



# Clinical Psychology Postdoctoral Fellowship Program: Interprofessional Mental Health

Tennessee Valley Healthcare System  
Alvin C. York VA Medical Center  
Psychology Section (116B)  
Attn: Dr. Natalie Heidelberg  
3400 Lebanon Road  
Murfreesboro, TN 37129  
<http://www.tennesseevalley.va.gov/>

## APPLICATIONS DUE:

- January 6, 2017

## Accreditation Status

As these are new positions, the Clinical Psychology Postdoctoral Fellowship at the **Alvin C. York VA Medical Center** is not yet accredited by the Commission on Accreditation of the American Psychological Association. Accreditation is being pursued.

## Application & Selection Procedures

### APPOINTMENTS:

- We have 3 postdoctoral fellowship positions next year. The training year will begin on August 7, 2017 and end on August 3, 2018. The exact start date can be negotiated but a full year of training is required for successful completion.

### ELIGIBILITY REQUIREMENTS:

- Completion of APA-accredited doctoral program in Clinical or Counseling Psychology (including dissertation defense) prior to the start date of the postdoctoral fellowship program. In some cases, a trainee may provide a letter from their doctoral program indicating that all requirements for graduation have been met in order to fulfill this requirement.
- Completion of an APA-accredited Psychology Internship Program.
- United States citizenship.
- A male applicant born after 12/31/1959 must have registered for the draft by the age of 26 to be eligible for any US government employment.
- Training, experiences, and professional interests that reflect a commitment to the clinical application of psychology and the goals of the postdoctoral fellowship program.

### APPLICATION REQUIREMENTS:

- Cover letter describing your experiences working with interprofessional teams, career goals, and detailing how the Clinical Psychology Postdoctoral Fellowship at the Alvin C. York VAMC will help you achieve those goals.
- Updated Curriculum Vita.
- Three letters of recommendation from psychologists. Applicants who are currently on internship should include an additional letter from their Director of Internship Training verifying their standing in the internship program and the expected date of completion.
- Copies of graduate transcripts.

## **APPLICATION SUBMISSION PROCEDURE:**

- All application materials should be submitted through the APPA CAS online portal.
- Letters of recommendation should be submitted through the APPA CAS system as well.

## **RECRUITMENT/SELECTION PROCEDURES:**

Review of applications will begin immediately following the January 6, 2017 deadline. Following initial review, invitations for phone interviews will be extended to selected applicants. Though no on-site interviews will be conducted, we will offer on-site tours if requested. The final evaluation of applications and supporting documents will take place when interviews have been completed. We plan to follow the guidelines suggested by APPIC; we will begin making offers on their suggested notification date and are willing to make reciprocal offers prior to that date if a top applicant notifies us of a competing offer from another program prior to that date (<http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>).

Prior to beginning the postdoctoral fellowship year, it will be necessary for the selected trainee to complete an Optional Application for Federal Employment (OF 612) and a Declaration for Federal Employment (OF 306). During the training year, postdoctoral fellows are responsible for adhering to the policies and procedures of the Psychology Training Program and the Psychology Section. Also, many of the laws, rules, and guidelines that apply to federal employees are also applicable to trainees in federal training positions. For example, fellows may be subject to random drug screening. A copy of the policies and procedures of this training program, including grievance procedures, will be made available to fellowship applicants at the time of their interview and is provided to each trainee during orientation at the beginning of the training year.

## ***Postdoctoral Fellowship Setting***

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

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

When the merger was first contemplated, the Psychology Services at both medical centers began working to integrate their training programs. As the merger progressed the two Psychology Services merged into one, eventually funding six intern positions, with a single Training Committee coordinating the training program. Psychology practicum training is also offered to students from Vanderbilt University and Tennessee State University. We are currently in our fourth year of the postdoctoral fellowship program, and the fellowship has grown from 1 fellow during the first two years to currently training 3 fellows per year.

Over the last several years TVHS has hired a significant number of new psychologists and initiated new mental health programs. There are currently 37 licensed clinical psychologists working between the two main campuses. Clinical services are provided in outpatient, inpatient, long-term care, and off-site (Home Based Primary Care, Veteran's Recovery Center) settings. Veterans are seen by Psychology for a variety of mental health and physical diagnoses. TVHS has a strong tradition of providing mental health care to Veterans.

