

**University of Arkansas for  
Medical Sciences  
Doctoral Internship  
in Clinical Psychology**

**2023-2024  
Training Year**



**| Psychiatric  
Research Institute**

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# The Setting

## Little Rock

Little Rock is a scenic city sitting on the south bank of the Arkansas River in Central Arkansas. It is the capital and most populous city in Arkansas with a 2020 population estimate of 198,000, though the Little Rock metropolitan area is ranked 81<sup>st</sup> in terms of population with approximately 750,000 residents. The size of Little Rock and surrounding area not only gives its residents a feeling of living in a large city with many amenities accessible to them but also provides a small town feel with quiet shops and family-friendly neighborhoods. In fact, in 2014 Little Rock was ranked #1 in “America’s 10 Great Places to Live” by *Kiplinger Personal Finance* magazine.



## University of Arkansas for Medical Sciences

The University of Arkansas for Medical Sciences (UAMS) is Arkansas' only comprehensive academic health center. It is the largest public employer in the state with more than 10,000 employees in 73 of Arkansas' 75 counties and a regional campus in Northwest Arkansas. UAMS offers 64 baccalaureate, master's, doctoral, professional, and specialist degree programs and certificates through their Colleges of Medicine, Nursing, Pharmacy, Health Professions, Public Health, and graduate school. UAMS also is home to seven institutes where specialized clinical care and research are conducted, including the Winthrop P. Rockefeller Cancer Institute, Harvey & Bernice Jones Eye Institute, Myeloma Institute, Donald W. Reynolds Institute on Aging, Jackson T. Stephens Spine & Neurosciences Institute, Translational Research Institute, and the Psychiatric Research Institute. UAMS and its clinical affiliates, Arkansas Children's Hospital and the VA Medical Center, are an economic engine for the state with an annual economic impact of \$3.92 billion. Due to its wide ranging influence, UAMS is impacting the health care of Arkansans now and in the future.





The Psychiatric Research Institute (PRI) is a state-of-the-art facility that is dedicated to improving the mental health and well-being of residents in Little Rock, the state of Arkansas, and the country through evidence-based treatment, innovative research, and quality training and education. Clinical programs are dedicated to treating children, adolescents, and adults through a variety of outpatient clinics and inpatient programs, including the Walker Family Clinic, Child Study Center, Center for Addiction Services and Treatment, Women's Mental Health Program, and STRIVE, a school-based community outreach program.

In addition to clinical care of psychiatric disorders, research and education are integral to the overall approach of PRI. The institute's focus on evidence-based care takes into consideration the education of future medical personnel while relying on the work of research scientists to provide innovative forms of treatment. The PRI has three research divisions: Center for Addiction Research, Center for Health Services Research, and Brain Imaging Research Center. Educational programs include an APA-accredited doctoral clinical psychology internship; child trauma psychology, adult psychology, and neuropsychology fellowships; general psychiatry residency; and fellowships in child and adolescent, forensic, addiction, and geriatric psychiatry.

# Doctoral Internship in Clinical Psychology

## Overview

The UAMS Department of Psychiatry Internship Training Program in Clinical Psychology is accredited by the American Psychological Association (APA) and offers training through Child and Adolescent (Program Code # 110611); Trauma, Recovery, and Justice (Program Code # 110612); Neuropsychology (Program Code # 110613); and Integrated Health Care (Program Code # 110614) training tracks.

Our 2080-hour clinical psychology internship is designed to provide interns with a broad and general training experience in basic principles and techniques of professional psychology. Interns will have the opportunity to work with patients across a wide range of clinical settings serving diverse populations in regards to age, gender, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, ability status, and language.

We welcome interns from all backgrounds and experiences. Mental health is a universal concern, and we need individuals from all swaths of life to build a healthcare system that is equitable and inclusive for all individuals, especially for high-risk and marginalized populations. We are a training team of caring, empathetic, and supportive supervisors who carefully consider the intern's training experiences, career goals, strengths, and needs in order to develop the most appropriate and effective training experience. We are deliberate in developing a culture centered on humility and desire intern applicants who demonstrate experience with and interest in working with diverse populations.

The internship is one of the training programs of the Department of Psychiatry in the UAMS College of Medicine and has multiple training sites depending on the specific training track. The internship training year is July 1 through June 30 of each year.

## History

The UAMS clinical psychology internship program was first established in 1961 and was given full accreditation by APA in 1967. The internship developed a child and adolescent focus in 1979 following a site visit. The internship added a general adult track beginning with the 2009-2010 training year, an adult neuropsychology track beginning with the 2017-2018 training year, and an adult integrated health care track beginning with the 2022-2023 training year. Additionally, the adult track shifted focus in the 2022-2023 training year to emphasize trauma, recovery, and justice as part of the training experiences. Furthermore, in 2018 APA approved continued accreditation of the internship for the next 10 years.

## **Mission**

The mission of our psychology training program is to provide quality training and practice experience in an environment centered on cultural humility, providing our community with equitable access to evidence-based behavioral health services. Therefore, we seek to recruit and train doctoral interns and postdoctoral fellows who reflect the community in which we serve and share our values of diversity, equity, and inclusion. We strive to prepare culturally responsive trainees for competent, ethical, and socially relevant practice as early career psychologists.

## **Training Philosophy**

Our training philosophy is based on a set of core values that inform our training- and service-related activities. These include the following guiding principles:

**Nurturance.** Training occurs in a nurturing, supportive atmosphere in which it is viewed as a valued priority which is not compromised by financial, political, or other considerations. Training staff are accessible to interns, serve as good role models and mentors, and promote the professional growth of trainees.

**Increasing Autonomy.** Training facilitates interns' acquisition of gradually increasing competence and confidence in the independent provision of professional psychological services.

**Individualization.** Training methods and activities are tailored to address specific training strengths, weaknesses, needs, and goals of interns.

**Respect for Diversity.** Training is sensitive and responsive to the individual and cultural diversity of human experience, both of psychology trainees and of the patients they serve.

**Collaboration.** Training prepares interns to work cooperatively with other health care professionals and other interested parties (e.g., family members, school personnel) in serving their patients. Training is enhanced by collegial partnerships with affiliated institutions and programs in the community.

**Evidence-Based Practice.** Training prepares interns to apply scientific principles and knowledge to the provision of professional psychological services.

**Accountability.** Training prepares interns to meet quality of care standards of the profession of psychology. Training satisfies program accreditation requirements and provides evidence of continuous improvement in training processes and outcomes incorporating the needs and concerns of psychology trainees, patients, their families, and the community.

## **Training Goals**

We value a scientist practitioner training model in which our emphasis is on developing professional psychologists who provide culturally attuned clinical services to children, adolescents, adults, and families, while working within the community context of each person. Our

goal is to foster the professional and personal development and growth of interns from trainee to early career professional through a junior colleague model. As such, at the completion of the program, interns will be able to demonstrate competency in formal and informal assessment procedures, a variety of treatment approaches, and a strong experience base in consultation and multidisciplinary teamwork. They will be able to provide these services to a diverse population that varies by age, gender, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, disability, and language.

To meet these goals, we support interns in developing skills to obtain competency in the following domains:

**Domain 1: Research and Evaluation:** Interns will conduct research that contributes to the professional knowledge base and/or evaluation that assesses the effectiveness of professional activities:

**Competency Domain 2: Standards and Policies.** Interns will understand, apply, and adhere to ethical, legal, professional, and organizational standards, guidelines, regulations, and policies regarding professional activities.

**Competency Domain 3: Individual and Cultural Diversity.** Interns will work effectively with diverse individuals, groups, organizations, and communities representing various cultural backgrounds, including those based on age, gender, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, disability, and language.

**Competency Domain 4: Professionalism.** Interns will behave in a manner consistent with professional values, ethics, and norms.

**Competency Domain 5: Relationships.** Interns will interact effectively, collaboratively, and productively with individuals, groups, organizations, and communities.

**Competency Domain 6: Assessment.** Interns will conduct psychological assessment, diagnosis, case conceptualization, and communication of findings and recommendations.

**Competency Domain 7: Intervention.** Interns will select, plan, implement, and evaluate interventions to improve psychosocial functioning of individuals, groups, and/or organizations.

**Competency Domain 8: Supervision.** Interns will receive and provide supervision of professional activities through direct or simulated practice.

**Competency Domain 9: Consultation and Interdisciplinary Systems.** Interns will work effectively, collaboratively, and systematically toward shared goals with professionals from other disciplines.

## **Training Methods**

**Orientation.** During the first several weeks of the training year, interns participate in a period of orientation in which clinical supervisors provide overviews of their rotations so interns have the general knowledge essential to their rotation activities. Our program takes a scaffolding approach to training in which interns frequently observe their clinical supervisors during the provision of clinical services at the beginning of the rotation. They then subsequently are observed by the supervisor during clinical encounters and provided with constructive feedback with the goal of interns providing clinical service as a relatively independent clinician, with continued supervision.

**Clinical Supervision.** Depending on the rotation, either group or individual supervision is provided weekly by the rotation supervisors. Interns have at least 2 hours of individual, face-to-face supervision each week with supervisors, but they frequently have 5-6 total hours of supervision per week across rotations. Our program also encourages continuous informal supervision by means of an “open door” arrangement whereby interns can request and receive immediate consultation or supervision when significant clinical or training issues arise. These drop-in interactions are welcomed by faculty and function to increase the intern’s comfort with consulting with peers and colleagues.

**Primary Supervision.** Each intern is matched with a primary supervisor for the training year and meets at least monthly with this person. The supervisor acts as the intern’s advocate and personal advisor. During primary supervision, interns and supervisors often discuss the intern’s experiences across rotations, professional development interests and goals, life after internship, work-life balance, etc.

**Specialty Trainings.** Depending on the internship track and rotation, interns have the opportunity to attend trainings on specialized treatment intervention and assessment practices from state, regional, and nationally certified trainers.

**Didactic Seminar Series.** Weekly seminars designed to meet the training needs of the interns in the program feature presentations by training faculty and other professionals from UAMS and the local community. Didactics are scheduled from 8:00am to 9:30am weekly on Tuesday morning and are divided into several series of training topics and activities.

**Profession-Wide Competency Series.** This series of presentations cover competences developed by APA to help doctoral interns prepare for the practice of health service psychology.

**Cultural Humility Curriculum.** The overall goal of this curriculum is to help each intern make progress toward being a psychologist who exhibits cultural humility in clinical practice, teaching and mentoring, and/or research. The baseline knowledge, attitudes, and skills for each intern will vary, and thus, the growth and end-of-internship progress will be different for each intern. This course provides a variety of teaching modalities to enhance cross-cutting knowledge, attitudes, and skills related to cultural humility. The format involves in-person lectures, process-oriented group discussions, journaling activities, assigned readings, and experiential activities. Although the overall goal of the course is not

explicitly to enhance social justice—that is, the social advocacy of a psychologist to create equity in our society—it is possible that certain interns, instructors, or experiences may gravitate toward social justice. This is welcomed and encouraged.

**Supervision Curriculum.** The goal of the supervision curriculum is to create a foundational knowledge base and skills to develop a trainee's identity as an entry-level clinical supervisor. It is understood that trainees enter internship with varying degrees of experience related to training and practice of supervision. This curriculum is intended to support trainees' exposure to various models of supervision and practice with using various modes of teaching including lecture, video review, role-play and discussion. By the end of the course, it is anticipated that interns will meet the necessary benchmarks for readiness for entry to practice for supervision as identified in the APA Competency Benchmarks in Professional Psychology.

**Specialty Seminar Series.** Interns participate in discussions related to professional topics, such as careers in clinical psychology (e.g., research, clinical, administration), applying to postdoctoral fellowships, preparing for the EPPP, and working alongside other clinical or medical specialties in the hospital (e.g., psychiatry, neurology, social work). Finally, interns each conduct a clinical case presentation or a research job talk, depending on their career interests.

**Grand Rounds and Conferences.** Interns also have the opportunity to attend the bimonthly Department of Psychiatry Grand Rounds and Case Conferences to stay current on clinical practices and research outcomes to increase and improve their knowledge, competence, performance, and patient outcomes. Interns also have access to the many grand rounds, symposia, and seminars that are offered within other UAMS departments (Pediatrics, Neurology) and colleges (College of Public Health).

**Arkansas Psychological Association Fall Conference.** Interns attend the annual 2-day fall conference held in Little Rock to learn from state and national experts on a variety of topics and network with other psychologists in the state. Interns also have the opportunity to conduct poster and oral presentations at the conference.

# Child and Adolescent Track

## Overview

The goal of Child Track is to provide interns with specialized training in the evaluation and treatment of traumatic stress in children and adolescents using evidence-based assessment and intervention models. The track offers interns training opportunities in the following outpatient and inpatient settings, all of which offer significant opportunity to work with underserved populations:

- Child Study Center (general outpatient clinic for children and adolescents)
- Child Diagnostic Unit (psychiatric inpatient unit for children)

Interns receive year-long training in the treatment of young children with behavior problems; infants, toddlers, preschoolers, school-age children, and adolescents with traumatic stress; and adolescents with emotion dysregulation and interpersonal difficulties. Interns also conduct psychological evaluations with children and adolescents with a broad range of difficulties in outpatient and inpatient settings for the entirety of the training year. In addition, interns are offered an elective 6-month research rotation. Theoretical orientations of faculty include behavioral, cognitive behavioral, social learning, and interpersonal.

Interns will have the opportunity to work with patients across a wide range of clinical settings serving diverse populations in regards to age, gender, gender identity, race, ethnicity, national origin, socioeconomic status, religion, sexual orientation, disability, and language. As such, intern applicants who demonstrate experience with and interest in working with diverse populations are desired.

## Child Study Center

**Overview of Setting:** The Child Study Center has been offering mental health services to children and families since 1955. This center is a major program within the Division of Child and Adolescent Psychiatry and serves children and adolescents from birth through age 17 and their families. The clinic attracts patients from throughout the state for psychotherapy and psychological evaluation services, although the majority of patients are from the Central Arkansas region. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Little Rock metropolitan area. Socioeconomic status also is diverse; however, the majority of clientele come from lower income homes. Staff at the Child Study Center includes psychologists, doctoral psychology interns and postdoctoral fellows, psychiatrists, psychiatry residents and fellows, social workers, counselors, and nurses.

**Patient Population:** The Child Study Center serves infants, toddlers, preschoolers, school-age children, and adolescents representing the full range of problems normally presenting to an outpatient clinic. Typical referrals include traumatic stress, ADHD, disruptive behavior, depression, and anxiety. Due to our statewide referral base, rarer cases such as bipolar disorder, psychosis, and selective mutism are referred to the clinic as well. Although interns may gain experience in working with youth of all ages, interns mostly commonly work with preschool or

school-age youth. Similarly, although patient presenting concerns vary within the clinic, the interns typically will focus on treating posttraumatic stress and disruptive behaviors.

