PSYCHOLOGY PRACTICUM PROGRAM BROCHURE
2018-2019 Training Year

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Introduction

We want to welcome you to our Psychology Practicum Training Brochure. We appreciate that applying for a practicum placement can be a challenging process, and we hope that this brochure provides you with the information that you need to make a well-informed decision regarding your future training.

Washington DC VA Medical Center

All practicum training takes place at the Washington DC Veterans Affairs Medical Center (DC VAMC). 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. The DC VAMC is considered to be a tertiary care, Complexity Level 1B facility. The DC VAMC is part of the Veterans Integrated Service Network (VISN) 5; VISN 5 includes the Baltimore VAMC, Beckley VAMC, Huntington VAMC, Louis A. Johnson VAMC, Lock Raven VA Community Living and Rehabilitation Center, Martinsburg VAMC, Perry Point VAMC, and Washington DC VAMC. The DC VAMC is also 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. The DC VAMC is also 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 have served in various military conflict eras, including during Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND), Kosovo, Bosnia, Desert Storm/Desert Shield, Lebanon, the Vietnam War, the Korean War, and World War II. The DC VAMC also serves Veterans who experienced non-combat traumas, including Military Sexual Trauma (MST), training accidents, and responses to natural disasters.

Diversity Statement

The Washington DC VAMC is an integrated multicultural environment. 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. In March 2012, then Secretary of the Department of Veterans Affairs, Eric Shinseki, reaffirmed his commitment to supporting diversity and inclusion by identifying in an open letter to all VA employees the core values of Integrity, Commitment, Advocacy, Respect and Excellence (I CARE) as core VA values. I CARE embraces diversity and inclusion. These core values are clearly depicted on the Washington DC website for prospective employees to review. Furthermore, each VA employee is required to attend a yearly I CARE training to reaffirm these principles. The DC VAMC uses numerous ways to demonstrate that diversity and inclusion are embraced. For example, The DC VAMC has a roster of translators available to facilitate communication and care with veterans or their family members who do not speak English or prefer to communicate in a language other than English.

An Environment of Fairness and Inclusion

Our goal is to provide an environment of fairness and inclusion. From the early stages of recruitment and throughout the practicum training year, we stress the importance that practicum students bring their passion and creativity into endeavors, and we collaborate with them to formulate independent training plans. We also work to check and recheck our system processes, learn from our missteps, and are willing to make changes to the practicum training experience based on both formal and informal feedback that we receive.

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 thing that all of us have in common is our unwavering belief 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 practicum students to expand their horizons, we give them permission to do even 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

Our psychology staff consists of approximately 45 psychologists. Of note, many of our psychologists were former practicum students, interns, and postdoctoral fellows from our psychology training programs. The training committee consists of the Director of psychology training programs, Dr. Zapata; the Chief of Psychology Service, Dr. Schulman; current staff psychologists, interns, and postdoctoral fellows. The training committee meets monthly. In addition to the larger training committee, the Practicum Training Subcommittee meets semimonthly to develop the Practicum training experience.

Our Training Committee consists of the following members:

Erin Bell
Christine Brown
Nicole Cammack
Lisa Carlin ****
Amanda Evans
Cassi Franklin **
Michael Greenfield ***
Leslie Hawkins
Andrew Moon
Melanie Paci
Aleja Parsons *
Natalie Piotrowski *
Howard Schulman
Leah Squires ****
Lauren Skalina***

Jennifer Strang
Leonard Tate
Jeremy Steglitz **
Candice Wanhatalo
Tracela White
Slavomir Zapata ****
Parin Zaveri

*Current DC VAMC Psych Intern
**Current DC VAMC Postdoc Fellow
***Former DC VAMC Postdoc Fellow
****Former DC VAMC Psych Intern

Practicum Training Experience

The Washington DC VAMC offers formal practicum placements for the academic year. Practicum experiences can start in the summer or fall, and generally last through the spring semester of the academic year, depending on the needs of the student, the needs of the clinical program, and supervision availability. Most supervisors prefer that practicum students begin in the summer and continue through the academic year. The practicum training program does not provide only a summer practicum training experience.

Applicants should be in good standing with their academic institutions and should be from an APA accredited, doctoral degree program in clinical or counseling psychology. We cannot accept students who are in terminal, master’s degree programs even if their program is accredited by CACREP. We can only accept U.S. citizens into our training programs. Practicum students are subject to fingerprinting, employee health physical screening, and background checks. Selection decisions are contingent on passing these screens. The DC VAMC also conducts drug screening on randomly selected personnel. Although practicum students are not required to be tested before beginning their externship, they may be subject to random selection during the practicum year.
During the 2017-2018 academic year, the Psychology Service has 27 practicum students working in the Medical Center. Practicum students apply from several local universities, including:

- American University
- Argosy University
- Catholic University of America
- Gallaudet University
- Howard University
- George Mason University
- George Washington University
- Loyola University
- The Chicago School of Professional Psychology
- University of Maryland Baltimore County
- University of Maryland College Park
- Uniformed Services University of Health Sciences

During the 2017-2018 academic year, the psychology clinics listed below have accepted practicum students for externship:

- Community Living Center (3 trainees)
- Health Psychology (2 trainees)
- Mental Health Clinic (2 trainees)
- Neuropsychology (4 trainees)
- Polytrauma (1 trainee)
- Primary Care – Mental Health Integration (3 trainees)
- Psychosocial Rehabilitation and Recovery Center (8 trainees)
- Substance Abuse Rehabilitation Program (2 trainees)
- Trauma Services Program (2 trainees)

Note: An externship in Program Evaluation is available; however, no practicum students are engaging in this training experience during the 2017-2018 academic year.

