TRAINEE HANDBOOK

2015-2016 Training Year

Slavomir L. Zapata, Ph.D.
Director of Psychology Training Programs
Washington DC VA Medical Center I 50 Irving Street, NW I Washington DC, 20422
email: Slavomir.zapata@va.gov I phone: 202.745.8000 x55695

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Welcome

We want to welcome you to our training program. We are humbled by the thought that you, motivation, and perseverance to actualize your pursuits and dreams and to do what you have yet to achieve.

Introduction

This manual is designed to be used in conjunction with the psychology internship and postdoctoral fellowship sections on the DC VAMC website and with training resources found in intern and postdoctoral fellow folders on the shared drive. A copy of this manual will be provided in each trainee office, in the Director of Psychological Training Program's office, and to each trainee both electronically and in hard copy.

In any unfamiliar institutional setting, having comprehensive information available will have a positive impact on your experience. Knowledge of both the formal and informal structure of the medical center, its organization, and mechanisms by which patient care, education, and research are intermingled will help you get the most from your training experience.

Washington DC VA Medical Center

All training takes place within the Washington DC VA Medical Center and its five surrounding Community Based Outpatient Clinics (CBOCs). The DCVAMC is under the authority of the Veterans Health Administration (VHA). The VHA is the part of the U.S. Department of Veterans Affairs that is responsible for providing health care for Veterans, as well as funding health research and training for health care providers.

The DC VAMC is a comprehensive medical center that treats male and female Veterans who have a wide array of medical and psychiatric illnesses needing treatment in both inpatient and outpatient settings and is considered to be a tertiary care, Complexity Level 1B facility. It provides comprehensive primary and specialty care in medicine,

surgery, neurology and psychiatry. DC VAMC is part of the Veterans Integrated Service Network (VISN) #5. VISN 5 includes Washington DC, Baltimore and Perry Point, MD, and Martinsburg, WV. The DC VAMC is the designated Polytrauma Network Site for VISN 5.

The DC VAMC is one of the few VA Medical Centers affiliated with four Medical Schools: The George Washington University, Georgetown University, Howard University, and the F. Edward Hebert School of Medicine, Uniformed Services School of the Health Sciences. DC VAMC is a participant of the National Capitol Consortium (a research-based consortium) and has agreements with Walter Reed National Medical Center and The National Naval Medical Center.

Located in the nation's capital, the DC VAMC is among the most visible and dynamic facilities in the entire VA system. Patients seen at the DC VAMC are primarily Vietnam-era Veterans in the 60-70 age range. However the Medical Center also serves Veterans who participated in World War II, the Korean War, Gulf War I, Bosnia, and other conflicts, as well as many who experienced non-combat trauma (i.e., Military Sexual Trauma (MST), training accidents, responding to natural disasters, etc.). The DC VAMC is very active in providing outreach, education, assessment and treatment to our newest returning veterans.

Diversity Statement

The Washington DC VA Medical Center is an integrated multicultural environment which has 26 identified nationalities and cultures as of July 14, 2011. The executive leadership has representation from both men and women, and different ethnicities. Job announcements are nationally advertised on USAJOBS, a federal work force web site, which opens VA employment opportunities to a wide variety of applicants from different geographical areas, socioeconomic groups, cultural backgrounds, and ethnicities.

The recruitment and retention of qualified professional staff is consistent with the policies of the Department of Veterans Affairs, which promotes cultural diversity in its workforce. As a federal employer, the Washington DC Veterans Affairs Medical Center strictly follows all EEOC policies on fair recruitment and other personnel practices. The Department of Veterans Affairs, has a commitment to supporting diversity and inclusion by identifying core values of Integrity, Commitment, Advocacy, Respect and Excellence (I CARE) as core VA values. I CARE embraces diversity and inclusion.

An Environment of Fairness and Inclusion

We work to foster an environment of fairness and inclusion. From the early stages of recruitment to orientation (and the weeks that precede it), and throughout the training year, we highlight the individualized nature of training. We stress the importance of practicum students, interns and fellows bringing their passion and creativity into endeavors, and work with them to formulate independent training plans where they tell us what is most important to them. Fellows work with the Training Director, their supervisors, and their mentors to ensure that dedicated time is given to their top priorities related to their values and vision for their future careers. We have introduced reading material at the beginning of the training program which highlights the notion that each of us has the ability to shape our future through our unique strengths, talents, and passion; and work to incorporate such guiding principles into the formulation of individualized training plans.

Fairness in our systems: We work to check and recheck our system processes, learn from our missteps, and make changes based on feedback. For that reason, we have implemented a formal process where trainees evaluate us on a variety of aspects including: our program structure, professionalism, ethics and overall training experience. Formal processes involve meetings with the training director at four month intervals while in the training program and an exit interview at the end of training. Informal feedback is welcome throughout the training career and can be directed to the training director and members of the training committee.

Transparent Recruitment and Selection Process

We have a transparent recruitment and selection process which involves all of our training program staff. In 2014, we developed a **mission statement** to guide us in our interview and selection process for trainees which is simply, "To produce a welcoming interview experience that 1) demonstrates core qualities shared by the training program and its staff including: dedication to training and to the selection process, warmth and openness, a sensitivity to diversity issues, availability, and collaboration, and 2) is straightforward, organized, thoughtful and clear."

Retention

Retention of highly skilled psychology staff is a top priority for our training program. Part of being an employer of choice and retaining valuable staff, is to have opportunities for advancement and various assignments available to our own permanent employees – to grow from within. Many of our great successes come from our own employees advancing their career within VA. From our training program's perspective, this starts with the trainees we recruit. Many of our current staff psychologists were recruited as trainees. From the beginning of our training year, we provide numerous opportunities for our trainees/interns & Fellows to hear about various career trajectories both in VA and outside of VA. We work to create an environment though formal didactics and mentorship that promotes discussion about advancement opportunities and encourage our trainees to consider employment with us once the training year concludes. As discussion of possible job opportunities arises, we work to be both transparent about challenges associated with certain positions, and also to find ways that fellows could bring unique strengths and interests to positions they may be considering.

We promote diversity at every level within our training program and under the larger umbrella of the Mental Health Service Line in which our training program operates. We believe that selecting the country's top talent for trainees and for staff positions from all groups within our communities helps us better serve the Veterans with who we work and gives us the high level skill set we so need to work with such a complex population. Our training program recruits Fellow and Intern applicants from hundreds of unique colleges and universities across the United States. Among these institutions are Hispanic Serving Institutions, Historically Black Colleges and Universities, Asian American and Native American Pacific Islander Serving Institutions, and Native American Serving Institutions. In addition, we post announcements for new positions on USA Jobs and a variety of VA listserves including the internship training directors' listserve and the postdoctoral fellow training director listserve. As a result, we receive interest from applicants from all over the United States and in some instances even overseas.

We take every opportunity to give new hires a reason to stay. We work to familiarize them with their new role and training program culture. We recognize that the first few weeks can be the most difficult time for any staff member, and so we work to connect them not just with our leadership structure, but also with other supervisors as well as the trainees with whom we work. In reiterating how we appreciate new idea, creativity and innovation, we talk about how these characteristics set staff members up for opportunities for advancement. It is highlighted that the current Training Director saw an opportunity to create Fellowship training at our medical center, and with the support of mental health leadership was able to achieve a longstanding vision by adding

Fellowship positions in three emphasis areas. We recognize that gains we make with outstanding candidates rich in diversity will not be sustained if our work environment does not promote behaviors that encourage new ways of problem solving and rewards diversity of thought.

Philosophy of Training

Our psychology training programs are made up of individuals from different backgrounds, with a wide variety of characteristics and experiences who bring unique ideas to everything that we do. However, one very powerful thing that all of us have in common, is that we can make a difference in the world. We do this through our passion, our values, and our vision for the future. For this reason, we put diversity and inclusion at the center of our message. It is our belief that inclusion opens a broader view as we work to find solutions for the benefit of the Veterans with whom we serve and adapt to a changing climate.

By allowing trainees to expand their horizons, we give them permission to do what they thought might not be possible. We want to inspire trainees, not just to be good at what they do today, but to think about how they can develop and improve clinical, research and systems processes for the future. Who we are, where we come from, and the culmination of our experiences guide our thought and drive our passion.

Who We Are

Our psychology staff consists of over 40 psychologists who have come from many parts of the country. Many of our psychologists were former practicum students, interns, and postdoctoral fellows from our training programs.

The training committee consists of the Director of Psychology Training Programs, other psychology staff members, and the Chief, Psychology Service as an ex-officio member. Two of our most important members are our intern and postdoctoral fellow representatives. The committee meets at least monthly or more frequently, as needed.

In addition to the larger training committee, some committee members also serve on various subcommittees including assessment, didactics, diversity, orientation, practicum, and research.

Five members of our training committee serve as intern Training Plan Leads who meet individually with interns to review their overall goals and provide oversight to ensure that interns are able to integrate all components of their training throughout the training year. Selected psychology staff members serve a similar role as Clinical Mentors to the post-doctoral fellows.

Policy recommendations, training philosophy, and development and evaluation of the psychology training program are the responsibilities of the training committee. Many of the elements of the training program are derived from the "Guidelines and Principles for Accreditation of Programs in Professional Psychology" of the American Psychological Association (APA) which is available from the Director of Psychology Training Programs or from the APA website (www.apa.org\ed\accred.html).

Our Training Committee consists of the following members:

Christine Brown	Viara Quinones	Candice Wanhatalo
Lisa Carlin	Stephanie Sacks	Tracela White*
Leslie Gumienny*	Howard Schulman	Slavomir Zapata
Russell Jones	Leah Squires*	Parin Zaveri*
Paul Newman*	Leonard Tate	*Intern representative*
		Fellow representative

* training plan lead

Practicum, Intern, and Postdoctoral Training Experiences

The Service has approximately 25 - 30 practicum students each year from local area universities.

Clinics that routinely take practicum students include (typical number of students accepted is also included):

1) **Community Living Center** (CLC) (2 students)
2) **Health Psychology** (4 students)
3) **Home Based Primary Care** (HBPC)(1 student)

4) **Mental Health Clinic** (2 students)
5) **Neuropsychology** (3-4 students)
6) **Psychosocial Rehabilitation and Recovery Center** (PRRC) (5 students)
7) **Polytrauma** (2 students)
8) **Primary Care –Mental Health Integration** (2 students)
9) **Substance Abuse Rehabilitation Program** (SARP) (2 students)
10) **Trauma Services** (1-2 students)
11) **Women's Health Clinic** (1 student)

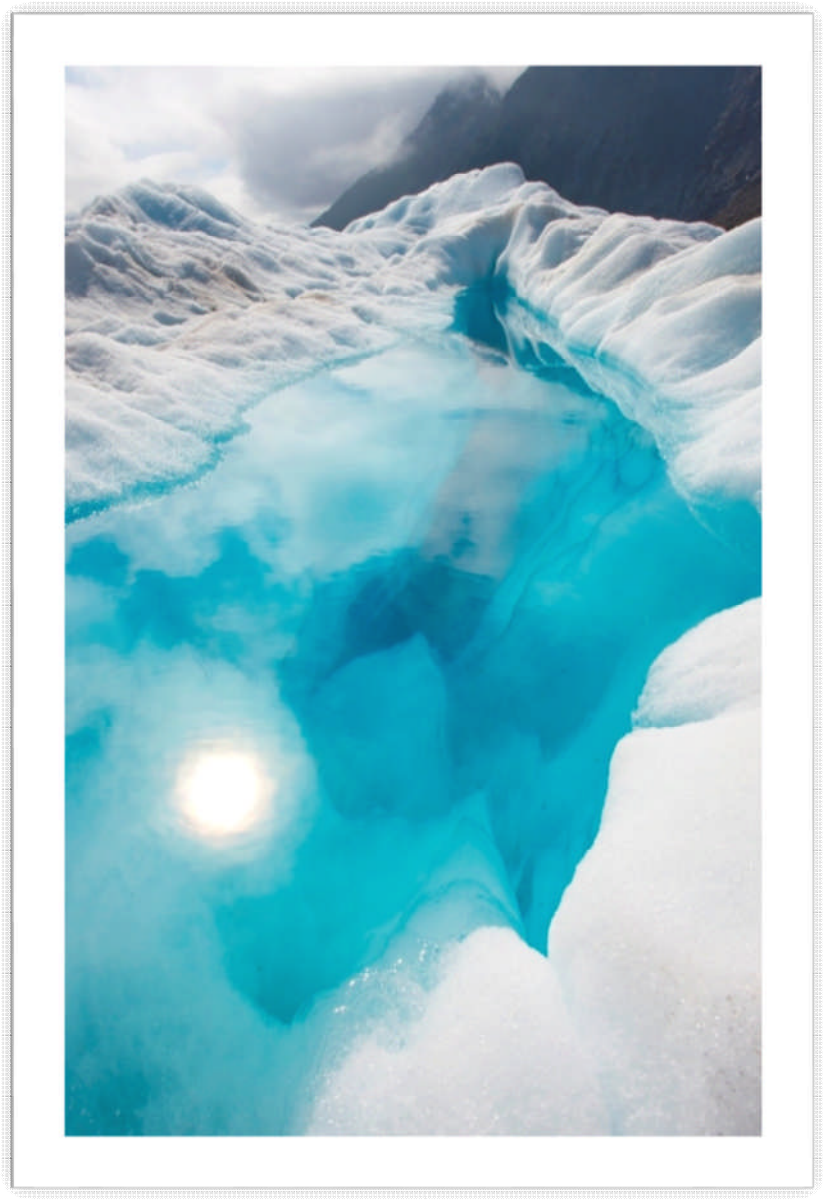
The DC VAMC Psychology Service runs an active APA Accredited Predoctoral Internship Program. Currently there are five Interns. Our internship program is a generalist model.

There are three training tracks for post-doctoral fellows within the primary Psychology Service:

1) Health Emphasis (Liver Disease and HIV)
2) Special Populations Emphasis (Serious Mental Illness and Geropsychology)
3) Trauma Emphasis

The War-Related Illness and Injury Study Center (WRIISC) at the DC VAMC has a two year Neuropsychology Postdoctoral Fellowship Program.

The following sections describe our Predoctoral Internship and Postdoctoral Fellowship programs in detail.



Predoctoral Internship Training

WASHINGTON DC VA MEDICAL CENTER

Predoctoral Internship Training Program:

Goals of the Internship Training Program

Training is a high priority at the Washington, DC VA Medical Center. The internship training program at the Washington, DC VA Medical Center contains five areas which we regard as fundamental to psychological practice

1. **Psychotherapy**
2. **Assessment**
3. **Practice Anchored in Research Literature**
4. **Consultation**
5. **Administrative and Professional Issues**

The main purpose of the internship program is to provide you with the training you need to be effective and independent psychologists in the following five areas:

Psychotherapy: The essence of professional practice is intervention, either singly or in groups, to sustain or improve the quality of life for individuals. The internship includes systematic training in psychotherapeutic approaches, and support in choosing an effective and appropriate method of treatment. When possible, training is based on current scientific research, i.e., evidence-based practice. Training in psychotherapeutic approaches is intended to build on the interns' current skills, and based upon the development of these skills over the course of the internship, intern responsibilities increase in complexity.

Assessment: Interns are trained in psychological assessment because of its importance within all psychotherapeutic endeavors. The internship focuses on the use of structured clinical interviewing supplemented with psychological, cognitive, diagnostic, and neuropsychological assessment measures in treating patients with a variety of presenting problems. The impact of family, work setting, current hospitalization, and cultural diversity is considered. Individualized assessment is emphasized, and training is given in the use of computer-supported assessment.

Practice Anchored in Professional and Research Literature*:* Use of psychological literature to guide psychological practice is also important. Interns are encouraged to make use of such literature in seeking solutions to practical patient problems. We teach interns to develop a realistic view of the applications as well as the limits of using research literature to guide patient treatment.

Consultation: Consultation is a separate and essential area of expertise for professional psychologists that involves answering referral questions from interdisciplinary staff.

Individual supervision time is devoted to helping interns develop the ability to handle referral questions sensitively and effectively, with attention to and respect for the needs of referral agents as well as the needs of the patients referred.

Administrative and Professional Issues: Administrative and professional issues frequently arise in day-to-day practice and are formally addressed in supervision and staff meetings. These issues include patient safety and confidentiality, maintaining positive professional relationships, knowing when to seek consultation with staff, and assuming responsibility for key patient care tasks. Ethics are considered at all times in addressing appropriate and feasible solutions to patient care. Sensitivity to cultural issues is emphasized through supervision and seminars.

The training program follows the "Guidelines and Principles for Accreditation of Programs in Professional Psychology" and the Code of Ethics of the American Psychological Association. These guidelines give our program its direction and guide our professional practice.

Means to Achieve the Goals of Internship

Goal: ***To help interns develop their skills in psychotherapy.***

- Interns engage in both individual and group psychotherapy.
- Interns are exposed to a wide variety of patients, including the chronic and severely mentally ill.
- Interns attend seminars on psychotherapy conducted by both staff and outside consultants.
- Psychotherapy supervision is provided by more than one supervisor, representing a variety of theoretical orientations.
- Interns participate in group supervision.
- Interns present cases to staff in case conferences.
- Interns train in a variety of rotations to ensure breadth of experience.

Goal: ***To help interns develop their knowledge of psychological assessment.***

- All interns complete six psychological assessments during the internship year.
- Interns attend seminars on psychological evaluation.
- Interns are supervised on assessment and report writing.

Goal: ***To encourage interns to use professional and research literature in their professional practice and to use evidence-based practice.***

- Interns are assigned reading throughout the internship.
- Interns are given seminars and are supervised in evidence-based practice.
- Interns participate in a journal club to foster critical analysis of scholarly research.

Goal: ***To help interns develop consultative skills.***

- Interns are placed on multi-disciplinary teams where consultation is expected.
- Individual supervision time is devoted to helping interns handle referral questions effectively.

Goal: ***To help interns develop their knowledge of administrative and professional issues.***

- Interns assist psychology service with the selection of future interns, program development, and other assignments to develop the internship and the department.
- Supervision and seminars are used to foster an understanding of cultural differences.
- Seminars on professional practice and ethical issues are provided.
- Interns have the opportunity to participate on the Training Committee
- Interns attend psychology service staff meetings, where professional issues are discussed.
- Supervisors devote considerable time working with interns to develop their documentation skills during the training year

Ethical Guidelines

We adhere to the APA Ethical Principals of Psychologists. Copies of these principles are kept in the intern office and can be downloaded at http://www.apa.org/ethics/code2002.pdf.

Christine Brown, Ph.D. facilitates the Ethics Chat as a part of intern didactics and is an invaluable resource for ethics related questions and materials.

Components of Internship Training

Your training year is comprised of three 4-month rotation periods. Each of these rotation periods include these major components (hours listed are approximate per week). While our expectation is that you will be able to meet requirements of internship within a 40-hour work week, there may be weeks where you spend slightly more time with us.

Major Rotation or 2 Minor Rotations 1

25 hours (including lunch time)

Long Term Therapy Experiences 2

5-6 hours

Comprehensive Assessment Component 3

2-3 hours (averaged)

Groups outside Rotations (Problem Solving and Living beyond Depression) 4

0-3 hours

Didactics 5

3-6 hours (average = 4)

Optional Elective Experiences *

Time as determined

Training Plan Leads

Training Plan Leads are members of the training committee who provide oversight to ensure that interns are able to integrate all components of their training.

Each intern is paired with a Training Plan Lead who meets with them during orientation to help them develop their integrated training plan including selecting rotations, choosing from different long term therapy experiences, discussing how an intern might meet the comprehensive assessment requirement, and deciding when to facilitate groups outside rotations. Training Plan Leads will continue to work closely with interns throughout the training year.

Training Plan Lead Frequently Asked Questions

1) **How frequently does the program suggest that training plan leads meet with interns?**
   The training program expects that interns will arrange monthly meetings with their Training Plan Lead during the first rotation period. While these meetings may remain at this frequency throughout the training year, the expectation decreases to meeting at the beginning of a rotation and at the midpoint of a rotation for the second and third rating periods (scheduled meetings would occur during the following months: August, September, October, November, December, February, April, June). However, Training Plan Leads will be available for consultation between these scheduled meetings if necessary.

2) **Is there an expectation for training plan leads regarding communication with primary supervisors of rotations (or leads of other training area components)?**
   It is encouraged that an intern utilize the integrated training plan developed with guidance from their Training Plan Lead in discussions with supervisors to aid in the mutual understanding of how various components of the training program complement one another as well as to give supervisors a clear understanding of the breakdown of time commitment for each program requirement. If an intern is experiencing difficulty with the integration of all components of their training plan, they are encouraged to use their Training Plan Lead to discuss these challenges. In some circumstances, a Training Plan Lead may assist the intern in discussion with a supervisor as they work to problem solve better integration of training components.

1. Rotations

Selection of Rotations

At the end of orientation week, an Integrated Training Plan is completed with the help of a Training Plan Lead (member of the training committee) and the Director of Training. Interns complete three 4-month rotations. Interns may split a 4-month rotation between two different areas (e.g. Health Psychology and SARP) and train in these areas concurrently. All interns are required to train in at least three different areas while at the VA. In addition, an intern can only do up to a rotation and a half in any one area (e.g. full neuropsychology rotation followed by ½ neuropsychology rotation). If an intern wishes to complete a rotation and a half in one area, he/she must receive approval from the training committee.

When rotations are split into two different areas, each area has its own supervisor(s). If two areas are chosen for a rotation, the percentage of time spent in each area can differ; however, the most common arrangement is time that is equally split between two minor rotations.

We make every effort to insure that interns receive their top rotational choices. Interns are permitted to reconsider their second and third rotation selections during the year based on an ongoing assessment of their training needs by both themselves and staff. Any changes, however, must be requested and approved by the training committee **six weeks** before the beginning of the next rotation.

Current Rotations

Rotations which are available include:

1. Community Living Center
2. Health Psychology
3. Home Based Primary Care
4. Mental Health Clinic
5. Neuropsychology
6. Program Evaluation/ Organizational Management
7. Psychosocial Rehabilitation and Recovery Center

8. Polytrauma
9. Trauma Services
10. Primary Care - Mental Health Integration (PACT)
11. Substance Abuse Rehabilitation Program

- Chronic Pain Management Clinic *(not currently available)*

Community Living Center

Patient Population

This rotation provides a variety of training opportunities with the geriatric and rehabilitation population. A full rotation is preferred, but a partial rotation may be arranged depending on interest and circumstances. The Veterans served by the CLC are either receiving rehabilitation or are residing in Long-Term Care or Palliative Care/Hospice Care.