**Core Training Opportunities:** During the 12-month rotation, interns implement evidence-based specialty interventions for 1) infants, toddlers, preschoolers, school-age children, and adolescents with traumatic stress, 2) young children exhibiting behavior problems with or without a history of trauma, and 3) adolescents with emotion dysregulation and interpersonal difficulties. In addition, they conduct diagnostic (intake) assessment for new patients referred to the clinic and provide psychological evaluations for a wide range of presenting problems across the age range. Furthermore, interns may also gain experience in implementing treatment interventions via telepsychology.

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).** Interns provide TF-CBT with youth ages 3 through 17 who are experiencing mood, anxiety, and/or behavioral problems as a result of traumatic stress. Children and adolescents seen during this rotation often have experienced maltreatment, witnessed domestic violence, resided in foster care, and/or experienced other traumatic events such natural disasters, medical procedures, or death of loved ones. Interns often gain experience working with professionals who are a part of the Division of Child and Family Services (DCFS) and child dependency courts, including case workers, guardians ad litem, attorneys, court appointed special advocates, and judges. In addition, interns may have the opportunity to implement an evidence-based treatment for preschool and school-aged children who have developed problematic sexual behaviors as a result of trauma exposure. Dr. Vanderzee and Ms. Hamman have both completed the Train-the-Consultant program offered by TF-CBT developers and supervise interns weekly in both individual and group supervision modalities. By the end of internship, interns typically will have made significant progress towards meeting the national certification requirements for TF-CBT.

**Child-Parent Psychotherapy (CPP).** Interns conduct CPP for children birth through age 5 who have experienced trauma and are currently exhibiting posttraumatic, behavior, emotional, or attachment-related difficulties. This evidence-based, dyadic treatment focuses on strengthening the caregiver-child relationship, enhancing safe parenting practices, and providing caregivers and children an opportunity to process trauma. One important aspect of CPP is the frequent work with multiple caregiver-child dyads for the same patient (e.g., work with both foster parent/child and biological parent/child dyads) as well as the inclusion of caregivers who have been part of child maltreatment that are not routinely included within other trauma treatments. Interns often gain experience working with professionals who are a part of our state's Safe Babies Court Teams (SBCT) or who are involved with the child welfare system, including case workers, guardians ad litem, attorneys, court appointed special advocates, and judges. Interns will gain hands-on experience with preparing documentation and participating in court teams and may have an opportunity to testify within court proceedings. They also gain exposure and practice with a reflective supervision model in which they are able to process their own cases and contribute to the reflective growth of their colleagues. Dr. John is a certified CPP state trainer and provides weekly reflective supervision to the interns in group and individual formats. Of note, CPP training you receive at our site will not count towards national

rostering criteria and CPP can only be chosen as a minor rotation at this time. If chosen as a minor rotation, interns will gain experience practicing the model which may help them decide if they would like to pursue additional training to meet national rostering criteria in the future.

**Parent-Child Interaction Therapy (PCIT).** Interns are able to obtain training in PCIT, a treatment for children ages 2 through 6 who exhibit disruptive behavior and may also have experienced trauma. PCIT is an evidence-based, dyadic treatment that results in a stronger relationship between caregivers and children and use of more effective and appropriate caregiver disciplinary strategies. Interns typically first observe supervising psychologists conduct PCIT with several patients before transitioning to acting as a co-therapist with the psychologist, though supervisors tailor the training for interns who have previous experience with the model. For example, interns who meet PCIT International therapist certification before internship have the option to complete Within-Agency Trainer training during the training year. Dr. Pemberton (Regional Trainer) and other faculty Within-Agency Trainers (Drs. Mesman, Wilburn, and Roberts) provide live supervision with the interns as they conduct the sessions. Faculty rotation supervisors meet with the interns weekly for group supervision as well. By the end of internship, interns will have made significant progress towards meeting the PCIT International criteria for therapist or Within-Agency Trainer certification.

**Dialectical Behavior Therapy (DBT).** Interns have the opportunity to participate in a multifamily DBT skills group with the option of seeing families on an individual basis for DBT. Adolescents referred to DBT often have complex psychiatric presentations, which may include a history of chronic impulsivity, frequent mood swings, depression, anxiety, polarized thinking, family and peer conflict, disordered eating, drug or alcohol abuse, poor perspective taking, non-suicidal self-injury and/or history of suicidal ideation. The multifamily DBT skills group maintains a maximum of 8 adolescent-caregiver dyads at a time and meets weekly on Mondays from 3:30pm – 5:00pm at the Child Study Center. A full course of the group takes approximately 6-7 months, covering five modules: mindfulness, distress tolerance, walking the middle path, emotion regulation, and interpersonal effectiveness. Families have the option to complete a second cycle of group to further consolidate their learning and practice of skills and concepts. Interns will co-lead group, which entails leading mindfulness exercises, reviewing families' practice of skills, and teaching new material. Drs. Wilburn and Roberts attend DBT group and supervise interns weekly in group supervision; however, individual supervision may be offered depending on interns' caseloads. At this time, the Child Study Center does not provide phone coaching for families. However, depending on interest and availability, interns may have the opportunity to attend a monthly consultation team meeting comprised of mental health providers at the Child Study Center delivering DBT. Throughout the course of the training year, interns will have participated in didactic training, gained clinical experience, and potentially attended consultation team meetings, all of which set a solid foundation for interns interested in formally pursuing DBT-Linehan Board Certification later in their career.

**Psychological Evaluations.** In addition to psychotherapy experiences, interns also provide psychological evaluations to children and adolescents with a broad range of presenting issues, including ADHD, learning difficulties, traumatic stress, anxiety, mood problems, autism spectrum disorder, and disruptive behaviors. Referral questions often include clarifying diagnoses, assessing level of functioning, and planning treatment. Interns gain experience in clinical interviewing; administering, scoring, and interpreting psychological tests and measures; forming diagnostic impressions and making recommendations for intervention; and communicating assessment findings. Typical psychological testing instruments include tests of intelligence, achievement, adaptive functioning, executive functioning, attention, and memory, as well rating forms and diagnostic interviews assessing emotional and behavioral disorders. Interns will typically conduct assessments as a team and will complete two evaluations per month; each intern will be responsible for individually writing one testing report per month. Drs. Wilburn and Mesman meet weekly with the interns for group supervision.

**Complex Trauma Assessment Program.** Interns may also have the opportunity to conduct psychological evaluations through the Complex Trauma Assessment Program. The goal of the program is to provide comprehensive, trauma-informed assessments for children ages 3-18 in the foster care system who have a history of chronic interpersonal maltreatment and exhibit serious clinical symptoms. Additional complexities of psychiatric medication use, acute and residential hospitalizations, disrupted placements, and/or previous diagnoses of attachment-related concerns are frequently present. Evaluators conduct these evaluations to clarify diagnoses, assess level of functioning, and provide recommendations related to level of care needed and specific services indicated. Multiple domains of functioning are assessed through administration of psychological tests and measures; clinical and diagnostic interviews with patients, caregivers, and caseworkers; behavior observation; record review; and consultation with other pertinent parties (e.g., teachers, therapists). Results lead to recommendations for evidence-based treatments, assistance for other professionals in care coordination, and a framework to aid caregivers in making informed decisions about the care of the child. Drs. Wilburn and Mesman meet weekly with the interns for group supervision.

## **Child Diagnostic Unit**

**Overview of Setting.** The Child Diagnostic Unit (CDU) is a psychiatric inpatient unit that provides services for children ages 3 to 12 who are in need of diagnostic clarification due to the complexity, frequency, severity, and intensity of their symptoms, as well as the functional impact they have on the child and their family. Many of the children have been psychiatrically hospitalized multiple times and are poorly understood by outpatient providers, schools, and their families. The inpatient unit has 10 beds.

The mission of the CDU is to provide child- and family-centered care in a collaborative, compassionate, and trauma-sensitive manner to establish clarification of diagnoses and development of appropriate treatment planning for the child. An interdisciplinary approach is utilized, relying on specialists in child psychiatry, psychology, social work, occupational therapy, speech and language, education, and nursing. The milieu model used on the unit is Collaborative Problem Solving (CPS). The basic premise of CPS is “Kids do well if they can,” and it is the job

of clinicians, including psychology interns, to assist in identifying the “lagging skills” that interfere with the child’s ability to meet expectations (e.g., executive functioning deficits, emotion regulation). Other key components of CPS include identifying unsolved problems and working collaboratively with children to solve these problems.

**Patient Population.** Children present with a variety of symptoms, including verbal and physical aggression, disruptive behaviors, irritability, mood lability, extreme inflexibility, and significant noncompliance. Diagnoses frequently include trauma diagnoses, ADHD, mood and anxiety disorders, autism spectrum disorder, and disruptive behavior disorders. Children also present with developmental delays and sensory difficulties.

**Core Training Opportunities.** During their 12-month rotation, interns conduct comprehensive psychological evaluations for the children on the unit, which includes administering tests of intelligence, academic achievement, adaptive functioning, mood and behavior, and autism symptoms. Interns also engage in behavioral observations, clinical record review, and report-writing.

**Other Training Opportunities.** Each intern has the opportunity to participate in the unit’s interdisciplinary treatment team meetings, which last 1 to 1 ½ hours on Mondays and Wednesdays. During these meetings, each discipline reports on the most recent observations and assessment findings for each child. In addition to psychology, disciplines present in these meetings include psychiatry, nursing, social work, speech therapy, and occupational therapy. Interns frequently contribute to these meetings by sharing behavioral observations and/or testing results.

**Supervision.** Supervision typically totals ½ to 1 hour per week and is conducted in segments at the beginning and end of the intern’s “shift.” At the beginning of the shift, the testing needed for that day is discussed, along with any recommendations to facilitate testing completion for each child. Following completion of testing for the day, the intern and supervisor discuss the day’s findings and behavioral observations. This frequently includes discussion of the intern’s thoughts and observations related to the child’s diagnoses, and may include other topics such as problem-solving for future testing interactions with a given child or children with similar presentations. Dr. Pemberton is the supervisor of this rotation.

### **Optional Research Rotation**

Interns may elect to complete a 6-month research rotation where they participate in on-going research under the supervision of a psychologist within the department. Many opportunities are available, depending on interests, the availability of faculty mentors, and funded projects, and the expectation is that work will result in a presentation and/or publication. Alternatively, the intern may elect to bring data from their home lab and use this time to further their own research through the development of manuscripts, presentations, posters, or grant applications under the guidance of a research mentor assigned for the year.

The faculty section in this brochure offers information about their research interests. However, as faculty projects and availability varies from year-to-year, interns wishing to complete the research rotation should include a short paragraph addressing the following in their application cover letter:

1. A brief overview of their previous research
2. Their interest areas for research moving forward (consider content area(s), methodologies and populations of interest, and need for training in research processes)
3. The names of 1-3 program faculty who may be a good fit for interests identified in #2

The information above will be used to match interns to possible preceptors, with knowledge of timely opportunities also considered.

Interns who do not elect to complete the research rotation may discuss opportunities to expand their involvement in one of the other internship rotations or additional clinical opportunities discussed with program faculty on interview day as time allows.

### **Sample Schedule**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
<b>8:00am</b>					
<b>8:30am</b>		Didactics			
<b>9:00am</b>	TF-CBT Supervision				
<b>9:30am</b>					
<b>10:00am</b>		CPP Supervision			
<b>10:30am</b>					
<b>11:00am</b>	CSC Therapy	CSC Therapy			
<b>11:30am</b>					
<b>12:00pm</b>		Lunch	Lunch	Lunch	Lunch
<b>12:30pm</b>					
<b>1:00pm</b>			CSC Meeting		
<b>1:30pm</b>				CSC Psych Testing	
<b>2:00pm</b>	CSC Therapy		PCIT Supervision		
<b>2:30pm</b>					
<b>3:00pm</b>		CSC Therapy	Psych Test Supervision		
<b>3:30pm</b>					
<b>4:00pm</b>	CSC DBT Group		DBT Supervision	CSC Therapy	
<b>4:30pm</b>					

Note: CSC = Child Study Center, DBT = Dialectical Behavior Therapy

# Trauma, Recovery, and Justice Track

## Overview

The goal of the Trauma, Recovery, and Justice Track is to train psychologists who: 1) are versed in the complex, systems-level influences on and responses to the health and mental health of adults, 2) can provide tailored, evidence-based care across a variety of settings and modalities, and 3) are prepared for leadership roles in promoting high-quality care for traditionally underserved populations. To this end, we focus on training in this track on the intersections of trauma, mental illness, addiction, and involvement with the criminal legal system (e.g., arrest, incarceration, victimization). Our rotations expose interns to systems highlighted by the sequential intercept model, including crisis stabilization services, outpatient treatment centers, and carceral facilities. We offer specialized training in traumatic stress sequelae (broadly defined) and in evidence-based psychotherapies for responding to PTSD and substance use disorders specifically. We strive to provide interns with a nuanced understanding of the criminal legal system and its impacts on individuals and communities. We aim for interns to leave our program as skilled early career professionals who can utilize clinical science to develop evidence-based healthcare programs that meet complex community needs and/or pursue a career in clinical science that is informed by community needs and strengths. We welcome applications from individuals who have had experience in any of the aforementioned areas; no prior experience in criminal legal settings is required. We seek to recruit interns who embrace complexity and believe that all people deserve access to mental health care that aligns with best practices. The following core and optional rotations are available:

- Pulaski County Regional Crisis Stabilization Unit (core rotation)
- Center for Addiction Services and Treatment (core rotation)
- Women's Mental Health Program (core rotation)
- Hawkins Unit at Wrightsville Prison (core rotation)
- Pulaski County Regional Detention Facility (core rotation)
- The Walker Family Clinic (core rotation)
- Crisis Intervention Training for Law Enforcement (optional rotation)
- Little Rock Police Department Behavioral Health Co-Response (optional rotation)
- Justice Health Research (optional rotation)

Across rotations, interns receive year-long training in the assessment and treatment of individuals with a wide range of disorders, including trauma and stress-related disorders, depressive disorders, anxiety disorders, personality disorders, and serious mental illnesses. Interns will also gain exposure to the assessment and management of suicidality in several settings. In addition, interns are offered elective minor rotations in research, outreach education, and advocacy. Rotations are designed as 12-month experiences, unless otherwise specified, to support both breadth and depth of clinical training while on internship. Faculty psychotherapy orientations are generally cognitive or cognitive behavioral.

Please see the last page of this section for a visual of the original sequential intercept model and how we have conceptualized each rotation that is available in our internship.

## **Pulaski County Regional Crisis Stabilization Unit**

**Overview of Setting.** The Pulaski County Regional Crisis Stabilization Unit (PCRCSU) is a 16-bed 24/7 voluntary psychiatric facility serving the Central Arkansas area for persons 18 and over who are experiencing a behavioral health crisis. The unit is located just a few miles away from the UAMS campus. PCRCSU is a short stay (4 days or less) program aimed at stabilizing the mental health crisis and connecting clients with needed resources in the community. The program aims to avoid costly and less-therapeutic environments for this population including the emergency room, jail, and expensive inpatient hospitalization. The program prioritizes referrals from the justice system including police, probation and parole officers, and jail diversions. The multidisciplinary team consists of nurses, nurse practitioners, social work, psychology, psychiatry, and mental health techs.