Application Procedure

We will be accepting applications between January 1, 2018 and February 16th, 2018. All applications received within this timeframe will be acknowledged. Applications received after February 16, 2018, will not be reviewed. Interviews will occur on a rolling basis.

Please email a cover letter and curriculum vitae to the Training Director, Slavomir Zapata, at slavomir.zapata@va.gov. In your cover letter, please indicate the one rotation that most interests you and detail the specific reasons that you are choosing to apply to that specific rotation. We ask applicants to specify only one
rotation because of the large number of applications that the psychology staff receive and need to review. Dr. Zapata will forward your application to the staff psychologists associated with the specific rotation that you identify. Please do not send letters of recommendation or sample treatment reports unless a staff member specifically requests one or both of them from you.

To help coordinate the annual offering and accepting of externship placement. The DC VAMC adheres to the guidelines set forth by The Greater Washington Area Directors of Clinical Training. Below are guidelines:

- Externships should not exceed 16 hours in a two-day block and should not require externs to take work home.
- Externship directors should inform students of required times that they need to be present at the training facility (e.g., practicum didactic series every Wednesday or Friday between 8-8:50am) at the time of interviews.
- Individual face-to-face supervision should occur at least 25% of the time that externs spend in service-related activities (i.e., treatment, assessment, interviews, report-writing, case presentations, and consultations). We require direct observations of externs’ service related activities with clients (live or electronically) at least once per semester to comply with APA’s Observation Standards.
- Externship students can accept externship offers on Friday, March 30, 2018* starting at 9:00 am. Students must decide on offers made after 9:00 am within one hour up until 5:00 pm. Offers made after 4:00 pm carry over to the next weekday at 10:00 am.
- Externship directors may make offers before Friday, March 30, 2018, but students cannot accept them until that date, starting at 9:00 am. Students may reject offers or withdraw from consideration before Friday, March 30, 2018.
- Both externship directors and students do not attempt to elicit information from each other regarding their status or ranking prior to the acceptance date.
- Externship directors should notify applicants that they are no longer under consideration by the site at the earliest possible date in advance of the acceptance date.
- The university/school and the externship training director should complete externship training contracts as early as possible after the acceptance date.
- We encourage stipends for externs (Of note, there is no stipend currently offered for practicum training experiences at the Washington DC VA Medical Center).

* This date is subject to change.
Current Practicum Training Rotations

Community Living Center (CLC)

Patient Population
The Community Living Center (CLC) is a 120-bed facility that provides care to Veterans who receive short-term rehabilitation care (e.g., wound care, intravenous therapy, stroke, joint replacements, and debilitation from pneumonia and cancer) or, because of life-limited, chronic medical and/or mental health diagnoses, receive Long-Term Care, Palliative Care, or Hospice Care. Mental health diagnoses often present among the CLC Veteran population includes Dementia, PTSD, Major Depressive Disorder due to a medical illness, Dysthymic Disorder, and Psychotic Disorder.

Practicum Experience

This rotation is primary a therapy rotation with some assessment opportunities. Practicum students participate as members of a comprehensive interdisciplinary team. As a member of the team, the extern assists 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. Practicum students generally meet with between 4 and 8 individual clients per week. Assessments can include conducting clinical interviews and administration of screening measures – such as the Center for Epidemiological Studies Depression Scale, Geriatric Depression Scale, Cornell Depression Scale, Geriatric Anxiety Scale, and Montreal Cognitive Assessment Scale – to assess levels of cognitive and psychological functioning. Externs also have the opportunity to provide feedback to the Veteran and his or her family, as well as have involvement in weekly Rounds and interdisciplinary team meetings. Interventions provided by the extern may include couples therapy, behavioral modification interventions, and/or cognitive-behavioral interventions. Training is provided in evidence-based practices, including CBT, STAR-VA, and Motivational Interviewing. Targets of interventions range from assisting in adjusting to a medical condition and/or loss of independence, estrangement from family and friends, end-of-life issues, and dysfunctional behaviors. Many opportunities exist to learn about differential diagnoses regarding medically versus psychologically-related mental and emotional states. There is the opportunity to co-facilitate existing groups (e.g., Veteran2Veteran Cognitive Stimulation Group, Women’s Group) and/or develop group therapy with a different focus, such as rehabilitation pain management or a family support group.