Assessment, Treatment, and Supervision

Interns participate as members of a comprehensive interdisciplinary team. As a member of the team, the intern would assist the supervising psychologist in providing direct patient care, including initial and "as needed" evaluations on all Veterans admitted to CLC, as well as individual and group therapy as appropriate. Assessments generally include conducting clinical interviews and administration of screening measures to identify levels of cognitive and psychological functioning, and providing feedback to the Veteran and his or her family, as well as at weekly gero-psychiatry and interdisciplinary team meetings.

Interventions provided by the intern may include various cognitive-behavioral interventions such as relaxation training, pain management, assertiveness training, cognitive restructuring, couples therapy, and behavioral modification. Targets of interventions range from assisting in adjustment to a medical condition and/or loss of independence, to estrangement from family and friends and end-of-life issues. Many opportunities exist to learn about differential diagnoses regarding medically versus psychologically-related mental and emotional states. There is the opportunity to co-facilitate an existing PTSD group, and/or to develop group therapy with a different focus, such as pain management or a family support group.

Supervisor's Training and Experience

Chanda C. Corbett, Ph.D. Dr. Corbett is a native from Philadelphia, PA. She graduated with honors from Lincoln University's Honor's Program with a Bachelor of Arts degree in Psychology; with a Master's of Education degree in Human Services from Lehigh University; and a Ph.D. in Counseling Psychology from Temple University. She received fellowships from the Office of the Provost at Lehigh University and Future Faculty Program at Temple University, and completed practicum training at The University of Pennsylvania and her APA-accredited internship at the University of Memphis Counseling, Tutoring, and Testing Department. After completing her Ph.D., Dr. Corbett accepted a position as a Resident Director and the Religious Activities Coordinator with the Semester at Sea Program sponsored by the Institute for Shipboard Education and at that time the University of Pittsburgh which provided her the privilege of enhancing her cultural competence by learning more about and traveling around the world by ship in 1998. Dr. Corbett has provided individual, couples, and family counseling, psychotherapy, and training services in university counseling centers, private practice, and nursing homes and assisted living facilities. She has provided services in the District of Columbia and the states of Maryland, New Hampshire, Pennsylvania, and Tennessee. In addition, Dr. Corbett is a consultant to various organizations; served as an adjunct faculty member at Loyola University, Morgan State University, and Temple University and former Board member of Women in Maryland Higher Education; and held leadership roles on the American Psychological Association's Society of Counseling Psychology Community Engagement Committee and Society for Counseling Psychology Division 17 Awards and Recognition Committee; and the American College Personnel Association's Commission for Counseling Psychology Services and Credentialing Implementation Team. In addition to volunteering with professional organizations, she also serves in leadership capacities in religious and community organizations. In her spare time, she enjoys and loves national and international travel, mentoring, entertaining and spending time with family and friends, many forms of artistic expression, and procuring bargains.

Health Psychology

Patient Population

This rotation is intended for interns at any level of training in health psychology, from beginner to highly experienced, and can be selected as a full or partial rotation. The health psychology rotation is unique in that it combines experiences in multiple settings and

programs at the medical center. Interns will have the opportunity to gain experience working with Veterans who have a wide range of psychological disorders and physical illnesses. The health psychology program has a formal presence in the infectious disease clinic(HIV/Hepatitis C), the renal dialysis clinic, the oncology department, the low vision clinic, the health improvement program (HIP) and the MOVE! program. HIP is an outpatient program that serves Veterans with serious mental illness and co-morbid medical problems. MOVE! (a national weight management program) utilizes the psychology service to provide cognitive and behavioral interventions for patients who may be experiencing changes in mood, such as depression, as a result of their health concerns and chronic medical conditions. Inpatient consultation for substance use disorders works with patients located on Medicine, Psychiatry, Neurology and Surgery units.

Interns who elect to work within Inpatient Substance Use Disorders Behavioral Medicine, they would have opportunity to provide consultation, assessment, and treatment to individuals and groups of Veterans; provide tobacco cessation education to other professionals in the setting; serve as DCVAMC liaison for VISN5 residential, intensive outpatient, and methadone treatment programs; conduct research or program evaluation that informs clinical practice; manage/triage Behavioral Medicine/Inpatient Substance Use consults, facilitate warm handoff to medical center's outpatient mental health programs, and attend to inpatient service's medicine sign outs and outpatient substance use team briefings.

Health psychology interns have the opportunity to serve on interdisciplinary teams with Medical Attending Physicians, Psychiatry Attending Physicians, Fellows, Residents, Physician Assistants, Clinical Nurse Specialists, Nursing Case Managers, Nurse Practitioners, Pharmacists, Social Workers, Registered Dieticians, Diet Technicians, Physical Therapists, Recreation Therapists, Certified Peer Specialists, and Addictions Counselors.

Assessment, Treatment, and Supervision

Interns will also have the opportunity to provide group and individual therapy, psychoeducation, intake evaluations, and mental health clearance evaluations for patients undergoing organ transplants, Hepatitis C treatment, and bariatric surgery. The rotation includes opportunities for consultation with other providers, supervision of practicum students, and participation in multidisciplinary team meetings. A major goal of the rotation is for interns to appreciate how cognitive and behavioral interventions can be used for patients with comorbid mental health and medical problems. Interns will have the opportunity to collaborate with psychologists, psychiatrists and other medical specialists, social workers, nurses, recreational therapists, vocational specialists, and dieticians.

Supervisor's Training and Experience

Jennifer Caspari, Ph.D. Dr. Caspari is a clinical health psychologist at the Washington DC VA Medical Center. Dr. Caspari provides health psychology services throughout the medical center on a primarily consult basis and is new to the psychology staff, joining in December 2014. Prior to coming to the Washington DC VA Medical Center, Dr. Caspari was an Assistant Professor at the University of Colorado Denver Anschutz Medical Campus in the Bone Marrow Transplant and Hematological Malignancies Program. Dr. Caspari completed a postdoctoral fellowship at the Colorado Blood Cancer Institute in Denver and a pre-doctoral internship at the VA Salt Lake City Health Care System. Dr. Caspari obtained a Master's degree in counseling from George Washington University and a Ph.D. in counseling psychology from the University of Denver. Dr. Caspari is passionate about reducing distress and improving quality of life for veterans and caregivers facing health related challenges. She utilizes a variety of evidence-based interventions and often draws upon a humanistic and existential framework. In her free time, Dr. Caspari enjoys exercising, eating at new restaurants, travel, movies and spending time with family and friends.

Vanessa L. Moore, Ph.D. Dr. Moore received her undergraduate education at the University of Dayton and her Master of Arts and Doctor of Philosophy degrees from the Ohio State University. A former intern of the Washington, DC VA Medical Center, Dr. Moore is the medical center's Health Behavior Coordinator. She also conducts a monthly women's psychotherapy group. Dr. Moore has a specialty interest in couples dynamics and psychotherapy. Additionally, Dr. Moore conducts comprehensive mental health clearance evaluations of Veterans as part of their medical work-up for organ transplant as well as Interferon Therapy for the treatment of Hepatitis C. Finally, she is co-coordinator of the Medical Center's Employee Assistance Program. Dr. Moore, a Washington DC native, is active in her church where she regularly makes presentations that seek to integrate spiritual and psychological issues as they pertain to optimal well-being. She is lovingly devoted to her family and friends. Other outside interests include dabbling in the culinary arts, playing the piano, and writing fiction.

Viara Quiñones, Ph.D. Dr. Quiñones is a staff psychologist and coordinator of the Substance Use and Tobacco Cessation Inpatient Program at the Washington DC VA Medical Center (DCVAMC). She received her Bachelor of Science and Masters of Arts from West Virginia University, completed her doctoral degree at Howard University, and interned at the VA Maryland Healthcare System (VAMHCS) with dual specialization in Serious Mental Illness (SMI)/Psychosocial Rehabilitation and Diversity. Dr. Quiñones furthered her training by completing a post-doctoral Interprofessional Leadership Fellowship in Psychosocial Rehabilitation and Recovery Oriented Services at the VA San Diego Healthcare System/University of California San Diego School of Medicine. Prior to internship, she spent two years working for the VISN 5 Mental Illness Research, Education, and Clinical Center at the DCVAMC and VAMHCS as a clinical research facilitator of the Smoking Cessation Program for SMI and Recovery Assessment in Serious Mental Illness. She is also the developer of the VA Virtual Cultural Resource

Center SharePoint site on diversity resources in mental health. In addition to program and treatment development, Dr. Quiñones' areas of professional interest include psychosocial rehabilitation and recovery, substance use, trauma, diversity, and crisis management. She enjoys outdoor sports, the arts, spending time with loved ones, and warm sunny days.

Leah E. Squires, Ph.D. is a Health Psychologist specializing in the areas of HIV and Liver Disease. She provides integrated mental health services to the Infectious Diseases and Liver Clinics, and is the primary supervisor for the HIV/HCV postdoctoral fellow and provides supervision for trainees at the intern and extern level as well. Dr. Squires is a member of the Psychology Training Committee and serves as a Training Plan Lead. In addition to her work onsite at the DCVAMC, Dr. Squires is Coordinator of the National HIV/HCV Psychology Fellowship Program for the HIV, Hepatitis, and Public Health Pathogens Program of the VA Clinical Public Health/Office of Public Health. She also is actively involved with ongoing research related to improving outcomes for veterans living with HIV and HCV. Dr. Squires was awarded a post-doctoral fellowship by the Minority Fellowship Program of the American Psychological Association to support integrated mental health within the Infectious Disease Clinic at the DCVAMC. Dr. Squires completed a second post-doctoral year as the first HIV/HCV Psychology Post-Doctoral fellow at the DCVAMC. She completed her clinical psychology internship at the Washington DC Veteran Affairs Medical Center, and earned her doctoral degree in Clinical Psychology from Boston University. Dr. Squires enjoys playing in the dirt (gardening) and learning from her toddler daughter.

Home Based Primary Care (HBPC)

Patient Population

We serve Veterans whose physical health and/or mobility significantly limits their ability to come to the hospital/clinics for medical care. Interns function as part of a small, cohesive multidisciplinary team that travels to the Veteran's place of residence to provide services. This rotation also provides the option to work with individuals with amyotrophic lateral sclerosis (ALS) as part of the twice-monthly half-day ALS clinic on campus.

Assessment, Treatment, and Supervision

This rotation has historically been a partial rotation. Under supervision of a licensed psychologist, interns provide direct patient care, serve as a mental health consultant to the team, and contribute to treatment planning. Interventions include but are not limited

to: 1) Screening, assessment, diagnosis, and treatment of mental health conditions, particularly depressive and anxiety-related disorders, adjustment disorders, and dementia; 2) Individual psychotherapy to support Veterans coping with grief and loss associated with disability and other life transitions; 3) Behavioral medicine interventions for pain, disability, sleep problems, smoking cessation, and medical compliance; 4) Assessment of suicidality and dangerousness, providing treatment and/or coordinating referral as needed; 5) Cognitive screening to address specific functional questions and/or to coordinate referral for neuropsychological evaluation; 6) Psycho-education and support of the Veteran, spouse, family members/caregivers, and others who play an important role in keeping the Veteran at home. In short, the HBPC rotation permits an intern to implement a wide variety of diagnostic and therapeutic interventions as part of a close-knit team who truly values the contribution of psychology.

Supervisor's Training and Experience

Christine Brown, Ph.D. Dr. Brown joined the Washington VA Medical Center psychology staff in 2007. She is assigned to the Home Based Primary Care team, primarily serving homebound geriatric Veterans with multiple medical concerns and their caregivers. She also sees Veterans through our Amyotrophic Lateral Sclerosis (ALS) clinic. Dr. Brown is a member of the psychology department's training committee and provides supervision to both psychology interns and practicum students. Dr. Brown received her B.A. from Southern Methodist University and her Ph.D. in Clinical Psychology from the University of Texas Southwestern Medical Center at Dallas. She has been licensed as a clinical psychologist in Texas since 2000. Her interests include assessment, training students, chasing after her two small children, and trying new restaurants.

Katie Chipungu, Ph.D. Dr. Chipungu is a clinical psychologist in the Home Based Primary Care program at the Washington DC VAMC. She provides in-home care to veterans suffering from chronic medical conditions. Dr. Chipungu obtained her Ph.D. in Clinical Health Psychology from the University of Miami. She completed her pre-doctoral internship and post-doctoral fellowship at Henry Ford Health Systems located in Detroit, Michigan. During these training experiences, she completed rotations in Consultation-Liaison, Transplant, Outpatient Behavioral Health, Oncology, Emergency Medicine, Bariatric Surgery, Anesthesia Pain and Pelvic Pain. She has also provided care to cancer survivors and their caregivers as well as veterans suffering from obesity and other health related concerns. Her clinical and research interests include the promotion of healthy lifestyle changes within chronic medical illnesses as well as the reduction of racial/ethnic health disparities. In her free time, she enjoys exploring new restaurants, listening to music and spending time with family and friends.

Mental Health Clinic

Patient Population

A halftime rotation, the Mental Health Clinic (MHC) is a multidisciplinary program that provides outpatient medical, psychiatric, and social work services to Veterans.

Assessment, Treatment, and Supervision

Interns in the mental health clinic will have the opportunity to provide individual and group psychotherapy to Veterans with various psychological concerns (e.g. mood disorders, psychotic disorders, adjustment disorders, and trauma related issues). The main training goal of this rotation is to prepare interns to learn appropriate interventions in order to treat individuals with the broad range of psychological disorders typically encountered in a multi-disciplinary outpatient mental health clinic. Evidence-based psychotherapies and a recovery model are emphasized. Supervision by one of four psychologists will be available to interns in this rotation.

Supervisor's Training and Experience

Abigail Cobey, Psy.D. Dr. Cobey has been with the DC VA since Feb 2014. Prior to joining us here, she worked at Ft. Belvoir Community Hospital treating active duty service members and running a PTSD recovery processing group. She completed her post-doctoral training at Central State Hospital in Petersburg, VA where she was responsible for the acute female forensic unit and conducted risk assessments for those not guilty by reason of insanity. Her internship was at the Louis Stokes Cleveland VAMC with rotations in geropsychology, PRRC, and the Women's Trauma Program. Her Doctorate is from the American School of Professional Psychology at Argosy University and her Bachelor's is from Sarah Lawrence College. Significant amounts of Dr. Cobey's leisure time is spent training for triathlons and at spin class, otherwise she is relaxing with her little dog or spending time with family and friends.

Michael Knep, Psy.D. Dr. Knep is a clinical psychologist who provides individual, couples and group psychotherapy to Veterans in the Mental Health Clinic. He obtained his B.A. from Clark University (Worcester, MA) and his M.S. and Psy.D. in Psychology from Nova Southeastern University (Fort Lauderdale, FL). His internship was completed at the DC Commission on Mental Health Services, which included providing psychological services to a forensic inpatient population. Prior to joining the VAMC, Dr. Knep was employed as a staff psychologist for over six years at Northern Virginia Mental

Health Institute where he worked on both an acute admissions unit and on a longer term, psychosocial rehabilitation unit. He is licensed in the District of Columbia, and he provides individual and couples psychotherapy in his private practice in northwest DC.

Candice Wanhatalo, Ph.D. Dr. Wanhatalo primarily provides individual, couples, and group psychotherapy as the primary psychologist in the geriatric BHIP team in the Mental Health Clinic. She integrates cognitive-behavioral, systems, and client-centered approaches in her clinical work. Prior to beginning her position at the VA, Dr. Wanhatalo provided individual and family psychotherapy in the Fairfax County community mental health system. She obtained her B.A. from the Pennsylvania State University and her M.A. and Ph.D. from George Mason University. She completed her internship at the Woodburn Center for Community Mental Health in Annandale, Va. In her free time, Dr. Wanhatalo enjoys listening to music at home, attending live music concerts, and spending time with loved-ones in the Baltimore area.

Neuropsychology

Patient Population

Assessment, Treatment, and Supervision

This full-time rotation (half time if agreement between intern and neuropsychology staff) is intended for interns at any level of training in neuropsychology, from beginner to highly-experienced. Training will be tailored to meet the needs and interests of the intern. On this rotation, interns will be trained in all aspects of neuropsychological evaluation, including: clinical interviewing, test administration, test scoring, interpretation, and report write-up. A flexible battery approach is used with test selection based on referral issue and age of patient. Interns will primarily conduct outpatient evaluations but will likely have opportunities to conduct inpatient evaluations as well. Interns will also be trained in neuropsychological consultation to other medical professionals and will take part in multidisciplinary team meetings. Opportunities exist to attend neurology grand rounds, brain cuttings, and other relevant didactics. Opportunities for training in neurocognitive rehabilitation also exist (see polytrauma rotation). The goal of this rotation is to provide interns with well-rounded training in all aspects of neuropsychological evaluation and consultation. Interns interested in pursuing a career in neuropsychology are able to complete 50% of their training during internship in neuropsychology, in accordance with the Division 40/Houston Guidelines.

Supervisor's Training and Experience

Ernest J. Aucone, Ph.D. Dr. Aucone is a neuropsychologist and Director of Neuropsychology Service at the Washington D.C. VAMC. He conducts neuropsychological evaluations with military Veterans reporting a range of difficulties, including difficulties with short- or long-term memory, attention and concentration, language and communication, problem-solving, and changes in personality. His clinical and research interests include traumatic brain injury, differential diagnosis in dementia, forensic neuropsychology (particularly determining competency); and neuropsychological/ cognitive rehabilitation. Dr. Aucone received a Ph.D. in clinical psychology (specialization in neuropsychology) from Nova Southeastern University in Fort Lauderdale, FL; completed a clinical internship/residency at the Boston VA Healthcare System /Harvard Medical School in Boston, MA; and completed a two-year APPCN accredited postdoctoral fellowship in clinical neuropsychology at the University of Virginia in Charlottesville, VA. Prior to coming to VAMC, Dr. Aucone was part of a large neurology practice in Rhode Island.

Paul Newman, Ph.D., ABPP-CN. Dr. Newman is a board certified neuropsychologist that joined the VAMC psychology staff in 2013. He provides neuropsychological evaluations to Veterans who are referred from all clinical departments within the medical center who have known or suspected cognitive impairment. He is also a trainer for the prevention and management of disruptive behavior (PMDB) at the medical center and serves on the VAMC's pilot behavioral health interdisciplinary program (BHIP). Prior to his move to this area, he was Director of the department of Medical Psychology and Neuropsychology at the University of Cincinnati College of Medicine's Drake Center (a rehabilitation specialty hospital), and an assistant professor in the department of PM&R. Dr. Newman's areas of specialty and research interest include stroke, traumatic brain injury, movement disorders, and dementia. Dr. Newman received his B.A. from Oberlin College and his PhD from the University of Cincinnati. His internship training was at the VAMC in Cincinnati after which he completed a two-year fellowship in neuropsychology and rehabilitation psychology at the Rehabilitation Institute of Michigan (RIM) in Detroit. He obtained his board certification from ABPP in Clinical Neuropsychology in 2008. Dr. Newman especially enjoys mentoring and teaching. In his spare time he likes to travel, attend theater, play tennis, and spend time with his family.

Jennifer Strang, Ph.D. is a neuropsychologist at the Washington DC VAMC. She conducts neuropsychological evaluations with military Veterans with known or suspected cognitive deficits. Her areas of clinical and research interest include traumatic brain injury, cognitive rehabilitation, dementia, and the cognitive effects of neuropsychiatric disorders, such as depression and PTSD. Dr. Strang received B.A. and M.S. degrees from the University of Rochester and a Ph.D. from Arizona State University. She completed internship training at the Buffalo VAMC and a two-year postdoctoral fellowship at Rehab Without Walls, an outpatient neurorehabilitation facility in Phoenix, AZ. She has extensive experience working with the military population at Fort Belvoir, VA. In addition to providing clinical services, she assisted in the development of the TBI

Clinic at the Fort Belvoir Community Hospital. Prior to coming to the VAMC in June 2014, she served as the TBI Program Manager for the Northern Regional Medical Command, U.S. Army where she oversaw the TBI programs at all of the military treatment facilities in the northeast region of the United States. In her leisure time, Dr. Strang enjoys hiking, traveling, reading, being outdoors, and attending arts events in the Washington, DC area.

Polytrauma Psychology Rotation

Patient Population

The Polytrauma Network Site at the Washington, DC VAMC offers specialized, post-acute rehabilitation for Veterans with traumatic brain injuries and polytraumatic conditions. Services provided by the DC VAMC Polytrauma team include: interdisciplinary treatment planning, physiatry (rehabilitation medicine), psychology, neuropsychology, case management, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, low vision/blind rehabilitation, prosthetics, and other consultative services as needed.

Assessment, Treatment, and Supervision

This rotation is intended for interns at any level of training, from beginner to highly experienced, who are interested in learning the principles and techniques of rehabilitation psychology, neuropsychology, and trauma-focused psychotherapy. Training opportunities include individual psychotherapy, group psychotherapy, and neuropsychological assessment. Clinical care often focuses on: adjustment to disability, psychological reactions to trauma, caregiver and family support, incorporating cognitive rehabilitation and compensatory strategies into psychotherapy, decision making capacity, sexual functioning, behavioral management, alcohol and substance use disorders, chronic pain, educational and vocational planning, and social reintegration. The intern becomes an integral member of the treatment team and consults with other treating providers to facilitate seamless, highly individualized care.

Supervisor's Training and Experience

Leslie Gumienny, Psy.D. Dr. Gumienny is a clinical psychologist at the Washington DC VAMC. She currently provides individual and group psychotherapy to veterans in the Polytrauma Clinic. She obtained her Psy.D. from the Virginia Consortium Program in Clinical Psychology. Her internship and post-doctoral fellowship were completed at the North Florida/South Georgia Veterans Health System. The internship focused on generalist clinical training with an emphasis on treating co-morbid trauma and substance use disorders, and her fellowship specialized in treating posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). Prior to joining the staff at the DC

VAMC, Dr. Gumienny worked as a civilian psychologist at Fort Belvoir Community Hospital. In addition to her psychotherapy and assessment roles with active duty service members and their families, she helped develop a clinical treatment pathway for PTSD. Dr. Gumienny is licensed in the commonwealth of Virginia. She is certified in Cognitive Processing Therapy and previously served as the DC VAMC Military Sexual Trauma (MST) Coordinator. Her clinical and research interests include trauma, TBI, intimate partner violence, substance use disorders, program development, and supervision. In her free time she enjoys running, traveling, and spending time with family and friends.

