue mentoring opportunities with other clinical faculty based on their research and clinical interests. Interns also participate in weekly individual and, when available, group supervision sessions. A vertical team approach is employed in some settings and interns may be provided opportunities to supervise undergraduate and graduate level psychology students.

Interns in the Child specialty track are also considered trainees in the UAB Leadership Education in Neurodevelopmental Disabilities (LEND) program, which incorporates experience in advocacy, policy, and community outreach in addition to clinical training. More information regarding UAB LEND can be found [here](#).

Interns participate in the three Major rotations (Developmental, School-Age, Pediatric/Neuropsychology, described in detail below) and three Minor rotations (Autism, Adult, Elective). A Major rotation typically reflects a time commitment of three days and a Minor rotation reflects a two-day commitment. The specific content and sequence of rotations are determined following a meeting with the year-long supervisor and the rotation supervisors. Below are two sample rotation schedules.

Sample A:

	1st Rotation	2nd Rotation	3rd Rotation
MAJOR	<i>Developmental (CDC/ITC/MDC and NBFU) at Civitan-Sparks</i> Houser, Domnanovich	<i>Pediatric/Neuropsych at Children's of Alabama</i> Marullo, Reynolds, Smith	<i>School-Age (PEC and BAC) at Civitan-Sparks</i> Domnanovich, Houser
MINOR	<i>ELECTIVE: Pediatric/ Neuropsych</i> Thompson	<i>Adult Rotation</i> VA PTSD	<i>Autism at Civitan-Sparks</i> O'Kelley/Ryan

Sample B:

	1st Rotation	2nd Rotation	3rd Rotation
MAJOR	<i>Pediatric/Neuropsych at Children's of Alabama</i> Smith, Sheehy-Knight, Krenz	<i>School-Age (PEC and BAC) at Civitan-Sparks</i> Domnanovich	<i>Developmental (CDC/ITC/MDC and NBFU) at Civitan-Sparks</i> Houser, Domnanovich
MINOR	<i>Adult Rotation</i> Spain Rehab	<i>Autism at Civitan Sparks</i> O'Kelley/Ryan	<i>ELECTIVE: Project Heroes</i>

Major Rotations:

The sequence of majors and the specific content of each major rotation will be determined with the year-long supervisor at the beginning of the training year. Each intern is required to complete a major rotation in each of the following areas:

Developmental Rotation (located at Civitan-Sparks):

- Child Development Clinic (CDC)
- Multiple Disabilities Clinic (MDC)
- Infant/Toddler Clinic (ITC)
- Newborn Follow-up Clinic (NBFU)

School-Age Rotation (located at Civitan-Sparks):

- Behavioral Assessment Clinic (BAC)
- Psychoeducational Clinic (PEC)

Pediatric/Neuropsychology Rotation (located at Children’s of Alabama):

- ASD/DD Consultation Team
- Inpatient Dialectical Behavior Therapy-Informed Group
- Inpatient testing
- Intensive Feeding Program
- Leadership Education in Adolescent Health (LEAH) Clinic
- Neuropsychology Clinic
- Pediatric Hematology/Oncology
- Pediatric Inflammatory Bowel Disease Clinic
- Pediatric Psychology Consultation-Liaison Service

Minor Rotations:

Each intern is required to complete three minor rotations. One of the minor rotations must consist of an adult focused experience selected from the Consortium; see options in [Adult Track Overview](#), page 11. A second minor rotation must be within the Autism Spectrum Disorders Clinic at the Civitan-Sparks Clinics and may involve only assessment or a combination of assessment and intervention, dependent on the interest of the intern. The third minor rotation can include an additional experience from the above listed major rotation opportunities, Glenwood (Dr. Toth), or Project Heroes (TBD).

Clinical Experiences/Rotation Descriptions

1. Autism Spectrum Disorders Clinic, Civitan-Sparks Clinics

Preceptors: Sarah O’Kelley, Ph.D., Sarah Ryan, Ph.D., Cassandra Newsom, Psy.D.

Rotation Offered: Minor (required for child-track)

Setting: The Civitan-Sparks Clinics’ Autism Spectrum Disorders Clinic is a diagnostic clinic serving individuals ranging from one to sixteen years of age. This clinic is one of the few of its kind in the state of Alabama; thus, children with a suspected Autism Spectrum Disorder are

referred from across the state and the surrounding states by pediatricians, neurologists, psychologists, educators, and families. These evaluations are split into multiple experiences based on the age of the child. The Toddler Team Clinic is conducted in a team format with developmental and behavioral pediatricians and psychologists seeing patients together as part of an interdisciplinary assessment with children under 3 years of age. Preschool ASD Clinic and ASD/Child Development combination clinic are conducted along with the Infant/Toddler and Child Development Clinics at Civitan-Sparks and evaluates preschoolers and early school-age children with a question of ASD as part of their interdisciplinary developmental evaluations; thus this experience involves interaction with a large interdisciplinary team to aid in differential diagnosis. The School-Aged Autism Clinic team includes clinical and developmental psychologists and a pediatrician and collaborates with providers from the interdisciplinary clinics; many of the children seen in this clinic are first evaluated through the Child Development or Psychoeducational Clinics prior to their ASD Clinic evaluation.

Clinical Activities: The diagnostic assessment battery for the ASD clinics include some combination of the following measures: the Autism Diagnostic Interview-Revised (ADI-R), the Autism Diagnostic Observation Schedule- Second Edition (ADOS-2), Childhood Autism Rating Scale, Second Edition (CARS2), and the Social Responsiveness Scale- Second Edition (SRS-2), as appropriate. In addition, cognitive/developmental measures may also be included. Interns will develop a familiarity with and competency in the administration of the assessment tools used in the diagnosis and rule-out of ASD. In addition, they will develop knowledge of the diagnostic criteria for Autism Spectrum Disorder and an understanding of the range of clinical presentations of ASD. Interns will have the opportunity to participate in family feedback sessions as part of both clinics. Clinics focused on teleradiology with young children have been developed in response to COVID-19 with an emphasis on use of the TELE-ASD-PEDS, Systematic Observation of Red Flags of ASD (SORF), and Brief Observation of Symptoms of Autism (BOSA) as measurement tools, particularly in very young children (12-36 months); these experiences may be available in future internship training years as well pending approval from insurance providers.

There are a number of intervention opportunities available through the ASD Clinic rotation as well. These intervention services include individual and family-based programming that are evidence-based and utilize the principles of behavioral interventions, a developmental perspective, and visual structures and support. All interventions emphasize increasing independence, communication, social interaction, and community participation. Group-based intervention opportunities are often available as well, including therapist and/or social coaching positions in the Program for the Education and Enrichment of Relational Skills (PEERS®) with teens and young adults with ASD/DD. School consultation and/or community-based presentations related to ASD may also be available. Interested interns are invited to participate in these intervention opportunities as a co-therapist with their supervisor or individually, depending on their level of comfort and experience.

COVID-19 Status: Clinical services are currently a blend of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

2. ASD/DD Consultation Team, Children's of AL

Preceptor: Jennifer Sheehy-Knight, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: The majority of the consultation is spent on Children's of Alabama inpatient psychiatric unit. Occasionally, there are opportunities for pediatric consultation on the medical floors with this population.

Clinical Activities: The role of this ASD/DD consultation team involves four primary duties: 1) consult to modify/adapt the therapeutic milieu to accommodate the individual needs of this patient. This includes modeling and coaching staff on these modifications (e.g., visual supports), 2) develop and help implement behavioral plans for individuals with ASD/DD who present as particularly challenging on the unit, 3) screen for ASD red flags as requested by inpatient clinical team, and 4) provide brief, solution focused therapy to ASD/DD patients. Periodically, the team may be asked to complete a training/ educational workshop for staff or other trainees on the unit.

COVID-19 Status: Patients are seen in person and have negative COVID-19 tests prior to interaction with trainees.

3. Behavioral Assessment Clinic (BAC), Civitan-Sparks Clinics

Preceptor: Kristy Domnanovich, Ph.D.