CLC Psychology Staff
Dr. Chanda Corbett

2017-2018 CLC Practicum Students
Jennifer Carpenito – Argosy University
Jordan Holler – Argosy University
Kathleen Karalis – Argosy University
Health Psychology

**Patient Population**

Health psychology is a consult-based service such that medical center providers place inpatient or outpatient health psychology consults in a veteran’s medical record related to a health psychology need. The presenting issues of the consults are broad, ranging from coping with a chronic medical illness, adjusting to a new medical issue, sleep concerns and medical adherence issues. The health psychology program also has a formal presence in various clinics such as the infectious disease (ID) clinic, the renal dialysis clinic, the oncology department, the low vision clinic and the MOVE! program (a national weight management program).

**Practicum Experience**

Health psychology training at the DC VAMC is unique in that it combines experiences in multiple settings and programs at the medical center. Practicum students will have the opportunity to gain experience working with veterans who have a wide range of psychological disorders and physical illnesses. A major goal of the externship is for trainees to gain broad-based health psychology training and to appreciate how cognitive, behavioral, existential and acceptance-based interventions can be used for veterans with co-morbid mental health and medical problems.

Training opportunities include: individual and group therapy (e.g., smoking cessation group, non-medication pain management group), psycho-education, intake evaluations, and mental health clearance evaluations for patients undergoing organ transplants and bariatric surgery. Externs can also receive training in CBT for Insomnia (CBT-I) and CBT for Chronic Pain (CBT-CP). Practicum students training in health psychology will offer health psychology services based on related consults/referrals. Opportunities in the ID clinic may include: individual psychotherapy with veterans who have HIV or Hepatitis C Virus (HCV)/Liver Disease (likely a maximum 2-3 cases at a time), providing on-call consultation, covering the ID clinic 1 morning out of the week, conducting pre-HCV treatment psychosocial assessments, and providing weekly or biweekly supportive therapy for veterans on specific HCV treatment regimens. There may also be an opportunity to collaborate with staff from the Pain Clinic.

**Health Psychology Staff**

Dr. Stephanie Guedj  
Dr. Leah Squires

**2017-2018 Health Psychology Practicum Students**

Amanda Gehrke – Uniformed Services University of Health Sciences  
MK Howell – Howard University
Mental Health Clinic (MHC)

Patient Population

The Mental Health Clinic (MHC) is a multidisciplinary program that provides outpatient medical, psychiatric, and social work services. Veterans are most often referred to MHC Psychology staff by Primary Care Behavioral Health clinicians, MHC psychiatrists, and from other Mental Health Service Line (MHSL) programs. Veterans who are eligible to receive psychology services through MHC can receive appropriate psychotherapeutic interventions to improve and maximize their quality of life and recovery process.

Practicum Experience

The main training goal of this rotation is to prepare practicum students 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. Practicum students in the MHC 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 Anxiety Disorders, including Post-traumatic Stress Disorder). A trainee's individual therapy caseload gradually increases during the year, with the opportunity to meet with as many as 10 individual clients weekly. Moreover, practicum students can facilitate 1-2 groups per week. Practicum students also have the opportunity to develop their knowledge and application of several evidence-based psychotherapies, including Cognitive Behavior Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). Although practicum students do not complete comprehensive psychological assessments as part of this rotation, the regular use of assessment measures – such as the Beck Depression Inventory - II (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9), and PTSD Checklist for DSM-5 (PCL-5) – are administered by practicum students to evaluate treatment progress.

MHC Psychology Staff
Dr. Amanda Evans
Dr. Candice Wanhatalo

2017-2018 SARP Practicum Students
Cindy Dike – Howard University
Mimi Yorks – George Washington University
Patient Population

Neuropsychological evaluations are often provided to Veterans who are experiencing decreased cognitive functioning, including short or long-term memory loss, attention problems, language impairment, perceptual difficulties, and problem-solving deficits. Evaluations are often used to clarify diagnosis, determine etiology of impairment, quantify functional loss, monitor changes in cognitive functioning as a result of treatment, and determine baseline level of cognitive functioning. Common referral diagnoses include mild cognitive impairment, dementia, concussion/TBI, multiple sclerosis, cerebrovascular disease, HIV and other infectious diseases, and neurocognitive concerns associated with psychiatric disorders. In addition to diagnostic impressions and description of functional loss and cognitive strengths, evaluation reports include detailed treatment recommendations.

Practicum Experience

The goal of this rotation is to provide practicum students with well-rounded training in all aspects of neuropsychological evaluation and consultation. This rotation is intended for practicum students with at least one year of previous practicum experience in neuropsychology. Training will be tailored to meet the needs and interests of the extern. On this rotation, practicum students 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. Practicum students will primarily conduct outpatient evaluations (on average, one per week) and may have opportunities to conduct inpatient evaluations. Trainees will also have the opportunity to participate in testing feedback sessions with Veterans and their family members, which consists of reviewing test results, discussing diagnoses, and providing treatment recommendations. Practicum students will 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, either in an individual or group format, also may be available.