## **PROGRAM ADMINISTRATION:**

Erin Patel, Psy.D., ABPP (erin.patel@va.gov)  
Director of Training, TVHS Psychology Training Programs

Natalie Heidelberg, Ph.D. (Natalie.heidelberg@va.gov)  
Assistant Director of Training, TVHS Psychology Postdoctoral Fellowship Program

## **FACILITY AND TRAINING RESOURCES:**

A number of resources are available to postdoctoral fellows at the Alvin C. York VAMC. The fellow will be provided with an individual office equipped with a networked personal computer. The PCs provide easy access to patients' computerized medical records, e-mail, the internet, and statistical software for research/QI projects. The fellow will also have access to printing and copying resources. At the present time, TVHS employs 35 full-time Licensed Psychologists and 2 part-time Licensed Psychologists with the Psychology Section. There are several other Psychologists on staff who are working toward licensure. Psychology has multiple support staff, including a program specialist and program support assistants. Business office scheduling clerks also assist the Psychology section at the Alvin C. York campus with scheduling of appointments. Library access is available to fellows through the Medical Center's professional library and the ability to utilize interlibrary loan services. Multiple group rooms are available and all are equipped with A/V equipment. Telemental health equipment is readily available in the same building as Psychology and in fellow offices.

## **ADMINISTRATIVE POLICIES AND PROCEDURES:**

The fellowship is full-time for a year beginning August 7, 2017 and ending August 3, 2018. However, we recognize that internships have a variety of ending dates which do not always coincide with ours and we are flexible about the fellowship start date to accommodate later internship end dates. Fellows are expected to complete 2080 hours of employment hours within the training year. Fellows will be supervised throughout the year on their clinical work.

The stipend for the program is \$42,310 for the year, paid biweekly. Benefits include 13 vacation days, 13 sick days, 10 federal holidays, up to 5 days of approved educational or professional leave, and the ability to purchase group health insurance. Malpractice coverage is provided under the Federal Tort Claims Act. Fellows are able to utilize their professional leave (i.e., AA) for workshops and presentations with advanced supervisory approval; fellows can apply for travel assistance money through education for these presentations.

Some fellows elect to work more than 40 hours; however, if a fellow's supervisor is not on site, the fellow may not engage in any clinical activities.

Fellows are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Formal complaint/grievance procedures are included in the postdoctoral fellow handbook which will be provided at the beginning of the training year.

## ***Training Model and Program Philosophy***

The mission of this postdoctoral fellowship program is to offer advanced training in clinical psychology as it relates to providing care in interprofessional settings and within interprofessional teams.

Fellows will offer clinical services in a variety of settings, with the focus of those settings being somewhat flexible to meet the training needs and goals of the fellow. Throughout the training year, fellows will provide clinical care as part of multiple interprofessional teams. The interprofessional team setting will be of utmost importance, with educational and program evaluation activities focused on such. Psychology fellows will be highly integrated with Pharmacy and Psychiatry trainees throughout the training year.

Fellows will be required to participate in a research and/or program evaluation project during the training year typically related to the functioning of the interprofessional teams and/or patient outcomes associated with team based care. This project is aimed to support the practitioner-scientist training philosophy.

### **SUPERVISED CLINICAL EXPERIENCE:**

The program focuses on education and training via supervised clinical experience, placing a priority on training above generation of clinical workload. Fellows will receive clinical supervision directly through the Psychology section, with a focus on improving upon their Clinical Psychology skills. Fellows will also receive education/supervision as part of their interprofessional teams and possibly by other professionals, including Pharmacists and Psychiatrists. Throughout the training year, time will be devoted to learning about interprofessional team development, team processes, and reflecting upon the functioning of the interprofessional team.

Fellows will be provided with adequate clinical experiences and supervision to allow for eligibility for licensure. At a minimum, Fellows will receive two (2) hours of individual, face-to-face supervision per week. Fellows will also receive at least one (1) hour of group supervision per week. Other training activities will include weekly didactic presentations, case conferences, and interprofessional treatment team meetings. Fellows will also participate in supervised supervision of lower level trainees (i.e., interns and/or practicum students) on select rotations.