Kelly McCarron, Psy.D. Dr. McCarron is the Polytrauma neuropsychologist at the Washington, DC VA Medical Center. She provides neuropsychological evaluations and individual and group psychotherapy for Veterans from diverse combat eras with a wide range of medical and mental health conditions. In collaboration with speech therapy, Dr. McCarron developed a social cognition rehabilitation group for Veterans with co-occurring traumatic brain injury and posttraumatic stress disorder, and is the principal investigator of a study looking at initial outcome data for this intervention. She has presented at national and international conferences on social cognition rehabilitation, integrative health care for Veterans, and social determinants of health. Dr. McCarron earned a Psy.D. in clinical psychology from The Wright Institute in Berkeley, CA, completed her predoctoral internship at the VA Medical Center in Salisbury, NC, and completed a two-year postdoctoral fellowship in neuropsychology at the War Related Illness and Injury Study Center in Washington, DC.

Psychosocial Rehabilitation and Recovery Center

Patient Population

The Psychosocial Rehabilitation and Recovery Center (PRRC) is an outpatient skills building interprofessional treatment program that provides mental health services for veterans who are suffering from severe and persistent mental illness (e.g., Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, and PTSD) with significant functional impairment. The PRRC consists of a dedicated multidisciplinary team comprised of (but not limited to) Psychologists, Nurses, Clinical Social Workers, a Recreational Therapist, Vocational Rehabilitation Specialists and Peer Support Specialists.

Assessment, Treatment, and Supervision

The PRRC program offers an array of individual and group interventions that are psychoeducational (e.g., Building Strength and Resilience, Cognitive Training, & Coping

with Trauma), manualized (e.g., Anger Management, Chronic Pain and Depression), and grounded in evidence based practice (e.g., DBT, CBT, ACT, Social Skills Training, Problem Solving Therapy). Interns who choose the PRRC for a full rotation have the opportunity work with an multi-disciplinary treatment team, to engage in an inter-professional approach to treatment, to conduct intakes and devise treatment recommendations, to provide individual and group therapy, to plan and develop groups based on interest and program needs, and to engage in program evaluation initiatives in collaboration with the Program Director that aligns with key VA mandates and initiatives.

PRRC houses two postdoctoral fellows as well as five practicum students, and so there are opportunities for tiered supervision as well as collaboration on clinical interventions such as groups and program evaluation.

Supervisor's Training and Experience

Melanie Paci, Psy.D. Dr. Paci joined the VAMC psychology staff in 2009. As a member of the multidisciplinary team in the Psychosocial Rehabilitation and Recovery Center (PRRC), she provides individual and group therapy to Veterans with serious and persistent mental illness. She is a regional training for Social Skills Training. Prior to joining the VAMC, Dr. Paci was employed as a supervising psychologist at St. Luke's-Roosevelt Hospital (NY), where she developed the Co-occurring Disorders program, provided psychological interventions for individuals with chronic mental illness, and supervised psychology trainees. Dr. Paci received her doctorate with an academic concentration in Serious and Persistent Mental Illness from Long Island University/C.W. Post Campus. She completed a pre-doctoral internship at the Manhattan campus of the VAMC, where she provided services in Health Psychology, Neuropsychology, Acute Inpatient Psychiatry and the PTSD clinic. In her spare time, Dr. Paci enjoys family gatherings, exercising, cooking, music, reading, and visiting her hometown in New York.

Tracela White, Ph.D. Dr. White is a clinical psychologist and Program Director for the Washington DC VA Medical Center's Psychosocial Rehabilitation and Recovery Center (PRRC). In her role as Program Director of the PRRC, she is responsible for the program development and management of care for Veterans who are diagnosed with Serious Mental Illness (SMI). She is also a member of the Fellowship Training Committee in the specialty area of Psychosocial Rehabilitation/Recovery General Health with a focus on Geropsychology. Dr. White has a strong history of clinical and research mentorship of practicum students, interns, and post-doctoral fellows. She was appointed to DCVAMC Institutional Review Board (IRB) in 2011 and presently serves as an active member of the IRB. Dr. White is also trained in the following evidence based treatments: Cognitive Behavioral Therapy for Psychosis and Problem Solving Therapy. She also has experience in the delivery of manualized mindfulness based techniques such as Stress Management. She received her undergraduate education at Spelman College, obtained her doctoral degree from Kent State University, and completed a post-doctoral fellowship in Geriatric Psychiatry at the University of Pennsylvania School of Medicine. Over a period of ten

years Dr. White, who is licensed in both Pennsylvania and Georgia, has served in multiple roles. As a faculty member at the University of Pennsylvania and Thomas Jefferson University, she was actively involved in intervention research focusing on depression, suicidal ideation, functional impairment, and Alzheimer's disease. Prior to her arrival at the DCVAMC, Dr. White was Clinical Director for two mental health departments for the Georgia State Department of Corrections. During this time, she was responsible for program development, supervision of mental health counselors, psychological evaluation and diagnostics, and crisis intervention. Dr. White enjoys the arts, reading, going out to dinner, shopping, and walking with her two beautiful standard poodles, Ebon and Odin.

Parin Zaveri, Ph.D. Dr. Zaveri provides individual and group therapy to Veterans diagnosed with severe and persistent mental illness as part of the interdisciplinary Psychosocial Rehabilitation and Recovery Center (PRRC). He also serves on the Training Committee and as a clinical mentor for the Trauma Services post-doctoral fellow. Since joining the Washington DC VAMC in 2008, Dr. Zaveri has received additional VA training on several evidence-based treatments, including Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Interpersonal Therapy, Cognitive Processing Therapy, and Problem-Solving Training. He is a regional trainer For Problem Solving Therapy. His professional interests include provision of clinical supervision/mentoring, acceptance-based interventions, and suicidality. Dr. Zaveri received his Bachelor of Science degree from Trinity College in Hartford, Connecticut, and his Ph.D. from George Mason University in Fairfax, Virginia. As a pre-doctoral intern, Dr. Zaveri worked on an inpatient unit at Trenton Psychiatric Hospital in New Jersey. Prior to joining the medical center in 2008, Dr. Zaveri was a postdoctoral fellow and, later, a staff psychologist in the Trauma Disorders Program at Sheppard Pratt Hospital in Towson, Maryland. Dr. Zaveri is licensed to practice psychology in Maryland. His outside interests include spending time with his family and friends, exercising, and reading.

Trauma Services

Patient Population

A full-time rotation, the Trauma Services Program (TSP) is an outpatient clinic that provides treatment for Posttraumatic Stress Disorder (PTSD) to men and women veterans. The clinic is staffed by a multidisciplinary team of professionals, including psychologists, nurses, social workers, peer support specialists, recreation therapists, and a psychiatrist.

Assessment, Treatment, and Supervision

The clinic provides group, individual, and family therapy, focal evaluations for post-traumatic stress disorder, psychodiagnostic evaluations, as well as spirituality and recreation groups. TSP emphasizes training in Prolonged Exposure therapy and Cognitive Processing Therapy (group and individual formats) for PTSD. Currently, the Trauma Services Program provides treatment to over 600 patients with a primary diagnosis of PTSD. While many veterans in TSP served in combat, we treat veterans with a variety of military-related traumatic experiences including, but not limited to, MST, training accidents and motor vehicle accidents. An intern would have the opportunity to obtain extensive experience in assessing PTSD, co-facilitating group therapy, providing individual therapy, participating as a member of the multidisciplinary team, performing psychological evaluations, and providing family education and therapy.

Supervisor's Training and Experience

Lisa Carlin, Ph.D. Dr. Carlin is a staff psychologist in the Trauma Services Program at the Washington DC VAMC. Within Trauma Services, she coordinates the women's trauma recovery track, which implements strategies to promote education about and services to women Veterans with PTSD. Prior to graduate school, Dr. Carlin worked for several years as a sexual assault victim advocate and provided education programs on sexual assault, harassment, and bullying prevention to elementary through college age students. She completed her graduate training at American University in DC, and pre-doctoral internship at the Washington DC VAMC. Dr. Carlin has also worked for the Laboratory for the Treatment of Suicide-related Ideation and Behavior at the Uniformed Services University, and has a professional interest in treatment of suicidality for individuals with PTSD. Her personal interests include exploring the DC area with family and friends, attending sporting events, and hiking.

Ranon Cortell, Ph.D. Dr. Cortell, the Acting Director, works in the multidisciplinary Trauma Services Program. He provides individual, group, and family therapy to veterans impacted by traumatic stress. Dr. Cortell coordinates family services for the clinic. He provides supervision of clinical care, administrative issues, and psychological assessment for pre-doctoral psychology interns, postdoctoral fellows, and peer support specialists. Dr. Cortell received his Bachelors in Psychology from the University of Maryland and his Ph.D. in Clinical Psychology from the Catholic University of America. Dr. Cortell served in the DC VAMC during his graduate training, working with veterans in the Substance Abuse Rehabilitation Program and Primary Care Behavioral Health. He completed his pre-doctoral internship at the Woodburn Community Mental Health Center, where he provided individual and family therapy, emergency and mobile crisis services, forensic services, and psychological assessment. Prior to his position at the VAMC, Dr. Cortell provided individual and group therapy to inmates in a maximum security facility in Jessup, MD and individual and family therapy, consultation, and psychological assessment to military dependent children and their families at Fort

Meade, Maryland. Dr. Cortell has published in the area of suicide and developmental disorders. In his free time, he enjoys spending time with his family, reading, teaching, being in the outdoors, and playing tennis.

Russ Jones, Ph.D. Dr. Jones is a staff psychologist in the Trauma Services Program at the Washington DC VAMC, where he provides individual and group therapy to veterans. Dr. Jones obtained a Master's degree in counseling from the University of Georgia and a Ph.D. in counseling psychology from the University of Maryland. He completed his graduate training and pre-doctoral internship at the Washington DC VAMC, where he worked with veterans in Home-Based Primary Care, the Substance Abuse Rehabilitation Program, the Psychosocial Rehabilitation and Recovery Center, and the Trauma Services Program. Dr. Jones is the Dual Diagnosis coordinator in the Trauma Services Program, where he facilitates the mental health treatment of veterans with PTSD and co-occurring substance use disorders. He also serves as an Employee Assistance Program (EAP) counselor. Dr. Jones' professional interests include psychotherapy process and outcome, clinical training/supervision, and mentorship. In his spare time, he enjoys spending time with family and friends, watching sports, and hiking.

Nishant Patel, Psy.D. Dr. Patel is a clinical psychologist with the Trauma Services department at VAMC and provides individual therapy at Fort Belvoir to Veterans afflicted with traumatic stress. Dr. Patel completed his B.A. in Psychology at Rutgers College and his doctorate in clinical psychology at Widener University. Dr. Patel completed his post-doctoral fellowship while working with Heartland Alliance in Kurdistan (Northern Iraq), conducting training and delivering technical assistance to local mental health paraprofessionals, therapy to Iraqi survivors of torture and managing programs. Prior to his position at VAMC, Dr. Patel served as the program coordinator and later acting director of the Cross-Cultural Counseling Center at the International Institute of New Jersey, providing treatment to survivors of torture seeking political asylum, international human trafficking survivors and immigrant survivors of domestic violence. Dr. Patel's professional interests primarily include trauma work and cultural psychology. In his leisure time, Dr. Patel enjoys spending time with family and friends in Washington and NJ/NY, playing tennis, watching sports, reading and traveling.

Miguel Roberts, Ph.D. Dr. Roberts is a clinical psychologist at the Washington DC VAMC. He obtained his Ph.D. from the University of Mississippi, completed his pre-doctoral internship at University of Alabama at Birmingham, and a NIDA Funded post-doctoral fellowship in PTSD and Substance Use Disorders at Duke University Medical Center. Prior to joining the VA, Dr. Roberts worked for the Department of Defense where he focused on Psychological Health and Resilience policies and program development and evaluation at the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. He was also formerly employed as a staff psychologist at the VA Maryland Health Care System (Baltimore Division) in the Trauma Recovery Program. Dr. Roberts' clinical and research interest include objective

assessment of PTSD, evidenced based treatments, and newer forms of Cognitive Behavioral Therapy including Acceptance and Commitment Therapy.

Stephanie Sacks, Ph.D. Dr. Sacks is a clinical psychologist in the Trauma Services Program at the Washington DC VAMC. She obtained her Ph.D. from the University of Miami and completed her doctoral internship and post-doctoral fellowship in Trauma at the Washington DC VAMC. Prior to working at the DC VAMC, Dr. Sacks worked at the Miami VAMC acute inpatient unit and South Florida State Psychiatric Hospital where she provided inpatient services in Spanish and English to individuals with chronic and persistent mental illnesses. Her clinical and research interests include treatment of PTSD in individuals with co-occurring serious mental illnesses, evidence-based practice and program development/evaluation. She is a National and VISN 5 Regional Cognitive Processing Therapy Trainer and Consultant. In her spare time, she enjoys travelling, surfing and spending time with family and friends.

Organizational Management/ Program Evaluation

Patient Population

The Program Evaluation Rotation is developed to provide interns with greater exposure to the systems level of health care. Psychologists are committed to promoting and enhancing patient care and wellbeing. Part of this work involves determining whether patients' needs are being met and evaluating whether patients are receiving the best quality of care. This rotation provides interested interns with the opportunity to learn about and actively engage in needs assessments and program evaluation within a medical center.

Assessment, Treatment, and Supervision

Interns will have the opportunity to observe and participate in the activities of leadership staff to better understand health care at the macro level. Finally, this rotation is designed to provide potential methods of preparing for opportunities in areas of education, clinical health care administration, research, and general health care administration. Upon completion of the Program Evaluation Rotation, interns will have developed a particular skill-set conducting needs assessments and/or program evaluation, and will have specific expertise based on their rotation project. Interns will become more familiar with data related to mental health services through the Mental

Health Information Systems Dashboard and become aware of how data is collected and analyzed for performance measures and metrics. Interns will understand more deeply the gaps that exist between desired and existing patient care as well as working knowledge of the challenges involved in bridging this gap. Interns will also have a deeper understanding of the systems-level operation of a large medical center and the managerial decisions that influence patient care. Core components may include the following: development of a program evaluation or needs assessment project, Attending leadership committee meetings, shadowing a member of the Management or Leadership Team within the DC VAMC, carrying a small caseload of related individual psychotherapy cases, and completing readings of program evaluation, needs assessment, and managerial literature. Generally, interns complete this rotation as a 4 month minor rotation in combination with another minor rotation.

Supervisor's Training and Experience

Slavomir Zapata, Ph.D. Dr. Zapata is the Director of Psychology Training Programs, where he has program and personnel management responsibilities for all three components of the Psychology Training Program; the Post-doctoral Fellowship training program, the Psychology Internship training program and the practicum student training program. Dr. Zapata has served as the acting Chief of Psychology Service from March to December 2014. He is also the Coordinator of the Health Improvement Program (HIP) and works primarily with Veterans diagnosed with serious mental illness (SMI) and co-morbid medical disorders. Until recently, he has served as the Medical Center's Evidence- Based Psychotherapy Coordinator. Dr. Zapata in evidence based psychotherapy interventions including Problem Solving Therapy and Cognitive Behavioral Therapy for Psychosis. He serves on the Disruptive Behavior Management Committee and is a trainer for the management and prevention of disruptive behavior at the Washington DC VA Medical Center. Dr. Zapata is also an adjunct professor at George Mason University where he provides supervision for the assessment practicum students. His research experience includes serving as the Site PI for a multisite study to Reduce Internalized Stigma in People with SMI. Dr. Zapata has served on national review panels for funding decisions for programs and positions in VA and the Department of Defense. Dr. Zapata obtained his Bachelor of Arts from Boston University and received his Ph.D. in Clinical Psychology from George Mason University. He interned at the Washington D.C. VA Medical Center. He is certified in program and project management, holding the Federal Acquisition Center Project and Program Management Certification (FAC-P/PM). Prior to joining the medical center, Dr. Zapata was employed as the Coordinator of the Cognitive Assessment Program, a subsidiary of the Center for Behavioral and Cognitive Development in Fairfax, Virginia. His professional interests include health psychology, crisis intervention, relationship issues, and integrated dual-diagnosis assessment and treatment. When not working, he enjoys exploring the Washington D.C. area, spending time with his family and friends, and reading.

Primary Care Mental Health Integration - PACT

Patient Population

Patient Aligned Care Teams (PACT) provide integrated health services that are both comprehensive and preventative in nature. PACTs are health-oriented and directed toward achieving medical as well as psychosocial goals with each patient. The foundation of PACT is the integrated treatment team, on which psychologists have traditionally played central roles.

Assessment, Treatment, and Supervision

Primary Care-Mental Health Integration

The PC-MHI rotation provides opportunities to provide mental health services alongside psychiatrists, primary care physicians, nurses, and trainees from other disciplines. PC-MHI psychologists are co-located in primary care teams to promote interprofessional care. Interns on this rotation will collaborate with other team members about the mental health needs of Veterans and provide brief assessment, intervention, and referrals to specialty clinics when needed. PC-MHI utilizes brief evidence-based interventions (4-6 sessions), including CBT, CBT-insomnia, problem solving, and motivational interviewing to address presenting problems such as depression, chronic pain, substance use disorders, and medical non-adherence. Group psychotherapy is also available within PC-MHI (e.g., stress management, chronic pain, relationships, diabetes management, and anger management). Interns will have the opportunity to co-facilitate two groups during a full rotation and one during a half rotation. PC-MHI values interns designing a rotation to meet their training goals. Therefore, the rotation also includes optional training experiences, such as supervision of practicum students, program evaluation, program development, and a specialized PC-MHI professional development series where interns can select a job skill they want to target for the job market over the course of the rotation. As part of their professional development training, interns' supervisors and the interdisciplinary team will work together to increase marketability for post internship. This rotation is available to interns at any level of health psychology training. It can be selected as a full or half rotation.

Women's Health Clinic

This rotation is intended for interns at any level of training in health psychology, from beginner to highly-experienced and provides the opportunity to gain experience working with women veterans with a wide range of psychological, psychosocial, and

physical health concerns. This rotation also provides interns with an opportunity to work as part of an interprofessional treatment team within the Women's Health Clinic and to consult with other primary care and specialty clinics to provide care to women veterans. Interns will work closely with providers in patient education, nutrition, social work, psychiatry, nursing, and medicine. Interns will also assist in providing evaluation and intervention services for women veterans with a variety of presenting problems that are common in the primary care setting including depression, anxiety, PTSD, adjustment difficulties, and management of acute and chronic health conditions. Interns will have the opportunity to co-facilitate groups within the Women's Health Clinic such as the Managing Chronic Pain group and Women's Self-Esteem group. Additionally, interns will have the option of assisting in the provision of training to healthcare staff through formal and informal presentations, participation in team meetings, and modeling of interventions in patient care. This rotation can be selected as a full-time rotation or as a half-time rotation in conjunction with a half-time rotation in Primary Care-Mental Health Integration.

Supervisor's Training and Experience

Erin C. Bell, Ph.D. Dr. Bell is a core member of the Primary Care-Mental Health Integration (PC-MHI) team and a clinical psychologist on the Orange Team - Primary Care Clinic at the Washington DC Veteran Affairs Medical Center. Dr. Bell received her Doctorate of Philosophy in Clinical Psychology from the University of Southern Mississippi. She completed her APA-accredited internship at the Charleston Consortium Psychology Internship Training Program. Dr. Bell followed internship with a Couples Postdoctoral Fellowship at the Ralph H. Johnson VAMC in Charleston, South Carolina where she sharpened her skills in providing couples therapy to veterans before moving to DC to join the PC-MHI team. She enjoys the diversity of the veteran population in Primary Care and how she can impact a veteran's life by providing easy access to help for a variety of disorders. Dr. Bell particularly enjoys working with individuals with symptoms of depression, anxiety, insomnia, pain, individual stress and relationship stress. She has research interests in the areas of couples satisfaction/treatment, ADHD, sleep, and psychotherapy treatment outcome. Dr. Bell has published in several top tier journals and consistently presents research at national conferences. In addition to research and treatment, she enjoys teaching and mentorship and has taught in many settings including: community college, universities, and medical school. Dr. Bell is licensed in the state of Virginia. In her spare time, she enjoys spending time with her husband and her dog, Henry. Since recently moving to DC, Dr. Bell has been busy checking out all of the DC museums and restaurants, as well as, enjoying runs on the George Washington Parkway.

Ashley Simmons, Psy.D. Dr. Simmons is a consultative member of the Primary Care-Mental Health Integration (PC-MHI) team. She is the clinical psychologist in the Women's Health Clinic and the Military Sexual Trauma Coordinator for the Washington

DC VAMC. She provides individual and group psychotherapy in addition to other clinical services to women veterans in a primary care setting. Dr. Simmons works as part of a large interprofessional team and also provides training for other professionals on a variety of subjects relevant to integrated care. She received her Psy.D. in Clinical Psychology from Nova Southeastern University and completed her pre-doctoral internship at the Miami VAMC where she received training in health psychology and trauma. Dr. Simmons completed a specialized HIV/HCV-emphasis health postdoctoral fellowship at the Miami VAMC where she worked with veterans with HIV and HCV in primary care and specialty clinic settings and also conducted solid organ transplant evaluations. Dr. Simmons's professional interests include PACT psychology, diversity, early career psychologists, and interdisciplinary program development. In her free time, she enjoys exploring Washington DC, reading, running, and spending time with family, friends, and her African Grey parrot, Loki.

Octaviana Hemmy Asamsama, Psy.D., Dr.P.H. Dr. Hemmy Asamsama is a core member of PC-MHI team. She earned her dual doctorates in Clinical Psychology (Psy.D.) and Public Health, Preventive Care (Dr.P.H.) from Loma Linda University. She completed her APA-accredited internship in the Cincinnati VAMC and her APA-accredited HIV/HCV Health Psychology Postdoctoral Fellowship in Washington DC VAMC. She is licensed in the state of Maryland. Dr. Hemmy Asamsama utilizes an integrative approach to therapy, incorporating primarily interpersonal, cognitive-behavioral, and motivational interviewing concepts. Dr. Hemmy Asamsama is certified in CPT and has extensive training in MI. She has several publications evaluating the relationships between type 2 diabetes and depression, completion of trauma focused treatment and depression, and importance of psychological wellness in engagement of care. She is currently working on a public health grant to help Veterans with comorbid HIV and type 2 diabetes reduce their elevated glucose levels. Her areas of clinical and research interests include: chronic health management, reduction of risky behaviors, health-care overutilization, health behavioral change, clinical research, and program development. When she is not seeing patients, working on research projects, or training students, Dr. Hemmy Asamsama enjoys spending time with her family and friends, traveling, dancing, and exploring Washington D.C.