Neuropsychology Psychology Staff
Dr. Ernest Aucone
Dr. Jennifer Strang
Dr. Lauren Skalina

2017-2018 Neuropsychology Practicum Students
Andrew Dimond - Uniformed Services University of Health Sciences
Nchewi Imoke – The Chicago School of Professional Psychology
Carrie Rooper – Argosy University
Ashlyn Mannery – Argosy University
Polytrauma Psychology

Patient Population

As a Polytrauma Network Site, DC VAMC provides specialized services to Veterans who have sustained injuries to multiple organ systems, often including a traumatic brain injury. The frequency and unique nature of polytraumatic injuries resulting from exposure to blasts, particularly during OIF/OEF/OND, has created the need for specialized interdisciplinary rehabilitation programs that can handle the complex medical, psychological, rehabilitation and prosthetic needs of these individuals. Polytrauma services are carefully coordinated with other services required for co-morbid conditions including, but not limited to PTSD, amputation, auditory and visual impairments, spinal cord injury and other medical or mental health problems.

Practicum Experience

An applicant must have completed at least one academic year of doctoral level clinical training before applying. No prior experience in a rehabilitation setting or with neuropsychological assessment is required, but externs should be generally familiar with psychotherapeutic interventions and assessment procedures. This rotation is intended for externs who are interested in learning techniques of neurocognitive rehabilitation with Veterans adjusting to disability and/or co-morbid PTSD. Training opportunities include co-leading groups – such as an ACT group, a mood management group based on DBT and CBT interventions, a meditation group, and cognitive rehabilitation groups – as well as conducting individual therapy and diagnostic intakes. Practicum students may also conduct individual assessments by clinical interviewing and have the opportunity to become trained in providing tele-mental health services to increase access to care to those veterans whose disabilities limit their ability to leave their home for appointments. In addition to psychotherapy, practicum students may conduct psychological and neuropsychological assessments to provide diagnostic clarification and guide treatment planning. Practicum students will be trained in all aspects of neuropsychological evaluation in an outpatient setting, including clinical interviewing, test administration, test scoring, interpretation, report write-up, and feedback sessions. A flexible battery approach is used with test selection based on the referral issue. A developmental model is implemented with respect to supervision. Opportunities to participate in interdisciplinary team meetings and rehabilitation grand rounds are also available.

Polytrauma Psychology Staff
Dr. Kayleigh Hale
Dr. Leslie Hawkins

2017-2018 Polytrauma Practicum Student
Adreanna Massey – University of Maryland College Park
Primary Care-Mental Health Integration (PC-MHI)

**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 as a Behavior Health Consultant for Primary Care Providers (PCPs) and their patients.

PC-MHI serves Veterans with mild-to-moderate symptom distress and/or concerns in the areas of: stress management, weight management, chronic pain, sleep hygiene/insomnia/CPAP compliance, smoking cessation, grief, relationship difficulties, and mild-to-moderate alcohol consumption. PC-MHI also performs initial evaluations for PTSD.

**Practicum Experience**

Trainees will have an intensive experience in the Co-located, Collaborative Care model. They will sit in or near the Primary Care clinics, allowing for as-needed consultation with PCPs, Psychiatrists, Nurses, and Pharmacists. The experience is fast-paced and trainees will be exposed to a range of different presenting issues and relevant treatment packages. More specific information on the training experience includes the following:

- **PC-MHI Work Flow**: Trainees will be trained in the 30-minute PC-MHI Behavioral Consultation model. They will have scheduled patients for brief assessments in which they will clarify if the veteran's needs can be met within a consultative approach within PC-MHI or if they require follow-up with specialty behavior healthcare counseling and/or Psychiatry. If patients are seen for follow-up consultation/psychotherapy within PC-MHI, trainees will see patients for up to 6 sessions. Trainees will also have walk-in capacity in their schedule for warm hand-offs from PCPs, in which they will develop skills for rapidly arriving at a general diagnosis and initial treatment plan with the veteran.

- **Supervision**: Each trainee will be housed within a single Primary Care clinic and receive 1-hour of individual supervision from a Staff Psychologist every week. Training goals and performance expectations will be discussed at the beginning of the training year, with formal feedback delivered mid-way through the year and at the training year conclusion. Informal feedback will be delivered at the mid-point of each performance cycle.

- **Interprofessional Consultation**: The PC-MHI rotation provides opportunities to provide mental health services alongside Psychiatrists, PCPs, Nurses, Pharmacists, and trainees from other disciplines. PC-MHI psychologists are co-located in primary care teams to promote interprofessional care. Practicum students 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.

- **Modalities:** PC-MHI utilizes brief evidence-based interventions (up to 6 sessions), including adaptations of CBT for Depression, Anxiety, Insomnia, Chronic Pain; Prolonged Exposure; Problem Solving Therapy; Motivational Interviewing; and Mindfulness and Acceptance approaches. Lastly, trainees may receive experience in Integrated Behavior Couples Therapy.

- **Collaboration with Health Behavior Coordinator Co-Chair:** Whereas most training available within PC-MHI is individual, trainees may have the opportunity to collaborate with one of the hospital's Staff Psychologist serving as a Health Behavior Coordinator Co-Chair in facilitating psychotherapy groups, including the VA's MOVE! Weight Management group, Tobacco Cessation, Acceptance and Commitment Therapy for Chronic Illness, and Brain Boosters, a cognitive rehabilitation group.