**Patient Population.** Persons served at the PCRCSU are typically justice-involved in some manner or are being diverted from the justice system. The patient population is often facing challenges including unemployment, financial instability, legal involvement, and multiple psychiatric issues. The majority of patients served have experienced significant and multiple traumas. Patients commonly have substance use disorders, most commonly methamphetamine and opiate addictions. Common presenting diagnoses on the unit are Schizophrenia, Bipolar Disorder, Schizoaffective Disorder, severe depression, PTSD, and co-occurring substance use disorders.

**Core Training Opportunities.** Interns provide assessment, individual and group interventions targeting relapse prevention, provision of healthy coping skills, PTSD symptoms, and developing specific recovery-based goals for treatment. Interns also participate in crisis intervention and development of safety plans for those in acute crisis. Interns have the opportunity to implement a brief evidence-based intervention for PTSD for patients at the PCRCSU. Interns are also invited to assist with staff trainings in their area of expertise. Interns can participate with Dr. Evans in ongoing program development and evaluation initiatives.

**Optional Training Opportunities.** Interns have the opportunity to work with local law enforcement officers and local business owners to assist in intervening with community members who are experiencing mental health and chemical dependency issues. This may include assisting officers and community members in the community during a crisis or problem-solving and consulting remotely to assist officers and community members.

**Supervision.** Interns have weekly scheduled supervision and immediate access to a supervisor during the clinical day for adjunct supervision as needed. Dr. Evans is the primary supervisor for this rotation.

## **Center for Addiction Services and Treatment**

**Overview of Setting.** The UAMS Center for Addiction Services and Treatment (CAST) provides medication-assisted treatment (e.g., Suboxone, buprenorphine, Vivitrol, methadone) combined with individual and group therapy to treat opioid use disorders. The program provides various forms of behavioral therapy as well as medical, vocational, and educational supports. The treatment team includes substance treatment counselors, social workers, physicians, and nurses.

**Patient Population.** Patients are 16 years of age or older who have an opiate use disorder and are seeking treatment and recovery. The intern's caseload will include persons in the program who are also on probation or parole.

**Core Training Opportunities.** Interns will work with the treatment team to provide individual and group interventions with evidenced based interventions including motivational enhancement techniques and evidence-based interventions for substance misuse.

**Supervision:** Dr. Evans provides weekly supervision for the CAST program. Adjunct supervision is available from the attending psychiatrist, Dr. Michael Mancino.

### **Women's Mental Health Program**

**Overview of Setting.** The Women's Mental Health Program is focused on women's reproductive mental health and conducts extensive psychological and physical exams in an effort to identify women at risk for numerous mental health conditions including substance use disorders.

**Patient Population.** This rotation focuses on pregnant women and women in the postpartum period with complex health and mental health conditions including substance disorders (e.g., opioid use disorder) who require evidence-based interventions for improving their health outcomes.

**Core Training Opportunities.** During this 12-month rotation, responsibilities of the intern include delivery of clinical services to clinic patients as part of an interprofessional (e.g., psychiatry, nursing, social work, peer recovery) care team, consultation about patient care with other disciplines, education of staff and other medical care trainees, and the participation in the management of team dynamics. The intern will learn a variety of evidence-based interventions for treating mental health and substance use disorders in this population. The intern will learn brief cognitive-behavioral therapy, relapse prevention, and motivational interviewing. Interns will also learn to deliver these interventions in both individual and group formats.

**Supervision:** Dr. Cucciare is the supervisor for the rotation and meets with the intern weekly to review cases, prepare for groups and individual treatment, and discuss consultation activities with other team members.

### **Hawkins Unit at Wrightsville Prison**

**Overview of Setting.** The Hawkins Unit at Wrightsville Prison is a minimum/moderate security women's prison approximately 25 minutes outside of UAMS' main campus. The Hawkins Unit has a capacity of approximately 200 residents and is situated on a larger correctional complex with also houses men in separate facilities. Women reside in dormitory-style barracks; programming is held in group spaces across the unit including in a large visitation area, classrooms, and in tables outside of the barracks. No prior experience working in prisons is required. Experience and/or interest in posttraumatic stress and substance use co-morbidity is helpful.

**Patient Population.** Nearly all people who have become incarcerated have experienced chronic and severe trauma; incarcerated women have particularly high prevalence (~70%) of experiencing sexual and domestic violence. Most also have co-morbid drug and/or alcohol use disorders and a non-substance use disorder such as PTSD, depression, bipolar disorder, and/or borderline personality disorder.

**Core Training Opportunities.** The Hawkins Unit rotation provides interns with a concentrated focus on providing group therapy. Groups vary with regard to size and content focus. Groups have varied depending upon facility requests and intern interests; however, the groups we generally offer include the following:

**Dialectical Behavior Therapy (DBT) Skills Group and Cognitive Processing Therapy Groups.**

During the 12-month rotation, interns provide weekly groups to women in Hawkins Unit. Ongoing groups currently include a DBT Skills group, which is taught didactically, and a standard Cognitive Processing Therapy group. Interns co-facilitate these groups with Dr. Zielinski and/or other psychology trainees.

**Growing Together program for pregnant and postpartum women.** The Growing Together program is a multicomponent service set for women who are sentenced to time in Arkansas state prison while pregnant. Interns facilitate an emotional health support group that integrates aspects of mindfulness and CBT for this population.

Interns may have opportunities to participate in other intervention activities/facilitate other groups of interest as time allows. There may also be intermittent opportunities to engage in advocacy (e.g., via local presentations, attending meetings with correctional system leadership focused on programming and policy).

**Supervision.** Interns have both live supervision and weekly group supervision with other trainees providing groups at Hawkins. Individual supervision is available as-needed and is also scheduled intermittently to develop an initial training plan for the rotation and review progress toward individual training goals. Dr. Zielinski is primary supervisor for this rotation.

## **Pulaski County Regional Detention Facility**

**Overview of Setting.** The Pulaski County Regional Detention Facility is the largest jail in the state of Arkansas. It is located only a few miles from the UAMS main campus, directly adjacent to the Pulaski County CSU. The facility generally houses people who are detained while awaiting a judicial process (e.g., court hearing or trial) or while awaiting transfer to another facility following a criminal conviction. The facility has a capacity of approximately 1200 beds. No prior experience working in jails is required; a specialized orientation will be provided to interns.

**Patient Population.** As described previously, nearly all people who have become incarcerated have experienced chronic and severe trauma; prevalence rates of mental illness have been shown to be double or more prevalence found in general community samples. Drug and/or alcohol use disorders are extremely common.

**Core Training Opportunities.** The Pulaski County Regional Detention Facility rotation provides interns with a concentrated focus on working with people who are incarcerated for a relatively short duration and in group therapy. Opportunities for program development are also generally available. The intern works closely with leadership of the facility's "CSI Academy," a specialized program that focuses on programming for people who are approaching community reentry.

**Supervision:** Interns have both periodic live supervision and weekly individual and/or group supervision. Dr. Zielinski is primary supervisor for this rotation.

### **Walker Family Clinic – Outpatient Behavioral Health Therapy**

**Overview of Setting.** The Walker Family Clinic has been offering mental health services to adult populations since 2008. This outpatient mental health clinic serves the referral needs for UAMS' inpatient services and outpatient clinical programs. The patient population for the clinic generally reflects the socioeconomic demographic breakdowns of the Little Rock metropolitan area. This rotation focuses on providing diagnostic assessment and intervention to patients with a wide range of mental health concerns. Staff include psychologists, doctoral psychology interns, psychiatrists, psychiatry residents and fellows, psychiatric nurses, licensed clinical social workers, social work interns, and licensed professional counselors.

**Patient Population.** The Walker Family Clinic serves adults with a wide range of clinical diagnoses, including trauma and stress-related disorders, depression, bipolar disorder, anxiety disorders, somatization and conversion disorders, psychotic disorders, personality disorders, and substance use concerns. Because patients are referred from within the UAMS Health system, many of those seen at the Walker Family Clinic have co-occurring chronic health issues such as pain, migraines, diabetes, hypertension, gastrointestinal issues, sleep problems, and neurologic disorders.

**Core Training Opportunities.** During the 12-month therapy rotation, interns will have an opportunity to emphasize client populations and treatment modalities of interest. This rotation primarily emphasizes interns solidifying skills in providing individual psychotherapy. However, based on interest and experience, interns may also have the opportunity to lead or co-lead existing psychoeducational groups or implement new groups, including justice health-related topics (based on experience). Interns will also have the opportunity to provide clinical consultation to masters-level clinicians providing services at the Walker Family Clinic. Interns will also have opportunities to build competency and skill in the provision of trauma-informed and trauma-focused individual and group psychotherapies including Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Prolonged Exposure, and STAIR Narrative Therapy. Interns may also choose to contribute to trainings for masters-level clinicians, medical students and residents, and other service providers team related to traumatic stress.

**Supervision.** Interns have weekly individual supervision focused on their cases/groups within this rotation. Depending upon scheduling, they may also attend multidisciplinary staffing meetings and/or clinic trainings. Dr. McBain is the primary supervisor for this rotation.

## **Advocacy and Training Opportunities (Optional Rotations)**

### **Crisis Intervention Training/Police Training**

**Overview:** Interns can participate in planning and delivering part of the Crisis Intervention Training Curriculum to local law enforcement groups in the areas. Training topics include, based on a nationally certified curriculum: overview of mental health disorders, posttraumatic stress disorder, suicide intervention and prevention, and verbal de-escalation and crisis intervention. Interns will work closely with Dr. Evans in building and providing dynamic training for officers targeting increases knowledge and skill to help with crisis intervention in the community. There are also opportunities to develop and provide training on behavioral health topics to new officer recruits in the police academy at the Little Rock Police Department.

### **Little Rock Police Department Co-Response Team**

**Overview:** Little Rock Police Department (LRPD) has committed to changing its culture around response to mental health crisis in the Little Rock Community. Part of this commitment is through CIT training (see above) and the onboarding of licensed mental health professionals. The program aims to have a mental health professional assist officers in responding to community members who are known as high utilizers both in the mental health emergency system and in the jail system. Interns will work with Dr. Evans to consult with LRPD administration and the LRPD mental health professionals to both provide interventions in the community with the CIT Officers and also to participate in a workgroup to identify target community members and develop strategies for improved interventions.

### **Justice Health Research Rotation (Optional)**

Interns may elect to complete a 6- or 12-month research rotation where they participate in on-going research under the supervision of a psychologist within the department. The expectation is that work will result in a presentation and/or publication. The faculty section of this brochure offers information about individual areas of research expertise. However, as faculty projects and availability varies from year-to-year, interns wishing to complete the research rotation should include a short paragraph addressing the following in their application cover letter:

1. A brief overview of their previous research
2. Their interest areas for research moving forward (consider content area(s), methodologies and populations of interest, and need for training in research processes)
3. The names of 1-3 program faculty who may be a good fit for interests identified in #2

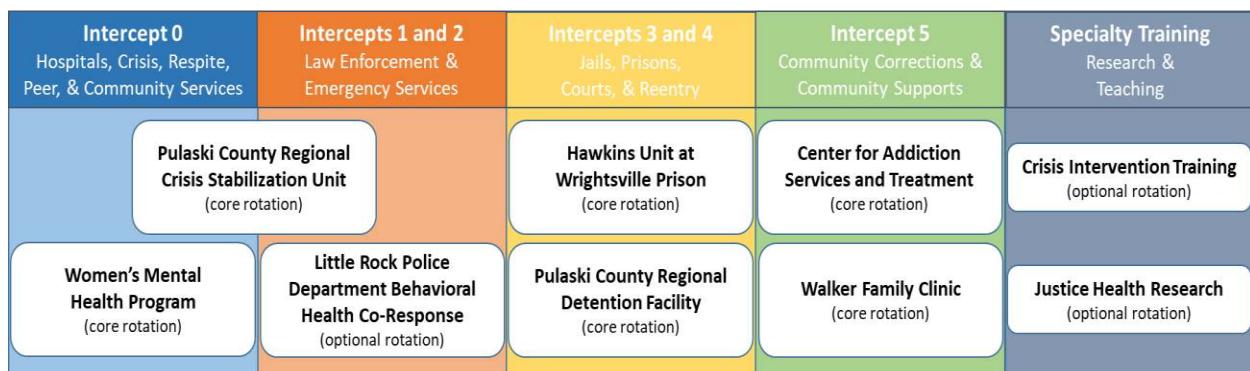
The information above will be used to match interns to possible preceptors, with knowledge of timely opportunities also considered.

Of relevance to this training track, Dr. Zielinski is available to serve as a research rotation preceptor for interns with an interest in the intersections between mental health, trauma and drug/alcohol use—which commonly intersect with individuals’ involvement in the criminal justice system. Please reach out to Dr. Zielinski if you would like additional information on opportunities.

## Sample Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday			
8:00am	Flex Time	Didactics	Center for Addiction Services and Treatment	Ouachita River Correctional Unit	Hawkins's Unit at Wrightsville Prison			
8:30am								
9:00am		Flex Time						
9:30am								
10:00am								
10:30am								
11:00am								
11:30am								
12:00pm	Lunch	Lunch	Lunch	Lunch	Lunch			
12:30pm		Lunch	Lunch	Lunch	Lunch			
1:00pm	Pulaski County Crisis Stabilization Unit	Women's Mental Health Program	Walker Family Clinic	Pulaski County Regional Detention Facility	Hawkins's Unit at Wrightsville Prison			
1:30pm								
2:00pm								
2:30pm								
3:00pm								
3:30pm								
4:00pm								
4:30pm								

## Illustration of Internship Experience



# Neuropsychology Track

## Overview

The Neuropsychology Track is designed for trainees who intend to pursue a career in academic neuropsychology with a focus in clinical service, research, and education. The primary objective of the neuropsychology track is to fulfill the requirements of the APA guidelines for internship training in psychology as well as to fulfill the requirements set forth by APA Division 40, the Houston Conference guidelines, and the Association of the Internship Training Centers in Clinical Neuropsychology. The neuropsychology track provides clinical, didactic, and research training to develop a high level of competence in clinical neuropsychology. 12 months of neuropsychological clinical training allows for exposure to a wide range of patient populations, including classic neurologic disorders and rarer syndromes, using flexible battery to more qualitative approaches for assessing and understanding the neurocognitive profiles of these patients. Successful completion of this internship program will meet criteria for future Board Certification in Clinical Neuropsychology with 50% of the training focused specifically on neuropsychology. The remaining 50% of the training is focused on clinical psychology with 12-month rotations in psychotherapy or cognitive rehabilitation with general and specialty adult populations. An elective minor research rotation is also offered. The primary patient population for this track is adults and geriatric populations with a variety of neurological, neurosurgical, medical, and psychiatric presentations with more limited exposure to late adolescents. Faculty psychotherapy orientations include cognitive, cognitive behavioral, interpersonal, and mindfulness.