Rotation Offered: Within the School-Age Major and/or Elective Minor

Setting: This Clinic serves children and adolescents aged 5 to 18 usually referred by their primary physician for evaluation of behavioral and academic problems. Before clients are seen, comprehensive behavioral assessment data and medical and school records are obtained and reviewed. The Behavioral Assessment Clinic is staffed by Psychology, with consultation from other disciplines as needed.

Clinical Activities: The psychological evaluation consists of a semi-structured parent interview, cognitive and academic screening, behavior observation and ratings, and clinical assessment of impulsivity, inattention, and over activity. Parents and children are interviewed, and social emotional functioning is assessed. Interns will work directly with their supervisor in administering, scoring, and interpreting assessment measures and supervision will be provided on an on-going basis (before, during, and after each assessment). Trainees will also be responsible for producing reports that include background information, assessment results, clinical interview, and recommendations about treatment planning and future directions. They are encouraged to participate in parent feedback sessions to explain assessment results, provide information about the diagnosis, and offer recommendations. Individual therapy clients are often picked up through this clinic

COVID-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

4. Glenwood: A Continuum of Care

Preceptor: Sacha Toth, Ph.D.

Rotation Offered: Minor

Setting: Glenwood is a comprehensive non-profit organization that provides children experiencing emotional and behavioral problems and their families with comprehensive mental health treatment including outpatient and inpatient services. The clinical placement at Glenwood involves providing psychological services to children/families who are referred for outpatient services at Glenwood. The outpatient service provides assessment, treatment and school consultation/liaison assistance for children ranging from 2 to 18 years of age who present with a range of behavior problems. Diagnoses and behavioral issues include Autism Spectrum Disorder, internalizing disorders (e.g., depression, anxiety, PTSD), externalizing disorders (e.g., oppositional defiant disorder) and other DSM-V disorders such as attachment disorders.

Clinical Activities: The outpatient service placement provides an excellent opportunity to observe and work with children with a range of mental illnesses including severe psychopathology. Clinical duties include psychosocial, educational and developmental assessment of children and families. Furthermore, opportunities are available for developing treatment plans and providing individual, group, and family therapy using interventions based upon best practice, evidenced based strategies.

COVID-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

5. Inpatient Dialectical Behavior Therapy-Informed Group rotation, Children's of AL

Preceptor: Natalie Krenz, Psy.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: The Inpatient Dialectical Behavior Therapy-Informed Group rotation involves learning DBT skills and co-leading DBT-informed groups with a psychiatric inpatient adolescent population.

Clinical Activities: Interns will learn various DBT skills, including Mindfulness skills, Interpersonal Effectiveness skills, Emotion Regulation skills, and Distress Tolerance Skills. Interns will begin by shadowing groups and start to co-lead/lead groups as appropriate. Online training is highly recommended to accompany this rotation. The following is the link for the online training: <https://psychwire.com/linehan/dbt-skills>. Please note that the training has certain start dates. Interns will receive the most out of this rotation if they partake in the online training. At minimum, it is required that interns who participate in this rotation buy the following book: DBT Skills Training Handouts and Worksheets, Second Edition by Marsha Linehan.

COVID-19 Status: Inpatients have had negative COVID-19 tests prior to interacting with trainees. Group is conducted in a large room to allow for social distancing.

6. Inpatient Testing Rotation, Children's of AL

Preceptor: Natalie Krenz, Psy.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: The Inpatient Testing rotation involves completing psychological testing with psychiatric inpatient children and adolescents at Children's of AL

Clinical Activities: Interns will get to develop a testing protocol and administer psychological tests based on psychiatric consult requests. Interns will work on scoring and interpreting psychological tests as well as writing testing reports. Common tests given include TSCC, WASI-II, KBIT, MACI, BASC, BYI-II, M-PACI, Rorschach, and WRAT4 among others. Additional experience in learning to administer, score, and interpret the Rorschach inkblot test is made available to those who are interested.

COVID-19 Status: Inpatients have had negative COVID-19 tests prior to interacting with trainees. Testing is conducted in a large room to allow for social distancing.

7. Interdisciplinary Clinics: Child Development Clinic (CDC)/ Multiple Disabilities Clinic (MDC)/ Infant and Toddler Clinic (ITC)

Preceptors: Kristy Domnanovich, Ph.D., & John Houser, Ph.D.

Rotation Offered: Within the Developmental Major and/or Elective Minor

Setting: The **Child Development, Multiple Disabilities, and Infant and Toddler Clinics** are comprised of an interdisciplinary team that includes the disciplines of Psychology, Social Work, Occupational Therapy, Physical Therapy, Speech Language Pathology, Audiology, Vision, Pediatrics, and Nutrition. Children evaluated through the Child Development Clinic typically range in age from three to ten years old. The Multiple Disabilities Clinic provides assessments to individuals with multiple impairments who typically range in age from approximately four years to eighteen years old. Children evaluated through the Infant and Toddler Clinic range in age from birth to three years old. Referrals come from pediatricians, neurologists, geneticists, mental health professionals, service providers, teachers, and caregivers. The children evaluated through the clinics come from all over the state of Alabama and from surrounding states.

Clinical Activities: Psychological assessments provided through the clinics include measures of developmental or intellectual functioning (current editions of the Wechsler Intelligence Scale for Children, Differential Ability Scales, Bayley Scales of Infant Development, Stanford-Binet Intelligence Scales, and Leiter International Performance Scale), adaptive functioning (current editions of the Vineland Adaptive Behavior Scales, Adaptive Behavior Assessment System), behavior (Child Behavior Checklist, BASC, Behavior Rating Inventory of Executive Function, caregiver interview, in-clinic observation), and psychosocial functioning (parent and child interviews, symptom checklists). Interns will work directly with their supervisor in administering, scoring, and interpreting assessment measures and supervision will be provided on an on-going basis (before, during, and after each assessment). Interns will participate in team staff meetings and develop recommendations for home and school functioning as a collaborative effort with their supervisor and with clinicians from other disciplines. Trainees will also be responsible for producing reports that include background information, assessment results, clinical interview, and recommendations about treatment planning and future directions. They are encouraged to participate in parent feedback sessions to explain assessment results, provide information about the diagnosis, and offer

recommendations. Children evaluated through these clinics can be picked up for short or long-term individual or family-based therapy.

COVID-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

8. Leadership Education in Adolescent Health (LEAH) Clinic, Children's of AL

Preceptor: Heather Austin, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Interns have the opportunity to participate in an interdisciplinary training clinic where adolescents with multiple needs are seen by trainees in the core disciplines of medicine, psychology, nursing, nutrition and social work. Trainees and faculty supervisors work jointly to improve the health and well-being of adolescent patients and work with them and their caregivers to help them achieve optimal overall functioning. Interns will be exposed to an adolescent population with issues which place them at high risk (e.g. medical adherence, substance use, academic failure, various psychosocial needs). Opportunities will be available for interns to shadow a LEAH postdoctoral fellow in psychology, conduct initial clinical interviews, assist with managing resources, provide brief therapy, and participate in available educational experiences related to this population.

Covid-19 Status: Services are a mix of telehealth and face-to-face with social distancing. Masks are required for staff, trainees, and patients.

9. Neuropsychology Clinic, Children's of AL

Preceptors: Matt Thompson, Psy.D., ABPP, Kristen Smith, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: Through the Children's Behavioral Health Department at Children's of Alabama interns have the opportunity to gain experience conducting neuropsychological evaluations with a variety of populations including children with epilepsy, traumatic brain injury, spina bifida, genetic conditions, and other neurological disorders.

Clinical Activities: Interns would work with a supervising neuropsychologist and participate in the clinical interview, test administration, scoring, interpretation, and report writing. Interns will receive training to administer tests with which they might not be familiar. Interns also would have the opportunity to prepare reports pertaining to patients they evaluate. Other opportunities include attendance at a multidisciplinary epilepsy surgery team meeting, inpatient neurorehabilitation, and inpatient consultation.

COVID-19 Status: Assessments are conducted in person, with space for social distancing. Masks are required for staff, trainees, and patients. Enhanced cleaning protocols have been implemented.

10. Newborn Follow-Up Clinic

Preceptors: Kristy Domnanovich, Ph.D.

Rotation Offered: Within the Developmental Major and/or Elective Minor

Setting: The Newborn Follow-Up Clinic is a multi-disciplinary team clinic that follows children born extremely low birth weight (less than 2.2 pounds) from birth to three years of age.