- **Program Evaluation and Development:** Trainees may become involved in Staff Psychologists' Program Evaluation and Development activities, which involves reviewing a specific clinic process within the context of VHA strategic priorities and developing recommendations for quality improvement. One project could review the effect of receiving same-day warm hand-offs on veterans’ eventual engagement with PC-MHI or specialty care.

**PC-MHI Psychology Staff**
Each of the four main Primary Care Clinics (Orange, Yellow, Red, Green) and the Women's Health Clinic have a Staff Psychologist, Psychiatrist, and part-time Social Worker. PC-MHI Psychology staff have professional experiences in VA, DoD, and Private Practice and have published empirical articles in top-tier Psychology journals. They have already or are in the progress of obtaining VA certification in Co-located, Collaborative Care. They are committed to understanding trainees' unique training goals and tailoring the training experience as appropriate to meet these goals. Psychology staff also often serve as professional development mentors to trainees and assist them in navigating the Psychology training and career development process.

Dr. Erin Bell – Orange Clinic
Dr. Nicole Cammack – Yellow Clinic
Dr. Michael Greenfield – Green Clinic
Dr. Mauli Shah – Red Clinic
Dr. Tsila Kirsh – Women’s Clinic

**2017-2018 PC-MHI Practicum Students**

Frances Adomako – Howard University
Amanda Chue – American University
Joshua Johnson – Howard University
Program Evaluation

Practicum Experience

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. The Program Evaluation practicum experience is developed to provide students with greater exposure to the systems level of health care. This rotation is primary a program evaluation/program development rotation. This practicum experience provides interested practicum students with the opportunity to learn about and actively engage in needs assessments and program evaluation within a medical center by working closely with the Director of Psychology Training Programs.

Practicum students will have the opportunity to observe and participate in the activities of leadership staff to better understand health care at the macro level. This experience 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 training experience, practicum students will have developed a particular skill-set conducting needs assessments and/or program evaluation, and will have specific expertise based on their rotation project. Externs 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. Practicum students 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. Students 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; and completing readings of program evaluation, needs assessment, and managerial literature.

Program Evaluation Psychology Staff
Dr. Slavomir Zapata
Patient Population

The PRRC is a dynamic outpatient skills building program that provides services to Veterans who are diagnosed with a serious mental illness (e.g., Schizophrenia, Schizoaffective Disorder, Major Depressive Disorder, Bipolar Disorder, PTSD) with significant functional impairment. Practicum students who select this experience will have the opportunity work with a Veteran population that is diverse in race/ethnicity, age, gender, sexual orientation, socioeconomic status, and cognitive/physical functioning.

Practicum Experience

Students applying for this practicum experience should express a specific interest in psychiatric rehabilitation and recovery-oriented therapeutic care. An applicant must have completed at least one academic year of doctoral level clinical training before applying. This externship is primarily a clinical experience, but students may elect to use up to 20 percent of their time for program development activities in the PRRC and/or the acute psychiatry inpatient unit. A practicum student who commits to this practicum experience will have the opportunity to receive supervision from PRRC staff psychologists who have received intensive VA training, consultation, and certification in a variety of evidence-based psychotherapies. Specifically, practicum students will have the opportunity to receive supervision and training in evidence-based psychotherapies for Veterans presenting with symptoms associated with trauma (Cognitive Processing Therapy), depression (Acceptance and Commitment Therapy, Cognitive Behavior Therapy, Interpersonal Therapy), Borderline Personality Disorder (Dialectical Behavior Therapy), relationship and family distress (Integrated Behavioral Couples Therapy), serious mental illness (Social Skills Training, Behavioral Family Therapy, Illness Management and Recovery), and motivation/behavioral health concerns (Problem Solving Training, Motivational Interviewing). Moreover, practicum students will have the opportunity to implement interventions from CBT for Psychosis, CBT for Chronic Pain, and CBT for Insomnia.

Currently, practicum students co-facilitate the following groups in the PRRC: ACT, CBT for Anxiety, CBT for Depression, DBT Skills Group, Problem Solving Therapy, CAMS, Seeking Safety, Skills Training in Affect and Interpersonal Regulation (STAIR), Women’s Group, Ending Self Stigma, Building Bridges Relationship Group, Using Self-Compassion to Develop Inner Strength and Resilience, Coping with Voices and Paranoia, and Mindfulness. Practicum students also co-facilitate the following groups on the Acute Psychiatry Inpatient Unit: ACT, DBT Skills Group, Anger Management, Coping Creatively, Illness Management and Recovery (IMR), Social Skills Training, and Suicide Prevention. Although practicum students do not complete comprehensive psychological assessments as part of this rotation, the regular use of assessment measures – such as the Beck Depression Inventory – II (BDI-II), Beck Anxiety Inventory (BAI), Patient Health Questionnaire (PHQ-9), and PTSD Checklist for DSM-5 (PCL-5) – are administered by practicum students to evaluate treatment progress in individual
psychotherapy. Practicum students also have the opportunity to conduct comprehensive suicide assessment using the Collaborative Assessment and Management of Suicidality (CAMS) approach.