### **SUPERVISION AND TEACHING:**

Fellows will be given opportunities to supervise interns through the Vanderbilt-VA Psychology Internship Consortium and possibly practicum students from Vanderbilt University and/or Tennessee State University. Fellows will also be involved in clinical education through supervision and direct educational presentations to trainees and staff in other disciplines, such as Psychiatry, Pharmacy, Nursing, etc. Other training opportunities will be made available to fellows (as listed below).

## ***Program Goals and Objectives***

1. All successful Fellows will demonstrate a level of skill sufficient to meet the criterion "ready for independent practice" in the core professional skills of intervention, assessment, and consultation, as determined by supervisor ratings. Readiness "for independent practice" is defined as meeting the standard of 80% of competencies rated as "Ready for autonomous practice" on all final supervisor evaluations. The rating of Needs Occasional Supervision is equivalent to a clinician who can practice independently but may need consultation for more complex cases. The rating of Ready for Autonomous Practice is equivalent to a clinician practicing independently with advanced training. It is judged that 80% of a Fellow's ratings must meet this highest standard, as they are receiving advanced training; 20% of the ratings can be at the next highest level given that any given Fellow may have ongoing growth edges in specific skills or populations.
2. All Fellows will receive didactic training in supervision, as well as supervised supervision experiences. Successful Fellows should be able to provide supervision with no more than occasional supervision.
3. All Fellows will receive experience in Research and/or Program Evaluation. Fellows are expected to complete a scholarly work based on this experience.
4. All successful Fellows will demonstrate a thorough knowledge and application in practice sufficient to indicate readiness for independent practice at the entry level in the following areas: professional ethics, the relationship between science and practice in psychology, and issues of human diversity as they relate to

science and practice in psychology.

5. In addition the Postdoctoral Fellowship Training Program will endeavor to:

- a. Promote the development of sound clinical judgment.
- b. Train Fellows to function effectively in an interdisciplinary professional environment.
- c. Teach responsible patient management.
- d. Assist Fellows in gaining the professional competence and self-confidence to function as autonomous professionals after completion of the Fellowship.
- e. Promote self-awareness and self-management to enhance effectiveness.

## ***Training Competencies***

Fellows are trained and evaluated in the following general competency areas. Fellows will receive formal, written performance evaluations at the midpoint and conclusion of their major rotations and at the end of each minor rotation by all psychologists supervising a significant portion of the fellow's clinical work.

- I. General Professional Competency:
  - Knowledge and application of ethical principles.
  - Productive use of supervision and consultation.
  - Professional and appropriate interaction with treatment teams, peers, and supervisors.
  - Responsible performance of key patient care tasks.
  - Management of personal and professional stressors such that professional functioning is maintained.
  - Maintenance of good rapport with patients.
  - Sensitivity to cultural and individual differences.
  - Ability to engage in scholarly inquiry in carrying out rotation duties.
- II. Competency in Psychological Assessment:
  - Knowledge and skills in clinical interviewing and contingency planning.
  - Knowledge and skills in test selection and administration.
  - Knowledge and skills in clinical interpretation of interview and test data.
  - Ability to diagnose mental disorders autonomously.
  - Ability to communicate assessment findings and recommendations in written format.
- III. Competency in Psychotherapeutic Interventions:
  - Ability to build therapeutic rapport with patients and maintain appropriate professional boundaries.
  - Ability to conceptualize cases that draw upon theoretical and research knowledge.
  - Ability to develop appropriate therapeutic and treatment goals and safety plans in collaboration with patients.
  - Ability to present interventions that are well-timed, effective, and consistent with empirically supported treatments.
  - Ability to appropriately cope with group therapy challenges.
- IV. Competency in Psychological Consultation:
  - Ability to appropriately engage in interprofessional or interdisciplinary interactions, manage conflict, and formulate integrated plans to meet patient needs.
  - Knowledge and ability to formulate appropriate assessment or intervention strategies to address consultation requests.
  - Ability to effectively communicate with non-psychologists about psychological concepts.
- V. Competency in Working in Interprofessional Teams:
  - Ability to provide assessment and intervention services collaboratively with other disciplines.
  - Ability to effectively contribute to shared decision making and shared clinical responsibility in