Clinical Activities: The intern responsibilities are assessment based during this clinic and include administration of the Bayley Scales of Infant Development, 2nd and 3rd Editions and the Differential Ability Scales, 2nd Edition. Trainees will administer assessment measures, complete a brief (one page) summary, and provide feedback and recommendations to caregivers. Interns participate in the Newborn Follow-Up Clinic during the same rotation as the Child Development, Infant and Toddler, and Multiple Disabilities Clinics.

COVID-19 Status: Clinical services are currently conducted via telehealth. The team is exploring options for a safe return to in-person care.

11. Pediatric Somatic Symptom Disorders Outpatient Clinic

Preceptor: Aaron Fobian, PhD.

Rotation Offered: Minor and/or ancillary intervention experience

Setting/Clinical Activities: Conduct evidence-based treatments for children and adolescents with various health issues including functional neurological disorders, somatic symptom disorder and chronic pain. Clinic is in 4 hours blocks on Tuesday afternoons and Thursday mornings, and interns can participate in one or both of the clinic days.

COVID-19 Status: Clinical services are currently conducted via telehealth. The team is exploring options for a safe return to in-person care.

12. Pediatric Hematology/Oncology

Preceptors: Avi Madan-Swain, Ph.D., Donna Murdaugh, Ph.D., ABPP-CN

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting: This pediatric psychology practicum/rotation provides students an opportunity to work with the Hope and Cope Psychosocial and Education Program at the Alabama Center for Childhood Cancer and Blood Disorders, which is a partnership between the UAB Division of Pediatric Hematology-Oncology and Children's of Alabama Hospital. As a member of the interdisciplinary Hope and Cope Family Support Team, students will have opportunities to work with families of children diagnosed with cancer, brain tumors, receiving bone marrow transplant, and sickle cell disease.

Clinical Activities: Students will complete consults and provide brief inpatient therapy as well as outpatient therapy and parent training using evidence-based interventions based on family risk level. Opportunities also are available to co-lead parent support groups, support group for adolescents and young adults (AYA) diagnosed with cancer, as well as pain education groups. Some common presenting problems of the pediatric patients and their families include depression, anxiety, pain management (e.g., procedural distress, chronic pain, etc.), medication non-adherence, school/community reentry, grief, bereavement, and general individual and familial coping/adjustment issues related to illness stressors. Students also have opportunities to attend weekly interdisciplinary rounds (e.g., oncologists, nurse practitioners, social workers, psychologist, child-life specialists, teachers, school liaisons, chaplains, and expressive therapists) to learn more about the integration of medical and psychological services. Additionally, students have opportunities to participate in ongoing research and quality improvement projects. Training goals are designed to fit student/intern clinical and research interests.

With Dr. Murdaugh, interns have the opportunity to engage in neuropsychological assessment and consult/liaison work with patients at Children's of Alabama Taking on Life after Cancer (TLC) Clinic. The TLC clinic is part of the cancer survivorship clinics run in partnership with the Institute for Cancer Outcomes and Survivorship (ICOS) and the UAB Comprehensive Cancer Center. The clinic is open to all survivors of childhood cancer regardless of their age, although the patient population is primarily age 5 to 25 years. Interns will have the opportunity to gain experience in neuropsychological assessment including, diagnostic interview with patients and caregivers, designing a flexible assessment battery to address referral questions, test administration, scoring, and interpretation, report writing, and feedback with families to provide relevant recommendations. Interns also have the opportunity to provide outpatient consultation and work with the interdisciplinary TLC team to develop holistic care plans for patients.

COVID-19 Status: Patients who are immunocompromised are seen via telehealth. Otherwise, appointments are conducted in person with social distancing and masks required.

13. Pediatric Psychology Consultation-Liaison Service, Children's of AL

Preceptors: Dan Marullo, Ph.D., Nina Reynolds, Ph.D.

Rotation Offered: Within the Pediatric/Neuropsychology Major and/or Elective Minor

Setting/Clinical Activities: Rotation consists of training in inpatient medical consultation/liaison services, pre- and post-transplant evaluations, and brief, focused therapy with pediatric populations hospitalized for medical conditions. Common presenting concerns include: difficulty coping with and adjusting to diagnosis and treatment, anxiety, depression, behavioral difficulties, nonadherence to medical treatment, functional/ somatic disorders, and pain coping. Participation in weekly psychosocial medical team meetings and ongoing clinical program development is also encouraged.

COVID-19 Status: Consults are conducted in person; inpatients have had negative COVID-19 tests prior to interacting with trainees.

14. Project Heroes

Preceptor: TBD

Rotation Offered: Minor

Setting: This is a multidisciplinary diagnostic and consultation clinic serving children and adolescents receiving services in the Department of Human Resources. The purpose of this clinic is to assess urgent cases in which a child or adolescent is in danger of disrupting placement due to severe emotional or behavioral disorders. The clinic population consists of children and adolescents exposed to physical and/or sexual abuse, and/or neglect.

Clinical Activities: Opportunities within the clinic for the intern are to provide comprehensive psychological and neuropsychological assessment, consultation to DHR and the schools, and to present on psychological issues at DHR trainings.

COVID-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

15. Psychoeducational Clinic (PEC)

Preceptors: Kristy Domnanovich, Ph.D., and John Houser, Ph.D.

Rotation Offered: Within the School-Age Major and/or Elective Minor **Setting:** This clinic provides interdisciplinary evaluation of school-age children who are experiencing academic problems and are suspected of having a specific learning disability (e.g., reading, written expression) or a processing deficit (e.g., phonological processing).

Clinical Activities: Evaluation of cognitive functioning, academic skills, and other specific skills are conducted in a format compatible with school-based evaluations. In addition to the measures of cognitive, adaptive, and social-behavioral functioning included in Child Development Clinic, this clinic typically includes measures of academic functioning (e.g., current editions of the Woodcock-Johnson Tests of Achievement, Wechsler Individual Achievement Test, Kaufman Test of Educational Achievement). PEC is an interdisciplinary clinic whose team consists of Psychology, Speech/Language Pathology, Occupational Therapy, Audiology, and other disciplines as necessary. There is a strong focus on educating parents regarding their child's strengths and weaknesses, legal/procedural aspects of special education and Section 504, how to advocate for their children with the school system, and what to look for in an effective Individualized Education Program (IEP). Reports from this clinic include comprehensive recommendations to schools. School visits for IEP development and follow-up services may be provided.

COVID-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

16. Psychology Clinic

Preceptor: All Civitan-Sparks Faculty

Rotation Offered: Year-long

Setting: The Psychology Clinic provides outpatient psychological interventions to children, adolescents, and their families. Treatment approaches are evidence-based, primarily behavioral and cognitive-behavioral, but may also include interpersonal and systems approaches. Referrals come from many sources, including our clinics and the pediatric practice housed at Civitan-Sparks Clinics. Live supervision and review of audio/videotaped sessions is encouraged. Most supervision is individual and conducted weekly.

Clinical Activities: Child specialty interns are expected to maintain an active therapy caseload of approximately five patients throughout the training year. This should include at least two patients or intervention activities (e.g., social skills group) with children at the Civitan-Sparks Clinics and may include child and/or adult patients supervised by other Internship faculty.

Covid-19 Status: Clinical services are currently a mix of telehealth and face-to-face care with precautions of social distancing and masks for patients and staff.

Didactics and Other Training

** Due to COVID-19 pandemic, all didactic trainings/seminars will be conducted via Zoom until further notice.**

Didactics

All interns participate in a weekly didactic seminar on Monday afternoons led by faculty. Child-track interns also participate in a required Neurodevelopmental Disabilities Core Lecture Series (weekly on Thursday at noon) and adult-track interns participate in weekly group psychotherapy supervision (Tuesdays at 8:30). Topics of the intern seminar span a variety of topics including: Theories and methods of assessment and diagnosis, and effective intervention (including empirically supported treatments); Theories and/or methods of consultation, evaluation, and supervision; Strategies of scholarly inquiry; and Issues of cultural and individual diversity that are relevant to all of the above. See the table below regarding topics that have been offered in previous years.