Allison M. Bondanza, Ph.D. Dr. Bondanza graduated with her PhD in Counseling Psychology from the University of Denver. Dr. Bondanza completed her psychology internship training at the Washington, DC Veteran Affairs Medical Center. Dr. Bondanza is part of the Primary Care Mental Health Integration Team (PC-MHI) at the Washington, DC VA Medical Center as a staff psychologist. Dr. Bondanza has completed specialized training in health psychology particularly in the areas of oncology, chronic pain, infectious disease, and grief and loss. She also has extensive training in neuropsychological assessment and treatment of cognitive disorders. Dr. Bondanza has completed evidence-based Cognitive-Processing certification training in the diagnosis

and treatment of Post-Traumatic Stress Disorder as well as training in Problem-Solving Therapy as a psychology intern. Allison's current research interests include psychological adjustment to chronic illness and the impact of caregiver stress on coping and recovery. Further interests include women's occupational health as well as the development and advancement of women in the workforce.

Briana Todd, Ph.D. Dr. Todd is a core member of the PC-MHI team at the Washington DC Veterans Affairs Medical Center. She received her doctoral degree from the Uniformed Services University in Medical and Clinical Psychology and completed an APA-accredited internship at the Washington DC VA Medical Center. Dr. Todd has enjoyed improving access to Veteran's care in primary care and specialty primary care clinics through brief psychotherapy, group psychotherapy, and interprofessional care. She has specialized experience in Health Psychology, particularly in the areas of oncology, chronic pain, weight management, non-adherence, and insomnia. In addition to direct clinical work, she has an interest in system level processes to improve patient-centered care and team function. She is published in the areas of cancer survivorship in oncology and primary care settings, smoking and dietary restraint, and cognitive function in medical populations. Dr. Todd enjoys traveling, especially to warmer climates where the ocean is close by.

Neurology Chronic Pain Clinic

Patient Population

This rotation can be selected as either a full or partial rotation and is available to interns at any level of training in Pain Psychology, from beginner to highly-experienced. The Pain Clinic is a multidisciplinary, specialty clinic within the Department of Neurology serving Veterans with complex cases of chronic/intractable pain; there are currently two full-time psychologists within Pain Psychology.

Assessment, Treatment, and Supervision

Pain Clinic
There are a multiple opportunities available including biopsychosocial evaluation, group therapy, couples therapy, and individual therapy. We also welcome interns to take part in our Interdisciplinary Pain Rehabilitation Program which incorporates Pain Psychology and physical rehabilitation interventions designed to teach a self-

management approach to a cohort of patients meeting two full days per week for six weeks. A variety of treatment modalities are utilized within Pain Psychology including, but not limited to, cognitive behavioral therapy, acceptance and commitment therapy, dialectical behavior therapy, motivational interviewing, and biofeedback. Opportunities also exist to complete cognitive screening evaluations dependent upon the availability of patients and the interests of the intern. Interns will have the opportunity to work with Veterans who present with a variety of mental health concerns including comorbid substance abuse disorders, mood and anxiety disorders, psychosis, and Axis II disorders. There is a focus on program development, and interns therefore have the opportunity to develop interventions based on their interests and the needs of the clinic. Interns also serve an important consultative role within weekly multidisciplinary team meetings, and have the opportunity to present cases and recommendations to providers within neurology, pharmacy, physical medicine and rehabilitation, and nursing.

Supervisor's Training and Experience

Caryn Seebach, Psy.D. Dr. Seebach is the Chief of Pain Psychology at the Washington, DC VAMC. She provides individual and group therapy to support Veterans managing the biopsychosocial sequelae of chronic pain. Dr. Seebach completed her M.S. in Counseling and Clinical Health Psychology at the Philadelphia College of Osteopathic Medicine (PCOM). She completed her Psy.D. in Clinical Psychology at Loyola University Maryland and pre-doctoral internship at the DC VAMC. She is currently completing a Post-Master's Certificate in Nutrition and Integrative Health and the Maryland University of Integrated Health. Her interests in health psychology include integrative treatment approaches to chronic pain management, nutritional psychology, health coaching, and interdisciplinary program development.

Substance Abuse Rehabilitation Program (SARP)

Patient Population

SARP is an intensive outpatient drug treatment program that uses a multidisciplinary team (e.g., psychologists, social works, psychiatrists, recreational therapist, addiction therapists, peer support specialists, clinical nurse specialists) to treat Veterans with alcohol and drug addictions. SARP offers a dynamic patient population, serving Veterans ranging from ages 21-80+, who present with illicit substances such as alcohol, opioids, cocaine, PCP, marijuana and prescription medications. In addition, many Veterans often struggle with an array of co-occurring psychiatric disorders, including depression, PTSD, Bipolar, personality disorders, psychosocial issues as well as various

medical conditions associated with substance use (HIV and Hep C). They advance through phases of treatment in the 10-week program based on progress made. Interns can select SARP as a full or part-time rotation.

Assessment, Treatment, and Supervision

The main training goal of the SARP rotation is to prepare Interns to treat alcoholism and drug addiction in a multidisciplinary setting. Interns have the opportunity to provide individual and group therapy, conduct assessment, and participate in multidisciplinary team meetings. When selecting training experiences on the SARP rotation special consideration is provided to Intern's interests and career goals. For instance, Interns have the option to advance their competency in treating substance use disorders and a co-occurring disorder that they are interested in during internship (e.g., trauma, health conditions) when conducting individual psychotherapy. Interns also have the opportunity to facilitate and contribute to group content for the CBT/Depression group, a Dual Diagnosis Group, and a Motivational Enhancement Group.

Common interventions used in the SARP rotation are cognitive behavioral therapy and motivational interviewing. Interns can also receive additional specialized training in supervision of practicum students in either an individual or group format, and engage in training to advance their knowledge of alcohol and drug use disorders.

Supervisor's Training and Experience

Leonard Tate, Ph.D. Dr. Tate is currently providing psychological services to Veterans with alcohol/substance abuse issues in the Substance Abuse and Rehabilitation Program. Dr. Tate received his M.S. and Ph.D. in Clinical Psychology from Saint Louis University (St. Louis, MO). He completed his doctoral internship and residency at St. Elizabeth's Hospital (Washington DC), where he treated the severely mentally ill, in both inpatient and outpatient settings.

Dr. Tate has also worked with substance abusing and mentally ill inmates in forensic settings. He is a licensed Clinical Psychologist in the State of Maryland. He enjoys photography, reading, listening to live jazz and poetry, and watching movies.

Additional Staff Biographies

Alyssa Adams, Psy.D. Dr. Adams graduated with a B.S. in Psychology from the Schreyer Honors College at the Pennsylvania State University. She completed her master's and

doctoral degrees in Clinical Psychology from Marywood University in Scranton, PA. She completed an American Psychological Association (APA) approved internship at the Veterans Affairs Medical Center (VA) in Washington, D.C. and a two-year postdoctoral fellowship in clinical and research neuropsychology at the War Related Illness and Injury Study Center (WRIISC) at the VA Medical Center in Washington, D.C. Her research and clinical interests include the impact of nutrition on mood and cognition, the role of nutrition in the prevention and treatment of neurological diseases, adjustment to illness and injury, preventive health behaviors, and environmental/toxin exposures. Additional clinical experiences include training in psychotherapy and neurocognitive rehabilitation. Dr. Adams completed the Applying Functional Medicine in Clinical Practice educational program through the Institute for Functional Medicine. She is currently the Acting Integrative Health and Wellness (IHW) Program Director and the Acting Director of Patient Centered Care at the Washington DC VA Medical Center. Prior to this role, sh served as a psychologist in the Pain Clinic at the VA Medical Center in Washington, DC, where she specialized in both health psychology and neuropsychology. She is also completed the Post-Master's Certificate Program in Nutrition and Integrative Health at Maryland University of Integrative Health (MUIH). She is licensed in both the District of Columbia and Virginia.

Rickey Bullock, Ph.D. Dr. Bullock is a staff clinical psychologist at the Washington VA Medical Center and is licensed to practice psychology in Washington, D.C. and Maryland. Dr. Bullock received his master's degree from Seton Hall University and his doctorate from Fairleigh Dickinson University. His internship was completed at Essex County Hospital Center in northern New Jersey. Dr. Bullock was a staff psychologist for 15 years with the D.C. Dept. of Mental Health and worked in numerous inpatient and outpatient programs within the D.C. Department of Mental Health before coming to the VAMC. His first 9 years with the D.C. Dept. of Mental Health were spent as staff psychologist on the Intensive Day Treatment Program (IDTP) which was a therapeutically oriented, partial day hospitalization program. Duties performed were psychological assessments, individual therapy, supervision of all psychology interns/residents doing rotations on IDTP, consultation to non-psychology staff, member of IDTP multidisciplinary treatment team where results of psychological assessments were shared with staff as part of treatment planning, and the coordinator and major presenter of the annual multicultural seminar ("Race, Culture & Psychology") presented to psychology interns. Dr. Bullock then spent 3 years at St. Elizabeth Hospital in Washington, D.C. working with the severely and persistently mentally ill before coming to the VAMC in mid 2006. During his tenure at St. Elizabeth hospital, he ran numerous weekly therapy and psycho-educational groups, gave individual psychotherapy and psychological assessment, supervised psychology interns and residents, and was the major presenter and coordinator of the annual 16 week psychology intern seminar on Race, Culture & Psychology (Multiculturalism). He also gave numerous presentations to D. C. Dept. of Mental Health staff, interns, and residents on Nigrescence theory, multiculturalism, and

treatment concerns and strategies impacting African-American clients. Dr. Bullocks' hobbies include the enjoyment of all types of art, playing basketball and tennis, physical fitness, spending time with family and friends, listening to soul music and jazz, and reading books.

Bita Kianimanesh, Psy.D. Dr. Kianimanesh is a staff clinical psychologist at the Ft Belvoir VA clinic where she conducts individual and group therapy for a predominantly female population. Prior to joining the VA, she served as an active duty psychologist and a naval officer at Naval Hospital Jacksonville, FL and Naval Medical Center Bethesda's National Intrepid center of Excellence. She earned her Bachelor's of Science in Psychology at George Mason University and her master's degree in International Relations with a focus on cross-cultural communication from American University's school of International Service. She earned her doctorate degree in Clinical Psychology at American School of Professional Psychology/DC and completed her internship and postdoctoral residency at NOVA Southeastern University's Center for Psychological Studies at Ft Lauderdale, FL. Her interests include psychology of women and integrating Eastern philosophy of mindfulness into her clinical practice.

Susan G. Mareck, Ph.D. Dr. Mareck is a staff psychologist at the Washington, DC VAMC. Dr. Mareck provides Compensation and Pension evaluations and coordinates assessment training for interns. Dr. Mareck received her Ph.D. in Clinical Psychology from the University of South Dakota. She interned at the Mid Missouri Psychology Consortium and completed a Post-Doctoral Fellowship in Health Psychology at the University of Minnesota Hospital and Clinics. Dr. Mareck worked for seven years at North Memorial Medical Center in Robbinsdale, MN doing crisis evaluations in the emergency room before coming to the Washington DC VAMC. Her interests include health psychology, crisis intervention, and integrated dual diagnosis assessment and treatment. When not working, she enjoys exploring the Washington DC area, travel, and reading.

Michael Moran, Ph.D. Dr. Moran is a clinical psychologist who provides individual, couples, and group treatment at the Fort Belvoir (VA) CBOC (community based outpatient clinic). His primary theoretical focus is cognitive-behavioral, but he integrates systems and dynamic theory in his clinical work. Dr. Moran received his undergraduate degree from Boston College and then was a volunteer teacher of math and English at a boarding school in Uganda for three years. After returning to the U.S., he earned an M.A. in History from Columbia University, and then an M.A. and Ph.D. from American University (APA) in Clinical Psychology. He completed his internship (APA) at the National Naval Medical Center in Bethesda, MD and is licensed in California and Virginia. A retired military psychologist, he served at duty stations in Great Lakes, IL, Oakland, CA, Guam, the U.S. Naval Academy, and St. Elizabeth's Hospital (Washington, DC.). During his time on active duty, Dr. Moran served as director of an outpatient clinic

and a college counseling center, as well as director of an inpatient day treatment program for patients with chronic mental illness. He also completed postdoctoral training in brief therapy at the Mental Research Institute in Palo Alto, CA.

2. Long Term Therapy Experience Options:

Ongoing Therapy Experience

This experience is designed to give trainees an opportunity to see patients for a long period of time and/or to take part in a training experience with evolves over the course

of all three rotations. This experience consists of carrying a caseload of three patients throughout the training year. Interns may meet this requirement in two ways: Either by seeing individual patient generally through our Mental Health Clinic or by participating in the CPT enrichment element.

CPT Enrichment Element

Description:

Posttraumatic Stress Disorder (PTSD) is one of the major disorders seen in Veteran patients by Veterans Health Administration clinicians. Cognitive Processing Therapy (CPT) is an evidence-based cognitive behavioral therapy used to effectively treat PTSD in individual and group settings.

Participation in the CPT Enrichment Element is a valuable training opportunity that would enable trainees to attend a VA Roll-out Regional Cognitive Processing Therapy 3-day face-to-face workshop and subsequent weekly consultation and supervision while seeing CPT training cases.

The purpose of the face-to-face multimodal CPT workshop is to provide VA therapists

and trainees with the knowledge and skills to implement CPT in order to be able to offer this therapy as an option for all veterans seeking treatment for their PTSD symptoms. Following the 3-day CPT Workshop, it is expected that all trainees begin attending weekly phone/in-person consultation for at least 6 months as they work with their CPT training cases.

Requirements:

Below is an outline of the expectations and commitment that would be expected of trainees if they are to partake in this CPT Enrichment Element:

1. 3 Full days for CPT Regional Roll-Out Training Workshop (8am-5pm).
2. The week after completing the workshop, trainees are to begin weekly in-person/phone consultation lasting 60 mins each meeting. Trainees must attend *at least* 75% of consultation meetings in order to fulfill this element and in order to work towards CPT Provider Status, pending licensure.
3. Trainees that are not licensed (psychology interns and postdoctoral fellows) should receive weekly supervision (individual or group) by licensed clinical psychologists beginning the week after completing the workshop for the duration of their CPT training cases.

4. Trainees should begin by taking 3 individual CPT cases or 1 CPT group immediately after the CPT workshop and should consistently have a caseload of at least 2 CPT clients or 1 group for the duration of consultation (approx. 6 mos).
5. Trainees should complete *a minimum* of 2 CPT training cases or 1 CPT group by the end of consultation (approx. 6 mos) and show fidelity and competence with the intervention determined by discussion/participation in consultation and evidenced by client reduction in PTSD symptoms.
6. For all patients receiving CPT, trainees need to complete a Patient Demographic Form and a Patient Evaluation Summary Form (with weekly PCL scores and PHQ scores) and submit the forms to CPT staff.
7. Completion of post-consultation training documents for evaluation purposes. Trainees will be required to complete and submit a CPT Therapist Survey - Post-Consultation form following the completion of consultation calls.

Total expected time commitment per week:
1 hour/week for CPT consultation with VISN 5 CPT Consultants
3 hours/week for CPT training cases (3 cases at 60mins each or 1 group and one individual)
1 hour/week for session prep and note-writing
1 hour/week for supervision (individual or group) by an on-site psychologist knowledgeable in PTSD and CPT
6 hours per week

Important Considerations and Site Support:

Supervision vs. Consultation – CPT consultation and clinical supervision differ in a number of important ways. Both CPT consultation (provided by VISN 5 trainer and consultant) and CPT supervision (provided by on site licensed psychologists) are mandatory for trainees taking part in the CPT Enrichment Element. The purpose and scope of CPT consultation is to enhance skills in implementing CPT with patients with PTSD. Specifically, this consultation will focus on strengthening knowledge about social cognitive theory, Socratic dialogue, CPT worksheets and cognitive restructuring skills. Clinical supervision differs from consultation in that it allows for more in-depth discussion about issues relevant to all clinical work including safety concerns (suicidality, homicidality, self-harm behavior) and reporting issues, transference and countertransference, the impact of working with trauma survivors, self-care etc. In addition, clinical supervision allows trainees opportunities to discuss and conceptualize cases from other theoretical perspectives including but not limited to CBT. CPT consultation does not count as clinical supervision and, at times, the CPT consultant will not be on-site with trainees rendering it ethically essential that trainees have a clearly designated supervisor for CPT training cases. It is often helpful if supervisors have some working knowledge of PTSD and EBTs for PTSD in order to provide consistent messages regarding working with CPT training cases. It is up to the individual training site whether this supervision is provided individually or in group format.

CPT Enrichment in the context of larger training goals/plans –
At the discretion of the training director, training committee and CPT consultant, the level of CPT supervision and consultation may be increased to include session taping/tape review, co-therapy or additional consultation and supervision meetings to enhance competency in the provision of CPT. If after this higher level of supervision and consultation, it is found that the trainee's training level is not commensurate with requirements, the training committee and CPT consultant may elect to modify the trainee's training plan by discontinuing the CPT Enrichment activity when indicated.

3. Comprehensive Assessment Component

Each intern is required to complete six psychological assessments during the internship. By the end of the year, we want each intern to have experience with cognitive assessment, personality assessment, interviewing, and report writing.

The Director of Training and your supervisor will provide you with a checklist of the requirements for each assessment. A copy of this checklist can also be found in the Appendix. No intern should have more than one assessment case at a time (outside of assessment cases that are part of your rotation). We highly recommend that the intern complete two of these assessments in each of the three rotations.

4. Groups outside of Rotations:

Moving Forward: A Problem-Solving Group

Interns will independently run a continuous multi-week (4-5 sessions) psychotherapy/problem solving group entitled, "Moving Forward." ***MOVING FORWARD*** is an evidence based psychotherapy group intervention developed to help Veterans become more successful in reaching life's goals. Conducted in a classroom setting, it teaches practical problem-solving skills to help people overcome obstacles that often stand in the way.

Moving Forward teaches how to better handle stressful problems often associated with transitioning back to civilian life or life in general. Such problems can include the following: finding a job, deciding on a new career, maintaining good relationships with family and friends, getting a divorce, getting married, coping with negative memories of when you were deployed, dealing with financial difficulties, trying to think more optimistically about the future, and handling painful feelings that no one else seems to understand. *Moving Forward* teaches practical "problem-solving skills." These skills can help to overcome low motivation, negative moods, and negative attitudes. The class can also help Veterans set reasonable life goals, be creative in coming up with good solutions, make better decisions, and know what steps to take when things are not going well.

Interns are required to conduct this group twice throughout their training year. Problem-Solving Therapy provides Veterans with basic skills needed to reduce stress in order to increase their ability to overcome problems in their life. Therapist and patient manuals are available in the internship office as well are uploaded to the Intern SharePoint drive. The Intern will be supervised by Drs. Parin Zaveri, Slavomir Zapata and Tracela White.

Living beyond Depression

Interns will run a continuous twelve week Depression Management Group entitled, "Living Beyond Depression." This group provides skill training to Veterans suffering from depression in management and reduction of their symptoms. Often times there are several group members who have suicidal ideation. Particular care and assessment of suicidal ideation and any changes to suicidal thinking will be closely monitored for each group participant. Interns are required to conduct this group once during their internship training year. Manuals for the Living Beyond Depression group are available in hard-copy and within the intern SharePoint drive folder.

5. Intern Didactics:

Training meetings have been established for interns as a group, in addition to any conferences or meetings originating with the intern's specific assignment. The nature and pattern of these meetings vary somewhat, but they typically include a variety of seminars and one administrative meeting with staff.

While interns are encouraged to take advantage of unscheduled didactics of interest throughout the training year, interns should reserve Tuesdays from 12 pm to 1 pm and Fridays from 8 am to 11 am for scheduled recurring didactics.

Tuesdays 12:10 pm – 1 pm

- **Health Psychology Seminar Series**

  (provide the training director with a summary sheet of your presentation no later than 3 days following your presentation)

Fridays 8:10 am to 9:00 am

- 1st Friday of the month: **Journal Club**
- 2nd Friday of the month: **Ethics Chat**
- 3rd Friday of the month: **Professional Development Series**
- 4th Friday of the month: **Meeting with the Training Director**

Fridays 9:10 am to 11:00 am

- **General Intern Didactics**

  (place didactic feedback forms in the training director's no later than the following Tuesday)

General Intern Didactics

Each week, a psychology staff member or an invited speaker from outside the department presents a lecture on a topic of his/her choice. Some of the topics that are regularly presented are suicide prevention, program evaluation, conducting an intake evaluation, and evidence-based practices. This seminar reflects our commitment to providing interns with a full spectrum of learning experiences to support their development of a personal therapeutic style.

Each year, the training program works to leave a portion of didactic times as unscheduled so that interns may suggest topics of interest that may be relevant their work. The program works to identify knowledgeable speakers to present on those topics.

Health Psychology Seminar Series

Health psychology is the scientific field that applies psychological theory and methods to the study of the promotion and maintenance of health and the prevention and treatment of illness. The Health Psychology Seminar Series is a clinically focused didactic and discussion designed to provide trainees (Practicum students, Interns, and Post-doctoral Fellows) with both theory to aid in the promotion and maintenance of mental and physical health and clinical case presentation to utilize and implement such theory and methods.

The three major components of the Health Psychology Seminar include article presentations relevant to the field of Health Psychology, clinical case presentations, and

discussion of new interventions and options related to health psychology both within the Washington DC VA Medical center and in the greater health psychology community.

Journal Club

Journal Club is an informal forum to discuss and critique research and literature pertaining to clinical psychology with a goal of developing critical thinking skills disseminate knowledge, improve clinical practice, generate ideas for future research, and process reactions to controversial topics. Presenters may use articles from professional journals, articles from a magazine or newspaper, excerpts from a book, radio show broadcasts, podcasts, or blog posts.

Example discussion questions:

- Why is the research being conducted and why is it considered important?
- Is the study design appropriate to address the research question or hypothesis?
- What are the implications of this study to clinical practice?
- What additional questions does the study raise?
- Was there any selection bias evident in the sample selection?
- Did the authors adequately address the potential biases the control selection biases in their interpretation of the data?
- How could control samples be better selected?

Ethics Chat

This seminar meets monthly to discuss ethical and legal challenges faced at the VA, as well as a review of the ethical principles by which we are governed. It also incorporates topics related to diversity and psychological practice in order to promote diversity awareness and competence. There is a focus on applying the APA's ethical principles to either hypothetical or real-life situations, and on legal obligations and potential pitfalls of practice. Some of the ethical issues along with expert opinions are culled from the website of the American Psychology-Law Society, a division of the American Psychological Association. At times we invite speakers to answer specialized questions, such as "What to do if you get a subpoena?" Prior to each meeting, the seminar leader provides a vignette or ethics question to the interns for further discussion in the

meeting. Interns are welcome to bring in their own current ethical challenges and legal concerns for discussion.