## Neuropsychology Service

For 12 months interns train within the neuropsychology service that was developed in 2006. The service has developed a strong regional reputation, and patients are referred from across the state and from bordering regions of adjacent states. At present the neuropsychology service is a referral-based program that provides neurocognitive assessment for a variety of patient populations with referrals primarily coming from the Departments of Neurology and Neurosurgery, as well as from Family Medicine, Psychiatry, and community and hospital-based clinicians throughout the state. Although the majority of the service is outpatient based, inpatient consults are also conducted, primarily involving normal pressure hydrocephalus evaluations. Common referral questions focus on diagnostic clarification, neurocognitive and functional abilities within existing conditions, and evaluation for surgical planning with the neuropsychologists playing important roles on multiple interdisciplinary treatment teams including Epilepsy Surgery and Functional Neurosurgery teams. The service includes two board certified neuropsychologists, one early career neuropsychologist, two neuropsychology fellows, and a dedicated neuropsychology technician. Interns have the opportunity to conduct testing independently and to train with the neuropsychology technician to fully experience the range of testing modalities. Our goal is to help interns develop proficiency and self-assurance with increasing levels of independence throughout the training year so that they matriculate to postdoctoral fellowship with a strong sense of confidence and professional identity.

## **Clinical Populations:**

**Neurology.** The Neurology Clinics are a primary referral source to the neuropsychology service. Primary patient populations from the Neurology Clinics include multiple sclerosis, autoimmune disorders, epilepsy (pre-surgical and general epilepsy-related cognitive disorders), movement disorders (including pre-surgical Parkinson's Disease as well as other movement disorder types), and stroke. Typical consults are conducted to evaluate the extent to which an individual's illness impacts cognition, emotion, and functionality to 1) assist in differential diagnosis; 2) track disease progression over time, which often informs treatment decisions; and 3) provide recommendations to patients to improve daily functioning.

**Neurosurgery.** The Neurosurgery Clinic is staffed by specialized Neurosurgeon faculty who specialize in functional neurosurgery, skull-based and vascular neurosurgery, oncology, and spine. The Neurosurgery Department houses the only gamma knife service within the state of Arkansas, and is one of the few hospitals in the country that offers skull-based surgery. Common referrals include pre-and post-surgical evaluations for epilepsy, movement disorders, brain tumors, aneurysm, and trauma. In addition, all patients being considered for placement of spinal cord stimulators to control chronic pain are required to undergo a cognitive and emotional screening evaluation with Neuropsychology.

**Physical Medicine and Rehabilitation (PM&R).** The PM&R program provides comprehensive physician services to individuals with a variety of chronic injuries and disorders including central nervous system injury, neuromuscular and musculoskeletal disorders, and chronic pain. Typical referrals from PM&R often include the assessment of cognitive and emotional functioning in individuals with acute injuries such as TBI or stroke, or more chronic illness such as multiple sclerosis to determine functional abilities and make recommendations regarding ability to return to work, driving, and other daily activities.

**Psychiatry.** The neuropsychology service receives referrals for a variety of presenting problems from within the Psychiatry Department including differential diagnosis of cognitive decline (pseudodementia versus dementia) as well as dual diagnosis (cognitive decline, mood disorder and medical comorbidities).

**Primary Care and Trauma.** As the only level one trauma center for adults and academic medical center Arkansas, the neuropsychology service receives referrals across the state from primary care providers and other medical clinics for a wide variety of referral questions including dementia, general memory loss, concussion, and questions of differential diagnosis.

**Multiple Sclerosis (MS) Multidisciplinary Clinic.** In 2021, a multidisciplinary MS clinic was developed at UAMS with the goal of working collaboratively across disciplines to address the complex needs of MS patients. The clinic is housed off campus at the Freeway Medical Tower and meets twice per month. The team includes Neurology, Neuropsychology, Nursing, Health Psychology, and Physical Therapy. The role of

neuropsychology within this team includes brief assessment of cognitive and emotional functioning in the context of MS, interdisciplinary consultation, treatment planning, and psychoeducation for patients and their families. In December 2021, UAMS was designated as a Center for Comprehensive MS Care by the National Multiple Sclerosis Society.

**Trauma Surgery.** The UAMS Medical Center is an American College of Surgeons verified Level I Trauma Center that serves as a referral center for critically injured adult patients. The Trauma Center is staffed by the faculty of the UAMS Department of Surgery, Division of Trauma and Acute Care Surgery. Trauma patients are typically admitted to UAMS Medical Surgical Unit or the Surgical Intensive Care Unit. Neuropsychology provides a consultation service to include serial bedside assessment (i.e., O-log, CRS-R) and abbreviated neuropsychological evaluations to track recovery, relay information to the multidisciplinary treatment team, quantify cognitive and emotional deficits, and target symptoms for appropriate inpatient treatment and outpatient referral after discharge. This rotation also provides ample opportunity to engage in early rehabilitation services for trauma patients including in-room environmental restructuring, compensatory strategies, behavioral management, and adjustment to injury focused therapies. This setting is highly dependent on multidisciplinary consultation and collaboration, which also provides exposure to co-treatment with other disciplines, development of educational material for families, and systemic intervention.

### **Specialty Areas of Focus – Multidisciplinary Teams.**

**Deep Brain Stimulation (DBS).** The Neuromodulation Program at UAMS was formulated in 2010 under the direction of Dr. Erika Petersen, functional neurosurgeon in the Department of Neurosurgery. Over the course of the past decade, the program has grown exponentially and developed a strong regional and national reputation; indeed, in 2012 UAMS was identified as the most rapidly-growing center for DBS. We currently rank in the top 50 most active sites nationally. UAMS is one of only 38 centers in the country with an active program for implementing DBS in severe, treatment refractory obsessive-compulsive disorder. This multidisciplinary team has led to active research collaborations with a mission to improve pre-surgical evaluation procedures and post-surgical outcomes. Neuropsychology is an integral component to the Neuromodulation Program. As compromised pre-surgical cognitive functioning is a risk factor for poor postsurgical outcomes, neuropsychological assessment is a critical component of identifying appropriateness for surgery.

**Epilepsy.** The Arkansas Epilepsy Center at UAMS Health is the only adult comprehensive level 4 epilepsy center in the state of Arkansas certified by the National Association of Epilepsy Centers (NAEC). The center is comprised of a multi-disciplinary team of clinicians, including neurology, neurosurgery, radiology, and neuropsychology, who work together to find the most appropriate epilepsy treatment for each patient. Neuropsychology serves an integral role within this team by providing neurocognitive evaluations for individuals with epilepsy. Neuropsychology is consulted to assist with diagnosis, cognitive and functional impact, treatment recommendations, and as part of the epilepsy surgical team. All individuals being considered for surgical intervention undergo pre-surgical

evaluations with neuropsychology for the purposes of identifying areas of dysfunction that may support the seizure focus and for determining identifying cognitive or other risks of surgery in the individual. These results are discussed during the monthly epilepsy surgical team meetings, and if the patient is approved for surgery, a follow-up post-surgical evaluation is conducted 12 months post-surgery.

**Tumor.** Neurosurgery regularly treats benign and malignant brain tumors through medication, surgery, radiation therapy, and chemotherapy. UAMS is also the only facility in Arkansas offering non-invasive gamma knife treatment for brain tumors. Neuropsychology is regularly present at brain tumor surgical planning meetings and is consulted for a variety of reasons including pre-treatment baseline evaluations, post-treatment evaluations for functional assessment, and ongoing monitoring of cognitive abilities and emotional functioning for individuals with chronic or recurrent tumors.

### **Optional Training Opportunities**

#### **Walker Family Clinic – Cognitive Rehabilitation**

**Overview of Setting.** In 2019, a multi-tiered Cognitive Rehabilitation Program was initiated within the Walker Family Clinic to provide individual and group therapy services to rehabilitate cognitive functioning and improve brain health for adults with neurologic conditions. As of 2022, this program has expanded to include opportunities to provide inpatient cognitive rehabilitation, adjustment to injury intervention, and supportive psychoeducation to patients and their families receiving care within the Level I Trauma Center at UAMS (Department of Surgery, Division of Trauma and Acute Care Surgery).

**Patient Population.** The program includes individual cognitive rehabilitation for patients with acquired brain injury, individual cognitive rehabilitation for patients with epilepsy, group rehabilitation for patients with Multiple Sclerosis (MS), dynamic multidisciplinary group rehabilitation for survivors of moderate to severe traumatic brain injury, and group Cognitive Stimulation Therapy (CST) for patients diagnosed with mild to moderate forms of dementia. As above, patient population also includes those patients receiving Level I trauma care as a result of traumatic brain injury and polytrauma. In addition, systemic interventions to support education and ongoing recovery is provided for families. Treatment populations continue to expand with program growth.

**Core Training Opportunities.** In this 6- or 12-month rotation, interns have the opportunity to provide direct individual cognitive rehabilitation focused on empirically supported manualized interventions as well as incorporated recommended techniques for acquired brain injury within inpatient and outpatient settings, including adjustment to injury and psychoeducation. For interns interested in providing intervention to patients with epilepsy, training opportunities, including national certification, is available. In group settings, interns may either facilitate or co-facilitate (depending on experience) cognitive rehabilitation targeted at mild cognitive impairment within the Neurology Clinic for patients diagnosed with MS or through a community-based grant that provides multidisciplinary rehabilitation for ongoing recovery for TBI survivors. Interns will also have the unique opportunity to provide CST, an evidenced-based treatment for dementia in a group

setting. Each of these tiers provide ample exposure to new training, direct patient care, multidisciplinary interaction, consultation, and the additional option of engaging in research throughout the rotation. The amount of time spent on this rotation is flexible and based on intern's interest in other rotations. Individual rehabilitation is flexible during the week; however, group intervention requires availability on Wednesday and/or Thursday afternoons.

**Optional Training Opportunities.** In addition to providing individual and group cognitive rehabilitation, interested interns are able to gain experience in program development. Due to the rapid growth of the program in order to meet patient needs across the state, opportunities for implementation of evidenced-based rehabilitation, program evaluation, development of updated manualized treatment, and interdisciplinary consultation and training are also available.

**Supervision.** Interns have weekly individual supervision focused on their cases within this rotation. Dr. Fullen is the primary supervisor for this rotation. Supervision occurs at 9am on Friday mornings, however, additional availability is possible.

### **Walker Family Clinic – Outpatient Behavioral Health Therapy**

**Overview of Setting.** The Walker Family Clinic has been offering mental health services to adult populations since 2008. This outpatient mental health clinic serves the referral needs for UAMS' inpatient services and outpatient clinical programs. The patient population for the clinic generally reflects the socioeconomic demographic breakdowns of the Little Rock metropolitan area. This rotation focuses on providing diagnostic assessment and intervention to patients with a wide range of mental health concerns. Staff include psychologists, doctoral psychology interns, psychiatrists, psychiatry residents and fellows, psychiatric nurses, licensed clinical social workers, social work interns, and licensed professional counselors.

**Patient Population.** The Walker Family Clinic serves adults with a wide range of clinical diagnoses, including trauma and stress-related disorders, depression, bipolar disorder, anxiety disorders, somatization and conversion disorders, psychotic disorders, personality disorders, and substance use concerns. Because patients are referred from within the UAMS Health system, many of those seen at the Walker Family Clinic have co-occurring chronic health issues such as pain, diabetes, hypertension, gastrointestinal issues, sleep problems, and neurologic disorders.

**Core Training Opportunities.** During the 12-month therapy rotation, interns will have an opportunity to emphasize client populations and treatment modalities of interest. This rotation primarily emphasizes interns solidifying skills in providing individual psychotherapy. However, based on interest and experience, interns may also have the opportunity to lead or co-lead existing psychoeducational groups or implement new groups, including justice health-related topics (based on experience). Interns will also have the opportunity to provide clinical consultation to masters-level clinicians providing services at the Walker Family Clinic. Interns will also have opportunities to build competency and skill in the provision of trauma-informed and trauma-focused individual and group psychotherapies including Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Prolonged Exposure, and STAIR Narrative Therapy. Interns may also choose to contribute to trainings for masters-level clinicians, medical students and residents, and other service providers team related to traumatic stress.

**Supervision.** Interns have weekly individual supervision focused on their cases/groups within this rotation. Depending upon scheduling, they may also attend multidisciplinary staffing meetings and/or clinic trainings. Dr. McBain is the primary supervisor for this rotation.

### **Transplant Psychology**

**Overview of Setting.** UAMS is the home of Arkansas' only adult kidney and liver transplant center. UAMS performed the state's first kidney transplant in 1964 and the state's first liver transplant in 2005. The UAMS organ transplant team has performed over 2,000 kidney transplants and over 400 liver transplants, and continues to grow. This rotation focuses on providing pre-transplant psychological evaluations and psychotherapy to pre- and post-transplant patients to optimize outcomes. Interns are part of multidisciplinary teams consisting of transplant surgeons, nephrologists, hepatologists, nurse practitioners, nurse coordinators, pharmacists, dietitians, financial coordinators, social workers, and psychologist.

**Patient Population.** As the only adult kidney and liver transplant center in Arkansas, patients come from all over the state of Arkansas and at times from surrounding states to receive care. Common behavioral health issues addressed within this population include depression, anxiety, substance use disorders, treatment adherence, pain management, and weight management.

**Core Training Opportunities.** During the 6- or 12-month rotation, interns conduct pre-transplant psychological evaluations, and may provide outpatient psychotherapy to patients pre- and post-transplant. Interventions primarily utilize CBT, ACT, and other evidence-based interventions to address depression, anxiety, substance use, pain management, and adherence issues. Interns may engage in inpatient evaluation and consultation services for emergent transplant cases. There may also be opportunity for interns to conduct psychological evaluations for pre-living kidney donors. Interns will attend multidisciplinary weekly kidney and/or liver transplant listing meetings.

**Optional Training Opportunities.** Interns may have the opportunity to assist with staff trainings in their area of expertise. Interns may also have the opportunity to participate in ongoing program development and evaluation initiatives.

**Supervision.** Interns work closely with the supervisor while conducting pre-transplant and living donor psychological evaluations. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Brief supervision occurs immediately before and after each evaluation. Interns who provide psychotherapy to patients within this rotation will also have weekly individual supervision focused on therapy cases. Dr. Yek is the primary supervisor for this rotation.

### **Primary Care and Population Health Service Line**

**Overview of Setting.** UAMS is home to 19 primary care clinics across the state of Arkansas. UAMS has a mission to develop the next generation of integrated primary care teams through training and clinical experiences within a fully integrated primary care setting. The UAMS Primary Care and Population Health Service Line (PCPHSL) is dedicated to strengthening the integration

of behavioral health into all primary care settings across UAMS and the state. Dr. Deen works within the PCPHSL to implement and evaluate integrated behavioral health and to spearhead a culture-change within primary care to fully integrate behavioral health as a pillar of primary care.