Topic	Presenter
Meeting with the Training Directors	Tiffany Nowell, Ph.D., Misti Norton, Ph.D., & Sarah O'Kelley, Ph.D.
Applying for a Research Postdoctoral Fellowship	Caitlin Clevenger, Ph.D.
Telehealth	Sarah Rowe, Ph.D., Laura Nelson, Ph.D., & Katherine Jackson, Psy.D. .
Psychology in the Medical Setting	Casey Azuero, Ph.D.
Applying for Fellowships & Job Applications	Megan McMurray, Ph.D. & Sean Hollis, Ph.D.
Psychology in the Academic Setting	Burel Goodin, Ph.D.
Psychopharmacology- Part 1 (Affective Disorders)	UAB Psychiatry Resident
Psychology in the VA Setting	Anna Grace Cooper, Psy.D., Misti Norton, Ph.D., & Brandon Sentell, Psy.D.
Psychopharmacology: Anxiolytics and Stimulants	UAB Psychiatry Resident.
Psychopharmacology- Part 2 (Psychotic Disorders)	UAB Psychiatry Resident
Ethics	Bob Campbell, Psy.D.
Professional Life Development Issues: Risk Management/HIPAA	Adrian Zebot, J.D., Risk Management Education Coordinator
Multicultural Issues & Psychotherapy- Part 1	Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D.
Multicultural Issues & Psychotherapy- Part 2	Alison Thomas, Ph.D. & Tiffany Nowell, Ph.D.
Supervision Issues Pertinent to Inpatient Services	Chebon Porter, Ph.D.
Program Evaluation: What is it?	John Houser, Ph.D.
Program Evaluation: Methods and Implementation	John Houser, Ph.D.
Forensic Psychology Evaluations	Bob Campbell, Psy.D.
Supervision in Multicultural Competence in Evidence Based Practice	Alison Thomas, PhD & Kristen Smith, PhD.,
Running a Productive Research Lab	Merida Grant, Ph.D.
Supervision in Multicultural Competence in Evidence Based Practice	Tiffany Nowell, Ph.D., Alison Thomas, Ph.D. & Kristen Smith, Ph.D.
Recognition and Management of Concussions	Sean Hollis, Ph.D. & Matt Thompson, Psy.D., ABPP-CN
Unexplained Physical Symptoms	Daniel Marullo, Ph.D.
The Grant Application Process	Karen Cropsey, Psy.D.
Experimental Research Methods in Psychology	Justin Thomas, Ph.D., DBSM

Optional Didactics:

In addition to the required weekly didactic seminar, there are numerous additional didactic opportunities available throughout the consortium that interested interns may attend, pending approval by their rotation supervisors. These include Neuropsychology Case Conference/Journal Club; Geriatrics, Gerontology, and Palliative Care Conference; Psychiatry Grand Rounds, Neurology Grand Rounds, Physical Medicine and Rehabilitation Grand Rounds, Neuroimaging Journal Club, Brain Cuttings, Adolescent Medicine Seminars and Online Curriculum, Pediatric Grand Rounds, Child and Adolescent Psychiatry Grand Rounds, and Neurosciences seminar at UAB. UAB and Children's of Alabama also host an Epilepsy Case conference. Birmingham VAMC hosts a monthly Evidence-based Psychotherapy Consultation Series. The Department of Veterans Affairs nationally hosts a number of virtual didactics including the National Center for PTSD webinar series; Tech into Care Monthly Call; Meeting the Mental Health Needs of Aging Veterans: Promising Practices Webinar Series; Women's Mental Health Teleconference Training Series, and the MIRECC CBOC/Rural Veterans Webinar.

Other Training

Mock Supervision Seminar

During this seminar experience, interns are paired with one another and alternate between "supervisor" and "supervisee" with an audience that includes their peers and at least four evaluating faculty members. Mock supervision seminar presentations occur within the context of the weekly intern seminar and will begin in February and continue until the end of internship (July 2021).

Intern Research Seminar

This research requirement involves a 30-minute presentation given by each intern to peers as well as at least four training faculty members. Research presentations may consist of the intern's original research or a clinical case conference focused on published peer-reviewed research that illuminates a complex case or disorder. Research presentations will occur within the context of the weekly intern seminar and will begin in May and continue until the end of internship (July 2021).

Research Release Time

Interns may request up to 4 hours per week of protected research time, if desired. This request should first be discussed with year-long supervisor, who will then present the proposal to the Internship Training Committee. The ITC will consider research requests in light of intern progress toward clinical competencies and progress toward dissertation completion. Interested interns are encouraged to identify research mentors from among the internship faculty. Several faculty members have active research programs in which interns may become involved: Active Living Research with Monica Baskin, Ph.D.; Older Adults' Cognitive and Everyday Function Research with Virginia Wadley, Ph.D.; Research in Substance Abuse with Karen Cropsey, Psy.D.; and Research on Adjustment to Chronic Health Concerns with Laura Dreer, Ph.D.

Administrative Policies and Procedures

Work Environment and Administrative Assistance

Interns select multiple training experiences from within the UAB Health System, VA Medical Center, and The Children’s Hospital of Alabama. Each site is responsible for providing adequate space and equipment for interns to conduct their training. Most offer designated office space and computers or computer access. All interns are expected to have “uabmc.edu” email addresses. Sites also provide administrative support appropriate to the training activities. The consortium administrative support specialist assists with general administrative duties for all interns.

Diversity Statement

UAB and BVAMC adhere to Equal Employment Opportunity policies and the Americans with Disabilities Act. The UAB-BVAMC Consortium highly values individual and cultural diversity and strongly encourages qualified applicants from all backgrounds to apply. No applicant or intern will be discriminated against on the basis of race, gender, color, sexual orientation, ethnicity, religion, age, physical ability, or other cultural/individual differences. Applicants of diverse cultural and individual backgrounds are strongly encouraged to apply.

Work Week

The work week and clinic hours for support staff of most Medical Center work sites is typically 8:00 a.m. to 5:00 p.m. Monday through Friday. These hours vary somewhat among programs (e.g. some rotations begin at 7:00 a.m.; others end at 6:00 p.m.). The typical workday of interns is expected to be 8 hours per day for 40 hours per week. Hours outside of the typical workday are expected but vary from site to site.

Stipend and Financial Assistance

Each funding site has required paperwork which is completed at the beginning of the internship year. Stipends are paid according to the policy established by each stipend support site. Stipends for the 2020-2021 training year are as follows: \$27, 479 (VA), \$ 23,660 (UAB Psychiatry), and \$ 24,498 (Sparks-Civitan Child Track). Additional financial support for professional activities may be available on certain rotations or at certain stipend sites. These funds may be made available for travel, presentations, books, or other educational materials. It is the responsibility of the intern to inquire about funds. Supervisors and the Training Director are available to discuss details of acceptable, educational experiences as well as budgetary constraints.

Holidays

New Year’s Day, Dr. Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day are regularly scheduled UAB Health System and VA Medical Center holidays. The VA adds Presidents Day, Veterans Day, and Columbus Day while UAB Health System gives the day after Thanksgiving. In special circumstances, other days may be declared holidays by appropriate administrative authority. With respect to Presidents Day,

Veterans Day, Columbus Day, and day after Thanksgiving, interns report to work if that day's rotation assignment does not observe the holiday unless they take a vacation day.

Leave Intern leave includes:

- 12 days for general use (e.g., vacation, sick, dissertation)
- Additional time may be requested for approved professional activity

All requests for leave are to be submitted using the MedHub online system. The intern applies in MedHub and the leave request is routed to the Major rotation supervisor for approval. The minor rotation supervisor should be notified of the leave with an email approval sent to the Consortium administrative coordinator. The intern is responsible for obtaining permission from the year-long supervisor as well as other supervisors and for arranging clinical coverage as necessary. Permission for planned leave time is required. VA-funded interns will need to enter leave requests into VATAS online system in addition to MedHub. If the intern is ill, they must notify the supervisor as soon as possible and do so on a regular basis if illness is prolonged. Interns should contact the rotation administrative support team and take whatever other steps are necessary to cancel, reschedule or otherwise cover scheduled clinical contacts. Upon return to work, a MedHub leave request should be completed. Leave time may not be used in bulk at the end of the year without prior approval from the year-long supervisor and the Training Director. *****Due to current COVID-19 regulations, if you have symptoms of COVID-19, contact your healthcare provider and notify the consortium training director and training directors of your stipend and rotation sites. Do not come to work or report to your rotation site (CDC isolation guidance). Employee Health will actively monitor your progress and follow up with you as necessary*****

Schedules

It is the intern's responsibility to circulate a copy of their rotation schedule and phone numbers where they may be contacted to their year-long supervisor, rotation supervisors, training director, and Consortium administrative personnel. Every attempt should be made to keep these schedules up-to-date. A new schedule sheet should be made with each rotation change. The intern is responsible for informing the appropriate supervisor of their schedule and patient appointments. This procedure will help ensure charts are made, fees are collected, and interview rooms are not double scheduled.