Professional Development Series

Each month a staff member presents his/her experiences as a psychologist, their career path, and any instructive professional lessons. This seminar is attended by interns, postdocs, and any interested practicum students.

The Art and Science of Psychotherapy and Supervision

The chief of psychology service is available to meet with interns as needed for this discussion. Discussion topics are selected by the chief in consultation with the interns. Past topics have included: working with couples, diversity, hypnosis, disability, ethics, and the future of psychology in the VA.

Neuropsychology Video Teleconference

This is a video teleconference in which neuropsychology fellows from a number of military sites present journal club readings and cases. Interns on the neuropsychology rotation are invited to attend this weekly two-hour seminar. During the journal club portion, important readings in neuropsychology are reviewed. During the case conference portion, different cases are presented each week, and there is a monthly ABPP-style case presentation led by the fellows.

Neurology Grand Rounds

All interns in neuropsychology attend weekly grand rounds in Neurology. Rounds typically consist of lectures covering a wide range of neurological diseases. Periodically, an attending neurologist will lead a case conference and demonstrate the neurological examination.

Neuropsychology Group Supervision All neuropsychology interns attend the weekly neuropsychology group supervision. Here, an extern or intern presents a case, and the team (including attending neuropsychologists and fellows) offers insights and thoughts on interpretation of the data.

7. Program Evaluation

An innovative component of the training program is its focus on aligning training activities with both VHA and VISN 5 strategic plans, specifically following three guiding principles for problem solving and decision-making processes: being people-centric (enhancing connections with Veterans and engaging with employees), results-driven (putting an emphasis on data collection, metrics, performance measures, and accountability), and forward looking (investments in systems, programs, and business processes for requirements of the future). Interns can accomplish this in two ways: they may elect to do a rotation in program evaluation/organizational management, or embed program evaluation activities into a full rotation with the guidance of the training director.

Whether it is selected as a full rotation or it is embedded into a rotation, program evaluation/organizational management activities are developed to provide interns with greater exposure to the systems level of health care. Psychologists are committed to promoting and enhancing patient care and well-being. Part of this work involves determining whether patients' needs are being met and evaluating whether patients are receiving the best quality of care. This experience provides interested interns with the opportunity to learn about and actively engage in needs assessments and program evaluation within a medical center. Intern activities on this rotation may lead to beneficial outcomes for specific clinics or programs involved in program evaluation or needs assessment. Interns will become aware of how data is collected and analyzed for performance measures and metrics. Interns will understand more deeply the gaps that exist between desired and existing patient care as well as develop working knowledge of

the challenges involved in bridging these gaps. Interns may be given the opportunity to 1) develop a program evaluation or needs assessment project which may utilize an existing database or may involve collecting data via surveys, self-report, interviews, or medical chart review; 2) Attend leadership committee meetings including monthly primary care meetings, Narrative Medicine Workshops, and site visit work groups; 3) shadowing members of primary care leadership; and 4) complete readings of program evaluation, needs assessment, and managerial literature.

8. Meetings:

There are several meetings that interns are required to attend at different points during their training year. This include:

1. New hire orientation mandated by the medical center for topics such as safety, infection control, and the prevention of sexual harassment.
2. Psychology service staff meetings.
3. Monthly meetings of the mental health service line.
4. Regular meetings with the director of training.
5. Meeting with intern applicants during application season.
6. Optional meeting with the training committee. If interns desire a meeting with the training committee (either individually or as a group) throughout the year, the meeting can be arranged through the director of training.

Meeting with the Training Director

As a group, interns meet with the director of training at least monthly to discuss the internship program and how the interns are progressing.

Staff Meetings

The full psychology staff and MHSL hold monthly staff meetings. Because one of the aims of the internship is to give training in administrative as well as clinical skills, all interns are required to attend and encouraged to participate in the discussion. In addition to administrative issues, a variety of topical issues are discussed of both local and national concern to psychology, which include privileging, ethics, and quality improvement standards.

Supervision

During internship, interns will have rotational assignments with a planned succession of primary and secondary supervisors. Interns receive four hours per week of clinical supervision by a licensed psychologist, at least two hours of which will include individual supervision. Interns receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns can expect to be assigned readings as part of their supervision.

Graduated Levels of Responsibility

Interns earn progressive responsibility in clinical services provided. The levels of supervision required for the intern for each type of psychological activity include having the supervisor in the therapy room with the intern, in the vicinity, or available in the medical center (see descriptions below). The training program director, or designee (usually the immediate supervisor), assigns levels of responsibilities for each intern based on an evaluation of the intern's clinical experience, judgment, knowledge, and technical skill. This evaluation is documented by both the supervisor and intern on a form entitled, "Graduated Levels of Responsibility for Psychology Interns, Residents, and Unlicensed Staff."

Ultimately, the supervising practitioner determines which activities the intern will be allowed to perform within the context of assigned levels of responsibility. The

overriding consideration in determining assigned levels of responsibility must be safe and effective clinical care.

The type of supervision provided must be congruent with the assigned level of responsibility and a documented decision by the supervising practitioner that the intern is sufficiently experienced and skilled for the level of supervision provided.

There are three general levels of supervision:

1. Room. The supervising practitioner is physically present in the same room while the intern is engaged in direct health care activities.

2. Area. The supervising practitioner is in the same physical area and is immediately accessible to the intern. The supervising practitioner meets

   and interacts with veterans as needed. The intern and supervising practitioner discuss, plan, or review evaluation and treatment.

3. Available. Services are furnished by the intern under the supervising practitioner's guidance. The supervising practitioner's presence is not required during services, but the supervising practitioner must be in the facility, available immediately by phone or pager, and able to be physically present as needed.

Supervisors use this form to facilitate discussions with interns regarding their level of independence and what is needed for them to function at the next level. Because interns may have different levels of independence for different skills, each clinical supervisor keeps an active working Graduated Levels of Responsibility form for each intern for the duration of their supervisory relationship.

Assessment of Baseline Competence in Psychotherapy

We know that interns come to our program with a variety of experiences in psychotherapy and with different skill levels. In order to provide individualized guidance in developing competence in psychotherapy, we establish each intern's baseline competence soon after the start of the internship. To achieve this objective, each intern will tape record a psychotherapy session with a patient within the first few sessions. A staff member, i.e. a supervisor or a staff who has volunteered, will review the tape recorded session. Based on this review and a follow-up supervision session with the intern, the staff will complete baseline ratings of the interns' competencies in psychotherapy. The staff member with review and discuss these ratings with the intern.

Evaluation Requirements

Our goal is to produce graduates who are prepared to assume different roles as professional psychologists including but not limited to full-time clinicians, applied clinical researchers, and dedicated research faculty. The training goals stated above describe the competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal.

Each intern's work is formally evaluated three times during the internship year, at the end of each rotation. However, free interchange between intern and supervisor is encouraged at all times. Interns will also have the opportunity to evaluate both their rotation and supervisors at the end of each rotation they complete. A copy of the evaluation forms that are used for interns, supervisors, and rotations can be found in the trainee handbook Appendix.

In an effort to ensure the quality of supervision, interns are expected to communicate their training needs to their supervisors over the whole course of their rotation. To supplement this process, interns formally evaluate their supervisors on a structured evaluation form at the end of a rotation. The forms are turned into the director of training and shared with the training committee. After a review of the supervisor evaluation forms, if there are any issues that have to be addressed with a supervisor, the training committee decides how this will be accomplished. At the end of that process, feedback is given to the training committee on the outcome of communicating these issues with the supervisor.

Mentorship

The Washington DC VA Medical Center Psychology Predoctoral Internship Training Program is committed to the professional development of interns during their current career development. As part of this commitment, the program encourages the use of both formal and informal mentoring by its trainees.

In order to maximize resources for interns, we would like to add an additional option for the mentoring that naturally takes place with a supervisor, the chief of psychology service, or the director of training. If they so choose, interns may ask anyone on staff to serve as a mentor, although some staff members have volunteered to be mentors. If the staff member agrees, he/she becomes an additional resource to the intern during the internship year. Interns may consult with a mentor on topics such as gaining an additional perspective on any number of issues one may encounter on the internship, ways to achieve one's goals, and career directions. No notification to the training director would be required.

If interns are interested in initiating a more formal mentorship relationship with a psychologist on our staff, they should inform the Training Director so that he can facilitate a mentorship pairing.

Research

We are an internship committed to developing the clinical skills of our interns. As such, we emphasize the use of professional and scientific literature to inform clinical practice. A number of psychology staff members conduct research in addition to their clinical duties, and the medical center has psychologists conducting research full time. So, while interns have the opportunity to participate in research activities, this is typically done outside of their normal work hours.

Procedures and Timeline for Providing Feedback and Fostering Communication with the Intern's Home Doctoral Program

The director of training is responsible for communicating with each intern's sponsoring graduate program about the intern's activities and progress. At the training year midpoint and endpoint, summary letters in regard to the intern's performance are sent to the intern's graduate school training director if requested. Interns are provided copies of the two letters. At the end of the internship year, the home program receives a statement indicating whether the intern successfully completed the internship.

At any time, if problems arise that seem serious enough to cast doubt on an intern's ability to successfully complete the internship program, the director of training will inform the sponsoring graduate program. The home program will be encouraged to provide input to assist in resolving the problems. See the due process document for further details.

Liability Insurance

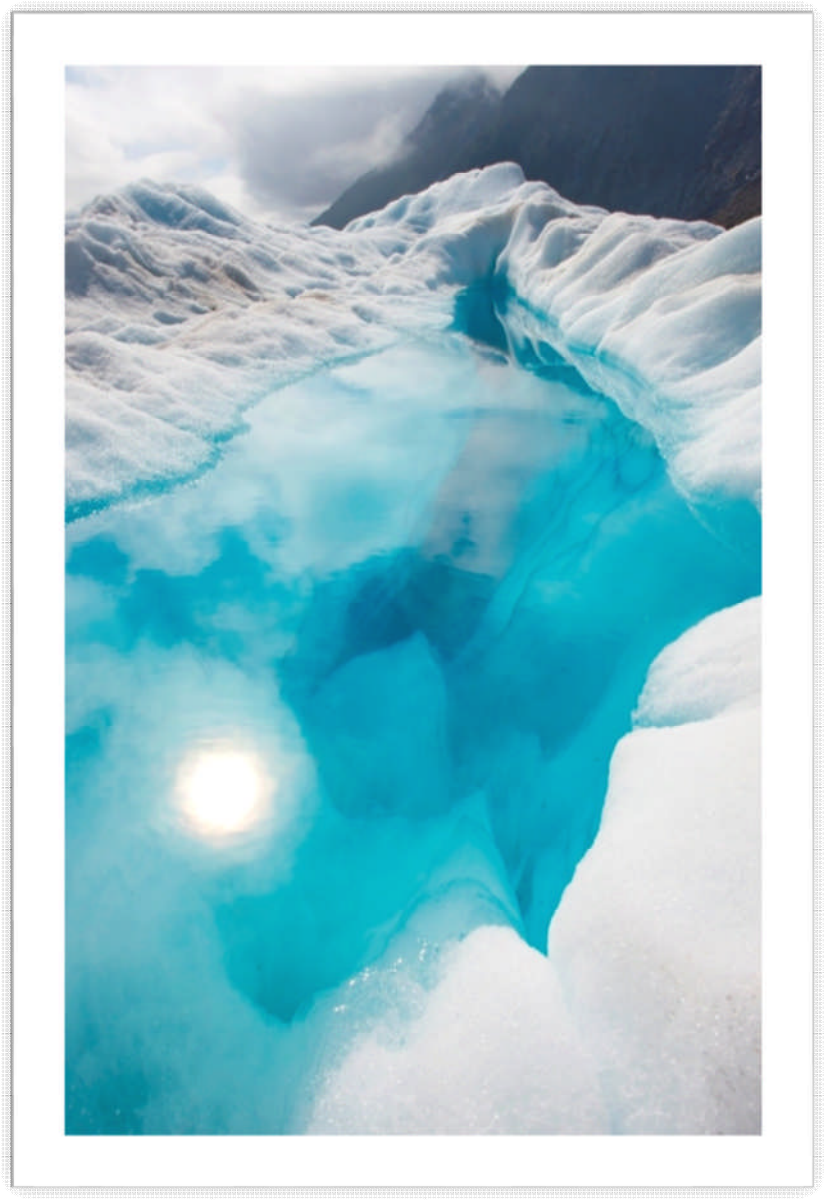
When working within the VA system, interns are insured through the Federal Tort Claims Act. Interns do not require any additional insurance related to their training.

Outside Employment

Interns are permitted limited work outside the VA, whether professional or common employment, and receive payment for such employment with certain provisions. The employment must be totally outside internship hours. Time must in no way conflict with VA commitments.

Psychology Service would approve of outside employment if an intern is working under the supervision of a licensed psychologist; has followed the rules of the jurisdiction, i.e.,

has become a psychology associate in Maryland, or filled out a notification of supervised practice in D.C.; is not violating any regulations or ethical constraints; and has no conflict of interest with the Department of Veterans Affairs. If there is any possibility of conflict of interest or dual relationship, please consult with the director of training or the chief of psychology service.



Postdoctoral Fellowship Training

WASHINGTON DC VA MEDICAL CENTER

Postdoctoral Fellowship Program Philosophy

Our goal is to train psychologists who are able to accurately diagnose patient problems, implement state-of-the-art evidence-based treatments as they currently exist, be sophisticated consumers of the clinical research literature so that they are able to use new findings as they become available, and to have the ability to push the state-of-the-art treatments forward by conducting their own clinical research.

Based on a practitioner-scholar model, where clinical work and research complement each other, the Program helps trainees become expert clinicians, as well provide them much needed exposure to clinical/programmatic researcher, and to integrate new research findings into their clinical practice. Postdoctoral Fellows learn assessment and treatment skills, and learn to provide clinical supervision to Predoctoral Psychology Interns and Practicum Students.
The Postdoctoral Fellowship Program's objectives at the DC VAMC are consistent with the mandate for evidenced-based mental health care throughout the VA system. The Program meets the Secretary's Transformation Initiatives (which include improved Veteran mental health care), and the services are consistent with the VA Mental Health Uniform Services Package.

In order to improve mental health care for Veterans within the VA Health System, all Medical Centers are required to be in compliance with the VHA Mental Health Uniform Services Package.

Six core goals of the training program include:

- Competence in psychological evaluation and assessment
- Competence in the provision of psychological intervention
- Competence in providing consultation and supervision
- Demonstrate professional and ethical behavior and sensitivity to diversity issues
- Develop maturing professional identities/ senses of themselves as Psychologists
- Skilled in the interface between science and practice

Fellowship program breakdown of activities:

The Postdoctoral Fellowship Program is 100% clinical. However, Fellow is granted up to 20-25% (approximately 8-10 hours) depending on specialty training track for dedicated clinical/programmatic research issues. The remaining time will be spent in direct service, which includes supervision and learning opportunities provided through the Fellowship program.

The three specialty training tracks involve different allotments of time for assessment, and intervention, as well as varying forms of intervention format (group, individual). Regardless of specialty, some experiences are shared by all Fellows. Each Fellow receives a minimum of four (4) hours of structured learning and supervision per week, including two (2) hours per week of clinical supervision, two (2) hours per week of didactic training as part of the Postdoctoral Fellowship Training Series and one (1) hour in interdisciplinary treatment team meetings. In addition to these minimum standards, a Fellow has a variety of Medical Center-wide seminars and other structured learning opportunities.

Fellows will have multiple supervisors over the course of the year and are required to schedule hour-long individual supervision meetings for their individual cases, group work, and assessment cases. Supervision for individual psychotherapy cases may include the Faculty listening to audio tapes of the Fellow's work.

Clinical Mentors

The Washington DC VA Medical Center Psychology Training Program is committed to the professional development of trainees during their current career development. As part of this commitment, the program encourages the use of both formal and informal mentoring by its trainees.

Fellows will meet with their Clinical Mentor at least one (1) hour per month to begin the Fellowship year and are encouraged to continue this regular schedule of meeting throughout the Fellowship year; however, this may be reduced as the year progresses and will be mutually decided between the Clinical Mentor and the Fellow.

Postdoctoral Fellowship Emphasis Tracks:

Health (Liver Disease and HIV)

The VA Liver Disease & HIV Fellowship provides the opportunity to receive quality training in Health Psychology with a focus on special medical populations as well as dedicated training in substance use assessment and treatment. Fellows receive specialty training in HIV, hepatitis C, advanced liver disease, and substance use clinical care and gain experience working as a member of integrated care teams in a range of clinical settings.

Overview of clinical areas which encompass Health Emphasis

Infectious Disease Clinic
The DC VAMC Infectious Diseases (ID) Clinic treats over 1000 veterans with HIV who live in the Washington, DC metro area, including Northern Virginia, parts of Maryland and parts of West Virginia. The infectious disease clinic is a 35+ member team of physicians, nurse practitioners, psychologist, social workers, researchers, and support staff. Conditions commonly addressed in the clinic include: mild to moderate anxiety and depression, PTSD, adjustment to diagnosis, disclosure, substance abuse, and medication adherence. There is a weekly drop in support group and periodically skills based groups are offered depending upon patient interest (e.g. stress management, cognitive skills training, and chronic pain self-management). In addition there is a smoking cessation program in place in the ID clinic that has received VA recognition nationally for its evidence-based approach to helping veterans stop smoking. Strongly supportive of research, there are currently 11 research protocols being conducted within this clinic **Supervisor: Dr. Leah Squires**

HCV/Liver Clinic
The health psychology program has a long-standing relationship with the HCV/Liver clinic. The fellow provides on-the spot consultation, brief motivational interventions and assessment, as well as individual therapy to support treatment readiness. The HCV/Liver clinic also refers patients to health psychology both for individual therapy and for liver transplant medical clearance evaluations. Individual therapy referrals are often for patients who have demonstrated poor adherence to their medical regimen or those with a history of substance abuse or mental health problems. **Supervisor: Dr. Leah Squires**

Substance Abuse Recovery Program
The Substance Abuse Recovery Program at the DC VAMC is a multidisciplinary, intensive, outpatient, drug and alcohol treatment program which served over 500 veterans in 2011. The program begins with a thorough assessment of patient concerns and needs, after which an individualized treatment plan is devised. The goals of the program are to live a substance-free life, identify and change maladaptive behaviors, explore feelings as well as personal/interpersonal problems, and increase self-esteem. The program takes about four months to complete and the primary treatment modality is group sessions led by addiction therapists, psychologists, nurses, and social workers. Individual and family therapy are also provided. Psychiatrists provide evaluations and prescriptions for psychotropic medication. Methadone maintenance is provided to qualifying veterans. **Supervisor: Dr. Leonard Tate**

Health Emphasis Specific Activities

The HIV/HCV fellow at the DC VAMC is one of eleven nationwide fellows participating in this specialized training. As part of participation in the National Liver Disease/HIV Fellowship program, the fellow attends weekly didactic webinars on topics relevant to HIV, Liver Disease and integrated mental health care, and has the option to attend other national calls related to HIV and Liver Disease management. The fellow also has monthly calls with the national coordinator to discuss training progress, clinical topics and develop a sense of community and cross-site collaboration.

Specific to our Liver Disease/HIV trainees, we expect training experiences will foster a deep understanding of the relationship between psychiatric disorders and these special medical conditions, and how the effective recognition and treatment of mental disorders can improve the care of HIV -infected veterans and those with HCV and advanced liver disease. The psychiatric disorders include those caused by HIV/HCV as well as pre-existing disorders that complicate the treatment of HIV/HCV. Specific skills to be developed with this population will include: pre-testing counseling, motivational interviewing, grief counseling, understanding how to overcome the traumatic effects of diagnosis, dealing with the barriers in intimate and familial relationships, adapting to living with HIV/HCV, and developing strategies for treatment adherence.

The fellow provides on-call consultation to the ID clinic one-two mornings (4 hours) each week and is in liver clinic two mornings each week, the fellow conducts HCV pre-treatment assessments, which consist of brief neurocognitive screen, self-report measures and a focused clinical interview 1 afternoon each week the fellow also devotes

approximately one half day to focused substance use training. Afternoons are devoted to individual and group therapy, supervision meetings, trainings, research and other tasks.

The fellow is required to schedule up a minimum of 2 hours supervision meetings per week with his/her supervisors to review individual cases, group work, and assessment cases. The fellow also has 2-4 hours per week dedicated to educational opportunities at this VAMC or provided through our affiliated institutions. The fellow also receives supervision in a group format through our weekly Health Psychology meeting. During this meeting, all health psychology interns, externs, and supervisors meet to review cases and/or discuss current issues within Health Psychology. Specific didactic and professional development activities will include: supervision of psychology practicum student and intern, attendance at mental health service staff meetings and ID clinic/Liver Clinic/SARP team meetings, presentation of clinical cases to DCVAMC psychology staff for collaborative discussion, and completion of appropriate online courses through the VA national HIV/AIDS website (http://www.hiv.va.gov/web-resources/education.asp). In addition, the fellow has the opportunity to attend the hospital wide monthly health promotion disease prevention meeting where the Health Behavior Coordinator serves as co-chair. Finally, as part of participation in the national Liver Disease/HIV psychology training program, the fellow attends weekly webinars on advanced clinical topics in these areas, participates in a monthly call with the national fellowship coordinator and has the opportunity to participate in other national calls related to HIV and hepatitis C care provision.

Supervisors Training and Experience

Leah E. Squires, Ph.D. is a Health Psychologist specializing in the areas of HIV and Liver Disease. She provides integrated mental health services to the Infectious Diseases and Liver Clinics, and is the primary supervisor for the HIV/HCV postdoctoral fellow and provides supervision for trainees at the intern and extern level as well. In addition to her work onsite at the DCVAMC, Dr. Squires is a coordinator of the National HIV/HCV Psychology Fellowship Program for the HIV, Hepatitis, and Public Health Pathogens Program of the VA Clinical Public Health/Office of Public Health. She also is actively involved with ongoing research related to improving outcomes for veterans living with HIV and HCV. Dr. Squires was awarded a post-doctoral fellowship by the Minority Fellowship Program of the American Psychological Association to support integrated mental health within the Infectious Disease Clinic at the DCVAMC. Dr. Squires completed a second post-doctoral year as the first HIV/HCV Psychology Post-Doctoral

fellow at the DCVAMC. She completed her clinical psychology internship at the Washington DC Veteran Affairs Medical Center, and earned her doctoral degree in Clinical Psychology from Boston University. Dr. Squires enjoys playing in the dirt (gardening) and learning from her toddler daughter.