There are also opportunities for practicum students to collaborate with the Local Recovery Coordinator (LRC), Dr. Uram, on recovery-oriented program evaluation and performance improvement initiatives in the PRRC and/or the Acute Psychiatry Inpatient Unit. Recovery-focused approaches are person-centered, strengths-based, holistic and respectful of the Veteran as an individual rather than focusing solely on a problem, diagnosis, or set of symptoms. Decisions for services are made collaboratively with the Veteran and are based on how best to support the individual in gaining the information and skills necessary for making and succeeding at his/her life goals. Services are focused on instilling hope and providing necessary education, skills training, treatment and support.

Recovery-oriented program evaluation and improvement activities may include:

1) Curriculum development that addresses the gaps in the recovery programming in the PRRC and on the Inpatient Unit and capitalizes on strengths, interests, and unique skills that practicum students bring to the training experience. Psychology trainees who have participated in this portion of the training experience have developed groups that have focused on Trauma Recovery, Cognitive Rehabilitation, Race-Related Stressors and Self-Esteem, Family Education, a Recovery Film Festival, and a Recovery Book Club.

2) Development of brief didactic recovery trainings that are delivered to nurses, psychiatrists, psychiatry residents, medical students, psychologists, peer specialists, social workers, and recreational therapists on the Inpatient Unit and/or in the PRRC. Trainings cover topics such as recovery principles, myths related to recovery, motivational enhancement, shared decision-making, stigma, recovery-oriented language, the non-linear process of recovery, trauma-informed care, and cultural competency.

3) Facilitation of Focus Groups to solicit Veteran feedback that is used to increase satisfaction with services and guide program development and planning.

**Advanced Practicum Experience**

An advanced psychology practicum experience is also available for an extern who has completed one academic year of clinical training in PRRC. The objective of the advanced practicum placement is to continue to prepare a graduate student for a psychology internship at a Veterans Affairs Medical Center. A student selected for this advanced training year will have the opportunity to continue to develop individual and group psychotherapy skills in evidence-based treatments in the PRRC and on the inpatient psychiatric unit. In addition, advanced practicum students complete a mini-rotation (i.e. approximately four hours per week) in the Trauma Services Program (TSP), where they conduct comprehensive trauma-informed evaluations. An advanced practicum student can also choose to enhance his or her program development and research skills by working with the LRC on an initiative on the psychiatric inpatient
unit and/or with the PRRC Program Director, Dr. White, on an initiative in the PRRC (see above for possible project opportunities). An opportunity may also be available to provide clinical supervision and mentoring of trainees and to receive hierarchical supervision. In addition, an advanced practicum student can choose to co-facilitate a monthly suicide didactic for psychiatry medical residents on the inpatient unit. Additional opportunities not listed in this description (e.g., development of a new group in the PRRC or on the inpatient unit, development of additional didactics to provide to incoming trainees, opportunity to conduct evidence-based threat assessments as part of the Disruptive Behavior Committee, etc.) may also be considered.

**PRRC Psychology Staff**
Dr. Melanie Paci  
Dr. Nick Uram  
Dr. Tracy White  
Dr. Parin Zaveri

**2017-2018 PRRC Practicum Students**
Samantha Chalker – Catholic University of America  
Phoebe McCutchan – American University  
Kristina Murani – American University  
Lauren Paige – George Mason University  
Rokas Perskaudas – Catholic University of America  
Naomi Stahl – American University

**2017-2018 PRRC Advanced Practicum Students**
Lauren Rothstein – American University  
Elizabeth Sauber – University of Maryland College Park
Substance Abuse Rehabilitation Program (SARP)

Patient Population

SARP is an intensive outpatient drug treatment program that uses a multidisciplinary team (e.g., psychologists, social workers, 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 substance abuse, including abuse of alcohol, opioids, cocaine, PCP, marijuana and prescription medications. In addition, many Veterans referred to SARP often struggle with an array of co-occurring psychiatric disorders – including Major Depressive Disorder, PTSD, Bipolar Disorder, and Personality Disorders – psychosocial issues, and various medical conditions associated with substance use (HIV and Hepatitis C). Veterans advance through phases of treatment in the 10-week program based on progress made.

Practicum Experience

The main training goal is to prepare practicum students to treat alcoholism and drug addiction in a multidisciplinary setting. Practicum students have the opportunity to provide individual therapy, group therapy, and psychosocial assessments. Each week, practicum students generally see 5-6 individual clients, co-lead 1-2 groups (e.g. CBT for Depression), and conduct one psychosocial assessment. Although practicum students primarily work from a cognitive-behavior treatment framework, they have the opportunity to learn additional evidence-based practices, including Motivational Interviewing (MI) and Acceptance and Commitment Therapy (ACT). Practicum students also participate in didactics on topics including assessment, ACT, and substance use disorders.