Outside Activities

All outside activities, including external work, seeing patients, conducting research, outside consultation or public presentations must be approved by the training director, the intern's supervisor, and the Internship Training Committee (ITC). In no case is an intern to commit to a training or research activity without due consultation with the supervisor. Initiative is encouraged but no arrangement should be made before obtaining the consent of the supervisor, the training director, and the ITC.

Extension of Internship

The internship is designed to be completed in twelve (12) consecutive months. It may be extended if the intern has been granted personal/medical leave or has not demonstrated satisfactory progress such that the intern will not have completed 2000 hours of internship experience. If such extensions occur, they will be on a non-stipend basis, as funding cannot be extended beyond the consecutive 12 months period. Such decisions will be made on an individual basis and should be brought to the Training Director and Committee by the intern's year-long supervisor.

Internship Certificate Award

Following a successful completion of the internship, the intern is awarded a certificate of completion of internship training. The UAB Psychology Internship also awards the C.J. Rosecrans Intern of the Year Award for excellence in performance. This award is voted on by the ITC faculty and is generally accompanied by a monetary gift.

Psychology Training Committee

The Psychology Training Committee is comprised of the faculty and staff psychologists involved in the training of psychology graduate students, interns, and postdoctoral fellows. PTC meetings occur quarterly.

Internship Training Committee

The Internship Training Committee (ITC) consists of licensed professional psychologists involved with the provision of clinical services within the VA Medical Center, UAB School of Medicine, and Children's Hospital. Members of the ITC provide clinical experiences, didactic training, and/or research opportunities across settings from which interns may choose. The ITC is responsible for establishing policies and procedures, evaluating the program, and reviewing intern progress. ITC meetings occur on the fourth Tuesday of the month at 12:00 noon via zoom due to current COVID-19 restrictions. These meetings include internship updates, information from the intern representative, and evaluation of intern progress.

Evaluations

Evaluation is an ongoing process and the ITC strongly encourages supervisors and interns to share feedback with each other informally throughout the year. Formal intern evaluations take place at the midpoint and end of the first two rotation cycles and once during the final rotation period. The intent of the midpoint evaluations is to provide early identification of any areas of concern so that the faculty and intern can address deficits early. Midpoint evaluations are considered "formative" with greater emphasis placed on the end of rotation performance ratings with respect to assessing progress. For interns to meet the minimum level of achievements (MLA) on their evaluations, they must have an average score of, "(5) Little consultation/Supervision needed. Sound clinical thinking/judgement evident overall. (Intern exit level; postdoc entry level)," or higher on each PWC at the end of their final rotation. This average will be created across supervisor ratings of their final major and minor rotations.

In collaboration with the internship director(s), each intern's year-long supervisor will assess competency ratings at the end of each rotation to ensure that informative feedback is provided to interns and supervisors and to allow for any necessary remediation with interns who might be at risk for not meeting the MLAs by the end of the year. Rotation feedback will be discussed with the intern by rotation supervisors as well as the year-long supervisor. The supervisor reviews the feedback with the intern and the written evaluation will be placed in the intern's permanent file by the Consortium administrative personnel.

Interns are also responsible for evaluating the internship program. Rotation evaluations take place immediately following completion of the experience to capture accurately the intern's perspective; therapy and year-long supervisor evaluation forms will be given to interns at the end of the year and returned to consortium administrative assistant for collation and recording. These evaluations are conducted via anonymous forms as well as during an exit interview with the Training Director.

Guidelines for Responding to Inadequate Performance by an Intern

These guidelines represent the general format for responding to inadequate performance (problem behaviors, ethical violations, inadequate skills) by an intern. The procedures can be altered to meet the needs of each individual situation, with the top consideration for the best interest of the intern's training experience and the professional practice of psychology.

- Training faculty member first discusses the concern with the intern in an effort to resolve the issue informally. This level of intervention is discussed during the rotation evaluation at the discretion of the faculty member.
- If the faculty member is dissatisfied with the results of the informal intervention, the issue is brought to the attention of the Consortium Training Director, the Training Director for the intern's funding site, and the intern's Year-Long Supervisor. Plans for additional informal intervention are discussed. Usually the intern is involved in this process. This level of intervention is discussed during the rotation evaluation and may be informally discussed with the intern's DCT from their university.
- If the results of the previous intervention are unsatisfactory, the Training Director will initiate a written warning letter that will be reviewed with intern and placed into the intern's file. The DCT will be contacted by the Training Director and may be sent a copy of the written warning letter.
- Dissatisfaction after a written warning will result in probation and potentially termination from the internship program as outlined by the remediation plans.

Problematic Behavior

Problematic Behavior refers to behavior which interferes with professional functioning. These behaviors may include any of the following:

- Inability to acquire professional skills or knowledge to meet profession wide competency standards.

- Inability to control personal stress, strong emotional reactions, and/or psychological dysfunction that negatively impact the intern's ability to meet professionalism competency standards.

Interns may demonstrate certain attitudes, characteristics, or behaviors appropriate for their level of training, but not appropriate to independent professional practice. These behaviors may be of concern within the focus of professional training but are not necessarily considered problematic. Behaviors are typically identified as problematic in the following situations:

- The intern does not acknowledge, understand, or address the problem when it is identified
- The quality of services delivered by the intern is negatively affected
- A disproportionate amount of attention by training personnel is required
- The trainee's behavior does not change as a function of feedback, remediation effort and/or time.

Remediation and Disciplinary Actions

Formal disciplinary action may include verbal warning, written warning, probation, and termination. Usually this represents a linear progression but is not necessarily followed depending upon the problematic behavior. In cases where personal or public property has been stolen, defaced, disfigured, damaged, or destroyed, the disciplinary action may also include restitution. The Director of Clinical Training at the intern's university is contacted once a written warning, probation, or termination occurs, but may also be notified at the time of a verbal warning as well. Every effort is made to interact with the university DCT to offer remediation plans and support to the intern. The disciplinary actions are defined as follows:

Verbal Warning: The intern is given verbal feedback from a supervisor and/or the site training director, and/or the consortium training director to emphasize the need to discontinue the inappropriate behavior under discussion. No record of this action is kept.

Written Warning: The intern is given written feedback indicating the concern of the Training Director and ITC regarding the problematic behavior. The feedback also documents the discrepancy between the intern's performance and the faculty expectations. A remediation plan is outlined as specifically as possible (target behaviors, timeline, etc.) and the implications of failure to accomplish remediation are reviewed. The intern will be provided a copy of the remediation plan signed by the consortium training director, site training director, the intern's yearlong supervisor, and the intern. A copy of this letter will be kept in the intern's file as well as documentation regarding successful remediation of deficits in knowledge, skills, or professional conduct or failure to do so. The intern will be provided written acknowledgement of successful completion of the plan. If the intern has not successfully met expectations, he/she will be informed in writing and placed on probation (see the following discussion).

Probation: The intern is given a time-limited, remediation-oriented, closely supervised training period. The purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Privileges may be revoked and the intern may be terminated for unsuccessful completion of the remediation plan outlined in the probation terms. Probation terms will include identification of the specific behaviors targeted

for remediation, the process suggested for remediation and the means of reevaluating behavior change. Information regarding Probation remains in the intern's file along with written confirmation of the results following the probationary period.