**Patient Population.** Primary care clinics are located both on UAMS campus and within the Little Rock Community. They serve a diverse range of patient populations across the lifespan (birth to geriatrics) and health conditions. Little Rock is a diverse city and the UAMS primary care clinics serve a range of socioeconomic, racial, and ethnically diverse patients, as well as provide services for many of the seriously mentally ill and the houseless within the community.

**Core Training Opportunities.** During the 6- or 12-month rotation, interns will work in interdisciplinary primary care clinics providing integrated behavioral healthcare as a behavior health consultant. They will receive warm-handoffs from primary care providers, conduct functional assessments to determine treatment needs, and provide short-term, evidence-based interventions within primary care. Interns will have the opportunity to train in and receive supervision in evidence-based treatments for common conditions in primary care. This includes CBT for Insomnia (CBT-i), Written Exposure Therapy (WET), CBT for Chronic Pain (CBT-c), and brief interventions for depression and anxiety in primary care. Core training will include hands-on experience working in multidisciplinary care teams that include physicians, nurse practitioners, nurses, nutritionists, tobacco cessation counselors, and specialty care teams. Interns will have the opportunity to work with varied patient populations and the rotation can be tailored to address specific patient population interests. This is a core outpatient rotation. However, the amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

**Optional Training Opportunities.** The PCPHSL and behavioral health integration team are committed to continued quality improvement and the use of implementation science to bring evidence-based practices into the community. Interns have the opportunity to learn about implementation science and have experience with planning and executing quality improvement projects within integrated primary care.

**Supervision.** Interns will receive cutting-edge training in integrated primary care behavioral health and will have the opportunity to observe, train, and practice in fully integrated primary care settings with supervision. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Dr. Deen is the primary supervisor for this rotation.

## **Student Wellness**

**Overview of Setting.** The UAMS Student Wellness Program provides free and confidential counseling/therapy, psychiatric evaluation, and medication management services in a safe and nurturing environment to actively enrolled UAMS students and their spouses. The program also offers outreach and prevention activities on campus to increase awareness of our services and promote wellness among UAMS students. These activities include regular lectures and workshops on wellness topics across campus (e.g., mindfulness, relationship enrichment, stigma, stress

management, and school-life balance). Staff include psychiatrists, psychiatry residents, licensed clinical social workers, and doctoral psychology interns.

**Patient Population.** The clinic serves UAMS students with a wide range of clinical concerns, including stress, depression, anxiety, OCD, trauma, eating disorders, relationship problems, concerns related to gender and sexuality, substance use issues, burnout, and other emotional problems.

**Core Training Opportunities.** During this 12-month rotation, interns carry individual therapy cases and work in a multi-disciplinary team setting with psychiatrists and social workers. In addition to clinical care, the interns participate in a weekly multi-disciplinary didactic series with the other clinicians who staff the program.

**Supervision:** Matt Boone, LCSW provides weekly or biweekly supervision according to the intern's needs. Supervision focuses on evidence-based principles and processes of change drawn from the CBT tradition, including acceptance and commitment therapy (ACT), dialectical behavior therapy (DBT), cognitive therapy, and behavioral approaches such as exposure therapy and behavioral activation. Supervision invites the intern to reflect on their own reactions to the work and use the skills they are learning to respond more effectively to their internal barriers to doing their best work while connecting to what matters most to them as a clinician. Interns are invited to co-lead a transdiagnostic ACT group with Matt as part of their learning.

## Research

A unique feature of the neuropsychology track is the availability of an elective research rotation. This rotation is designed to afford interns the opportunity to participate in neuropsychologically-focused research of their choosing from multiple ongoing research endeavors with the expectation that the work would result in a presentation and/or publication. Alternatively, the intern may elect to bring data from their home lab and use this time to further their own research through the development of manuscripts, presentations, posters, or grant applications under the guidance of a research mentor assigned for the year.

The faculty section in this brochure offers information about their research interests. However, as faculty projects and availability varies from year-to-year, interns wishing to complete the research rotation should include a short paragraph addressing the following in their application cover letter:

1. A brief overview of their previous research
2. Their interest areas for research moving forward (consider content area(s), methodologies and populations of interest, and need for training in research processes)

The information above will be used to match interns to possible preceptors, with knowledge of timely opportunities also considered.

## **Current Research Opportunities.**

Founded in 2010 as Arkansas's first research-dedicated human MRI center, the Helen L. Porter and James T. Dyke Brain Imaging Research Center (BIRC) is a neuroscience and neurotechnology resource for the PRI, College of Medicine, UAMS, and the state of Arkansas. The long-term goal of the BIRC is to conduct human neuroscientific research that has the greatest potential to improve the treatment of neuropsychiatric disorders and prevent illness in at-risk individuals. The BIRC's past and currently funded scientific initiatives focus on modeling the neural mechanisms underlying addiction, individual differences in cognition and behavior, emotion regulation and dysregulation, adaptive and maladaptive responses to early childhood trauma, and predicting treatment responses. In addition, the BIRC fosters collaborative research with external investigators spanning PRI research divisions, College of Medicine departments, UAMS Colleges, and other academic institutions. Additional details on the BIRC past and current research, as well as training opportunities, can be found at <https://birc.uams.edu/>. Dr. Any James supervises adult-track interns interested in conducting research on projects in the BIRC.

The Neuropsychology Service has several active areas of ongoing research. Drs. Gess and Kleiner are members of the Clinical Neuroscience Investigators Working Group, a collaborative meeting where research projects are developed and collaborated upon for individuals interested in various aspects of neuroscience. Current projects include the following:

**Cognitive Connectome.** The Cognitive Connectome project was established in 2012 as an initiative to enhance fMRI's translation into clinical care by mapping normative variance in the neural encoding of cognition. To date, 54 healthy participants have completed functional neuroimaging tasks and clinical neuropsychological assessment spanning eight cognitive domains: motor, visuospatial, language, learning, memory, attention, working memory, and executive function. The fMRI tasks include direct replications of neuropsychological instruments (such as the Judgment of Line Orientation task) as well as conceptual replications (such as the Tower of London and Tower of Hanoi tasks). To date, the Cognitive Connectome project has generated a whole brain atlas derived from task-based fMRI activity.

**Clinical Databases.** Interns will have access to two databases of neuropsychological test results for individual project development. One database includes individuals who are being evaluated for and who have undergone DBS for treatment of a movement disorder, and the other database includes neuropsychological test results for individuals who are being evaluated for and who have undergone surgical intervention for treatment of intractable seizures.

Dr. Fullen is available to serve as a research rotation supervisor for interns with an interest in program evaluation, quality improvement studies, rehabilitation medicine, and cognitive health. Opportunities are also available to join any existing multidisciplinary research studies with Neuro-oncology, Trauma Rehabilitation, and Neurology.

## Didactics

Didactic opportunities unique to the neuropsychology track are offered in addition to the general didactics that are scheduled for interns across the three tracks. They include the following:

- DBS Surgical Conference (monthly)
- Epilepsy Surgical Conference (monthly)
- Neuro-Oncology/Gamma Knife Conference (weekly)
- Brain Cutting Conference (weekly to bi-weekly as scheduled)
- Neurology Grand Rounds (weekly)
- Movement Disorders Video Conference (as scheduled)
- UAMS/Central Arkansas Veteran's Health System (CAVHS) Neuropsychology Case Conference Seminar (monthly) and additional didactic opportunities with CAVHS Neuropsychology Track as available
- UAMS Neuropsychology Conference/Journal Club (weekly)
- UAMS Neuropsychology Neuroanatomy Lecture Series (monthly)
- Other Didactic Opportunities in conjunction with Neurology and Neurosurgery Residents as applicable
- Brain Imaging Research Center (BIRC) Journal Club and other lectures as available

## Sample Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00am		Neuro-oncology Conference			
7:30am					
8:00am					
8:30am					
9:00am					
9:30am					
10:00am					
10:30am					
11:00am					
11:30am					
12:00pm					
12:30pm					
1:00pm					
1:30pm					
2:00pm					
2:30pm					
3:00pm					
3:30pm					
4:00pm	Neuropsych Evaluation	DBS Surgical Conference – 2 <sup>nd</sup> Tuesday	Neuropsych Evaluation / Movement Disorder Clinic	Transplant Services (Liver)	Cog Rehab Supervision
4:30pm	Neuropsych Supervision			Cognitive Rehab	Neuropsych Didactics
					Cognitive Rehab
					Liver Meeting
				Epilepsy Surgical Conference – 2 <sup>nd</sup> and 4 <sup>th</sup> Thursday	

# Integrated Health Care Track

## Overview

The goal of the Integrated Health Care Track is to train psychologists who can thrive in multidisciplinary, specialized health care settings; provide high-quality evidence-based care; and promote the crucial role of collaborative care in promoting physical and psychological wellness. Our track strives to provide clinical experiences and mentorship that fosters development of interns' professional identity as an integrated care professional. We aim for interns to leave our program as skilled early career professionals who are developing expertise in interdisciplinary communication, promotion of psychological health to other healthcare professionals and to the public, and as scholars who are able to utilize clinical science to develop evidence-based healthcare programs for underserved communities. We seek to recruit interns who are interested in improving population health and health equity through interprofessional collaboration and education. The Integrated Health Care Track offers training opportunities in outpatient and inpatient settings, all of which offer significant opportunity to work with dynamic, multidisciplinary teams and diverse patient populations:

- ACH Burn Unit and Clinic for Adults (inpatient/outpatient core)
- Psychiatry Consultation and Liaison Service (inpatient elective)
- Trauma and Emergency General Surgery Service (inpatient elective)
- Primary Care and Population Health Service Line (outpatient core)
- Transplant Psychology Service (outpatient core)
- Cognitive Rehabilitation, Walker Family Clinic (outpatient elective)
- Outpatient Behavioral Health Therapy, Walker Family Clinic (outpatient elective)

To ensure breadth of training, interns will complete at least one inpatient core, inpatient elective, outpatient core, and outpatient elective rotation.

## Inpatient Rotations

### **Arkansas Children's Hospital Burn Center for Adults**

**Overview of Setting.** Arkansas Children's Hospital Burn Center is the only one of its kind in Arkansas, providing both inpatient care and outpatient follow-up for adults and children with burn injuries. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Little Rock metropolitan area; however, the specialty nature of this setting draws patients from across Arkansas and sometimes surrounding states. Interns are part of the multidisciplinary Burn Center team which includes surgeons, anesthesiologists, nurses, nurse practitioners, physician assistants, occupational therapists, physical therapists, speech therapists, nutritionists, respiratory therapists, social workers, and pediatric psychologists.

**Patient Population.** The Burn Center serves patients ranging from those with serious acute burn injuries to those seeking to manage and/or improve functioning from burns sustained many years prior. This population commonly has complicating behavioral health issues that impact the healing

process. Presenting psychiatric problems in this population with which the intern would provide interventions include crisis management, depression, PTSD (both related and unrelated to the burn injury), generalized anxiety, sleep difficulties, pain management, nicotine cessation, and substance use disorders. Although the unit serves both adults and children, the Integrated Health Care Track intern provides services only for adults.

**Core Training Opportunities.** During this 12-month required rotation, interns provide psychological consultation services on both the inpatient unit and in the outpatient clinic. As part of the Burn Center team, interns provide interventions for adult patients along with their family members. Clinical services include brief assessment of mental health symptoms, psychoeducation about behavioral health issues and treatment, crisis and risk assessment, and brief cognitive-behavioral interventions. Referrals to local therapy providers in the patients' communities will be made for ongoing psychological services as indicated. The intern consults daily with other clinicians on the Burn Center team to provide consultation and feedback regarding patient care needs and recommendations for behavioral health care. Common interventions provided include motivational enhancement, brief sleep interventions, behavioral strategies for pain management, and trauma assessment with connection to evidence-based treatment. Interns spend all day on Thursdays at the Burn Center.

**Optional Training Opportunities.** Interns can participate in development and provision of training for the Burn Center team related to mental health topics that help the team to better utilize psychological services as well as to assess and treat burn patients. Interns shadow the various disciplines at the beginning of the rotation and can observe wound care, PT/OT interventions, and nurse practitioner procedures in the outpatient clinic. Interns are invited to participate in the annual Burn Retreat where survivors gather to share stories and interact with professionals.

**Supervision.** Interns work closely with the supervisor while providing services in the Burn Center. The supervisor and interns see burn patients in tandem initially, allowing for live supervision, and then independently as the intern and supervisor are comfortable. Brief supervision occurs immediately after each patient is seen throughout the clinical day. Dr. Evans is the primary supervisor for this rotation.

### **Psychiatry Consultation and Liaison Service**

**Overview of Setting.** The UAMS Medical Center is Arkansas' only academic health sciences center and a primary source for both general and specialty care for Arkansans living in Little Rock and across the state. The Psychiatry Consultation and Liaison (C/L) Service specializes in the diagnosis and management of psychiatric disorders across every general medical and specialty service within the hospital. Interns on this rotation will be a part of the Psychiatry C/L team and provide brief assessment and behavioral health intervention to patients referred to the C/L service. The intern will work with the Psychiatry C/L team to extend the clinical reach of the C/L service and contribute their expertise in behavioral intervention to support patients during their hospitalization.

**Patient Population.** As the only comprehensive academic health center in the state, UAMS' patient population generally reflects the demographic breakdowns of the Little Rock metropolitan area and Arkansas more broadly. This provides the intern an opportunity to work with diverse

patients from a wide range of cultural backgrounds and lived experiences. Common reasons for consultation include depression, anxiety, suicidal ideation, behavioral changes, pain management, grief, substance abuse, decisional capacity, and broad adjustment to hospitalization, injury or illness.

**Core Training Opportunities.** During this 6- or 12-month rotation, interns participate in Psychiatry C/L inpatient rounds and provide consultation services on both general medicine and specialty inpatient units across UAMS. As part of the C/L team, interns provide interventions for adult patients along with their family members. Clinical services include brief assessment of mental health symptoms, psychoeducation, crisis intervention, health and behavioral intervention, pain management, inpatient psychotherapy (e.g., adjustment to illness), and facilitation of effective communication between patients and the treatment team. The intern will serve as an integral member of the C/L team which includes attending psychiatrists, psychiatry residents, nurse practitioners, and licensed social workers. A key role of the intern on this rotation will be to serve as an advocate for patients and to facilitate development of empowering and collaborative relationships between the patient, their family, and their treatment team. The amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

**Optional Training Opportunities.** Interns may be able to provide brief clinical training and consultation to the social work team, care management service, and Psychiatry C/L team members on topics of interest.

**Supervision.** The intern will participate in daily C/L rounds with the attending psychiatrist, psychiatry residents, nurse practitioners, and licensed social workers while on the rotation. Dr. McBain is the primary psychology supervisor for this rotation. Dr. Amy Grooms will provide additional psychiatry supervision and support while on the rotation. Supervision will occur regularly throughout the day as consults are completed.