SARP Psychology Staff
Dr. Leonard Tate

2017-2018 SARP Practicum Students
Lily (Amanda) Kaufman – American University
Whitney Mhoon-Mock – American University
Patient Population

The Trauma Services Program (TSP) is an outpatient clinic that provides treatment for PTSD to Veterans from all eras of service. The clinic is staffed by a multidisciplinary team of providers (psychologists, social workers, nurses, a peer support counselor) and offers various levels of trainings (postdoctoral fellows, psychology interns, and, of course, practicum students).

Practicum Experience

TSP trains externs to accurately diagnose PTSD and related conditions, to create a comprehensive treatment plan, to provide effective treatment, and to be aware of and implement current PTSD research, all within a trauma informed treatment approach. Practicum students have an opportunity to be part of several types of interventions, including, but not limited to, Prolonged Exposure and Cognitive Processing Therapy (group and individual formats), Skills Training in Affect and Interpersonal Regulation (STAIR), Coping Skills, Moral Injury Groups, Body-Mind-Spirit groups, Dual Diagnosis, and Seeking Safety groups. Practicum students have the opportunity to develop skills in other evidence-based psychotherapies, including Acceptance and Commitment Therapy (ACT). A practicum student can generally expect to conduct, on a weekly basis, two in-depth psychodiagnostic clinical interviews, each lasting 2 hours with the Veteran present; co-lead one group therapy session; and meet individually with 3-5 individual therapy clients. Externs will become familiar with several psychological measures during the training experiencing, including the Patient Health Questionnaire (PHQ-9), PTSD Checklist for DSM-5 (PCL-5), and Life Events Checklist. Externs work closely with their primary clinical supervisor and TSP Extern Director, Dr. Moon, to develop an individualized training plan that meets their training needs and interests.

TSP Psychology Staff
Dr. Lisa Carlin
Dr. Ranon Cortell
Dr. Lea Didion
Dr. Moshe Miller
Dr. Andrew Moon
Dr. Miguel Roberts
Dr. Nishant Patel
Dr. Maisley Paxton

2017-2018 Trauma Services Practicum Students
Aaron Banas – George Washington University
Joanna Sells - Uniformed Services University of Health Sciences
Didactic Opportunities

In addition to didactic opportunities provided within each rotation, practicum student receive weekly didactics as part of the practicum didactic series. Currently, an extern attends didactics on either Wednesdays or Fridays between 8am and 8:50am. Didactic topics include the following:

- Acceptance and Commitment Therapy (2-part training)
- An intern panel discussion to address internship readiness and professional development
- Cognitive Behavior Therapy for Psychosis
- Diversity Seminar (3-part training)
- Health Psychology: Transplant Assessment
- Integrated Health and Wellness Program
- Managing Disruptive Behavior in a VAMC
- Motivational Interviewing
- Postdoctoral Fellow presentations (topics based on each fellow’s area of specialization)
- Problem Solving Therapy
- Question and Answer session with Psychology Training Director
- Rehabilitation Psychology
- Reminiscence Therapy
- Suicide Prevention Training Series (4-part training)
- Traumatic Brain Injury

The following statements have been provided by 2017-2018 practicum students regarding their experiences in the practicum didactic series:

“These didactic trainings have been extremely helpful and interesting. I really appreciate all of the hard work and thought that the staff have put towards developing this series. I look forward to each Wednesday and always leave learning something new. I also think it’s a great opportunity to meet other externs that are here at VA serving Veterans.”

“All of the didactics have been wonderfully informative. All presenters have shared a wealth of knowledge. I really appreciate their openness to answering questions and concerns.”

“It feels almost impossible for the didactics to have not impacted my current work and skills/knowledge of work at VA, particularly because I’m at the beginning of my VA training and soaking up as much information to positively shape my work here (and in the future) as possible! My interest in pursuing future VA training has continued to grow, and the knowledge from the didactic series has definitely contributed to this by building my knowledge arsenal, and, in turn, my confidence that this what I want to (and can) do!

Moreover, the VA Talent Management System (TMS; https://www.tms.va.gov) offers trainings that practicum students can access from a computer at the VAMC or from their personal computer. Please see Appendix A for a list of current mental health TMS trainings available to practicum students.
Practicum Mentorship Program

Practicum students have the opportunity to be mentored by psychology interns or postdoctoral fellows. During the first practicum didactic series, practicum students are provided with a Mentorship Guide, which includes biographies on available mentors. During the current training year, 10 psychology interns and postdoctoral fellows have signed up to serve as mentors for psychology externs. A practicum student who is interested in receiving mentorship provides the Psychology Mentorship Committee with a rank-ordered list of their mentor preferences. The Psychology Mentorship Committee then makes the final mentee-mentor pairing. Topics typically covered during mentorship meetings include internship readiness, work-life balance, and consideration of future professional opportunities. To date, over half of the current psychology practicum class has expressed interest in the Practicum Mentorship Program and have, subsequently, been paired with a psychology intern or postdoctoral fellow to receive mentorship.

The following statements have been provided by 2017-2018 practicum students regarding their mentorship experiences:

“I enjoyed learning about the mentorship program and the experiences that others have had through mentorship. Since my mentorship assignment, I have developed a great relationship with my mentor.”