- interprofessional teams.
  - Ability to formulate collaborative treatment plans with other healthcare professionals.
  - Ability to collaboratively work with other healthcare professionals to provide staff education and quality improvement/program evaluation/research.
  - Ability to effectively manage conflict.
- VI. Competency in Program Evaluation/Research:
- Ability to carry out effective program evaluations/research.
- VII. Competency in the Provision of Supervision:
- Ability to provide appropriate feedback and guidance related to clinical services to supervisees.
  - Ability to provide a safe atmosphere for the provision of supervision.
  - Ability to provide constructive feedback to supervisees.
  - Ability to effectively manage resistance in the supervisory relationship.
  - Ability to effectively manage ethical and boundary issues within the supervisory relationship.
  - Knowledge of cultural and individual diversity within the supervisory relationship and ability to sensitively address any issues related to diversity.

## ***Program Structure and Requirements for Completion***

The fellowship year consists of 2080 hours of employment. Fellows will be supervised throughout the year on their clinical work and this will satisfy the postdoctoral supervision requirements of the Tennessee State Board of Examiners in Psychology as well as most other state licensing boards. Upon successful completion of the yearlong fellowship, all fellows receive a certificate that indicates they have completed a postdoctoral fellowship in clinical psychology.

The fellows will have opportunities to be involved in the Behavioral Health Interdisciplinary Program (BHIP) clinic and the Comprehensive Care Clinic (CCC) throughout the year as major rotations, spending six months in each program. The BHIP will include experience providing tele-health services to a CBOC. During these major rotations, fellows will provide approximately four ½ days of service in these clinics per week. The fellows will then be able to choose other clinical experiences throughout the year which can be time limited (i.e., 4 months) or longitudinal based on clinical needs and goals.

### **GENERAL REQUIREMENTS FOR COMPLETION:**

- Successful completion of the full year of training, consisting of a minimum of 2,080 employment hours to be completed in no less than one calendar year (including earned sick and annual leave and federal holidays).
- The fellow must complete the rotation requirements for each rotation selected for the training year.
- The fellow must complete the didactic requirements as specified in their training plan created at the beginning of the training year. This will indicate how many educational activities the fellow must attend and how many educational presentations must be developed/given during the training year.

At the end of the training year and once all requirements are successfully completed, the fellow will be provided with a certificate of completion stating that they have successfully completed a full year of supervised postdoctoral training in clinical psychology.

## ***Training Experiences***

### **TRAINING SETTINGS AND ROTATIONS:**

The TVHS Psychology Postdoctoral Fellowship program was funded through the Interprofessional Mental Health Education initiative. Fellows can expect to spend approximately 50% of their time devoted to the

direct provision of clinical services, such as clinical interviews, assessment, and psychotherapy. Fellows will focus at least 50% of their clinical/direct service time in outpatient mental health clinics (BHIP clinic and CCC). Fellows will be highly integrated with trainees from Pharmacy and Psychiatry, with a focus on integrated assessment and treatment of Veterans who are at risk for polypharmacy and those whose care necessitates more focused and integrated care, such as older adults, persons with a dementia diagnosis, those with a primary depressive disorder diagnosis, those with frequent acute psychiatric hospital admissions, and those with primary sleep complaints. Clinics will be designed so that the fellows see Veterans in both group (along with other interprofessional trainees from other disciplines) and individual formats.

Psychology fellows will have the opportunity to rotate through all of the designated IP MH clinics throughout the year (i.e., major rotations), which include the Behavioral Health Interdisciplinary Program (BHIP), Comprehensive Care Clinic (CCC), and Rural Telemental Health Clinic (TU BHIP). All fellows will participate in minor rotations which reflect IP collaboration throughout the medical center. Minor rotations include the CLCs, PCMHI, Pain Psychology, Acute Psychiatry, and the Geriatric BHIP. Minor rotations are assigned based on a rank order submitted by fellows, with consideration of prior training experiences. By providing care in these secondary sites, the fellow will be able to focus on the continuity of care for the Veterans they serve. Recovery principles will be emphasized in clinical work with Veterans. All of these settings already employ some level of interprofessional care and the fellow will be tasked with expanding and improving these programs with regular team communication and collaboration, team meetings, joint assessments of Veterans, and integrated treatment approaches. Administrative time is allocated in the schedule to allow for research, didactics and supervision.

