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Overview

Welcome

We want to welcome you to our training program. We are humbled by the thought that these individuals will one day become the face of psychology; and therefore, also humbled by the importance of providing them with the best training possible, so that they may have the tools and resources, motivation, and perseverance to actualize dreams and to do what we 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’ listserv and the postdoctoral fellow training director listserv. 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:

- Erin Bell
- Christine Brown
- Nicole Cammack
- Lisa Carlin*
- Amanda Evans
- Michael Greenfield
- Moshe Miller
- Andrew Moon
- Melanie Paci
- Howard Schulman
- Lauren Skalina
- Leah Squires*
- Jennifer Strang
- Leonard Tate
- Candice Wanhatalo
- Tracela White*
- Slavomir Zapata
- Parin Zaveri*

* Intern representative(s):
  - Aleja Parsons
  - Natalie Piotrowski

* Fellow representative(s):
  - Cassi Franklin
  - Jeremy Steglitz

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** (2 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** (3-4 students)

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 Postdoctoral Fellowship Program:

1) **Health Emphasis** (Liver Disease and HIV)
2) **Special Populations Emphasis** (Serious Mental Illness and Geropsychology)
3) **Trauma Emphasis**
There is a 2-year Clinical Neuropsychology Fellowship offered through the Psychology Service.

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

WASHINGTON DC VA MEDICAL CENTER
Pre-doctoral 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**


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.

<table>
<thead>
<tr>
<th>Major Rotation or 2 Minor Rotations</th>
<th>25 hours (including lunch time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Therapy Experiences</td>
<td>5-6 hours</td>
</tr>
<tr>
<td>Comprehensive Assessment Component</td>
<td>2-3 hours (averaged)</td>
</tr>
<tr>
<td>Didactics</td>
<td>3-6 hours (average = 4)</td>
</tr>
<tr>
<td>Optional Elective Experiences</td>
<td>* Time as determined</td>
</tr>
</tbody>
</table>
Training Plan Leads

Training Plan Leads are members of the training committee who provide oversight to ensure 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.
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 geropsychiatry 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.

**Supervisors' Training and Experience**

**Dr. Stephanie Guedj** is a health psychologist and Health Behavior Coordinator Co-Chair here at the Washington DC VAMC. Dr. Guedj began working at the DC VAMC in August 2016. She was the HIV/Liver Disease Fellow from 2016-2017, and then transitioned into the health psychology and HBC Co-Chair role following completion of fellowship. Prior to working at the DC VA, Dr. Guedj completed her pre-doctoral internship at the North Florida/South Georgia VA Healthcare System in Gainesville, FL (internship c/o 2015-2016). Dr. Guedj is a health psychologist by training. Her research interests during graduate school were primarily in examining treatment outcomes for Veterans with PTSD and yoga-based treatments for trauma-related disorders. She became interested in the area of health psychology during her externship in the polytrauma and rehabilitation clinics at the Miami VA. Currently, Dr. Guedj is involved in a number of clinical activities, including (but not limited to), mental health evaluations for bariatric surgery and transplant, MOVE! group, and smoking cessation. She is also involved in a number of program development projects, working closely with Primary Care Mental Health Integration (PCMHI) and Health Promotion Disease Prevention (HPDP).

**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
Leah E. Squires, Ph.D. Dr. Squires 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 Health Psychology (Liver Disease/HIV) postdoctoral resident. She 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 Office of Specialty Care Services/Patient Care Services. She is also involved with ongoing research related to improving outcomes for veterans living with HIV and HCV. Dr. Squires completed her internship and 2 years of postdoctoral training at the Washington DC VA Medical Center (supported in part by the APA Minority Fellowship Program). She received her doctoral degree in Clinical Psychology from Boston University. Dr. Squires enjoys playing in the dirt (gardening) and learning the mysteries of the world from her toddler daughter & infant son.

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.