### **Trauma and Emergency General Surgery Service**

**Overview of Setting.** The UAMS Medical Center is an American College of Surgeons verified Level I Trauma Center that serves as a tertiary referral center for critically injured adult patients, admitting more than 2,800 patients with traumatic injuries each year. The Trauma Center is staffed by the faculty of the UAMS Department of Surgery, Division of Trauma and Acute Care Surgery. Trauma patients are typically admitted to UAMS Medical Surgical Unit or the Surgical Intensive Care Unit. This rotation is focused on providing inpatient and outpatient care to injured trauma survivors receiving surgical intervention after injury or emergency procedures for critical illness at UAMS. Experience with consultation-liaison psychology is desired, but not required.

**Patient Population.** As the only Level I Trauma Center, injured patients come from all over the state of Arkansas and at times surrounding states to receive care. The most common patient populations served include those with internal and external orthopedic injuries, penetrating trauma (e.g., gunshot wound), traumatic brain injuries, spinal cord injuries, limb amputations, polytrauma, and various other conditions and injuries, in addition to patients with emergent non-injury related medical conditions. The trauma population is often an underserved and psychosocially complex population with disproportionate exposure to prior traumatic experiences, mental health and/or

substance use disorders, poverty, community violence, and oppression. Interns will be encouraged to expand their awareness of the systemic issues that contribute to increased risk for injury and victimization in this population and how it relates to an elevated risk to develop PTSD, depression or other negative health outcomes.

**Core Training Opportunities.** During this 6- or 12-month rotation, interns attend the medical surgical multidisciplinary daily meeting and provide consultation services on both the inpatient units and outpatient clinic. As part of the trauma team, interns provide interventions for adult patients along with their family members. Clinical services include brief assessment of mental health symptoms, psychoeducation, crisis intervention, health and behavioral intervention, pain management, inpatient psychotherapy (e.g., adjustment to illness), and trauma-focused assessment and treatment for those at elevated risk to develop post-injury PTSD. The intern will serve as a member of a dynamic multidisciplinary team which includes surgeons, advanced practice providers, pharmacists, social workers, pastoral care team, as well as physical and occupational therapists. Interns will collaborate with the members of the trauma and EGS teams by attending clinical care rounds, consult with staff regarding patients' psychological functioning, and facilitate effective communication between patients and the treatment team. The amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

### **Optional/Intermittent Training Opportunities.**

**Training.** Interns may have the opportunity to be involved in clinical training opportunities both in inpatient and outpatient settings. Examples include trauma-informed care training for residents, fellows, or nursing staff and education on brief behavioral interventions for social workers, care managers, and the pastoral care team.

**Quality Improvement and Administration.** Interns may be included in ongoing quality improvement and program development opportunities within the trauma center. Interns may have the opportunity to support development of intervention materials and resources for trauma patients and the trauma team.

**Research.** Dr. McBain is available to serve as a research rotation preceptor for interns with an interest in health psychology, trauma, or implementation science. Interns may also have the opportunity to attend the trauma research meetings which includes medical students, residents, and fellows working on research projects relevant to the trauma and emergency general surgery services. Please reach out to Dr. McBain if you would like additional information on opportunities.

**Supervision.** Supervision is conducted in a progressive manner in which the supervisor and interns see trauma patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Brief supervision or consultation occurs throughout the clinical day. Dr. McBain is the primary supervisor for this rotation.

## **Outpatient Rotations**

### **Primary Care and Population Health Service Line**

**Overview of Setting.** UAMS is home to 19 primary care clinics across the state of Arkansas. UAMS has a mission to develop the next generation of integrated primary care teams through training and clinical experiences within a fully integrated primary care setting. The UAMS Primary Care and Population Health Service Line (PCPHSL) is dedicated to strengthening the integration of behavioral health into all primary care settings across UAMS and the state. Dr. Deen works within the PCPHSL to implement and evaluate integrated behavioral health and to spearhead a culture-change within primary care to fully integrate behavioral health as a pillar of primary care.

**Patient Population.** Primary care clinics are located both on UAMS campus and within the Little Rock Community. They serve a diverse range of patient populations across the lifespan (birth to geriatrics) and health conditions. Little Rock is a diverse city and the UAMS primary care clinics serve a range of socioeconomic, racial, and ethnically diverse patients, as well as provide services for many of the seriously mentally ill and the houseless within the community.

**Core Training Opportunities.** During the 6- or 12-month rotation, interns will work in interdisciplinary primary care clinics providing integrated behavioral healthcare as a behavior health consultant. They will receive warm-handoffs from primary care providers, conduct functional assessments to determine treatment needs, and provide short-term, evidence-based interventions within primary care. Interns will have the opportunity to train in and receive supervision in evidence-based treatments for common conditions in primary care. This includes CBT for Insomnia (CBT-i), Written Exposure Therapy (WET), CBT for Chronic Pain (CBT-c), and brief interventions for depression and anxiety in primary care. Core training will include hands-on experience working in multidisciplinary care teams that include physicians, nurse practitioners, nurses, nutritionists, tobacco cessation counselors, and specialty care teams. Interns will have the opportunity to work with varied patient populations and the rotation can be tailored to address specific patient population interests. This is a core outpatient rotation. However, the amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

**Optional Training Opportunities.** The PCPHSL and behavioral health integration team are committed to continued quality improvement and the use of implementation science to bring evidence-based practices into the community. Interns have the opportunity to learn about implementation science and have experience with planning and executing quality improvement projects within integrated primary care.

**Supervision.** Interns will receive cutting-edge training in integrated primary care behavioral health and will have the opportunity to observe, train, and practice in fully integrated primary care settings with supervision. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Dr. Deen is the primary supervisor for this rotation.

## **Transplant Psychology**

**Overview of Setting.** UAMS is the home of Arkansas' only adult kidney and liver transplant center. UAMS performed the state's first kidney transplant in 1964 and the state's first liver transplant in 2005. The UAMS organ transplant team has performed over 2,000 kidney transplants and over 400 liver transplants, and continues to grow. This rotation focuses on providing pre-transplant psychological evaluations and psychotherapy to pre- and post-transplant patients to optimize outcomes. Interns are part of multidisciplinary teams consisting of transplant surgeons, nephrologists, hepatologists, nurse practitioners, nurse coordinators, pharmacists, dietitians, financial coordinators, social workers, and psychologists.

**Patient Population.** As the only adult kidney and liver transplant center in Arkansas, patients come from all over the state of Arkansas and at times from surrounding states to receive care. Common behavioral health issues addressed within this population include depression, anxiety, substance use disorders, treatment adherence, pain management, and weight management.

**Core Training Opportunities.** During the 6- or 12-month rotation, interns conduct pre-transplant psychological evaluations, and may provide outpatient psychotherapy to patients pre- and post-transplant. Interventions primarily utilize CBT, ACT, and other evidence-based interventions to address depression, anxiety, substance use, pain management, and adherence issues. Interns may engage in inpatient evaluation and consultation services for emergent transplant cases. There may also be opportunity for interns to conduct psychological evaluations for pre-living kidney donors. Interns will attend multidisciplinary weekly kidney and/or liver transplant listing meetings.

**Optional Training Opportunities.** Interns may have the opportunity to assist with staff trainings in their area of expertise. Interns may also have the opportunity to participate in ongoing program development and evaluation initiatives.

**Supervision.** Interns work closely with the supervisor while conducting pre-transplant and living donor psychological evaluations. Supervision is conducted in a progressive manner in which the supervisor and interns see patients in tandem initially, allowing for live supervision, and then with increasing independence as the intern and supervisor are comfortable. Brief supervision occurs immediately before and after each evaluation. Interns who provide psychotherapy to patients within this rotation will also have weekly individual supervision focused on therapy cases. Dr. Yek is the primary supervisor for this rotation.

## **Walker Family Clinic – Cognitive Rehabilitation**

**Overview of Setting.** In 2019, a multi-tiered Cognitive Rehabilitation Program was initiated within the Walker Family Clinic to provide individual and group therapy services to rehabilitate cognitive functioning and improve brain health for adults with neurologic conditions. As of 2022, this program has expanded to include opportunities to provide inpatient cognitive rehabilitation, adjustment to injury intervention, and supportive psychoeducation to patients and their families receiving care within the Level I Trauma Center at UAMS (Department of Surgery, Division of Trauma and Acute Care Surgery).

**Patient Population.** The program includes individual cognitive rehabilitation for patients with acquired brain injury, individual cognitive rehabilitation for patients with epilepsy, group rehabilitation for patients with Multiple Sclerosis (MS), dynamic multidisciplinary group rehabilitation for survivors of moderate to severe traumatic brain injury, and group Cognitive Stimulation Therapy (CST) for patients diagnosed with mild to moderate forms of dementia. As above, patient population also includes those patients receiving Level I trauma care as a result of traumatic brain injury and polytrauma. In addition, systemic interventions to support education and ongoing recovery is provided for families. Treatment populations continue to expand with program growth.

**Core Training Opportunities.** In this 6- or 12-month rotation, interns have the opportunity to provide direct individual cognitive rehabilitation focused on empirically supported manualized interventions as well as incorporated recommended techniques for acquired brain injury within inpatient and outpatient settings, including adjustment to injury and psychoeducation. For interns interested in providing intervention to patients with epilepsy, training opportunities, including national certification, is available. In group settings, interns may either facilitate or co-facilitate (depending on experience) cognitive rehabilitation targeted at mild cognitive impairment within the Neurology Clinic for patients diagnosed with MS or through a community-based grant that provides multidisciplinary rehabilitation for ongoing recovery for TBI survivors. Interns will also have the unique opportunity to provide CST, an evidenced-based treatment for dementia in a group setting. Each of these tiers provide ample exposure to new training, direct patient care, multidisciplinary interaction, consultation, and the additional option of engaging in research throughout the rotation. The amount of time spent on this rotation is flexible and based on intern's interest in other rotations. Individual rehabilitation is flexible during the week; however, group intervention requires availability on Wednesday and/or Thursday afternoons.

**Optional Training Opportunities.** In addition to providing individual and group cognitive rehabilitation, interested interns are able to gain experience in program development. Due to the rapid growth of the program in order to meet patient needs across the state, opportunities for implementation of evidenced-based rehabilitation, program evaluation, development of updated manualized treatment, and interdisciplinary consultation and training are also available.

**Supervision.** Interns have weekly individual supervision focused on their cases within this rotation. Dr. Fullen is the primary supervisor for this rotation. Supervision occurs at 9am on Friday mornings, however, additional availability is possible.

### **Walker Family Clinic - Outpatient Behavioral Health Therapy**

**Overview of Setting.** The Walker Family Clinic has been offering mental health services to young adults, adults, and geriatric populations since 2008. This outpatient mental health clinic serves the referral needs for UAMS' inpatient services and outpatient clinical programs. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Little Rock metropolitan area. This rotation focuses on providing diagnostic assessment and behavioral health intervention to patients with a wide range of health conditions. Staff include psychologists, pre-doctoral psychology interns, psychiatrists, psychiatry residents and fellows, psychiatric nurses, licensed clinical social workers, social work interns, and counselors.

**Patient Population.** This rotation focuses on patients with various health conditions who require evidence-based interventions for improving health outcomes. Patients are referred from across UAMS Health ensuring interns will have the opportunity to work with patients with a wide range of health-related concerns. Common referrals include patients with cancer at various stages of care, patients with chronic pain, and patients with neurological conditions. Interns may also have the opportunity to establish outpatient mental health services with patients they've seen on other rotations within the Integrated Health Care Track (e.g., C/L service, Trauma, Burn) who require longer-term psychotherapy services.

**Core Training Opportunities.** For this 6- or 12-month rotation, responsibilities of the interns include providing diagnostic interviews and evidence-based interventions via individual therapy to patients with various health conditions. Individual therapy cases can be selected based on the intern's training goals; examples of evidence-based interventions provided are: CBT for Insomnia, CBT for Chronic Pain, Cognitive Processing Therapy, and Acceptance and Commitment Therapy. The amount of time spent on this rotation is flexible and based on intern's interest in other rotations.

**Supervision:** Interns have weekly individual supervision focused on their cases within this rotation. Dr. Yek is the primary supervisor for this rotation.

### **Optional Research Rotation**

Interns may elect to complete a 6-month research rotation where they participate in on-going research under the supervision of a psychologist within the department. Many opportunities are available, depending on interests, the availability of faculty mentors, and funded projects, and the expectation is that work will result in a presentation and/or publication. Alternatively, the intern may elect to bring data from their home lab and use this time to further their own research through the development of manuscripts, presentations, posters, or grant applications under the guidance of a research mentor assigned for the year.

The faculty section in this brochure offers information about their research interests. However, as faculty projects and availability varies from year-to-year, interns wishing to complete the research rotation should include a short paragraph addressing the following in their application cover letter:

1. A brief overview of their previous research
2. Their interest areas for research moving forward (consider content area(s), methodologies and populations of interest, and need for training in research processes)
3. The names of 1-3 program faculty who may be a good fit for interests identified in #2

The information above will be used to match interns to possible preceptors, with knowledge of timely opportunities also considered.

Interns who do not elect to complete the research rotation may discuss opportunities to expand their involvement in one of the other internship rotations or additional clinical opportunities discussed with program faculty on interview day as time allows.

## Sample Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday			
<b>8:00am</b>	Trauma and Emergency General Surgery Service	Didactics	Trauma / Inpatient Cognitive Rehab	Arkansas Children's Hospital Burn Center for Adults	Flex Time / Outpatient Cognitive Rehab			
<b>8:30am</b>								
<b>9:00am</b>		Primary Care and Population Health Service Line						
<b>9:30am</b>								
<b>10:00am</b>								
<b>10:30am</b>								
<b>11:00am</b>								
<b>11:30am</b>								
<b>12:00pm</b>	Lunch	Lunch	Lunch	Lunch	Lunch			
<b>12:30pm</b>								
<b>1:00pm</b>	Trauma / Inpatient Cognitive Rehab	Primary Care and Population Health Service Line	Transplant	Arkansas Children's Hospital Burn Center for Adults	Research / Flex Time			
<b>1:30pm</b>								
<b>2:00pm</b>								
<b>2:30pm</b>								
<b>3:00pm</b>								
<b>3:30pm</b>								
<b>4:00pm</b>								
<b>4:30pm</b>								

# Training Faculty

## **Maegan Calvert, PhD**

She/Her/Hers

Assistant Professor

University of Arkansas, Fayetteville – 2019

Rotation: Research

Clinical Interests: assessing and treating child dysregulation, trauma-related disorders and intergenerational consequences of trauma.