**POSSIBLE ROTATION SCHEDULE:**

	August - November	Dec - Jan	Feb - Mar	April - July
Fellow 1	Major: BHIP			
	Minor	Minor	Minor	Minor
Fellow 2	Major: BHIP		Major: CCC	
	Minor	Minor	Minor	Minor
Fellow 3	Major: CCC		Major: BHIP	
	Minor	Minor	Minor	Minor

**SAMPLE SCHEDULE**

			M	T	W	R	F
<b>Fellow 2</b>	<b>1st</b>	<b>AM</b>	PCMHI	PCMHI	Admin	PCMHI	Admin Project
		<b>PM</b>	BHIP	BHIP	BHIP	Admin	BHIP
	<b>2nd</b>	<b>AM</b>	Acute	Acute	Admin	Gero BHIP	Acute
		<b>PM</b>	BHIP/CCC	BHIP/CCC	Admin	BHIP/CCC	BHIP/CCC
	<b>3rd</b>	<b>AM</b>	Pain	Pain	Admin	Pain	
		<b>PM</b>	CCC	CCC	Admin	CCC	CCC

Admin = Research, Supervision, Didactics  
 Admin Project = Administrative project with Dr. Patel (optional)

## **ROTATION DESCRIPTIONS:**

### ***Behavioral Health Interdisciplinary Program (BHIP) clinic***

The BHIP clinic provides general psychiatric services to Veterans with a myriad of psychiatric diagnoses. Traditionally, Psychiatrists (including residents) and Nurse Practitioners have been the primary providers in the general mental health clinics. The addition of the Interprofessional Education Initiative allows for Psychology and Pharmacy trainees to enter into this clinic and provide services to those Veterans most likely to benefit from interprofessional care. Telemental health services will also be provided out of the BHIP clinic, reaching Veterans in more rural areas (i.e., TU BHIP). The Fellow will perform diagnostic interviews on a rotating basis with the psychiatry resident and maintain a diverse caseload of individual psychotherapy cases.

#### **Faculty:**

Arthur Preston, Psy.D.  
Cara Freudenberg, Psy.D.

### ***Comprehensive Care Clinic (CCC)***

The CCC will be a new clinic following the interprofessional BHIP model. This clinic will focus on Veteran's with comorbid health and psychiatric diagnoses, who will benefit from a more intensive interprofessional care approach aimed at treating both. Presenting presentations in this clinic might include poorly controlled diabetes, chronic pain, COPD, hypertension, and insomnia. The fellow will work with staff and trainees from a variety of professions and specialty areas. Fellows will be involved in both assessment and treatment of Veterans in this clinic, with a large consultation role.

#### **Faculty:**

Ashley Barroquillo, Psy.D.  
Lucille Carriere, Ph.D.

### ***Geriatric BHIP***

The Geriatric BHIP will follow the BHIP model as described above, focusing on the unique needs of our older Veteran population. This clinic will allow for opportunities for individual therapy, group therapy, and brief assessment services). Services to family members, such as the REACH VA program, will also be provided. Providers in this clinic will include Psychologists, Neuropsychologists, Geropsychiatrists, Pharmacists, Nurses, and Social Workers.

#### **Faculty:**

Erin L Patel, Psy.D., ABPP

### ***Pain Psychology***

On the pain psychology rotation, fellows will utilize a biopsychosocial approach to offer brief, behavioral health interventions and assessment services for Veterans with chronic pain. In addition to traditional diagnostic intake interviews, fellows will complete psychological evaluations with interview, record review, personality, substance, and functional assessment for Veterans considering implantable pain management devices (e.g. neurostimulator, intrathecal medication pump). Clinical experiences will also include facilitating group and individual interventions that increase self-management of pain related behaviors (e.g. sleep management, use of pacing, relaxation strategies), as well as providing adjunct interventions such as biofeedback and self-hypnosis training when appropriate. Fellows are expected to function as a member of the interdisciplinary Pain Clinic team, answering referrals, participating in multidisciplinary appointments, providing formal and informal consultation, and attending weekly staff meetings.