“My experiences with my mentor have been awesome. My mentor has served as a great source of support for my career questions. My mentor has also provided significant insight into career and personal matters as they relate to the future. My mentor has shared the challenges he faced and that I may face as well.”

Conclusion

Thank you for taking the time to review our Practicum Training Brochure. If you have any further questions about the practicum training experience, do not hesitate to email the Director of Psychology Training Programs, Dr. Slavomir Zapata, at Slavomir.Zapata@va.gov.
Appendix A: TMS Trainings

To find a course, place the full name of the course (listed below) in the “Find Learning” section (top right of the TMS webpage).

**Acceptance and Commitment Therapy (ACT)**
- Acceptance and Commitment Therapy: An Animated Review
- ACT in Action Facing the Struggle (for Psychologists) (w/Video)
- Acceptance and Commitment Therapy

**Cognitive Behavior Therapy (CBT)**
- Cognitive Behavioral Therapy for Depression in Veterans and Military Service Members - Web-Based
- Cognitive Behavior Therapy – Insomnia (CBT-I) Series

**Inpatient Recovery**
- Mental Health Recovery: An Introduction
- Inpatient MH Recovery: Patient Centered Unit Decision Making in Inpatient Mental Health Units
- Inpatient MH Recovery: Using the 3Cs to Promote Recovery in Inpatient Settings
- EASEing Self-Stigma: Strategies to Help Individuals Address Self-Stigma in Inpatient MH Units
- Inpatient MH Recovery: Spiritual Care for Inpatient Mental Health Recovery

**Interpersonal Therapy (IPT)**
- Exploring Interpersonal Psychotherapy: Tom Begins the Initial Sessions

**Lesbian, Gay, Bisexual, and Transgender (LGBT) Veteran Care**
- An Introduction of Transgender Veteran Care
- Do Ask, Do Tell: Assessing Sexual Health of LGBT Veterans (and Everyone Else)
- Health Disparity Within the Transgender Community
- Transgender Mental Health Services
- Transgender Health: Prescribing Cross-Sex Hormones

**Military Education**
- Impact of Deployment-Related Risk and Resilience Factors on Post Deployment Mental Health
- Military Culture Awareness
- Military Sexual Trauma for Medical Providers
- Military Culture: Core Competences for Healthcare Professionals

**Motivational Interviewing (MI)**
- BMI Part 1 – Motivational Interviewing Basics
- Motivational Interviewing: An Introduction to Dancing with Cognitive Behavioral Therapy

**Post-traumatic Stress Disorder (PTSD)**
  *Cognitive Processing Therapy*
- Cognitive Processing Therapy Enhancement Course Module 1 – Introduction to CPT
- Cognitive Processing Therapy Enhancement Course Module 2 – Education (Sessions 1-3)
- Cognitive Processing Therapy Enhancement Course Module 3 – Processing the Trauma (Sessions 4-5)
- Cognitive Processing Therapy Enhancement Course Module 4 – Learn to Challenge (Sessions 6-7)
- Cognitive Processing Therapy Enhancement Course Module 5 – Trauma Themes (Sessions 8-12)
- Cognitive Processing Therapy Enhancement Course Module 6 – CPT for Groups

**Sleep**

- Assessment and Treatment of Sleep Problems in PTSD – Background
- Assessment and Treatment of Sleep Problems in PTSD – Cognitive Behavior Treatment
- Assessment and Treatment of Sleep Problems in PTSD – Alternate Methods for Delivery of Cognitive Behavior Therapy
- Assessment and Treatment of Sleep Problems in PTSD – Assessment of Insomnia and Nightmares
- Assessment and Treatment of Sleep Problems in PTSD – Pharmaceutical Treatments

**Additional PTSD-related Trainings**

- Assessing Traumatic Guilt in PTSD Treatment
- Clinician Administered PTSD Scale for DSM-5 (CAPS-5) Clinician Training
- Dissociative Subtypes of PTSD
- Managing Anger: A Treatment for Those with PTSD
- Moral Injury and Healing the Moral Wounds of War
- PTSD 101: Understanding the Context of Military Culture in Treating the Veteran with PTSD
- PTSD and Dementia
- PTSD Chain Analysis and Case Formulation Course
- Understanding Pathways for Traumatic Exposure to Physical Health

**Skills Training in Affective and Interpersonal Regulation (STAIR)**

- (In TMS) Skills Training in Affective and Interpersonal Regulation (STAIR)
- (On National Center for PTSD website):
  [http://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp](http://www.ptsd.va.gov/professional/continuing_ed/STAIR_online_training.asp)

**Suicide**

- VA Suicide Prevention: Getting to Zero
- DCVAMC Suicide Training for Clinical Staff
- PTSD and Suicide: Conceptualization and Assessment
- Suicide Risk Management Training For Clinicians
- Increasing Your Suicide Prevention Skills with Older Adults

**Women’s Health**

- Women’s Health Primary Care Mini-Residency: Post-Deployment Health for Women Veterans