Research Interests: Utilizing functional neuroimaging (fMRI, fNIRS) to understand how caregiver mental health and dyadic relationship quality are encoded and longitudinally expressed neurodevelopmentally

## **Michael Cucciare, PhD**

He/Him/His

Associate Professor

University of Nevada, Reno – 2006

Clinic/Rotation: Women's Mental Health Program

Clinical Interests: Substance use disorders

Research Interests: Addiction health services research; health care transitions; technology in mental health service delivery

## **Tisha Deen PhD**

She/Her/Hers

Associate Professor

University of Arkansas, Fayetteville – 2010

Clinic/Rotation: Primary Care and Population Health Service Line, Primary Care Behavioral Health

Clinical Interests: Primary care behavioral health, health psychology; dialectical behavior therapy; cognitive behavioral therapy; brief evidence-based psychotherapies (e.g., CBT-i, written exposure therapy (WET), prolonged exposure for primary care, problem solving therapy)

Research Interests: Use of facilitation to implement evidence-based treatments; access to behavioral health care in rural settings; use of telemedicine to improve access to care; brief interventions in primary care

Professional Interests: Leadership and advocacy in state and national professional organizations; advocacy for the practice of psychology and access to care for underserved and marginalized populations.

## **Lisa Evans, PhD**

She/Her/Hers

Associate Professor

Purdue University – 2002

Clinic/Rotation: Pulaski County Regional Crisis Stabilization Unit, Arkansas Children's Hospital Burn Center for Adults

Clinical Interests: Psychiatric rehabilitation; evidence-based practices for persons with serious mental illness; working with justice-involved persons with mental health issues; increasing access to high quality services for underserved populations  
Research Interests: Utilization of brief interventions in crisis settings

**Chrystal Fullen, PsyD**

She/Her/Hers

Assistant Professor

Our Lady of the Lake University – 2019

Clinic/Rotation: Walker Family Clinic neuropsychology service and cognitive rehabilitation

Clinical Interests: Traumatic and other acquired brain injury; rehabilitation; multiple sclerosis; integrated neuropsychological assessment services; supervision

Research Interests: Rehabilitation outcomes; cognitive stimulation therapy; development and advancement of rehabilitation approaches/tools; cognition in brain tumor patients

**Jennifer Gess, PhD, ABPP/CN**

She/Her/Hers

Associate Professor

Training Director

Georgia State University – 2001

Clinic/Rotation: Walker Family Clinic neuropsychology service

Clinical Interests: Epilepsy; brain injury; movement disorders; brain neoplasm; dementia

Research Interests: Post-surgical cognitive outcome; the development of fMRI as a clinical tool

**Kelly Hamman, LCSW**

She/Her/Hers

Mental Health Professional, Trauma Training Treatment Specialist

University of Arkansas Little Rock (Social Work) – 2008

Clinic/Rotation: Child Study Center Trauma-Focused Cognitive Behavioral Therapy

Clinical Interests: Child and adolescent trauma; early childhood mental health; trauma-focused cognitive behavioral therapy; child-parent psychotherapy

Research Interests: Dissemination and sustainability of evidence-based practice; predictors of adherence to EBT fidelity

**Lee Isaac, PsyD**

He/Him/His

Assistant Professor

La Salle University – 2020

Clinic/Rotation: Walker Family Clinic neuropsychology service

Clinical Interests: Geriatric neuropsychology; dementia; movement disorders; stroke; brain injury;

Research Interests: Updated assessments for specificity in dementia diagnosis; integration of technology into assessment procedures

**Andrew James, PhD**

He/Him/His

Associate Professor

University of Florida (Neuroscience) – 2005

Clinic/Rotation: Brain Imaging Research Center neuropsychology research

Research Interests: Functional neuroimaging; addiction; cognition; individual differences

**Sufna John, PhD**

She/Her/Hers

Associate Professor

Co-Director, Arkansas Building Effective Services for Trauma (ARBEST)

Southern Illinois University, Carbondale – 2014

Clinic/Rotation: Child Study Center Child-Parent Psychotherapy; cultural humility curriculum

Clinical Interests: Early childhood trauma; complex trauma assessment; intergenerational and parent trauma; child-parent psychotherapy

Research Interests: Factors that impact the success and course of childhood trauma

symptomology and treatment; development and dissemination of best practices in trauma-informed care

Professional Interests: Improving child welfare practices; building cultural humility in healthcare settings; building evidence-based approaches for understanding and addressing “attachment concerns” in traumatized youth

**Jennifer Kleiner, PhD, ABPP/CN**

She/Her/Hers

Professor

Chief Psychologist

University of Buffalo – 2004

Clinic/Rotation: Walker Family Clinic neuropsychology service

Clinical Interests: Movement disorders; multiple sclerosis; dementia; brain tumors; brain injuries

Research Interests: Pre-surgical evaluation for deep brain stimulation; normal variance in fMRI and neuropsychology

**Sacha McBain, PhD**

She/Her/Hers

Assistant Professor

Palo Alto University – 2018

Clinic/Rotation: Walker Family Clinic, Psychiatry C/L Service, Department of Surgery Division of Trauma and Acute Care Surgery

Clinical Interests: Adjustment after illness or injury; early intervention for PTSD

Research Interests: Implementation and evaluation of interventions for trauma-related sequelae in non-mental health settings; interdisciplinary care; access to care

**Glenn Mesman, PhD**

He/Him/His

Associate Professor

Assistant Training Director

Southern Illinois University, Carbondale – 2010  
Clinic/Rotation: Child Study Center psychological evaluation and Parent-Child Interaction Therapy  
Clinical Interests: Psychological evaluations; Parent-Child Interaction Therapy  
Research Interests: Behavioral difficulties in early childhood; dissemination of evidence-based practices

**Joy Pemberton, PhD**

She/Her/Hers  
Associate Professor  
Texas Tech University – 2010  
Clinic/Rotation: Child Study Center Parent-Child Interaction Therapy; Child Diagnostic Unit  
Clinical Interests: Disruptive behavior disorders; child and adolescent trauma; Parent-Child Interaction Therapy; psychological evaluations  
Research Interests: Dissemination of evidence-based practices; increasing availability and accessibility of empirically-based practices

**Lindsey Robert, PhD**

She/Her/Hers  
Assistant Professor  
Bowling Green State University – 2020  
Clinic/Rotation: Child Study Center psychological evaluation, Parent-Child Interaction Therapy, Dialectical Behavior Therapy; Child Diagnostic Unit  
Clinical Interests: Trauma recovery; psychological evaluations; early childhood; adolescence  
Research Interests: Program valuation; qualitative research; adolescents; positive youth development

**Karin Vanderzee, PhD**

She/Her/Hers  
Associate Professor  
Miami University – 2013  
Clinic/Rotation: Child Study Center Trauma-Focused Cognitive Behavioral Therapy  
Clinical Interests: Treatment of trauma from infancy through adolescence; disruptive behavior disorders; Trauma-Focused Cognitive Behavior Therapy; Parent-Child Interaction Therapy; Child-Parent Psychotherapy  
Research Interests: The development and dissemination of evidence-based practices for childhood trauma; Parent-Child Interaction Therapy

**Elissa Wilburn, PhD**

She/Her/Hers  
Assistant Professor  
Texas Tech University – 2020  
Clinic/Rotation: Child Study Center psychological evaluation, Parent-Child Interaction Therapy, Dialectical Behavior Therapy  
Clinical Interests: Psychological evaluation; Parent-Child Interaction Therapy; Trauma-Focused Cognitive Behavior Therapy; Dialectical Behavior Therapy for adolescents and families

Research Interests: Risk factors associated with child and parent characteristics that independently and together contribute to both the exacerbation and undermining of child psychopathology following traumatic life experiences; dissemination and implementation of trauma-informed school programs

**Eva Woodward, PhD**

She/Her/Hers

Assistant Professor

Suffolk University – 2015

Rotation: Cultural humility curriculum

Clinical Interests: Health psychology; integrating mental health into primary care settings

Research Interests: implementation science to promote equitable and just delivery of health care

**Ming Hwei Yek, PsyD**

She/Her/Hers

Assistant Professor

Baylor University – 2019

Clinic/Rotation: Transplant psychology; outpatient therapy at Walker Family Clinic with focus on health psychology

Clinical Interests: Psychological evaluations and interventions for pre- and post-transplant patients; psycho-oncology

Research Interests: Alcohol relapse prevention for post-liver transplant patients; increasing quality of life in patients with cancer

**Melissa Zielinski, PhD**

She/Her/Hers

Assistant Professor

University of Arkansas, Fayetteville – 2016

Clinic/Rotation: Hawkins Unit, Wrightsville Prison, TeleSANE, Research Rotation

Clinical Interests: Trauma recovery, particularly among survivors of sexual and domestic violence; Dialectical Behavior Therapy; Cognitive Processing Therapy; access to care among marginalized/underserved populations

Research Interests: Dr. Zielinski directs the Health and the Legal System (HEALS) Research Lab, which aims to generate knowledge that can contribute to improving emotional and behavioral health for those that are involved in the legal system. Particular topics of interest are trauma/PTSD, substance use, women's health, and applications of implementation science. You can learn more about HEALS Lab here: <https://psychiatry.uams.edu/division-of-psychology/research/heals-lab/>. Check the "projects" tab for an updated list of ongoing studies.

# Didactics

Training methods include a didactic component that consists of a formal seminar series and other educational opportunities. Weekly seminars designed to meet the training needs of the interns in the program feature presentations by training faculty and other professionals from UAMS and the local community. Didactics are scheduled from 8:00am to 9:30am weekly on Tuesday morning and are divided into several series of training topics and activities.

## Profession-Wide Competency Series

This series of presentations cover competencies put forth by APA to help doctoral interns prepare for the practice of health service psychology. Competencies include research and evaluation, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills. In addition, presentations related to our program-specific competencies also are periodically provided (e.g., advocacy; reflective action, self-assessment, and self-care; teaching).

## Cultural Humility Curriculum

The overall goal of this curriculum is to help each psychology intern make progress toward being a psychologist who exhibits cultural humility in clinical practice, teaching and mentoring, and/or research. The baseline knowledge, attitudes, and skills for each intern will vary, and thus, the growth and end-of-internship progress will be different for each intern. This course provides a variety of teaching modalities to enhance cross-cutting knowledge, attitudes, and skills related to cultural humility. The format involves in-person lectures, process-oriented group discussions, journaling activities, assigned readings, and experiential activities. Although the overall goal of the course is not explicitly to enhance social justice—that is, the social advocacy of a psychologist to create equity in our society—it is possible that certain interns, instructors, or experiences may gravitate toward social justice. This is welcomed and encouraged.

Upon successful completion of this course, interns will complete the following objectives aligned with guidelines from the American Psychological Association's (2017) Multicultural Guidelines (in parentheses).

1. Gain an understanding of how individual difference (e.g., gender identity, age, sexual orientation, race, religion), intersectionality (e.g., gender x race), and societal and institutional oppression (e.g., white supremacy, gerrymandering, poverty), influence knowledge, attitudes, and behaviors of patients, mentees, supervisors, and research participants. (Guidelines: 1, 2, 4, 5, 7, 8, 9)
2. Develop a command of technical vocabulary related to multicultural topics. (Guidelines: 3)

3. Build or enhance skills (e.g., critical thinking, interpersonal communication) in understanding and articulating thoughtful responses to topics or controversies involving multicultural issues in clinical practice (e.g., culturally adapting interventions), teaching and mentoring, and research. (Guidelines: 3, 6, 9, 10)

Recent topic-oriented seminars have covered various aspects of multiculturalism, such as racial and ethnic health disparities, immigration, sexual minority and mental health therapy, and religion and spirituality. During process-oriented groups, interns and faculty leaders discuss and reflect upon the role of cultural humility in reducing health disparities, power and privilege, structural violence, microaggressions, race and racism, institutional and systematic oppression, and prejudice and stereotypes.

## **Supervision Curriculum**

The goal of the supervision curriculum is to create a foundational knowledge base and skills to develop a trainee's identity as an entry-level clinical supervisor. It is understood that trainees enter internship with varying degrees of experience related to training and practice of supervision. This curriculum is intended to support trainees' exposure to various models of supervision and practice with using various modes of teaching including lecture, video review, role-play and discussion. By the end of the course, it is anticipated that interns will meet the following benchmarks for readiness for entry to practice for supervision as identified in the APA Competency Benchmarks in Professional Psychology:

1. Expectations and Roles – Understands the ethical, legal and contextual issues of the supervisor role.
2. Processed and Procedures – Demonstrates knowledge of supervision models and practices; demonstrated knowledge of and effectively addresses limits of competency to supervise.
3. Skills Development – Engages in professional reflection about one's clinical relationships with supervisees, as well as supervisees' relationships with their clients.

## **Specialty Seminar Series**

A number of other topics are covered in the specialty seminar series. Interns participate in a 4-week Koru Mindfulness series, an evidence-based curriculum designed for teaching mindfulness, meditation, and resiliency to college students and other young adults. Interns learn several skills, including meditation, breathing exercises, guided imagery, and the body scan. Each of these skills is designed to help them manage stress and enrich their lives. Interns also participate in discussions related to professional topics, such as careers in clinical psychology (e.g., research, clinical, administration), applying to postdoctoral fellowships, EPPP, and working alongside other clinical or medical specialties in the hospital (e.g., psychiatry, neurology, social work). Finally, interns each conduct a clinical case presentation or a research job talk, depending on their career interests.

## **Grand Rounds and Conferences**

Interns also have the opportunity to attend the bimonthly Department of Psychiatry Grand Rounds and Case Conferences to stay current on clinical practices and research outcomes to increase and improve their knowledge, competence, performance, and patient outcomes. Interns also have access to the many grand rounds, symposia, and seminars that are offered within other UAMS departments (Pediatrics, Neurology) and colleges (College of Public Health). Additionally, interns can attend the Arkansas Psychological Association annual 2-day fall conference paid for by the internship program.