#### **Faculty:**

Whitney Pierce, Psy.D., RN, BCB

### ***Community Living Centers (CLCs)***

The community living center (CLC) offers interdisciplinary care for Veterans requiring medical rehabilitative services, as well as long-term care. Specialized units provide long-term skilled nursing care for patients with dementia and/or severe mental illness. Fellows will complete diagnostic interviews, brief

cognitive assessments, capacity assessments, individual and group therapy, and assist in the development of behavior management plans with Veterans. There also may be opportunities available to work with family members or develop a group. Fellows may also be involved with staff education activities. Fellows may also be asked to participate in didactic training, such as engaging in a geropsychology journal club or providing a professional presentation to Geriatrics and Extended Care Staff on a topic relevant to their interests in geropsychology.

**Faculty:**

Natalie Heidelberg, Ph.D.  
Elizabeth Corsentino, Ph.D.

***Acute Psychiatry Units***

The Inpatient Rotation involves working on a 30 bed acute unit and a 30 bed sub-acute unit. The Veteran population is 90+% male and ranges in age from 18 – 85. In addition to psychiatric admissions the acute unit also functions as the detoxification unit for the Addiction Medicine program. There are 6 treatment teams consisting of a pharmacy specialist, psychiatrist, and social worker. These teams meet daily with the Veterans and are supplemented by nursing staff, psychiatric residents, and medical students. Admissions are assigned on a rotational basis. Lengths of stay vary from a few days to several months. Psychology works by consultation. The fellow is responsible for a caseload of 3 - 4 patients. Interventions are time limited and focused. Veterans are referred for issues such as PTSD, depression, grief, coping skills training, anger management, relaxation training and supportive therapy. The fellow is expected to attend treatment team meetings when their Veterans are seen and/or discussed. There is also an opportunity to conduct group therapy and to perform psychological assessments. Timely documentation in the computerized record is expected as is verbal communication with the treatment team.

**Faculty:**

Lisa Lorenzen, Ph.D.  
Arthur Preston, Psy.D.

***Primary Care Mental Health Integration Clinic***

The Fellow on this rotation functions as a psychologist within the primary care setting. The central focus of this rotation is to obtain experience as a functioning member of an interdisciplinary PC-MHI team, including two psychologists, two licensed clinical social workers, a psychiatric nurse practitioner and an RN care manager. The Fellow and staff psychologists are jointly involved in all aspects of the rotation. The PC-MHI Fellow consults with the Patient Aligned Care Teams that includes a physician, a registered nurse, a licensed practice nurse, and a medical support assistant. The PC-MHI Fellow often collaborates with other consultants within primary care in addition to the PACT team to include pharmacy and other medical specialties. A goal of this rotation is to establish skills in brief assessment, learn to conduct a brief diagnostic interview, deliver targeted brief psychological interventions, assess Veterans' current level of functioning and the possible impact of co-morbid psychological disorders on their physical and emotional health. The Fellow will develop skills regarding clear, concise verbal and/or written communication to medical providers and staff regarding patient care. The Fellow will work with Veterans diagnosed with a range of co-morbid psychological and physical illnesses, and address varying clinical presentations, including, sleep disturbances, weight concerns, chronic pain, and management of chronic illnesses.

**Faculty:**

Ashley Barroquillo, Psy.D.  
Lucille Carriere, Ph.D.

**DIDACTICS:**

The required didactic components of the fellowship are listed below

1. Clinical supervision with the primary postdoctoral fellowship and other rotation supervisors throughout the year. At least two hours of individual, face-to-face supervision per week. One hour of group supervision per week.

2. Lectures to be provided by supervisors, invited speakers (including those from other professions and the community), and trainees.
3. Case presentations/discussions with a focus on improving clinical care and ethics.
4. Supervision of supervision, where higher level trainees will be encouraged to provide supervision to lower level trainees
5. Trainees will be encouraged to present at least one national level conference during their training year.
6. As TVHS trains professionals from a variety of programs, many educational programs/seminars are provided throughout the year. Trainees are encouraged to participate in these training experiences.