Leonard Tate, Ph.D. Dr. Tate is currently providing psychological services to Veterans with alcohol/substance abuse issues in the Substance Abuse and Rehabilitation Program. Dr. Tate received his M.S. and Ph.D. in Clinical Psychology from Saint Louis University (St. Louis, MO). He completed his doctoral internship and residency at St. Elizabeth's Hospital (Washington DC), where he treated the severely mentally ill, in both inpatient and outpatient settings. Dr. Tate has also worked with substance abusing and mentally ill inmates in forensic settings. He is a licensed Clinical Psychologist in the State of Maryland. He enjoys photography, reading, listening to live jazz and poetry, and watching movies.

Jennifer Caspari, Ph.D. Dr. Caspari is a clinical health psychologist at the Washington DC VA Medical Center. Dr. Caspari provides health psychology services throughout the medical center on a primarily consult basis and is new to the psychology staff, joining in December 2014. Prior to coming to the Washington DC VA Medical Center, Dr. Caspari was an Assistant Professor at the University of Colorado Denver Anschutz Medical Campus in the Bone Marrow Transplant and Hematological Malignancies Program. Dr. Caspari completed a postdoctoral fellowship at the Colorado Blood Cancer Institute in Denver and a pre-doctoral internship at the VA Salt Lake City Health Care System. Dr. Caspari obtained a Master's degree in counseling from George Washington University and a Ph.D. in counseling psychology from the University of Denver. Dr. Caspari is passionate about reducing distress and improving quality of life for veterans and caregivers facing health related challenges. She utilizes a variety of evidence-based interventions and often draws upon a humanistic and existential framework. In her free time, Dr. Caspari enjoys exercising, eating at new restaurants, travel, movies and spending time with family and friends.

Special Populations

Overview of clinical areas which encompass Special Populations Emphasis

Psychosocial Rehabilitation and Recovery Center (PRRC) (Primary)
PRRC is an outpatient transitional learning center designed to support recovery and integration into meaningful self-determined community roles for Veterans challenged with serious mental illness and severe functional impairment. Programming is curriculum-based and is specifically designed to teach the requisite skills that are necessary for defining and realizing Veteran's self-chosen roles and goals in all domains of health and life. PRRC services are individualized, person-centered, strength-based, and they promote hope, responsibility, and respect. PRRC services are designed to address the unique needs of each Veteran consistent with the Veteran's cultural values and norms. The PRRC is staffed by three psychologists, four nurses, a social worker, a Recovery Coordinator, four peer specialists, a recreation therapist, a vocational therapist, a program specialist, and a number of trainees from a variety of disciplines.

Geriatric BHIP team (Secondary)
The Geriatric BHIP (Behavioral Health Interprofessional program) is an interprofessional program that provides outpatient medical, psychiatric, and social work services to geriatric Veterans. The staff is comprised of one psychologist, one neuropsychologist, one geropsychiatrist, one social worker, one clinical nurse specialist, and program support. Clinicians in the geriatric BHIP provide individual, couples, and group psychotherapy to Veterans with various psychological concerns. Evidence-based psychotherapies and a strengths-based, recovery model are emphasized. Geriatric BHIP staff work together to determine the most appropriate treatment plan for Veterans to improve and maximize their quality of life and recovery process. Training in the geriatric BHIP will help prepare trainees to learn appropriate interventions in order to treat individuals with a broad range of psychological disorders within the geriatric population.

Inpatient Geropsychology (Secondary)
The Community Living Center (CLC) is the home for over 100 Veterans within the medical center. Its primary goal is to optimize function and improve or maintain the quality of life of residents. Interdisciplinary care teams including psychiatry, physical therapy, occupational therapy, speech, recreation therapy, medicine, alternative medicine, and creative arts collaborate to provide care for our Veterans. The rehabilitation program housed in the CLC provides short-term rehabilitation care for post-acute medical illness and injury such as wound care, intravenous therapy, stroke, joint replacements, and debilitation from ailments such as pneumonia and cancer. Inpatient polytrauma is included in this program and the overall average length stay is 8

to 12 weeks. Long-Term Care (LTC) involves intermediate and skilled nursing home care to eligible Veterans. Veterans in this program are service connected and live in the CLC as their permanent home. These residents have typically sustained multiple chronic medical problems and may also present with mental health needs such as PTSD, depression related to medical illness and adjustment, and dementia. Finally, the inpatient palliative care unit focuses on holistic, comfort-oriented care for the terminally ill veteran and his or her family. The focus is on pain reduction and maximizing function as well as quality of life. The role of mental health in this setting is to work alongside medicine, nursing, and chaplain to support the veteran and family caregivers in managing chronic illness and end of life care if the veteran is in hospice.

Special Populations Emphasis Specific Activities

Psychosocial Rehabilitation and Recovery Center (PRRC):
Trainees will participate in interprofessional team meetings and provide consultation to social workers, case managers, nurses, vocational therapists, peer support specialists and psychiatrists. They will have the opportunity to work alongside psychiatry residents as they work to treat patient concerns from complementary positions. Trainees will provide both individual and group psychotherapy. The program promotes creativity and innovation where trainees can initiate and develop groups depending on interest and need. Trainees will have the opportunity to become proficient in several individual evidence-based psychotherapy interventions including, ACT, IBCT, IPT for depression, CBT for depression, CBT for psychosis, and CPT for PTSD. Group interventions provided by the trainee will include various cognitive-behavioral (CBT) and mindfulness-based interventions (ACT, DBT), as well as strategic problem-solving therapy, motivational enhancement, and more traditional supportive interventions. Examples of current groups include dialectical behavioral therapy, social skills, anger management, medication management, men's and women's groups, wellness and recovery, empowerment, substance abuse and recovery, life skills, goal setting, and cognitive behavioral therapy. An interprofessional team approach is used throughout the program and serves as a vehicle for recovery planning. The interprofessional treatment team meets three times weekly to discuss patient issues and input from all disciplines is incorporated into a Veteran's Recovery Plan, which is jointly completed by the Veteran and their clinical team. This rotation offers many opportunities for interprofessional collaboration as many groups are co-facilitated by psychologists and nurses, social workers, recreation therapists, or peer counselors.

The PRRC interprofessional team approach has informed the care of Veteran populations that are not widely served by the PRRC, such as those with PTSD and other co-occurring psychiatric, substance-use related, and medical conditions. A research

study has been completed over the past year that measured the effectiveness of group therapy interventions for Veterans suffering from both SMI and PTSD, which now enables Veterans to simultaneously receive treatment for both conditions. The PRRC has developed a Visitor's Track that takes into account varying levels of functioning, for Veterans who have SMI and who may need selected services but may not require full enrollment in the PRRC. This option has significantly increased access for Veterans who are traveling from more rural or remote areas and who may not be able to attend programming five days a week. A significant portion of the Veteran population that attends the PRRC is over 60; and so a significant portion of activities and interventions have been tailored to meet their needs. PRRC curriculum focused on the needs of the aging population includes groups such as chronic pain and depression, CBT for insomnia, CAMS (collaborative assessment and management of suicidality) group, cognitive memory training, health and wellness, social skills training and leisure activity groups. In addition, common topics in the men's group are health issues and later life concerns. The recreation therapist utilizes group and individual interventions both in the PRRC and in the community to increase socialization, decrease depression, and foster more independence. PRRC staff actively encourages and supports program participants in community activities throughout their involvement in the rehabilitation process. The PRRC collaborates with the Health Improvement Program (HIP), a unique program which works with Veterans who have both SMI and significant chronic medical conditions. HIP is utilized to help facilitate medical care for Veterans through improving social skills in medical interactions and facilitating connection with medical providers. These techniques have been demonstrated to be effect ways of improving medical health and quality of life, particularly with the aging population, and often result in improved attendance in mental health programming.

Geriatric BHIP:
Fellows will conduct psycho-social intake assessment, and group and individual psychotherapy. Fellows will maintain a caseload of 3-5 individual psychotherapy clients age 65 or over appropriate for outpatient mental health care. Veterans will be referred from the panel of one of the geriatric psychiatrists, specifically Dr. Little. There are opportunities to provide caregiver support may be available in various formats. Among them is the opportunity to be certified in the REACH VA training for Caregivers of Aging Veterans. This is a brief individual therapy.

Opportunities for brief neurocognitive screening are also available. These opportunities can be obtained as part of the individual psychotherapy experience as well as a stand-alone experience to provide education and support for caregivers. There may also be opportunities to complete assessments through neuropsychology, depending on the fellow's experience and interests. Fellows will learn the foundations of geriatric focused assessment and importance of integration of presenting problems in the context of the older adult (e.g. medical and cognitive health, social relationships, life transitions).

They will facilitate at least two groups for geriatric outpatients such as a Healthy Aging group, Depression in Older Adults group or a Chronic Pain group specifically focused on the aging population. The latter will provide cognitive-behavioral techniques to assist the geriatric Veteran population cope with chronic pain. Topics will include activity pacing, pleasant activity scheduling, relaxation training, anger management, and communicating with family/ health providers. Interventions will be adapted to physical changes related to aging, such as functional limitations, cognitive decline, changes in social support, and use of multiple medications, including medical compliance. The geriatric population has specific needs in regards to medication and therapeutic interventions. As many older adults take multiple medications, there may be reluctance to take psychotropic medications combined with the need to "start low and go slow." Treatment can be augmented through the use of a therapeutic approach such as IPT which has been shown to be effective with an older adult population. Trainees will be able to work collaboratively with our geropsychiatrist and psychiatry residents who are attempting to address psychiatric symptoms by using evidence based approaches such as IPT or CBT in combination with medications.

Other groups that Fellows have the opportunity to co-facilitate or lead include the following: a CBT skills group, a transition group for OEF/OIF/OND veterans, a depression group, a DBT skills group, an anger management group, a women's group, a CBT for insomnia group, and a Trauma Recovery and Empowerment Model (TREM) group for sexual trauma survivors. There is also the opportunity to develop groups within the geriatric BHIP depending on the current needs of Veterans, and fellows may co-facilitate groups with Geriatric BHIP providers outside of the psychology staff. Supervisors are trained in various evidence-based psychotherapies (e.g., IPT, CPT, CBT, IBCT) and can provide supervision in these modalities.

Trainees will participate in bimonthly interprofessional team meetings and bimonthly psychotherapy team meetings. During psychotherapy meetings Geriatric BHIP psychology interns, externs, psychiatry residents, social work interns and supervisors meet to review cases and/or discuss current issues within the clinic. Psychologists and trainees are often asked to present information relevant to cases, as well as provide education on the most appropriate therapy modalities for various issues.

Community Living Center (CLC):

A variety of training opportunities are available for our Fellows. These include, but are not limited cognitive, psychological, and neuropsychological assessment, capacity evaluations, brief psychotherapeutic interventions, long-term psychotherapy, training in non-pharmacological methods for managing disruptive behavior for dementia, psycho-education to Veterans and their families, creating training for CLC care providers, serving as a consultant on multidisciplinary teams, co-facilitating psycho-education and support groups (e.g., caregiver support, mindfulness based stress reduction, pain management, smoking cessation, etc.), supervising externs and Pre-Doctoral Interns,

and consultation with other specialists including neuropsychology, trauma services, PRRC, etc.

Fellows receive 1-2 hours per week of scheduled individual supervision. Fellows also receive two hours a week of mentorship and training during individual mentor meetings and general staff/treatment team meetings in the Geriatric BHIP and PRRC. Lastly, there is ample opportunity for non-scheduled (i.e., consultation) supervision to occur with core Faculty.

Supervisors Training and Experience

Chanda C. Corbett, Ph.D. Dr. Corbett is a native from Philadelphia, PA. She graduated with honors from Lincoln University's Honor's Program with a Bachelor of Arts degree in Psychology; with a Master's of Education degree in Human Services from Lehigh University; and a Ph.D. in Counseling Psychology from Temple University. She received fellowships from the Office of the Provost at Lehigh University and Future Faculty Program at Temple University, and completed practicum training at The University of Pennsylvania and her APA-accredited internship at the University of Memphis Counseling, Tutoring, and Testing Department. After completing her Ph.D., Dr. Corbett accepted a position as a Resident Director and the Religious Activities Coordinator with the Semester at Sea Program sponsored by the Institute for Shipboard Education and at that time the University of Pittsburgh which provided her the privilege of enhancing her cultural competence by learning more about and traveling around the world by ship in 1998. Dr. Corbett has provided individual, couples, and family counseling, psychotherapy, and training services in university counseling centers, private practice, and nursing homes and assisted living facilities. She has provided services in the District of Columbia and the states of Maryland, New Hampshire, Pennsylvania, and Tennessee. In addition, Dr. Corbett is a consultant to various organizations; served as an adjunct faculty member at Loyola University, Morgan State University, and Temple University and former Board member of Women in Maryland Higher Education; and held leadership roles on the American Psychological Association's Society of Counseling Psychology Community Engagement Committee and Society for Counseling Psychology Division 17 Awards and Recognition Committee; and the American College Personnel Association's Commission for Counseling Psychology Services and Credentialing Implementation Team. In addition to volunteering with professional organizations, she also serves in leadership capacities in religious and community organizations. In her spare time, she enjoys and loves national and international travel, mentoring, entertaining and spending time with family and friends, many forms of artistic expression, and procuring bargains.

Paul Newman, Ph.D., ABPP-CN. Dr. Newman is a board certified neuropsychologist that joined the VAMC psychology staff in 2013. He provides neuropsychological evaluations to Veterans who are referred from all clinical departments within the medical center who have known or suspected cognitive impairment. He is also a trainer for the prevention and management of disruptive behavior (PMDB) at the medical center and serves on the VAMC's pilot behavioral health interdisciplinary program (BHIP). Prior to his move to this area, he was Director of the department of Medical Psychology and Neuropsychology at the University of Cincinnati College of Medicine's Drake Center (a rehabilitation specialty hospital), and an assistant professor in the department of PM&R. Dr. Newman's areas of specialty and research interest include stroke, traumatic brain injury, movement disorders, and dementia. Dr. Newman received his B.A. from Oberlin College and his PhD from the University of Cincinnati. His internship training was at the VAMC in Cincinnati after which he completed a two-year fellowship in neuropsychology and rehabilitation psychology at the Rehabilitation Institute of Michigan (RIM) in Detroit. He obtained his board certification from ABPP in Clinical Neuropsychology in 2008. Dr. Newman especially enjoys mentoring and teaching. In his spare time he likes to travel, attend theater, play tennis, and spend time with his family.

Melanie Paci, Psy.D. Dr. Paci joined the VAMC psychology staff in 2009. As a member of the multidisciplinary team in the Psychosocial Rehabilitation and Recovery Center (PRRC), she provides individual and group therapy to Veterans with serious and persistent mental illness. She also conducts evaluations, consultations, crisis intervention, and short-term therapy in Primary Care Behavioral Health. Prior to joining the VAMC, Dr. Paci was employed as a supervising psychologist at St. Luke's-Roosevelt Hospital (NY), where she developed the Co-occurring Disorders program, provided psychological interventions for individuals with chronic mental illness, and supervised psychology trainees. Dr. Paci received her doctorate with an academic concentration in Serious and Persistent Mental Illness from Long Island University/C.W. Post Campus. She completed a pre-doctoral internship at the Manhattan campus of the VAMC, where she provided services in Health Psychology, Neuropsychology, Acute Inpatient Psychiatry and the PTSD clinic. In her spare time, Dr. Paci enjoys family gatherings, exercising, cooking, music, reading, and visiting her hometown in New York.

Candice Wanhatalo, Ph.D. Dr. Wanhatalo primarily provides individual, couples, and group psychotherapy as the primary psychologist in the geriatric BHIP team in the Mental Health Clinic. She integrates cognitive-behavioral, systems, and client-centered approaches in her clinical work. Prior to beginning her position at the VA, Dr. Wanhatalo provided individual and family psychotherapy in the Fairfax County community mental health system. She obtained her B.A. from the Pennsylvania State University and her M.A. and Ph.D. from George Mason University. She completed her internship at the Woodburn Center for Community Mental Health in Annandale, Va. In her free time, Dr. Wanhatalo enjoys listening to music at home, attending live music concerts, and spending time with loved-ones in the Baltimore area.

Tracela White, Ph.D. Dr. White is a clinical psychologist and Program Director for the Washington DC VA Medical Center's Psychosocial Rehabilitation and Recovery Center (PRRC). In her role as Program Director of the PRRC, she is responsible for the program development and management of care for Veterans who are diagnosed with Serious Mental Illness (SMI). She is also a member of the Fellowship Training Committee in the specialty area of Psychosocial Rehabilitation/Recovery General Health with a focus on Geropsychology. Dr. White has a strong history of clinical and research mentorship of practicum students, interns, and post-doctoral fellows. She was appointed to DCVAMC Institutional Review Board (IRB) in 2011 and presently serves as an active member of the IRB. Dr. White is also trained in the following evidence based treatments: Cognitive Behavioral Therapy for Psychosis and Problem Solving Therapy. She also has experience in the delivery of manualized mindfulness based techniques such as Stress Management. She received her undergraduate education at Spelman College, obtained her doctoral degree from Kent State University, and completed a post-doctoral fellowship in Geriatric Psychiatry at the University of Pennsylvania School of Medicine. Over a period of ten years Dr. White, who is licensed in both Pennsylvania and Georgia, has served in multiple roles. As a faculty member at the University of Pennsylvania and Thomas Jefferson University, she was actively involved in intervention research focusing on depression, suicidal ideation, functional impairment, and Alzheimer's disease. Prior to her arrival at the DCVAMC, Dr. White was Clinical Director for two mental health departments for the Georgia State Department of Corrections. During this time, she was responsible for program development, supervision of mental health counselors, psychological evaluation and diagnostics, and crisis intervention. Dr. White enjoys the arts, reading, going out to dinner, shopping, and walking with her two beautiful standard poodles, Ebon and Odin.

Parin Zaveri, Ph.D. Dr. Zaveri provides individual and group therapy to Veterans diagnosed with severe and persistent mental illness as part of the interdisciplinary Psychosocial Rehabilitation and Recovery Center (PRRC). He also serves on the Training Committee and as a clinical mentor for the Trauma Services post-doctoral fellow. Since joining the Washington DC VAMC in 2008, Dr. Zaveri has received additional VA training on several evidence-based treatments, including Cognitive Behavior Therapy, Acceptance and Commitment Therapy, Interpersonal Therapy, Cognitive Processing Therapy, and Problem-Solving Training. His professional interests include provision of clinical supervision/mentoring, acceptance-based interventions, and suicidality. Dr. Zaveri received his Bachelor of Science degree from Trinity College in Hartford, Connecticut, and his Ph.D. from George Mason University in Fairfax, Virginia. As a pre-doctoral intern, Dr. Zaveri worked on an inpatient unit at Trenton Psychiatric Hospital in New Jersey. Prior to joining the medical center in 2008, Dr. Zaveri was a postdoctoral fellow and, later, a staff psychologist in the Trauma Disorders Program at Sheppard Pratt Hospital in Towson, Maryland. Dr. Zaveri is licensed to practice psychology in Maryland. His outside interests include spending time with his family and friends, exercising, and reading.

Trauma

Overview of clinical areas which encompass Trauma Emphasis

Post-Traumatic Stress Disorder (PTSD) is an illness that impacts the lives of many Veterans as a result of trauma exposure during their Active Duty Service. Prevalence studies have found high rates of PTSD: from 11-20% of Veterans of the Iraq and Afghanistan War, up to 10% of Gulf War (Desert Storm) Veterans, and 30% of Vietnam Era Veteran. However, many Veterans with PTSD go undiagnosed, never seek care or are lost in transitions of care, with PTSD being referred to as the "most frequently under recognized and untreated anxiety disorder"(Schonfeld et al., 1997). Under new protocol at the Washington DC VAMC, all medical and surgical inpatient admissions are screened for depression, PTSD and substance abuse. As part of Primary Care Mental Health Integration Initiative, a positive screen will generate a consult to the inpatient consultation liaison service that will evaluate and offer services to these Veterans who meet diagnostic criteria for PTSD, but are not currently enrolled in treatment. At this time, 27.4% of psychiatry consults result in a diagnosis of PTSD and an additional 9.7% have other anxiety disorders.

The Trauma Services Program (TSP) is an outpatient clinic that provides treatment for PTSD to men and women Veterans from all eras of service from WWII through Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF). In FY 2012, the DC VAMC Trauma Services Program saw 1,944 Veterans for 18,780 visits (8th out of 120 trauma-specific programs in the VA system, NEPEC, 2010). The clinic is staffed by a interprofessional team of providers (i.e., psychology, psychiatry, social work, nursing, and peer support counselors). The Trauma Services Program at the DC VAMC currently offers both PE and CPT (group and individual formats) to all Veterans who are enrolled in the program. Offering both these evidenced-based treatment represents a unique learning experience to Postdoctoral Fellow to deliver the most robust evidenced-based treatments for PTSD. The VA's Mental Health Uniform Services Package requires that all VA Medical Centers offer these treatments to Veterans with PTSD. While many Veterans in TSP served in combat, we treat Veterans with a variety of military-related traumatic experiences including, but not limited to, MST, training accidents and motor vehicle accidents.

Trauma Emphasis Specific Activities

The Postdoctoral Fellow will have the opportunity to obtain extensive experience in assessing PTSD, collaborating with primary care team if a Veteran is inpatient, co-facilitating outpatient group therapy, providing individual therapy, participating as a member of the multidisciplinary team, performing psychological evaluations, and providing family education and therapy

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A comprehensive plan to foster interprofessional learning has been designed. Postdoctoral Fellows will have the opportunity to obtain extensive experience in assessing PTSD, co-facilitating group therapy, providing individual therapy, participating as a member of the multidisciplinary team, performing psychological evaluations, and providing family education and therapy. The following groups may be co-lead under the supervision of a psychologist: (1) Seeking Safety, a group for veterans with co-morbid PTSD and substance abuse; (2) PTSD Coping Skills Group, a group designed for veterans to develop adaptive coping skills in a group setting with peers; (3) Cognitive Processing Therapy (CPT) Group, a group designed for veterans to learn to process how enduring a trauma has changed the way they view themselves, others and the world.

The program will also track performance measures and identify the number of Veterans evaluated and those referred to treatment, as well as the number engaged and those that complete treatment. Postdoctoral Fellows also learn to provide clinical supervision to Predoctoral Psychology Interns and Externs. Each Fellow will receive a minimum of four (4) hours of structured learning and supervision per week, including two (2) hours per week of clinical supervision, one (1) hour per week of didactic training as part of the Postdoctoral Fellowship Training Series and one (1) hour in the multidiscipline Trauma Services staff meeting.