Termination: Dismissal from the internship results in permanent withdrawal of all internship responsibilities and privileges. When remediation plans do not rectify the problem behavior or concerns, the Training Director and the Internship Training Committee will determine the possibility of termination of the intern's position. This action is considered the last available option and is taken seriously by the Training Director and ITC. In the event of termination, the intern will receive a letter stating in what ways the intern failed to rectify successfully the specific knowledge, skill, or behavioral problems outlined in the written warning and probationary period. Terminated interns will not receive a certificate of internship completion.

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures which are applied to all trainees and provides appropriate appeal procedures available to the intern. All steps need to be appropriately documented and implemented. General due process guidelines include:

- 1.** During the orientation period, presenting to the interns, in writing, the program's expectations related to professional functioning. Discussing these expectations in both group and individual settings.
- 2.** Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
- 3.** Articulating the various procedures and actions involved in making decisions regarding the problem behavior or concerns.
- 4.** Communicating, early and often, with graduate programs about any suspected difficulties with interns and when necessary, seeking input from these academic programs about how to address such difficulties.
- 5.** Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies.
- 6.** Providing a written procedure to the intern which describes how the intern may appeal the program's action. Such procedures are included in the intern policies and procedures document. This is provided to interns and reviewed during orientation.
- 7.** Ensuring that interns have sufficient time to respond to any action taken by the program.
- 8.** Using input from multiple professional sources when making decisions or recommendations regarding the intern's performance.
- 9.** Documenting, in writing and to all relevant parties, the actions taken by the program and its rationale.

Due Process Procedures

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. When a matter cannot be resolved between the TD and intern or staff, the steps to be taken are listed below.

Grievance Procedure

Grievance procedures may be initiated under the following conditions:

1. When an intern encounters any difficulties or problems (e.g. poor supervision, unavailability of supervisor, evaluations perceived as unfair, workload issues, personality clashes, other staff conflict) during his/her training experiences; or
2. If a training staff member has a specific concern about an intern.

Procedure for filing a grievance

When an intern contends that any disciplinary action (warning, probation, termination) is unfair, or that due process has not been followed, the intern may address the grievance in a variety of avenues. In general, the specific contention should be addressed by following a standard hierarchy. This hierarchy may be altered due to the parties involved.

1. If possible, the grievance should first be addressed through open discussion between the intern and faculty member with the year-long supervisor assisting communication, as needed. The year-long supervisor may be consulted at any time to offer guidance and support but will generally allow the intern to address the issue with the specific faculty member.
2. The intern may also report directly to the funding site training director, the consortium training director or, if the issue has not been resolved informally, appeal to the training directors. Again, the year-long supervisor can offer guidance and support during the process.
3. If a resolution satisfactory to the intern and/or faculty member has not been established, the intern or faculty member may submit the issue to the ITC for review. This grievance should be submitted in writing and should describe the problem and describe previous attempts to deal with it. This written grievance should be submitted to the intern's year-long supervisor and to the Training Director within two weeks of receiving the disciplinary action. The Training Director will then put the grievance on the ITC agenda at which time the intern may request to be present during review of the issue. The ITC will investigate the grievance with the supervisor and attempt to gain resolution. If no satisfactory resolution can be reached, the ITC will make a decision regarding the disposition of the grievance.
4. If the intern is dissatisfied with this resolution, the intern may submit a further appeal in writing to a Review Panel (described below) whose ruling will be final.

Notes: The year-long supervisor serves as the advocate for the intern. If this presents a dual role (i.e. the year-long supervisor is the individual with whom a grievance is involved) then another advocate will be assigned by the Training Director.

Discuss the issue with the intern(s) involved

1. Consult with the TD.
2. If the issue is not resolved informally, the staff member may seek resolution of the concern by written request, with all supporting documents, to the TD for a review of the situation. When this occurs, the TD will:
 - a. Within three days of a formal complaint, the TD must consult with the Director and implement Review Panel procedures as described below.

Review Panel and Process

1. When needed, a review panel will be convened by the Training Director. The panel will consist of three internship faculty members, with no prior involvement reviewing the grievance, selected by the ITC and the intern involved in the dispute. If the issue involves the Training Director or any member of the ITC, that individual will be recused from selecting the Review Panel. To minimize conflicts of interests and/or possible retaliation, members of the Review Panel will be chosen from entities separate from the involved faculty member's institution and/or department. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern.

2. Within five (5) work days, a hearing will be conducted in which the challenge is heard and relevant material presented. Within three (3) work days of the completion of the review, the Review Panel submits a written report to the ITC, including any recommendations for further action. Recommendations made by the Review Panel will be made by majority vote.

3. Within three (3) work days of receipt of the recommendation, the ITC will either accept or reject the Review Panel's recommendations. If the ITC rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the ITC may return the matter to the Review Panel for further deliberation and revised recommendations or may make a final decision.

4. If referred back to the panel, they will respond to the ITC within five (5) work days of the receipt of the ITC's request of further deliberation. The ITC then makes a final decision regarding what action is to be taken.

5. The ITC informs the intern, staff members involved and, if necessary, members of the training staff of the decision and any action taken or to be taken.

6. If the intern disputes the ITC's final decision, the intern has the right to contact the Human Resources department of their funding site (e.g., UAB or BVAMC) to discuss this situation.

Training Staff

Name	Location	Internship	Post-Doc	Specialties
Heather Austin, Ph.D.	Children's of AL	UaB-BVAMC Consortium (child track)	UAB Department of Hematology/Oncology	Adolescent Health, Chronic Illness, Weight Management and Bariatric Surgery, Family Adjustment, Parent-Child Interaction, ADHD
Casey B. Azuero, Ph.D., MPH	UAB Spain Rehabilitation Center	UAB-BVAMC Consortium		Rehabilitation Psychology, Spinal Cord Injury (SCI)
Monica Baskin, Ph.D.	UAB Department of Health Behavior	Emory University School of Medicine	Emory University School of Medicine	Behavioral research related to nutrition, physical activity, and cancer prevention and control in children and families
William Beidleman, Ph.D.	VA	UAB-BVAMC Consortium		Transplant Evaluations, Hepatitis C Monitoring Program, Federal Police Evaluations,
Paul Blanton, Ph.D.	VA	University of Florida, Department of Clinical and Health Psychology		Neuropsychological Evaluation of patients with dementia, neurocognitive dysfunction secondary to mood and anxiety disorders, TBI
Robert Campbell, Psy.D.	VA	St. Louis VAMC	Psychological Consultations, Chicago	Administration, CBT, individual and group-based interventions
Andrea S. Celka, Ph.D.	UAB Department of Neurology	UAB/BVAMC Consortium	UAB Department of Neurology	Neurodegenerative diseases, movement disorders, neurovascular diseases
Karen Clark, Ph.D.	VA	Memphis VAMC	South Texas Veteran's Health Care System, San Antonio; Primary Care/Health Psychology	Primary Care Mental Health Integration Team Lead
Caitlin Clevenger, Ph.D.	UAB Department of Psychiatry	UAB-BVAMC Consortium	UAB Department of Psychiatry and Behavioral Neurobiology	Research on Substance Abuse
Karen Cropsey, Psy.D.	UAB Department of Psychiatry	Virginia Commonwealth University	Forensic Psychology at University of Mississippi Medical Center	Criminal Justice and Substance Abuse, Research
Michael Crowe, Ph.D.	UAB Center for Research on Applied Gerontology	Birmingham VAMC		Geropsychology, Research
Victor A. Del Bene, Ph.D.	UAB Department of Neurology	UAB-BVAMC Consortium	Johns Hopkins University School of Medicine- Department of Psychiatry and Behavioral Sciences	Clinical neuropsychology, aging, dementia, Alzheimer's disease, Parkinson's disease, frontotemporal dementia, stroke, epilepsy, presurgical assessments