## **RESEARCH/PROGRAM EVALUATION:**

The fellows will be required to work on a research/QI project throughout their fellowship year. More information on this project will be provided during orientation, with selection of a topic early during the training year. Depending on the topic chosen, fellows may have the opportunity to work with the Pharmacy and/or Psychiatry interprofessional trainee(s). Fellows are encouraged to present this research at a professional meeting during their training year.

## ***Training Faculty***

### ***Ashley Barroquillo, Psy.D.***

Xavier University, 2014

Internship: Vanderbilt-VA Psychology Internship Consortium

Postdoctoral Fellowship: VA Tennessee Valley Healthcare System, Interprofessional Mental Health

Licensed Psychologist, Tennessee, Health Services Provider

Primary Care-Mental Health Integration, Behavioral Medicine

### ***Lucille Carriere, Ph.D.***

Auburn University, 2014

Internship: Vanderbilt-VA Psychology Internship Consortium

Postdoctoral Fellowship: Cleveland Clinic Foundation, Mellen Center for Multiple Sclerosis

Licensed Psychologist, Tennessee, Health Services Provider

Primary Care-Mental Health Integration, Behavioral Medicine

### ***Elizabeth Corsentino, Ph.D.***

Florida State University, 2014

Internship: VA Gulf Coast Veterans Health Care System

Postdoctoral Fellowship: G.V. (Sonny) Montgomery VAMC

Licensed Psychologist, Tennessee, Health Services Provider

Geropsychology, Geriatric Depression, Interpersonal, Psychotherapy for Depression

### ***Mary Beth Covert, Psy.D, ABPP***

Regent University, 2006

Internship: Vanderbilt-VA Psychology Internship Consortium

Licensed Psychologist, Tennessee, Health Services Provider

Behavioral Health Interdisciplinary Program (BHIP)/Outpatient Psychotherapy

### ***Cara Freudenberg, Psy.D.***

Georgia School of Professional Psychology at Argosy University, 2013

Internship: University of Oregon, University Counseling & Testing Center

Postdoctoral Fellowship: University of Denver, Health & Counseling Center

Licensed Psychologist, Colorado

Behavioral Health Interdisciplinary Program (BHIP)/Outpatient Psychotherapy

### ***Sharon Gordon, Psy.D.***

Antioch New England Graduate School, 1993

Internship: Memphis VA Medical Center  
Licensed Psychologist, Tennessee, Health Services Provider  
Hospice and Palliative Care

***Natalie Heidelberg, Ph.D.***

Auburn University, 2011  
Internship: Vanderbilt-VA Psychology Internship Consortium  
Postdoctoral Fellowship: North Texas VAMC  
Licensed Psychologist, Tennessee, Health Services Provider  
Geropsychology, Interprofessional Care, Health Psychology

***Lisa Lorenzen, Ph.D.***

Tennessee State University, 2009  
Internship: University of Missouri-Columbia's Counseling Center  
Postdoctoral Fellowship: Vanderbilt University's Psychological and Counseling Center  
Licensed Psychologist, Tennessee, Health Services Provider  
Acute Inpatient, Clinical Supervision

***Erin Patel, Psy.D., ABPP***

Nova Southeastern University, 2006  
Internship: Vanderbilt-VA Psychology Internship Consortium  
Licensed Psychologist, Tennessee, Health Services Provider  
Geropsychology, Interprofessional Care, Behavioral Medicine

***Whitney Pierce, PsyD, RN, BCB***

Wright State University, School of Professional Psychology, 2014  
Internship: Central Arkansas Veterans Healthcare System, Health Psychology/Behavioral Health Track  
Postdoctoral Fellowship: Central Arkansas Veterans Health Care System, Interprofessional Fellowship in  
Psychosocial Rehabilitation & Recovery Oriented Services  
Licensed Psychologist, Arkansas  
Pain Psychology, Biofeedback Training, Hypnosis, Cognitive Behavioral and ACT

***Arthur Preston, Psy.D.***

Illinois School of Professional Psychology, 1985  
Internship: Friends Hospital - Philadelphia, PA  
Licensed Clinical Psychologist, Illinois Psychological  
Assessment, Sexual Dysfunction