# Fellowships

Postdoctoral fellowships mentored by Department of Psychiatry faculty are available for those individuals interested in following their doctoral internship with additional clinical and/or research training. The department currently has the following fellowships:

- The 2-year fellowship in clinical neuropsychology is designed for residents who intend to pursue a career in academic neuropsychology with a focus in clinical service, research, and education. The primary objective of the neuropsychology training program is to fulfill the requirements set forth by APA Division 40, the Houston Conference guidelines, and the Association of Postdoctoral Programs in Clinical Neuropsychology. During fellowship there is exposure to a wide range of patient populations, including classic neurologic disorders and rarer syndromes, using flexible battery to more qualitative approaches for assessing and understanding the neurocognitive profiles of these patients. The primary patient population for this track is adults with a variety of neurological, neurosurgical, medical, and psychiatric presentations.
- Depending on the training year and funding mechanisms, the child and adolescent traumatic stress fellowship offers 1-year specialized clinical training. Fellows spend their clinical time in supervision and direct patient care at the UAMS Child Study Center (general psychiatric outpatient clinic for children) and Child Diagnostic Unit (psychiatric inpatient unit for children) conducting psychological evaluations and implementing evidence-based trauma interventions with youth from birth through adolescents. A small portion of the training year can be dedicated to scholarly activities, and trainees work with faculty to develop a plan to meet their professional development goals.
- As a joint effort, the Departments of Psychiatry and Surgery fund a 1-year postdoctoral fellowship in Trauma and Health Psychology. The goal of the fellowship is to provide the fellow with clinical training focused on developing advanced competencies in trauma and health psychology to prepare them for independent practice in an integrated care academic medical center environment. We aim to prepare the fellow to leave fellowship as an early career psychologist who can thrive in multidisciplinary, specialized health care settings, provide high-quality evidence-based care, and promote the crucial role of collaborative care in promoting physical and psychological wellness. The fellow will provide inpatient (SICU and med-surgery unit) and outpatient care (integrated surgical outpatient clinic) to socioeconomically diverse injured trauma survivors who require surgical intervention at a Level I Trauma Center. The fellow will also have the opportunity to participate in the UAMS Division of Surgical Research which strives to elevate clinical, basic science, and translational research across the entire UAMS Surgery Department. The division values and promotes interdisciplinary research collaborations and integration of behavioral health principles into surgical research. UAMS is currently one of the few Level I Trauma Centers in the United States to implement posttraumatic stress disorder (PTSD) risk screening and brief intervention on a trauma service. Depending on interest and ability, the fellow may

also have the opportunity to participate in ongoing program implementation and evaluation efforts or initiate small program development projects related to the care of injured or critically ill patients. The fellow may also participate in additional program development projects within the Department of Psychiatry including internship recruitment efforts, diversity and inclusion initiatives, and training program evaluation.

- Funded by a grant from the National Institute on Drug Abuse, UAMS's T32 Addiction Research Training Program seeks to develop a next generation of addiction researchers who will generate new and innovative approaches to preventing and treating addiction, with the knowledge that addiction is a multifaceted problem that demands input from multiple scientific disciplines. To this goal, we have assembled a cohort of experienced researchers and mentors from UAMS who provide research training opportunities reflecting the full spectrum of basic, clinical, and translation addiction research. The training program network of 23 faculty spans three Colleges (Medicine, Pharmacy, and Public Health) and six departments (Psychiatry, Pharmacology and Toxicology, Pharmacy Evaluation and Practice, Pharmaceutical Science, Neurobiology and Developmental Neuroscience, and Health Behavior and Health Education). Research training opportunities span the molecular aspects of targeting novel addiction medications to the science of implementation of prevention and treatment strategies in real world settings. Our trainees are highly interactive, diverse, and fluent in the social and clinical aspects of addiction. Fourteen of its past trainees are now academic faculty nationwide. Dr. Clint Kilts assumed the role of director of the program in 2012, with Dr. Cucciare serving as one of the associate co-directors. Two other psychology training faculty members, Dr. James and Dr. Zielinski, serve as mentors.

Our interns also have been successful in obtaining an impressive array of fellowships at prestigious institutions post internship completion. A recent sampling includes:

Child and Adolescent Training Track

Albany Medical Center  
Brown University  
Harvard University/Judge Baker Children's Center  
Kennedy Krieger Institute  
Ohio State University  
San Diego Center for Children  
Stanford University  
University of Arkansas for Medical Sciences  
University of California, Davis  
University of California, San Diego  
University of Nebraska/Munroe Meyer Institute  
University of Pittsburgh/Western Psychiatric Institute and Clinic  
University of South Florida  
Yale University

Neuropsychology Training Track

Dartmouth

University of Arkansas for Medical Sciences  
University of Miami  
University of West Virginia  
VA St. Louis Health Care System

Trauma, Recovery, and Justice Track (formerly the Adult Training Track)  
Central Arkansas Veterans Healthcare System  
University of Arkansas for Medical Sciences

Integrated Health Care Track  
Texas A&M/Baylor Scott & White Health  
University of Indiana  
University of Minnesota

Following fellowship training, our interns work in a variety of settings, including academic medicine, university-based departments of psychology, private practice, VA hospitals, and community mental health centers. More than half of our current psychology faculty members were either doctoral interns or postdoctoral fellows at UAMS.

# Applying to Internship

## Eligibility Requirements

- Application from APA accredited doctoral program in clinical or counseling psychology
- United States citizen or authorization to work or to engage in practical training (CPT or OPT) in the United States
- Comprehensive exams passed (if applicable)
- Admitted to doctoral candidacy in graduate program
- Successful defense of dissertation proposal
- Prefer significant progress or completion of dissertation by internship start
- Minimum of 800 hours of total practicum experiences (intervention, assessment, and supervision)
- Minimum of 3 years of pre-internship graduate training

## Post-Application Requirements

- Personal interview  
Child Track: December 2 and 7, 2022; January 4 and 12, 2023  
Trauma, Recovery, and Justice Track: December 9, 2022; January 11, 2023  
Neuropsychology Track: December 14, 2022; January 6 and 20, 2023  
Integrated Health Care Track: December 16, 2022; January 13, 2023
- Successful completion of the intern matching program

## Post-Match Requirements

- Pass criminal background checks by Arkansas State Police and FBI, including fingerprinting
- Pass pre-employment drug screen (Interns also subject per UAMS policy to random drug screens during internship.)

## Application Procedure

The due date for all application material is November 1, 2022 at 11:59 pm and must be submitted online. Applications must include:

- Submission of the AAPI
- Program director's endorsement
- Three letters of recommendation
- Curriculum vita
- Official transcript of graduate work

## **Interviews**

Applicants will be interviewed by supervising faculty and meet with current doctoral interns through a video conferencing platform (e.g., Zoom). Interviews are scheduled in December and January. Notifications for interviews will be sent via email by December 1, 2022.

## **Stipend and Fringe Benefits**

Current stipend is approximately \$37,309 plus the fringe benefit package. Stipends are determined each year in the University of Arkansas Medical College annual budget.

Doctoral psychology interns are considered Medical School House Staff and participate in all fringe benefits allotted to medical interns and residents as set forth by UAMS and Arkansas Children's Hospital. These include, but are not limited to, paid professional liability insurance coverage, paid hospitalization insurance policy for the intern, plus benefits at nominal cost for dependents.

Interns also receive the following:

- Paid attendance at 2-day Arkansas Psychological Association conference
- Free parking
- Fifteen (15) days of personal leave plus holidays

## **UAMS Drug/Vaccine Policies**

UAMS will not take action against an employee or applicant who tests positive for marijuana (THC) in any drug screen if the employee has appropriate medical documentation. However, employees working in safety sensitive positions (e.g., clinical care) should not be impaired while on duty.

All UAMS employees, non-employees, and students will be asked to identify their COVID vaccination status before hire or enrollment and must provide one of the following:

- a. Acceptable proof that the individual received either (1) both doses of a Multi-Dose Vaccine or (2) the only dose of a Single-Dose Vaccine; or
- b. Acceptable proof that the individual submitted a request for Medical Exemption or Religious Exemption to Student and Employee Health Services (SEHS) upon hire. The submission to SEHS must be made within thirty (30) days of hire or enrollment.

Acceptable forms of proof include (1) a vaccination record card (or a legible photo of the card), (2) documentation of vaccination from a health care provider or electronic health record, (3) a state immunization information system record, or (3) a copy of the Medical Exemption or Religious Exemption form submitted to SEHS.

**Please Note**

The internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant. We participate in the APPIC Internship Matching Program.

No eligible person will be excluded from participation or be denied the benefits of this internship training program in clinical psychology on the grounds of gender, race, national origin, religion, or sexual orientation.

Questions related to the program's accreditation status should be directed to the commission on accreditation at the following address:

American Psychological Association  
750 First Street N.E.  
Washington, D.C. 20002-4242  
Telephone: (202) 336-5979  
Fax: (202) 336-5978  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
<http://www.apa.org/ed/accreditation>

# Contact Information

## **Training Director**

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## **Assistant Training Director**

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## **Internship Assistant**

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# Life in Little Rock

## Education

- The Little Rock School District, the largest in the state, contains approximately 50 public schools and provides educational services to over 25,000 students annually.
- Three other school districts service the children and adolescents of Pulaski County – Pulaski County Special School District, North Little Rock School District, and Jacksonville North Pulaski School District.
- Little Rock is home to both the Arkansas School for the Blind and the Arkansas School for the Deaf.
- Over 12,000 students receive their education at the University of Arkansas at Little Rock (UALR), and the university features over 100 undergraduate degree programs and over 60 graduate degree programs.
- Philander Smith College, a private historically Black college founded in 1877, is affiliated with the United Methodist Church and is a founding member of the United Negro College Fund. The college was added to the US National Register of Historic Places in 1999.
- Arkansas Baptist College is a private historically Black liberal arts college established in 1884. It is the only historically Black Baptist school west of the Mississippi River. The Main Building on its campus, built in 1893, is one of the oldest surviving academic buildings in the state and was listed on the US National Register of Historic Places in 1976.
- Founded in 2004, the Clinton School of Public Service is a branch of the University of Arkansas System and offers students a Master in Public Service degree.

## The Arts

- Arkansas Arts Center is the state's largest art museum and contains drawings, collections, children's theater productions, a museum school, gift shop, and a restaurant.
- Arkansas Repertory Theatre, founded in 1976, is the state's largest professional, not-for-profit theatre company and produces works such as contemporary comedies, dramas, world premieres, and dramatic literature.
- Arkansas Symphony Orchestra performs over 30 concerts a year.
- Ballet Arkansas is the state's only professional ballet company.
- Community Theatre of Little Rock, founded in 1956, is the area's oldest performance art company.
- Robinson Center Music Hall hosts the Arkansas Symphony Orchestra and several Broadway national touring shows each year.
- Wildwood Park for the Arts is the largest park dedicated to the performing arts in the South and features seasonal festivals and cultural events.

## Museums

- The Mosaic Templars Cultural Center in 2020 achieved accreditation by the American Alliance of Museums, the highest national recognition a museum can receive. The accreditation is the ninth awarded to a Black culture/history institution in the nation and only the third in the South.

- Little Rock has a proud history of being on the forefront of the civil rights movement. The Little Rock Central National Historic Site commemorates the desegregation of Central High School in 1957 and the persistence of nine African American students in attending a formally all-White school.
- The William J. Clinton Presidential Center, opened in 2004, includes the Clinton presidential library and the offices of the Clinton Foundation and the Clinton School of Public Service. The library facility cantilevers over the Arkansas River, echoing Clinton's campaign promise of "building a bridge to the 21st century."
- The Arkansas Arts Center, the state's largest cultural institution, is a museum of art and an active center for the visual and performing arts.
- The Museum of Discovery features hands-on exhibits in the fields of science, history, and technology.
- The Historic Arkansas Museum is a regional history museum focusing primarily on the frontier time period.
- The MacArthur Museum of Arkansas Military History, opened in 2001, is the last remaining structure of the original Little Rock Arsenal and one of the oldest buildings in central Arkansas. It was the birthplace of General Douglas MacArthur who went on to be the supreme commander of US forces in the South Pacific during World War II.
- The Old State House Museum is a former state capitol building now home to a history museum focusing on Arkansas' recent history.
- The ESSE Purse Museum illustrates the stories of American women's lives during the 1900s through their handbags and the day-to-day items carried in them.
- Heifer International is the headquarters of the global hunger and poverty relief organization, adjacent to the Clinton Presidential Center.

## **Food and Drink**

- Arkansas's capital city offers an amazing selection of local restaurants, award-winning chefs, and unique dining experiences. The ever-expanding Little Rock foodscape is a mashup of Southern classics, soul food, barbecue, and adventurous ethnic dishes. In 2015 Forbes Travel Guide included Little Rock in their "Five Secret Foodie Cities."
- Check out Little Rock Food and Drink for the best locally-owned restaurants in the city ([www.littlerock.com/food-drink](http://www.littlerock.com/food-drink)).
- Little Rock's food truck scene satisfies the appetites of locals and visitors alike. Approximately 70 food trucks converge in Little Rock on an annual basis in September for the Main Street Food Truck Festival.
- Numerous ethnic food festivals occur on an annual basis in Little Rock, including Greek, Jewish, Indian, Turkish, and Italian food celebrations.

## **Outdoors**

- *Outdoor* magazine named Little Rock one of its 2019 Best Places to Live.
- The Arkansas River Trail offers over 17 miles of river view that runs along both the north and south banks of the Arkansas River. There are five pedestrian and bicycle bridges connected to the River Trail, making Little Rock the only city in the country with five pedestrian bridges that stretch over a navigable body of water. The trail is a must-see for visiting cyclists, hikers, and outdoor enthusiasts.

- The Big Dam Bridge is one of the longest pedestrian and bicycle bridges in North America and spans the Arkansas River.
- Little Rock has over 60 parks and recreational areas.
- Riverfront Park stretches 11 blocks on the south bank of the Arkansas River in downtown Little Rock. The park provides 33 acres of urban parkland for outdoor events, leisure activities, and a glimpse of the state's history.
- Two Rivers Park is a 1000-acre tract at the confluence of the Arkansas and Little Maumelle Rivers. The park has many amenities including bike trails, walking trails, gardens, and abundance of wildlife, as well as the new pedestrian bridge that connects to the Arkansas River Trail.
- Pinnacle Mountain State Park is adjacent to the western side of Little Rock. The most prominent feature of the park is Pinnacle Mountain, which towers over 1,000 feet above the Arkansas River Valley and includes several hiking trails. The park also includes the Arkansas Arboretum, an interpretive trail with flora and tree plantings.
- Rattlesnake Ridge Natural Area contains 5 miles of trails rated intermediate to expert.
- Toltec Mounds Archeological State Park, a national historic landmark, comprises one of the largest and most impressive archeological sites in the Lower Mississippi River Valley. Presented here are Arkansas's tallest Native American mounds.

## Sports

- The Arkansas Travelers, the AA professional minor league baseball affiliate of the Seattle Mariners, play their home games at Dickey-Stephens Park in North Little Rock.
- The Little Rock Rangers soccer club of the National Premier Soccer League (NPSL) played their inaugural seasons in 2016. Home games are played at War Memorial Stadium in the heart of Little Rock and boast one of the highest fan attendances in the NPSL.
- War Memorial Stadium also is the second home of the University of Arkansas Razorbacks football team who play most of their home games at Donald W. Reynolds Razorback Stadium in Fayetteville.
- The city is also home to the Little Rock Trojans, the athletic program of the University of Arkansas at Little Rock. The majority of the school's athletic teams are housed in the Jack Stephens Center, which opened in 2005. The Trojans play in the NCAA Division II Sun Belt Conference, where the Arkansas State Red Wolves are their chief rival.
- The Little Rock Marathon, held on the first Sunday of March every year since 2003, features the world's largest medals given to marathon participants.

## Links to Local Information

- Little Rock Visitors Bureau – [www.littlerock.com](http://www.littlerock.com)
- Little Rock Calendar of Events – [www.littlerock.com/calendar](http://www.littlerock.com/calendar)
- Little Rock Neighborhoods – [www.littlerock.com/travel-tools/neighborhoods/](http://www.littlerock.com/travel-tools/neighborhoods/)