Kristy Domnanovich, Ph.D.	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track	UAB Civitan-Sparks Clinics	Outpatient evaluation of school-age children experiencing academic, behavioral, or emotional difficulties, evaluation of preschool to school-age children with suspected developmental delays, and developmental evaluation of children (aged 18 months to 3 years) born pre-term with extremely low birth weight.
Laura E. Dreer, Ph.D.	UAB Department of Ophthalmology	Duke University Medical Center	Duke University Medical Center (Neuropsychology); UAB (Medical Rehabilitation Psychology)	Clinical research with a variety of medical conditions and populations including traumatic brain injury, vision impairment, injured military and family caregivers
David Eakin, Ph.D.	VA	Federal Medical Center/Federal Bureau of Prisons, Butner, NC	Auburn University	General Mental Health, Couples therapy
Carin L. Eubanks, Ph.D.	VA	VA North Texas HCS	Memphis VAMC (Health/Medical Psychology)	Pain Rehabilitation Program (PROP)
Aaron Fobian, Ph.D.	UAB Department of Psychiatry	Baylor College of Medicine	Leadership Education in Adolescent Medicine (LEAH) UAB Department of Pediatrics	Clinical research on behavioral health interventions for pediatric health issues such as functional neurological disorders, obesity and sleep.
Vivian Friedman, Ph.D.	UAB/Children's of Alabama	Boston Children's Hospital/Harvard Medical School	Boston University School of Medicine/Boston VA Neuropsychology	Clinical Child/Adolescent Psychologist
Adam Gerstenecker, Ph.D.	UAB Department of Neurology	UAB-BVAMC Consortium	UAB Department of Neurology	Neuropsychology/Neurocognitive Assessment
Merida Grant, Ph.D.	UAB Department of Psychiatry	Western Psychiatric Institute and Clinic at Pittsburgh	Western Psychiatric Institute and Clinic at Pittsburgh	UAB Trauma Recovery Center
Amber M. Hasty Mills, Psy.D.	Glenwood	Nova Southeastern University Psychology Services Center	University of Tennessee Health Sciences Center's Boling Center for Developmental Disabilities	Psychological assessment of children. Common presenting problems include, Autism Spectrum Disorder, developmental disabilities, intellectual disability, ADHD, behavior disorders, depression, anxiety, and learning disorders.
Sean Hollis, Ph.D.	UAB Spain Rehabilitation Center	Nebraska Internship Consortium in Professional Psychology	UAB Spain Rehabilitation Center	Acquired brain disorder, particularly traumatic brain injury; interdisciplinary outpatient post-concussion clinic, Outpatient programs focusing on assessment and treatment of

				patients with acquired brain disorders
Kristi L. House, Ph.D.	VA	UAB-BVAMC Consortium	James A. Haley VA, pain emphasis (Tampa, FL)	Compensation and Pension Exams
John Houser, Ph.D.	UAB Civitan-Sparks Clinics	Indianapolis Public Schools (School Psychology Internship)	Indiana University School of Medicine	Children with or at risk for neurodevelopmental disabilities, psychoeducational assessment and service provision, school and community partnerships, philosophical psychology
Susan Isbill, Ph.D.	VA	Wichita Collaborative Psychology Internship Program	University of Kansas School of Medicine Wichita, Clinical Child Psychology	Adult PTSD; Primarily Combat-Related and Military Sexual Trauma; Individual and Group-Based Interventions; Marital and Family Therapy.
Katherine Jackson, Psy.D.	VA	Central Alabama VA Healthcare System	Cincinnati VAMC	Telemental Health, PTSD, depression, individual therapy, pre-transplant psychological evaluations
Amy Knight, Ph.D.	UAB Spain Rehabilitation Center	West Virginia School of Medicine	UAB Department of Neurology	Assessment & Therapy - Stroke, Acquired Brain Injury, MS, Functional Neurological Syndromes
Natalie Krenz Psy.D.	Children's of Alabama	Nova Southeastern University Psychology Services Center	Citrus Health Network	Performing individual therapy with child and adolescents. Diagnoses include a wide array of emotional and behavioral issues, including Borderline Personality Disorder, Bipolar Disorder and other mood disorders, anxiety disorders, ODD, Conduct Disorder, psychosis, ADHD, and developmental delays. Modalities include CBT, BT, DBT-informed, and Psychodynamic. Also, performing inpatient and outpatient psychological evaluations for emotional disabilities, learning disorders, intellectual disabilities, ADHD, cognitive deficits, language difficulties, and psychosis
Kristine Lokken, Ph.D.	UAB Department of Psychiatry	Rush Presbyterian St. Luke's Medical Center	UAB Center for Psychiatric Medicine	Neuropsychology; Behavioral Medicine; Med-Surg Consultation; Prevention and Early Intervention for Cognitive Decline; Women's Health
Avi Madan-Swain, Ph.D.	UAB/Children's of AL	UAB-BVAMC Consortium	UAB-Pediatric Neurology	Psychological and neuropsychological assessment of children diagnosed with cancer, brain tumors, childhood

				cancer survivors, and sickle cell disease
Elaine Mahoney, Ph.D.	UAB Spain Rehabilitation Center	James A. Haley VAMC (Tampa, FL)	Clinical Neuropsychology, James A. Haley VA (Tampa, FL)	Neuropsychological assessment—Neurotrauma TBI and Stroke Inpatient Service
Roy Martin, Ph.D.	UAB Department of Neurology	West Virginia University, School of Medicine	West Virginia University, School of Medicine	Work with various neurological and medical populations including Alzheimer’s disease, Parkinson’s disease and epilepsy. Offer experiences with pre and post-operative surgery evaluations with epilepsy and Parkinson’s disease populations. Opportunity for students to participant in Wada testing
Dan Marullo, Ph.D.	Children’s of AL	University of Texas Medical Branch	Shriners Burns Institute (Pediatric Psychology); UAB Sparks Clinics (Pediatric Neuropsychology)	Provide psychological and neuropsychological services to the Solid Organ Transplant Service, the Pain Clinic and Pediatric Hematology/Oncology Division at Children’s Hospital primarily in the areas of brain tumor and stem cell transplant; Consultant to the Pediatric HIV clinic; Site neuropsychologist for the SMAART study (study of HIV negative children exposed to HAART in utero); Outpatient psychological and neuropsychological evaluation
Michelle Mastin, Ph.D.	Children’s of AL	Kennedy Kriger Institute at Johns Hopkins School of Medicine	Helen DeVos Children’s Hospital	Program Director for Children’s of Alabama Intensive Feeding Program, children with feeding disorders and complex medical issues, pediatric psychology, internalizing disorders
Megan McMurray, Ph.D.	UAB Spain Rehabilitation Center	UAB-BVAMC Consortium		Inpatient and Outpatient focusing on assessment and treatment of individuals who have experienced medical trauma (e.g., crush, burn, amputation, multiple fractures, gun shots wounds). Clinical specialities include trauma and stressor-related disorders, adjustment disorders, depression, anxiety, and substance use disorders
Christine Mullen, Psy.D.	VA	UAB-BVAMC Consortium	University of Utah, Department of Physical Medicine and	Neuropsychology, Department of Physical Medicine & Rehabilitation

			Rehabilitation, School of Medicine, Clinical Neuropsychology Fellowship	
Donna Murdaugh, Ph.D.	Children’s of AL	Emory University School of Medicine	Emory University School of Medicine, Neuropsychology Emphasis	Neuropsychology, Consult/Liasion with Taking on Life After Cancer Clinic
Laura Nelson, Ph.D.	VA	Central Alabama Veterans Healthcare System		Providing individual psychotherapy via telemental health, PTSD, MDD, Insomnia
Cassandra Newsom, Psy.D.	UAB Civitan-Sparks Clinics	Virginia Beach City Public Schools, Neuropsychology Track	Virginia Beach City Public Schools, Neuropsychology Center	Autism Spectrum Disorders (ASD) training team at Civitan-Sparks Clinics
Misti Norton, Ph.D.	VA	UAB-BVAMC Consortium		Behavioral Sleep Medicine; group and individual CBT-Insomnia, IRT for nightmare disorder, CPAP Adherence Coaching
Tiffany Nowell, Ph.D.	UAB Department of Psychiatry	Stony Brook University	University of California, Santa Cruz	LGBTQ Community, Trauma, Characterological Disorders, Women’s Health
Sarah O’Kelley, Ph.D.	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium-Child Specialty Track	UAB Civitan-Sparks Clinics	Dr. O’Kelley is a member of the Autism Spectrum Disorders (ASD) training team at Civitan-Sparks Clinics and specializes in cognitive and diagnostic evaluations of children with known or suspected neurodevelopmental disabilities, including ASD. Dr. O’Kelley also provides individual and family therapy, social skills groups, and school consultation focused on children with ASD. Dr. O’Kelley’s research interests include cognitive and behavioral phenotypes of individuals with ASD, sibling and family functioning, group social skills interventions, and issues across the lifespan.
Mark Phillips, Psy.D.	VA	East Kentucky Rural Psychology Internship		Home-based primary care, geriatric and chronically ill/homebound veterans
Chebon Porter, Ph.D.	VA	UAB-BVAMC Consortium	UAB Department of Psychiatry and Behavioral Neurobiology	BVAMC Southeastern Blind Rehabilitation Center; cognitive and psychological assessment; individual psychotherapy; consultation