Supervisors Training and Experience

Lisa Carlin, Ph.D. Dr. Carlin is a staff psychologist in the Trauma Services Program at the Washington DC VAMC. Within Trauma Services, she coordinates the women's trauma recovery track, which implements strategies to promote education about and services to women Veterans with PTSD. Prior to graduate school, Dr. Carlin worked for several years as a sexual assault victim advocate and provided education programs on sexual assault, harassment, and bullying prevention to elementary through college age students. She completed her graduate training at American University in DC, and pre-doctoral internship at the Washington DC VAMC. Dr. Carlin has also worked for the Laboratory for the Treatment of Suicide-related Ideation and Behavior at the Uniformed Services University, and has a professional interest in treatment of suicidality for individuals with PTSD. Her personal interests include exploring the DC area with family and friends, attending sporting events, and hiking.

Ranon Cortell, Ph.D. Dr. Cortell, the Acting Director, works in the multidisciplinary Trauma Services Program. He provides individual, group, and family therapy to veterans impacted by traumatic stress. Dr. Cortell coordinates family services for the clinic. He provides supervision of clinical care, administrative issues, and psychological assessment for pre-doctoral psychology interns, postdoctoral fellows, and peer support specialists. Dr. Cortell received his Bachelors in Psychology from the University of Maryland and his Ph.D. in Clinical Psychology from the Catholic University of America. Dr. Cortell served in the DC VAMC during his graduate training, working with veterans in the Substance Abuse Rehabilitation Program and Primary Care Behavioral Health. He completed his pre-doctoral internship at the Woodburn Community Mental Health Center, where he provided individual and family therapy, emergency and mobile crisis services, forensic services, and psychological assessment. Prior to his position at the VAMC, Dr. Cortell provided individual and group therapy to inmates in a maximum security facility in Jessup, MD and individual and family therapy, consultation, and psychological assessment to military dependent children and their families at Fort Meade, Maryland. Dr. Cortell has published in the area of suicide and developmental disorders. In his free time, he enjoys spending time with his family, reading, teaching, being in the outdoors, and playing tennis.

Russ Jones, Ph.D. Dr. Jones is a staff psychologist in the Trauma Services Program at the Washington DC VAMC, where he provides individual and group therapy to veterans. Dr. Jones obtained a Master's degree in counseling from the University of Georgia and a Ph.D. in counseling psychology from the University of Maryland. He completed his graduate training and pre-doctoral internship at the Washington DC VAMC, where he worked with veterans in Home-Based Primary Care, the Substance Abuse Rehabilitation

Program, the Psychosocial Rehabilitation and Recovery Center, and the Trauma Services Program. Dr. Jones is the Dual Diagnosis coordinator in the Trauma Services Program, where he facilitates the mental health treatment of veterans with PTSD and co-occurring substance use disorders. He also serves as an Employee Assistance Program (EAP) counselor. Dr. Jones' professional interests include psychotherapy process and outcome, clinical training/supervision, and mentorship. In his spare time, he enjoys spending time with family and friends, watching sports, and hiking.

Nishant Patel, Psy.D. Dr. Patel is a clinical psychologist with the Trauma Services department at VAMC and provides individual therapy at Fort Belvoir to Veterans afflicted with traumatic stress. Dr. Patel completed his B.A. in Psychology at Rutgers College and his doctorate in clinical psychology at Widener University. Dr. Patel completed his post-doctoral fellowship while working with Heartland Alliance in Kurdistan (Northern Iraq), conducting training and delivering technical assistance to local mental health paraprofessionals, therapy to Iraqi survivors of torture and managing programs. Prior to his position at VAMC, Dr. Patel served as the program coordinator and later acting director of the Cross-Cultural Counseling Center at the International Institute of New Jersey, providing treatment to survivors of torture seeking political asylum, international human trafficking survivors and immigrant survivors of domestic violence. Dr. Patel's professional interests primarily include trauma work and cultural psychology. In his leisure time, Dr. Patel enjoys spending time with family and friends in Washington and NJ/NY, playing tennis, watching sports, reading and traveling.

Miguel Roberts, Ph.D. Dr. Roberts is a clinical psychologist at the Washington DC VAMC. He obtained his Ph.D. from the University of Mississippi, completed his pre-doctoral internship at University of Alabama at Birmingham, and a NIDA Funded post-doctoral fellowship in PTSD and Substance Use Disorders at Duke University Medical Center. Prior to joining the VA, Dr. Roberts worked for the Department of Defense where he focused on Psychological Health and Resilience policies and program development and evaluation at the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. He was also formerly employed as a staff psychologist at the VA Maryland Health Care System (Baltimore Division) in the Trauma Recovery Program. Dr. Roberts' clinical and research interest include objective assessment of PTSD, evidenced based treatments, and newer forms of Cognitive Behavioral Therapy including Acceptance and Commitment Therapy.

Stephanie Sacks, Ph.D. Dr. Sacks is a clinical psychologist in the Trauma Services Program at the Washington DC VAMC. She obtained her Ph.D. from the University of Miami and completed her doctoral internship and post-doctoral fellowship in Trauma at the Washington DC VAMC. Prior to working at the DC VAMC, Dr. Sacks worked at the Miami VAMC acute inpatient unit and South Florida State Psychiatric Hospital where she

provided inpatient services in Spanish and English to individuals with chronic and persistent mental illnesses. Her clinical and research interests include treatment of PTSD in individuals with co-occurring serious mental illnesses, evidence-based practice and program development/evaluation. She is a National and VISN 5 Regional Cognitive Processing Therapy Trainer and Consultant. In her spare time, she enjoys travelling, surfing and spending time with family and friends.

Research

Fellows will engage in clinically relevant research and disseminate knowledge and information to the field through various methods including, but not limited to, poster presentations at national conferences, submission of manuscripts to peer reviewed journals, or grant proposals based on their research project. Fellows are encouraged to develop data that may lead to a publication or that they will submit at least one abstract to a scientific meeting during the course of the fellowship. Fellows are given appropriate leave to attend conferences.

Exposure to research training is achieved by having the fellow participate in ongoing studies and having access to the Chief of Biostatistics to the DC VAMC as a research mentor. Fellows may participate in studies at various points in the research process, which may include: formulating a research idea, testing its feasibility for completion within this setting and within the time that is available, writing and submitting the IRB application and working with the R&D committee to obtain approval, initiating data collection, coordinating study activities, analyzing data, writing manuscripts, presenting results at national scientific meetings, publishing, and writing grant proposals. However, since this is a 1-year Fellowship, not all of these activities will be accomplished by any one Fellow.

Below is a "checklist" for researchers to remind them of the things they need to do when publishing VA research:-

http://www.research.va.gov/resources/policies/guidance/Checklist-for-publishing-VAResearch.pdf

To navigate to this on the ORD website, go to "For Researchers", select "NIH Manuscript Submission for VA Investigators", and click link at the end of the page

Postdoctoral Fellow Seminars:

Training meetings have been established for postdoctoral fellows as a group, in addition to any conferences or meetings originating with the fellow's specific assignment. The nature and pattern of these meetings vary somewhat, but they typically include a variety of seminars and one administrative meeting with staff.

While Fellows are encouraged to take advantage of unscheduled seminars and didactics of interest throughout the training year, Fellows should reserve Tuesdays from 12 pm to 1 pm and Fridays from 8 am to 11 am for scheduled recurring seminars.

Tuesdays 12:10 pm – 1 pm

- **Health Psychology Seminar Series**

  (provide the training director with a summary sheet of your presentation no later than 3 days following your presentation)

Fridays 8:10 am to 9:00 am

- 3rd Friday of the month: **Professional Development Lecture Series**

Fridays 9:10 am to 11:00 am

- 1st Friday of the month: **Geropsychology Seminar Series**
- 2nd Friday of the month: **Professional Development Special Topics Series**
- 3rd Friday of the month: **PTSD Seminar Series**
- 4th Friday of the month: **Meeting with the Training Director**

  (place didactic feedback forms in the training director's no later than the following Tuesday)

Health Psychology Seminar Series

Health psychology is the scientific field that applies psychological theory and methods to the study of the promotion and maintenance of health and the prevention and treatment of illness. The Health Psychology Seminar Series is a clinically focused didactic and discussion designed to provide trainees (Practicum students, Interns, and Post-doctoral

Fellows) with both theory to aid in the promotion and maintenance of mental and physical health and clinical case presentation to utilize and implement such theory and methods. This series affords the Fellow the opportunity to gain exposure to the interrelationship between mental health disorders such as PTSD and medical conditions, and to improve knowledge regarding how mental health diagnoses may exacerbate medical conditions and vice versa. Health psychology plays a role of particular importance with the aging Vietnam Era veteran population, a significant portion of the veterans who are seen in our Mental Health clinical areas.

The three major components of the Health Psychology Seminar include article presentations relevant to the field of Health Psychology, clinical case presentations, and discussion of new interventions and options related to health psychology both within the Washington DC VA Medical center and in the greater health psychology community.

Geropsychology Seminar Series

The geropsychology seminar series is a monthly seminar covering a range of topics including core information related to geriatric mental health as well as topics of interest selected by faculty and students. Past topics have included psychological adaptation, assessment, or intervention with older adults, their families or care systems.

Professional Development Series

The **Professional Development Series** has been designed to focus on the development of maturing professional identities as Psychologists. It is designed to aid in the development of realistic career plans upon completion of fellowship and has two components: 1) professional development speaker series and 2) professional development special topics seminar.

Each of the two components of the professional development series occurs monthly.

In the **Professional Development Speaker** series, Fellows are exposed to learning about both the individual psychologist(s) presenting and their emphasis area within the Medical Center. The Professional Development speaker series meets monthly for a one hour duration and focuses on the development of maturing professional identities as Psychologists. It is designed to aid in the development of realistic career plans upon completion of fellowship. During the professional development series, different phases of professional development are highlighted including, the advanced student, the novice professional, the experienced professional, and the senior professional. The development series also addresses challenges and sources of stress that an advanced student/novice professional may face including, ambiguity of professional work, acute performance anxiety, the scrutiny of more advanced professionals, and high expectations. Career development, supervision, the importance of continuous reflection for professional growth, and a life-long personal/profession integration process are key points of emphasis throughout the seminar series. Although the majority of presenters are psychologists on the medical center staff, when appropriate there are outside speakers invited to present on their field of choice. For example, a representative from the American Psychological Association or from the Veterans Affairs Central Office has come to discuss their role within their organization as a licensed psychologist. In addition, the Fellow gains knowledge from senior psychology staff members as to what unique experiences/skills they have acquired which have made them successful in their current position as a VAMC psychologist. Lastly, by getting exposure to other psychologists' experiences inside and outside of VAMC's it exposes the Fellow to system dynamics that exist in professional settings that can ultimately help them in their future as a psychologist. Because the psychology staff at the DC VAMC is rich in diversity, presenters often share their experience related to their diversity and their cultural competence. This seminar is attended by interns, postdocs, and any interested staff members.

While the speaker series portion consists of psychologists speaking about their professional development and trajectory as it relates to topics that a postdoctoral fellow would likely experience throughout his/her career development, the special topics component also involves presentations on professional development issues Postdoctoral Fellows typically experience, the later component is solely for postdoctoral fellows and consists of four main topic areas: 1) career trajectory, 2) licensure, 3) employment security, and 4) advanced opportunities.

The program recognizes that Fellows are in the unique position of being both at an advanced level of training in a particular emphasis area where they may provide supervision and guidance to less advanced trainees, and also at a point where they will soon be considered early career psychologists. For those reasons we have created a comprehensive special topics series designed for a trainee at this particular level.

PTSD Seminar Series

The PTSD Seminar Series meets for two hours monthly and encompasses reading articles related to PTSD, case and assessment presentations by the Fellow, and ethical situations with specific focus on PTSD. The Fellow participates in this series primarily with Fellowship Faculty, but it may be that an outside provider is brought in if appropriate. During this seminar, the Postdoctoral Fellow is engaged in discussing issues that are pertinent to all psychologists in the field. These didactics include: journal article discussions in the area of PTSD and general psychology and trainings in the area of PTSD. The Fellow presents at least four (4) times during the year on treatment, assessment, journal article and research.

Research Seminar & Research Wrap Group

At the start of the training year, Fellows participate in a research seminar geared towards preparing them to conduct research within the VA setting. Guest speakers from the VA research community cover topics such as: VA sponsored Research, the IRB application process, early career research awards and other funding opportunities; and communication of research findings. Throughout the training year, fellows meet monthly with members of the Research Subcommittee of the Training Committee to review their research progress, brainstorm ideas and problem solve.

Participation on the Training Committee

Participation on the training committee as a liaison between trainees and staff. This activity allows for direct communication and understanding between staff and trainees.

Both the intern class and the fellow class elect one member of each class serve on the training committee. A trainee can serve in this role for the entire training year, or this

opportunity may be shared between two interns or two fellows such that each representative serves a six month term.

Trainees are invaluable members of the training committee. They serve to bridge the gap between trainee cohorts and the training committee.

Former trainees who have served on the training committee have been instrumental in the ongoing development of the training program. For example, trainees have contributed to the trainee handbook, helped develop the program's mission and vision, contributed to the program's orientation redesign, and collaborated with the Training Director on special projects designed to enhance training. Trainees serving on the training committee have had the opportunity to accompany the training director on site visits to collaborate with training directors both in VA and outside of VA. Trainees are encouraged to serve on subcommittees of the larger training committee in which they have interest.

At the end of the internship year, interns evaluate the internship as a whole by writing an unstructured narrative. These narratives are reviewed by the training committee and suggestions are processed and acted upon.

Mentorship

Prior to the start of the training year, incoming trainees are asked about qualities they would most value in a mentor, and then matched with a psychologist in our training program who has as many of these characteristics as possible. This psychologist will play a special role in a Fellow's professional development within the field of psychology. The Clinical Mentor will be part of the Postdoctoral Faculty, but there will not be a formal supervisory relationship, rather a supportive one to help the Fellow transition into the role and will help with consultation throughout the year.

Mentoring responsibilities include sharing knowledge and skills, overseeing the trainee's work, helping the trainee to make contact with other team members and assisting with career counseling. This relationship also provides a non-evaluative forum for a trainee to share ideas and to receive access to information and opportunities. It is a way for our program to demonstrate more transparency in all our processes and can aid trainees by highlighting paths for success both during the training year and as trainees consider the potential for being hired as staff once their formal training is complete.

Moreover, the Fellow's mentor provides guidance as a Fellow progresses through the training year, ensuring that the Fellow reaches their full potential during their training experience and later as a professional psychologist.

Evaluation

The program requires that a fellow must meet the minimum level of achievement on all competencies on their evaluation completed at the end of the third rating period (at program completion). This means that the **program now requires that fellows must have 100 percent of items in competency areas rated as a 5 (postdoctoral exit level) or higher at program completion.**

In order to provide postdoctoral fellows in our program with ample opportunity to demonstrate minimum level of achievement for all competencies, our criteria is listed below:

a. **By the end of the first rating period** (after a postdoctoral fellow has completed four months or 1/3 of their fellowship year) the fellow would need to have at least 70 percent of items in competency areas rated as a 4 (postdoctoral mid-year level) or higher. If a fellow does not receive a minimal threshold for ratings on their first rating period evaluations, this will allow time for the fellow to receive additional training in these areas, prior to the second rating period competency evaluations. If a fellow receives a 1 (substantial supervision) on a competency area, substantial remediation would be required. If a fellow receives a 2 (close supervision needed) or a 3 (some supervision needed) on a competency item, that competency would be targeted for additional training during the subsequent rating period.

b. **By the end of the second rating period** (after a postdoctoral fellow has completed eight months or 2/3 of their fellowship year) the fellow would need to have at least 70 percent of items in competency areas rated as a 5 (postdoctoral exit level) or higher. If a fellow does not receive a minimal threshold for ratings on their second rating period evaluations, this will allow time for the fellow to receive additional training in these areas, prior to the final competency evaluations. If a fellow receives a 1 (substantial supervision) on a competency area, substantial remediation would be required. If a fellow receives a 2 (close supervision needed), a 3 (some supervision needed), or a 4 (little supervision needed) on a competency item, that competency would be targeted for additional training during the final rating period such that the fellow

is functioning at the postdoctoral exit level or higher on all competency areas at completion of the postdoctoral fellowship.

Performance Improvement Process

Continuous quality improvement has been a central concept in VA healthcare over the past 20 years. This is one reason that the VA healthcare system is often viewed as surpassing the private sector in many healthcare quality surveys. Our Postdoctoral Program follows these system-wide quality assurance principles.

We regularly evaluate our success as a Fellowship Program. The Training Committee meets at least monthly and as needed to discuss the training program in terms of the Fellow's current achievements and areas for program improvement. The Training Director also meets with the Chief Psychologist several times per week due to his other administrative roles and training program issues are raised as needed in these other contacts. If there are times it becomes necessary for staff and Fellow to meet more frequently (e.g., changes in DC VAMC guidelines, specific program changes, etc.), it will be done to best ensure compliance with training goals and hospital requirements.

The program uses multiple other sources of data and information that are reviewed to identify areas of improvement including:

Supervisors' evaluations of Fellow's performance are completed at the end of each training trimester as competence in assessment, intervention, consultation/supervision, ethics and sensitivity to diversity, scholarly inquiry, and professional development are rated. These forms allow for tracking of the Fellow's progress in these areas over the year. They also allow for narrative description of the Fellow's progress in terms of trimester goals. Supervisors discuss the completed forms with the Fellow and they are signed by both individuals.

Fellow's evaluations of supervisors are completed at the end of each training trimester. The Fellow completes an evaluation of their supervisor, rating them in key areas of supervision. These forms are brought to the Training Director for discussion at the completion of each training trimester, and general information is shared with supervisors.

Fellow's evaluation of our overall program is completed at the end of each training trimester. At the onset of Fellowship, the Director of Training stresses to the Fellow that he is available to meet with them individually at any time to discuss the training program and receive feedback. As part of this process, the Fellow is asked to individually rate the different components of the program using a standard evaluation form. The Training Director reviews this evaluation with the fellow.

Fellow's meetings with the Training Director to discuss these evaluations (see above) and follow-up on issues of concern to the Fellow.

Exit Interviews are another evaluation procedure our Program employs. These exit evaluations administered at the end of the training year, in writing and in person, are extremely valuable in reviewing the Program as a whole. The Fellow is told that these exit interviews are non-evaluative and that the information and impressions shared will be utilized to promote improvements within our program.

Fellow's self-evaluation of their competencies in areas stressed by our program. Fellows complete questionnaires to assess their subjective views of their development as professional psychologists. These are completed both at the end of the first and second training trimesters. We use this data to help determine areas of strength and weakness in our trainees and to make necessary accommodations.

Private meetings with staff involved in training. Meetings between the Training Director and members of the training staff are arranged annually to discuss each supervisor's view of the program, including goals and objectives.

Survey of graduated Fellows. During regular intervals, we will survey previous Fellows to find out how effective we have been in preparing them for their current professions as psychologists. In an effort to maintain a Fellowship Program that meets both current and future needs for the trainee we keep open communication with former Fellows. This is done to determine whether the DC VAMC's Program helped prepare each trainee, both soon after completion, and as they grow into their role as an independent licensed psychologist.

Overall, the program aggressively pursues a self-evaluation process constantly looking for ways in could improve. Through the formal and informal mechanisms, the program uses data and information collected from many sources to not only assess the extent to which it is meeting its stated goals and objectives but also to look for areas where it can excel at even higher levels.

Salary and Benefits

The fellowship salary is determined by the VA Office of Academic Affiliations, and is based on a national average salary with adjustments for the DC area cost of living. Salary for 2015-2016 is $45,961. This is comparable to the salaries of other health trainees in the VA system (medical residents, pharmacy residents, etc.). Benefits include: 13 days annual leave per year, 13 days sick leave per year, Health insurance, and 10 paid Federal Holidays per year. The Postdoctoral Fellowship Program is 40 hours per week (Monday-Friday) with a total of 2,080 hours per year. There are no part-time Fellows. The training year runs from August of one year to August of the next, unless barred by illness. Fellows are not expected to work more than the required 40 hours per week.

Administrative Details

The Psychology Staff

We are a diverse group with a variety of educational backgrounds, representing both clinical and counseling psychology, and having a variety of subspecialty interests, competencies, and theoretical orientations. The following are key staff people.

Chief, Psychology Service (x58238)

Within the Department of Veterans Affairs, the chief, psychology service is ultimately responsible for the psychology internship program. The chief reviews the operations of the training committee and reviews supervisory evaluation reports. Most decisions of concern to interns are made by the training committee, but the final authority is vested in the chief.

Dr. Howard M. Schulman, Ph.D., Chief of the Psychology Service at the Washington DC VAMC has been in practice since 1974. He received his Bachelor of Arts degree from Brooklyn College and his Ph.D. in Clinical Psychology from the University of Florida. Having served in the VA during his graduate training, Dr. Schulman took a 28 year break from the VA, coming to the Washington VAMC in 2000. Dr. Schulman had an extended detail as the VISN 5 Mental Health Officer. He has been the unit psychologist for the Partial Hospitalization Program here at the DC VA, has also worked on the substance abuse program, and directed the Primary Care Behavioral Health Clinic for a number of years. Prior to coming to the VA Dr. Schulman was on the staff of the University of Maryland Medical School where he worked on a national heart disease clinical research/prevention project (M.R.F.I.T.) He worked for ten years at a community mental health center offering clinical services to children, adolescents, adults and couples. He has been the Chief Consulting Psychologist of the Prince George's County Correctional Center; has been a consultant to a number of local agencies in the areas of forensic evaluations, problems of victims of crime; geriatric problems; problems of severely disturbed adolescents and children; and family issues and problems. Dr. Schulman has published in the area of neuropsychology. He did two years of post-doctoral training in Strategic Family Therapy with Jay Haley and Cloe Madanes. He has taught and supervised graduate students and other professionals in the area of strategic therapy and has served as Training Director of the Center for Brief Therapy. Dr. Schulman's

current professional interests include: psychology training; service delivery within the VA system, problem solving therapies; story-telling and metaphor in psychotherapy; issues of systems; psychotherapy with treatment resistant patients; crisis intervention and hypnosis. Besides his administrative duties in the mental health and psychology service, Dr. Schulman enjoys teaching and supervising interns and externs and for many years offered a weekly seminar, "The Art and Science of Psychotherapy" to our interns. He enjoys people, movies, reading, travel, cooking, volunteer work in his community, and most importantly spending time with his family (especially his 12 grandchildren).

Director of Psychology Training Programs (x55695)

The director of psychology training programs coordinates the internship training program, the postdoctoral fellowship training program, and practicum, chairs the training committee, provides guidance to trainees, follows their progress, and acts as general liaison between practicum students, interns, fellows and staff. The director of training is also the liaison between the VA and each intern's academic department, accepting responsibility for information exchange between the university and the VA.