***Kristin Reed, Ph.D.***

University of North Texas, 2009  
Internship: VA Long Beach Healthcare System  
Postdoctoral Fellowship: South Texas VA Medical Center  
Licensed Clinical Psychologist, Texas and Tennessee, Health Services Provider  
Outpatient Psychotherapy

## ***Other/Adjunct Training Faculty***

***Jennifer Bean, Pharm.D., BCPS, BCPP***

Clinical Pharmacy Specialist

***Jenny Easterling, PharmD, BCPP***

Clinical Pharmacy Specialist

***Shagufta Jabeen, M.D.***

Psychiatrist

**Jonathan Lister, Pharm.D., BCPS, BCPP**  
Clinical Pharmacy Specialist

**R. Jill Pate, M.D.**  
Chief of Psychiatry

## ***TRAINEES***

Past fellows have come from the following universities:

Virginia Consortium Program in Clinical Psychology

St. Louis University

The School of Professional Psychology at Forrest Institute

Xavier University

University of Mississippi

## ***Local Information***

### **ABOUT MIDDLE TENNESSEE AND MURFREESBORO**

Murfreesboro is located approximately 30 minutes southeast of Nashville along I-24. Murfreesboro is a growing community and is home to the largest undergraduate university in Tennessee, Middle Tennessee State University. Murfreesboro is also home to historic sites from the Civil War, including the Stones River National Battlefield. In the past five years, Murfreesboro has grown in size and diversity.

Murfreesboro now includes several large shopping centers, two community theatres, multiple cultural events through MTSU, many city parks, college sports, a historic downtown area, and diverse local eateries. Murfreesboro boasts a greenway system that runs throughout the city along the Stones River, offering a picturesque setting for jogging, walking, or biking.

Nashville is the largest city and the economic center of middle Tennessee. The population of Nashville itself is over five hundred thousand, of the Nashville Metropolitan area, over one million. The economic base is sound and varied the rate of unemployment low, and the cost of living near the national average. Industries important to the economy of the region include government (Nashville is the state capital), insurance, publishing, banking, tourism, and of course music. Nashville is rich in talent across a wide range of musical styles; outstanding musicians will be found playing regularly in local venues. The city is also a major academic and health care center, with two medical schools, Vanderbilt and Meharry, an unusual number of excellent hospitals, including Vanderbilt, St. Thomas, Baptist, and Centennial, the corporate headquarters of HCA Healthcare Systems, and an large number of colleges and universities (Vanderbilt, Belmont, Fisk, Tennessee State, and David Lipscomb). This concentration of academics has earned Nashville the title "Athens of the South."

Middle Tennessee also offers a wealth of recreational opportunities. Among the more tourist oriented are the Grand Ole Opry, the Opryland Hotel (one of the nation's largest and magnificent), Historic Second Avenue, Riverfront Park, the Hermitage (home of President Andrew Jackson), the Belle Meade Mansion, the Hard Rock Cafe, and the Wild Horse Saloon. There are good public radio and TV stations, the Tennessee Performing Arts Center with year round offerings at each of its three theaters, the Cheekwood Museum and Botanical Gardens, the Tennessee State Museum, the Cumberland Museum and Science Center, the Frist Center for the Visual Arts, the Nashville Symphony Orchestra with its magnificent Schermerhorn Symphony Center, the Nashville Opera, and the Nashville City Ballet. In addition, Vanderbilt brings Southeastern Conference athletic competition to the city. The Tennessee Titans have

brought NFL football and the Nashville Predators NHL hockey. Nashville's international airport terminal is among the most modern in the United States and provides easy access to the area from throughout the country.

The climate offers four definite seasons with relatively mild winters. Fall brings colorful foliage. Spring with its floral display rivals Fall as the most pleasant and beautiful time of the year. For those with outdoor interests TVA lakes suitable for recreational use are scattered throughout the region. There are rivers suitable for kayaking or canoeing, with white water to be found to the east on the Cumberland Plateau or in the mountains. There are numerous attractive and interesting state parks, while within Nashville itself there are 6650 acres of city park land. In addition, the Great Smoky Mountains National Park and other areas in the Southern Appalachians are a three and one half to four hour drive to the east.