Brittney Randolph, Ph.D.	UAB Department of Psychiatry	UAB-BVAMC Consortium	UAB Medicine, Spain Rehabilitation Center	Adult Neuropsychology, Transplant & Bariatric Surgery, Geropsychology
Susan Rathmell, Ph.D.	VA	UAB-BVAMC Consortium		Primary Care-Mental Health Integration, Evidence-based Psychotherapy Coordinator
Nina Reynolds, Ph.D.	Children's of AL	Cincinnati Children's Hospital Medical Center, Department of Behavioral Medicine and Clinical Psychology	UAB, Department of Pediatrics	Children and adolescents
Gloria Roque, Ph.D.	VA	UAB-BVAMC Consortium		Adult substance use disorders, individual and group therapy
Sarah Rowe, Ph.D.	VA	Pittsburgh VA Healthcare System	Salem VAMC	Telemental Health, PTSD, depression, older adults, individual therapy
Sarah Ryan, Ph.D.	UAB Civitan-Sparks Clinics	UAB-BVAMC Consortium, Child Specialty Track		Neurodevelopmental disabilities/Autism
Brandon Sentell, Psy.D.	VA	Central Alabama Veterans Healthcare System		PTSD Clinical Team
Jennifer Sheehy-Knight, Ph.D.	Children's of AL	Children's Hospital and The Ohio State University College of Medicine	The Clinical Center for the Study of Developmental and Learning at the University of North Carolina School of Medicine	Treatment, assessment, and consultation for a wide range of clinical conditions in children and adolescents with a specialization in Autism Spectrum Disorder (ASD), Developmental and/or Intellectual Disabilities, and ADHD
Kristen Smith, Ph.D.	Children's of AL	UAB-BVAMC Consortium	Birmingham VAMC (clinical neuropsychology)	Neuropsychological evaluation of children with epilepsy, concussion/traumatic brain injury, and other neurological conditions. Provides CBT-based therapy to children and families
Alison R. Thomas, Ph.D.	UAB Department of Psychiatry	UAB-BVAMC Consortium		serious and persistent mental illness, early phase psychosis identification and treatment, inpatient neuropsychological assessment
Justin Thomas, Ph.D.	UAB Department of Psychiatry	University of Florida	UAB research fellowship in sleep and hypertension	80% research/20% clinical; Director of UAB BSM Training Program (treat a variety of patients with sleep disorders)
Matthew Thompson, Psy.D., ABPP	Children's of AL	University of Oklahoma Health Sciences Center	University of Oklahoma Health Sciences Center	Neuropsychological assessment of children with TBI, epilepsy, and other neurological conditions
Sacha Anne Toth, Ph.D.	Glenwood	Sarah A. Reed Children's Center	University of Tennessee Health Science Center, Boling Center for	Assessment of young children, Autism Spectrum Disorders, early treatments for behavior disorders (PCIT)

			Developmental Disabilities	
Kristen Triebel, Psy.D.	UAB Department of Neurology	Coatesville VAMC	UAB Department of Neurology	Outpatient neuropsychological evaluations of adults and older adults with suspected or known neurological conditions (e.g., Parkinson’s disease, Alzheimer’s disease, mild cognitive impairment, other dementias, brain tumors, cancer, demyelinating disorders (MS), stroke, traumatic brain injury, and other neurological disorders). Pre-surgical neuropsychological evaluation of candidates for Deep Brain Stimulation surgery for Parkinson’s disease and other movement disorders. Research focuses on neurocognitive and functional abilities in patients with a variety of neurological disorders including primary and secondary brain cancer, neurodegenerative diseases (e.g., Alzheimer’s disease, mild cognitive impairment), Parkinson’s disease, and traumatic brain injury; decisional capacity of patients with brain cancer; and neurocognitive function and rehabilitation in patients with cancer
Virginia Wadley, Ph.D.	UAB Division of Gerontology, Geriatrics, and Palliative Care	Duke University School of Medicine, Medical Psychology	Duke University School of Medicine, Behavioral Medicine; UAB Department of Neurology, Division of Neuropsychology	Clinical and epidemiological research with older adults who have risk factors for cognitive impairment and dementia

Initial Post Internship Positions

Total number of interns who were in cohorts 2017-2020	24
Total number of interns who did not seek employment because they returned ot their doctoral program/are completing doctoral degree	0

Primary Setting	Post-doctoral residency position	Employed position
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	2	
Military health center		
Academic health center	20	1
Other medical center or hospital		
Psychiatry hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	
Not currently employed		
Changed to another field		
Other		
Unknown		

2019-2020:

Neuropsychology Postdoctoral Fellowship--Dartmouth-Hitchcock Medical Center
Research Postdoctoral Fellowship—University of Michigan
Postdoctoral Fellowship to Faculty Track—Integrated Behavioral Medicine Service, UAB
Department of Psychiatry and Behavioral Neurobiology
Neuropsychology Postdoctoral Fellowship—West Virginia University School of Medicine
Neuropsychology Postdoctoral Fellowship—University of California-San Diego
Neuropsychology Postdoctoral Fellowship—University of Pennsylvania/Philadelphia VAMC
Postdoctoral Fellowship—UAB Sparks-Civitan Clinics
Postdoctoral Fellowship—UAB Sparks-Civitan Clinics

2018-2019:

Neuropsychology Postdoctoral Fellowship—Birmingham VA Medical Center
Neuropsychology Postdoctoral Fellowship—Tampa VA Medical Center
Research Postdoctoral Fellowship—UAB Department of Psychiatry and Behavioral Neurobiology
Neuropsychology Postdoctoral Fellowship—UCLA School of Medicine
Neuropsychology Postdoctoral Fellowship—University of Michigan
Neuropsychology Postdoctoral Fellowship—Cedars-Sinai Medical Center
Clinical Psychologist--University of Mississippi School of Medicine
Postdoctoral Fellowship—Children’s National Medical Center

2017-2018:

Neuropsychology Postdoctoral Fellowship--Baylor College of Medicine PM&R/TIRR Memorial
Hermann Rehabilitation
Neuropsychology Postdoctoral Fellowship--University Of Utah
Neuropsychology Postdoctoral Fellowship—Henry Ford Health System
Neuropsychology Postdoctoral Fellowship—UAB Spain Rehabilitation Center, Department of
Physical Medicine and Rehabilitation
Neuropsychology Postdoctoral Fellowship—Barrow Neurological Institute
Postdoctoral Fellowship—Delta Autumn Consulting, LLC
Postdoctoral Fellowship—John R. Oishe Children’s Hospital
Postdoctoral Fellowship—UAB Sparks-Civitan Clinics

Graduate Schools of Previous Trainees

(Last 4 cohorts)

2020-2021

Brigham Young University
University of Mississippi
University of Central Florida
Chicago School of Professional Psychology—Chicago campus
Chicago School of Professional Psychology at Xavier University—New Orleans
Wheaton College
Kent State University
Washington State University

2019-2020

University of South Alabama
University of North Dakota
University of Alabama
Ohio State University
Wheaton College
San Diego State University/University of California—San Diego Joint Doctoral Program
Mercer University
University of Southern Mississippi

2018-2019

University of Central Florida
University of Tennessee
University of Texas-Austin
St. Louis University
University of South Florida
California School of Professional Psychology at Alliant University
University of Mississippi
University of Rochester

2017-2018

University of Mississippi
Binghamton University
University of Alabama
Mercer University
Fielding Graduate University

Eastern Michigan University
University of Texas-Austin
City University of New York