Dr. Slavomir L. Zapata, Ph.D. is the Director of Psychology Training Programs, where he has program and personnel management responsibilities for all three components of the Psychology Training Program; the Post-doctoral Fellowship training program, the Psychology Internship training program and the practicum student training program. Dr. Zapata has served as the acting Chief of Psychology Service from March to December 2014. He is also the Coordinator of the Health Improvement Program (HIP) and works primarily with Veterans diagnosed with serious mental illness (SMI) and co-morbid medical disorders. Until recently, he has served as the Medical Center's Evidence- Based Psychotherapy Coordinator. Dr. Zapata is trained in evidence based psychotherapy interventions including Problem Solving Therapy and Cognitive Behavioral Therapy for Psychosis. He serves on the Disruptive Behavior Management Committee and is a trainer for the management and prevention of disruptive behavior at the Washington DC VA Medical Center. Dr. Zapata is also an adjunct professor at George Mason University where he provides supervision for the assessment practicum students. His research experience includes serving as the Site PI for a multisite study to Reduce Internalized Stigma in People with SMI. Dr. Zapata has served on national review panels for funding decisions for programs and positions in VA and the Department of Defense. Dr. Zapata obtained his Bachelor of Arts from Boston University and received his Ph.D. in Clinical Psychology from George Mason University. He interned at the Washington D.C. VA

Medical Center. He is certified in program and project management, holding the Federal Acquisition Center Project and Program Management Certification (FAC-P/PM). Prior to joining the medical center, Dr. Zapata was employed as the Coordinator of the Cognitive Assessment Program, a subsidiary of the Center for Behavioral and Cognitive Development in Fairfax, Virginia. His professional interests include health psychology, crisis intervention, relationship issues, and integrated dual-diagnosis assessment and treatment. When not working, he enjoys exploring the Washington D.C. area, spending time with his family and friends, and reading.

Supervisors

Each internship year contains three 4-month rotations. There are specific supervisors assigned to each rotation. Some rotations have more than one supervisor. Supervisors work closely with trainees and accept professional responsibility for all patient care and training activities during that rotation. He/she is the "first line" in each trainee's administrative hierarchy. All activities must be cleared with the trainee's individual supervisor. Supervisors assign patients, supervise activities, co-sign reports, and formally evaluate each trainee at the conclusion of that rotation. Biographies for each psychologist are included in the rotation section of this handbook under the clinics within which they operate.

Program Support for the MHSL (x55486)

There are several members of the Mental Health Service Line who serve as administrative support for the service. The Administrative Officer (AO) for MHSL is Maggie Chen. She has responsibility to maintain administrative processes for the service including budget and coordination with fiscal service and human resources.

Kasimma Melendez coordinates mental health treatment coordinator assignment for the service as well as provides additional program support. She is the point person for issues related to badging, computer access and security, and keys.

Program Assistant to the Psychology Service (x58171)

Curtis Terrell, the program assistant provides daily support to interns, including appointment management, basic office supply requests, and reception. The program support assistant is responsible for obtaining office supplies and storing them in a storage cabinet. The program support assistant can obtain most basic supplies from our supply warehouse. Other supplies can be ordered after the chief, psychology **s**ervice, has approved the order.

The program support assistant will take messages from callers or visitors that come to you through the main office of psychology. He/she will place each intern's mail in his/her mailbox in the psychology office. The program support assistant needs to be informed of each intern's leave so that visitors or callers can be notified whether the intern is in or not. Finally, the program support assistant also handles building and office safety issues.

Interdisciplinary Staff

The VA Medical Center, Washington, D.C., is a teaching center. Therefore, you will find that trainees interact daily with many counterparts in a variety of professions. In addition to medical and surgical residents and interns, medical students rotate through all clinical services. Graduate students in speech and audiology, dietetics, nursing, and social work also train here.

In your professional career, you may work in interdisciplinary teams. Trainees will enrich their experiences during training if they interact with peers in other fields.

Places of Note within the Medical Center

Intern office (room 3D 214)

Interns share one large base office. Other offices are used for therapy and assessment.

Interns may be assigned additional office space, depending on their rotation. Housekeeping services are provided to clean the floors and empty trash.

In any large facility, security is a constant problem. Never leave personal valuables or equipment unsecured. Doors should be kept locked when an office is unoccupied.

Postdoctoral Fellow office (room 3D 206a)

Postdoctoral Fellows share one large base office. Other offices are used for therapy and assessment. Fellows may be assigned additional office space, depending on their emphasis area or needs. Housekeeping services are provided to clean the floors and empty trash.

Psychology Trainee Swing office (room 3C South 221)

Space for individual therapy patients is share by psychology trainees. The Trainee Swing Office is designated space solely for trainees to meet with patients.

There is a sign-up sheet posted on the door to this office where trainees may reserve this space during times when they are meeting with patients.

Medical Library (next to elevators near building six on the first floor)

Psychology trainees have full library privileges including access to online library resources (http://vaww.washington.med.va.gov/Departments/Library/index.asp). These online services include subscriptions to online journals and access to online holdings through the National Library of Medicine. In addition, the hospital librarian is an expert in electronic library services and available to offer guidance and instruction.

Occupational Health (room 1C 118 x58254)

This service conducts your pre-employment physical examination and treats work-related injuries or illnesses. It also provides initial treatment if a trainee becomes ill during work.

Trainees are welcome and encouraged to get there free flu shots and other immunizations through occupational health.

Canteen Service

A cafeteria and a retail store are located in the basement. A wide variety of items can be purchased at reasonable prices, often below those in the community. All items in the store are tax free since this is a federal facility.

Wellness Center

The Wellness Center is in the basement, GC-205.

Jon Polks who is the recreation therapist supervisor is the contact person for membership.

Tour of Duty and Leave

Timekeeping

The official workweek is 40 hours/week from 8:00 A.M. to 4:30 P.M., although depending on your rotation and your professional interests, there may be weeks which trainees devote additional time to their training endeavors. Interns must finish the 2,080-hour internship in one year unless barred by illness. The 10 required government holidays are included in the 2,080 hours.

Because interns are considered employees, they accumulate four hours of annual leave and four hours of sick leave each two week pay period, as any other new employee does.

Requesting Leave

All requests for leave of any kind must be made and approved in advance. **Leave is requested from and approved by the Director of Training** (please request approval from the training director prior to entering your leave request in VISTA). However, all leave requests need to be cleared by the trainee's clinical supervisors before they are electronically entered and the actual taking of any leave. All leave requests must have a designated clinical coverage person. This will almost always be your primary clinical supervisor. If he/she is not available then he/she will indicate who will be providing supervisory coverage. It is the trainees' responsibility to keep track of their leave and make sure that all of their clinical duties are covered. In order to take leave, it must have already been earned (4 hours per two-week pay period).

Entering Leave

You enter leave through VISTA (same ID and password as CPRS)

-log on
-type in ^EMP and go to 1) Employee Menu
-type "?" (Choose annual leave or sick leave request)
-add information and in remarks section indicate "annual leave approved"
-save

Authorized Absence

Trainees must ask the Director of Training as well as their supervisors for authorized absence and are allowed to utilize up to five days of AA during the training year. All requests for AA are to be brought to the attention of the Director of Training. The Director of Training will discuss requests with members of the Training Program Steering Committee which includes the Chief of Psychology and the Associate Chief of Staff for Mental Health and inform the trainee of committee's decision. In certain circumstances, a trainee may request AA beyond the five days allowed. These requests will be considered on a case by case basis. While trainees may use AA for postdoctoral interviews at other VA sites, they must use annual leave for interviews for jobs and non-VA postdoctoral positions. Trainees can receive limited AA for educational conference time, and for meetings with dissertation advisors or committees. All AA must be approved by the trainee's supervisor and the Director of Training before it can be taken.

ized absence (AA) can be granted for the day of the activity if such an activity falls on a workday. AA can also be taken for travel to and from the activity if it occurs out of town. Typically, half days for trainees are granted but full days are possible depending on flight schedules. AA for travel must be the days that directly precede or follow the activity. For example, if the activity is on a Friday, you would be expected to travel back on Saturday or Sunday and AA could not be granted for Monday. Taking the Monday off would be entered as Annual Leave. If the activity was on a Saturday, AA could be granted for Friday only.

Sick Leave

Sick Leave is earned at a rate of four hours per two-week pay period, for a total of 13 days of sick leave available during the year. If a trainee is going to be absent from work, protocol requires that you call the front office (202-745-8000 ext. 57891), the Director of Training, and your primary supervisor. Once you return to the office, you must enter your sick leave into Vista.

Work on Weekends, Holidays and Government Shutdowns

Interns are not required to work at the medical center on weekends or holidays. At any time that a trainee is treating patients, a designated supervisor must be present in the building.

All VA employees (including interns) are considered essential employees. If the federal government shuts down (such as for a snowstorm) it is often “except for essential employees.”

Medical Records and Record Keeping

The medical records in this medical center are electronic. Trainees will enter all notes and reports in the computer. When leaving a workstation, trainees should log off the computer. Whatever hard copy medical records that do exist, should not be removed from their appropriate place without the knowledge and permission of the appropriate official. Hard copy medical records are to be returned to their proper places as soon as possible and are never to be taken out of the medical center.

Diagnostic and therapeutic interventions are to be documented in the electronic record and countersigned by each intern’s supervisor. Various accrediting bodies follow a simple rule: "If it isn't documented, it wasn't done." Notes must be entered in a timely

manner, generally the same day or at most the next day. All intern notes must be countersigned by the supervisor of that case, however, once the intern has signed the note it can't be changed or edited. If the primary supervisor will be away for more than one day, the note should go to the designated supervisor, who is providing coverage, for review and signature.

All trainees must attach the following language to each patient note created: *This case is supervised by the cosigning licensed psychologist. I have discussed this case with this supervisor, and by co-signing this note he/she agrees with this diagnosis and treatment*

plan in this note or indicated in any additions/corrections in the attached addendum (if applicable). This session will be further discussed in our weekly one-hour supervision meeting. This is in compliance with VHA Handbook 1400.04.

Information contained in medical records is confidential. This information is not to be released or disclosed to persons outside the VA in any manner that could potentially I identify the veteran. All cases must be discussed in private – never in public areas such as elevators or corridors. Trainees should only access medical records for Veterans with whom they are treating.

Computer Training: If you are in need of computer training as it relates to any aspect of your work, please bring this to the attention of Slavomir Zapata, Ph.D., Director of Psychology Training Programs and/or Howard Schulman, Ph.D., Chief of the Psychology Service.

Calling patients to schedule initial appointments

Phone numbers for Veterans can be found in CPRS by clicking the yellow tab at the top left of the homepage of the Veteran's chart. If you are unable to reach a Veteran and need to leave a message, only leave your name and that you are calling from the Washington DC VA Medical Center, and contact information so that the Veteran can return your call. A telephone contact note must be entered in the Veteran's chart to document the telephone call.

Documentation:

Writing a Psychology Note

1. Click "New Note" in CPRS
2. A pop-up box will appear, go to "New Visit" (3rd tab)
3. Type in DC/Psychology-Ind or DC/Psychology-Group, unless your supervisor has given you instruction to an alternate clinic location code given your rotation location.
4. Put in your expected co-signer (the supervisor on the case)
5. If you are entering the note immediately preceding the telephone call, hit Okay. However, if you made the telephone call earlier in the day or the day before, click the button next to the NOW. This will pull down a drop-down menu and you can choose the date and time that the phone call was made. Hit Okay at this point.
6. Under Progress Note Title, type in Psychology Note.
7. Put in expected co-signer (supervisor).
8. Change date/time if needed and then hit okay.
9. Write your progress note.

Entering encounter (billing) information

1. Right click and go to "Sign Note Now" and CPRS will prompt you by asking if you would like to fill out encounter information (you can also access the note encounter by hitting the Encounter button (bottom left)
2. Once the encounter populates, you will see your name under Available Providers
3. Type in your supervisor's name. When it comes up, click "Add" and then with the supervisor's name highlighted, click "Primary" – this identifies that individual as the primary supervisor for this patient
4. If any of the boxes under "Visit Related To" are white, you need to put a check mark under either yes or no. These are various issues for which a Veteran can be service connected. To the left of this box is a list of any service related condition the Veteran has. If they are SC for a mental health-related concern, you can check "Yes" If not, check "No." Each and every white box needs to be checked either Yes or No. Do not leave any unchecked.
5. Go to the Diagnoses Tab

6. For phone calls, click the "Other diagnoses" tab and type in V65.5 and hit enter, highlight the item and double click (this is an initial phone contact and we likely have not made a determination for diagnosis)
7. Go to the Procedures Tab
8. Click the "Other procedures" tab and type in 90885 (Review of Chart/Records) or 98966 (Telephone Call – 5-10 minutes) and hit enter, highlight the item and double click
9. Click Okay. This concludes the work needed to complete the encounter.

Signing Your Note

1. Right click on the note and go to "Sign note now"
2. It will ask if you want to fill out the encounter – you've already done this, so put No

3. Put in your electronic signature code and hit enter.
4. The note is now complete – it will send an alert to your supervisor to cosign the note. Once a note is signed, you can no longer make any changes.

If you need to delete the note prior to signing it, right click and go to Delete Note. If a note needs to be deleted after you've already signed it— contact IRM.

Chart Review in CPRS

To alter the format in which you can view notes in a patient's record (i.e., only see PRRC note, see ALL past notes, see last 100 notes, have notes displayed by clinic) go to the "Notes" Tab and do the following:

- **To see entire DC VAMC record** (default is last 100)
  - "View" in menu bar -> Signed notes (all)
- **Organize by type or author:**
  - "View" in menu bar → Custom view → Group by box → Title, Author, etc.
- **Find specific text:**
  - "View" in menu bar -> Search for text

Some specific notes that are often helpful when doing a chart review are:

- **To find Compensation and Pension reports (C&Ps)**
  - Notes tab -> "View" in menu bar -> Signed notes (all) & sort by title -> C&P note
  - Reports tab -> Clinical reports -> Comp & Pen Exams (will pull up earlier C&Ps from before notes were routinely entered)

- **View additional data (other VAs, DOD, etc.)**
  - (In top right header) Click "Remote Data" ; check off the names of the sites you are interested in; then click "VistaWeb" -> (pops up an internet explorer page) click "Proceed" -> gets you to the cover sheet for VistaWeb/ Remote Data
  - View records (on left bar): Problem list, Progress notes, Discharge Summaries, Comp and Pen (under Visits/Admissions)

- **View scanned documents (consents, DD214s, a picture of the Veteran, and imaging)**

  - Tools in menu bar -> VISTA Imaging Display -> (sign in)

    - Top box (demos and pic of Veteran)
    - Left box: thumbnails of images/groups of images
    - Middle box: list of images/groups of images -> Note title and short description

Signing, editing, and adding additional cosigners to notes

Get to these via "Action" in menu bar OR right click on note ->

- **Identify additional signers** (change cosigner or add additional signers)
- **Save note without signing**
- **Sign note**
- **Edit note** (if unsigned)

Fixing a Note when CPRS Breaks Paragraphs Into Lines

1. **Select paragraph**
2. **Hit Control, Shift, and R simultaneously OR right click -> select "Reformat paragraph"**

Setting Preferences

- **TONS of great shortcuts in: "**Tools" in menu bar-> Options
  - **Select frequently used note titles**
    - Tools -> Options -> Notes Tab -> Configure document list preferences. Document Titles; then drag the note titles you want to the right.
  - Set default cosigner
    - Configure defaults for editing and saving notes -> default cosigner

Group Notes

This is a great option if you have the same group note to enter for a large group therapy session and don't want to have to enter them one-by-one in each Veteran's chart. To get computer access to group notes, see Ms. Kindle on the 4th floor (once all your in-processing is complete) and ask her to grant you access.

1. Tools in menu bar -> Specialty Applications -> Group notes -> Group notes main page opens
2. In patient list (left side): Select your clinic DC/PRRC-Grp-> (list of Veterans who have been scheduled will appear)
3. Single click on the Veterans' names to add them to the Patient list for group notes (box below)
4. On the right hand side of the screen, enter:
   Provider (supervisors name)
   Group visit location (= clinic name)
   Group visit date/time (*this MUST MATCH the actual encounter time EXACTLY or it will generate another encounter!)
5. Click Group notes button at the bottom of the screen -> (Opens note page)
6. Encounter: Select "For all patients " (usually opens this way) -> click "Edit Encounter" button -> encounter information that is shared among all Veterans in the group (provider, procedure code, possibly a common diagnosis) -> Click ok
7. Keep "For all patients" selected -> click "New Note" button -> Select note title -> write the shared group note in "Progress note: content shared by all patients" box
8. Select each specific patient -> document the unique information about each Veteran in the "Progress note: content for individual patient" box -> click edit encounter (*for each patient!*) check out the remaining incomplete encounter for each Veteran (all service-connected questions, diagnosis (if applicable), and GAF).
9. Select "For all patients " -> sign note OR save without signature

Note: **You must finish the Group notes in one sitting. If group notes closes, you will need to finish the notes individually.**

Scheduling of group rooms

Interns are responsible for scheduling group rooms. The following rooms are scheduled by contacting the corresponding staff members:

- Trauma Services Group Room (3C South 214) – Director, Trauma Services
- Psychosocial Rehabilitation Recovery Center (PRRC) Group Rooms (3CSouth 216, 3C South 219, 3C South 236) – Parin Zaveri, PhD
- Substance Abuse Rehabilitation Program (SARP) Group Rooms (3C North) – Leonard Tate, Ph.D.

How to get Mental Health Treatment Planner

General instructions for getting Icons for TREATMENT PLANNER, MH ASSISTANT, GROUP NOTES, etc. on your desktop:

Log into computer
click on 'start' (lower left corner)
3. click on 'run'
type in \\vhawasdocs4\docstore
then click 'browse'
5. click on the folder that says 'docstore' or you might just see several programs (it's different on different computers)
right click on treatment planner live (or whatever other program you need)
choose create shortcut (or if there is a shortcut icon, you can right click and then 'send to' 'desktop')
you should see the icon on your desktop now, if you don't, click and drag it from the list of programs to your desktop.
repeat for mental health assistant or any other thing you need

The new MHTP is “MHTP4_Live”.
The new Mental Health Assistant is “YS_MHA”.

How to enter BDI-II or other assessments into CPRS

In CPRS, go to tools:

- Then click on Mental Health Assistant
- Click on Instrument Administrator
- Click on the Instrument you used (i.e. BDI-II)
- Enter clinic information and choose whether you want to enter the answers 1-by-1 or all-at-once
- Enter responses
- Add co-signer

Appointment books/planners

Appointment books/planners are permitted, but you cannot use patient identifying information (e.g., last names or any part of the SSNs) in them. We suggest you use patient initials in your planner and keep a list of your patients’ names in CPRS.

Pagers

At the beginning of the training year, the Director of Psychology Training Programs will put in a request for pagers through the Administrative Officer for Mental Health.

Setting up voicemail and making outside calls/pages

To set-up your personal voicemail system just call in and listen to prompts use this script*for message:

*"You have reached the phone of [**insert name, title**]. If this is a life threatening emergency, please hang up and dial 911 for immediate medical or mental health attention. If you are having thoughts of harming yourself, please call the Veterans Crisis Line at 1-800-273-8255. That number again is 1-800-273 eighty-two, fifty-five. Otherwise, please leave a brief message and I will return your call when I am able during normal business hours"*

*Consult with the Chief of Psychology to ensure that you have the correct script as they change periodically.
***do not give out personal cell phone.*

To check voicemail: press "message" on your assigned phone. Then dial vm code (=your vm extension either 5209 or 5219). Typically delete the message right away but if you need to retrieve messages that are in the mailbox but not new dial 3000 then office ext.(5209 or 5219) then voicemail code (which is the same as the ext. i.e. 5209 or 5219).

To make an outside call: Dial 9, then the #

To make a long-distance call, Dial 18, then the area code and #

To page: push "pager" button on phones, wait for a beep, dial ext. of the # you are trying to page then it beeps twice and you need to put in your 4 digit ext then push the # button. It will page the person but it doesn't give any confirmation so you can just hang up.

Setting up your printer

Hit the **Start** button
In the **Search** area, type: \\vhawasprt3
Scroll down until you find the printer labeled: WAS-XER3D200
Right click on the printer name and select **Connect**
Select **Yes** when it asks if you want this as your default printer

Hit **Finish**

IF THE PRINTER IS RUNNING SLOWLY, YOU CAN CONNECT TO THE PRINTER/COPIER (IN THE FRONT OFFICE)

Hit the **Start** button
In the **Search** area, type: \\vhawasprt3
Scroll down until you find the printer labeled: XER3D200
Right click on the printer name and select **Connect**

Email from Outlook

All employees can be found on outlook. Create a new message and type in the person's name (Last name, First name). Then hit the button at the top with a picture of a person with a check mark next to it (this is the Check Names button). If the person is in the system, their name will be underlined in the message. If there's a problem (more than one person in the system with the same name or wrong spelling, etc.) a pop up box will come up to help you.

Mail a Letter

If you are mailing work related documents, postage will be attached once it exits our mailroom. Place sealed envelopes in the outgoing mailbox in the psychology administrative office (3D West 200). Under the return address, put:

Attn: YOUR NAME (116B)

Parking and Transportation

If you drive:

- Park in the "Soldiers Home" parking lot.
- If you enter "Scale Gate Road, NE, Washington, DC" into googlemaps, it will bring you to the entrance of the parking lot (the ramp up to scale gate road/the parking area is off of North Capitol Street)
- There is a shuttle that comes every 5-10 minutes and will drop you off at the Bldg 6 Entrance to the VA Medical Center (shuttle bus also picks up at Bldg 8)
- Shuttle bus runs throughout the day (more frequent from 7-9am and 3-5pm)

If you Metro or live near the Red/Green line:

- Shuttle from **Brookland** Red-line Metro Stop
- pick-up/drop off on the non-Catholic University side of the station, to the left of where all of the Buses come through
- Shuttle from **Columbia Heights** Green-line Metro Stop

Public Disclosure

Accreditation materials including site visitor reports and accreditation process materials are available to trainees. The Director of Psychology Training Programs will provide these materials upon request.

The Commission on Accreditation of the American Psychological Association accredits our internship training program. Their office can be contacted if one has any concerns about the internship training program or the postdoctoral fellowship training program.

Their contact information is:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, D.C. 2002-4242
(T)202-336-5979 (F)202-336-5978
http://www.apa.org/ed/accreditation
Email: apaaccred@apa.org