**Supervisors’ 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.

**Sanjay Mehta, Psy.D.** Dr. Mehta is a clinical psychologist assigned to the Home Based Primary Care program serving homebound veterans and those unable to access care in the rural Southern Maryland area. He works primarily with the team located at the Charlotte Hall community-based outpatient clinic to provide in-home care to veterans suffering from chronic medical conditions and support for their caregivers. Dr. Mehta received his Bachelor’s degree from the Binghamton University (State University of New York) and his doctorate in Clinical Psychology from the Virginia Consortium Program in Clinical Psychology. He completed his pre-doctoral internship at New York Harbor Health System - Brooklyn VA Medical Center which included training in Oncology, Palliative Care, Chronic Pain, Hepatitis C and Liver transplantation, and Neuropsychology. Since that time, he has devoted his career to geriatric care through his work in multiple long-term care, sub-acute rehabilitation, assisted living, and outpatient settings in New York and Maryland as well as providing training and supervision to clinicians practicing in this area. His clinical interests include emotional adjustment to chronic medical illnesses and health promotion, psychological issues
related to end of life care, cognitive assessment, and management of behavioral concerns in patients suffering with dementia. In his free time, he enjoys visiting friends and family, trying new restaurants, hiking, and traveling.

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.

Supervisors’ 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.

Amanda Evans, Ph.D. Dr. Evans joined the Washington DC VAMC in September of 2017 as a staff psychologist in the Mental Health Clinic. She completed her postdoctoral residency at Grady Memorial Hospital in Atlanta, GA, and her doctoral training at Emory University. Dr. Evans became interested in working with veterans through her dissertation research, which focused on the psychophysiological correlates of emotional numbing in veterans with PTSD symptoms and tested a compassion meditation intervention in this population. Broadly, her work has focused on understanding whether and how mindfulness- and compassion-based interventions effect change in clinical populations. Clinically, Dr. Evans has a particular interest in working with
individuals who have suffered from traumatic experiences. Dr. Evans is a CBCT® (Cognitively-Based Compassion Training) instructor, which she has taught to groups of male combat veterans, female prisoners, university students, and adolescents in the Atlanta foster care system. She has received intensive training in Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), and Cognitive Behavior Therapy (CBT). In her therapeutic work, she integrates these approaches within an interpersonal orientation. In her free time, Dr. Evans enjoys trying new restaurants, spending time outdoors, practicing meditation, and spending quality time with her family, friends, and two cats.

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.
**Supervisors' 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.

**Lauren Skalina, Ph.D.** joined the Washington DC VAMC psychology staff in 2017 as a clinical neuropsychologist. She conducts neuropsychological evaluations with Veterans presenting with concerns about memory, attention, or other aspects of cognitive functioning. Dr. Skalina is also involved in psychology training through supervision of externs, interns, and postdoctoral fellows. Prior to joining the psychology staff at the DC VAMC, she graduated from Northwestern University with a BA in psychology and French and earned her MA and PhD in clinical psychology at American University. She completed her pre-doctoral internship in the VA neuropsychology track of the VA Maryland Health Care System/University of Maryland-Baltimore Psychology Internship Consortium and a 2-year postdoctoral fellowship in clinical and research neuropsychology through the War Related Illness and Injury Study Center (WRIISC) at the DC VAMC. Dr. Skalina is licensed to practice clinical psychology in the state of Maryland and has extensive clinical experience providing neuropsychological evaluations, individual and group psychotherapy, and cognitive rehabilitation for Veterans. Her research interests include daily emotional experience, health-related behaviors (e.g., sleep), and cognitive functioning. She also enjoys teaching and has an adjunct faculty appointment at American University. In her spare time, Dr. Skalina enjoys spending time with family (especially her infant daughter) and friends, running, skiing, and eating her way through the DMV restaurant scene.

**Jennifer Strang, Ph.D., ABPP-CN** is a board certified neuropsychologist at the Washington DC VAMC. She conducts neuropsychological evaluations with military Veterans with known or suspected cognitive deficits. She also facilitates cognitive rehabilitation groups in the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Substance Abuse Recovery Program (SARP). 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.

Supervisors' Training and Experience

Kayleigh Hale, Psy.D., is a neuropsychologist at the Washington DC VAMC. Dr. Hale conducts neuropsychological evaluations, evidence-based psychotherapy, and cognitive rehabilitation within the Polytrauma Clinic to Veterans with traumatic brain injury (TBI) and comorbid medical and mental health conditions. Her clinical and research interests include traumatic brain injury, post-traumatic seizures/epilepsy, cognitive rehabilitation, and neuropsychiatric disorders. Dr. Hale received a B.S. degree in human development and aging from the University of Southern California, and M.A. and Psy.D. degrees from Pepperdine University. She completed internship training at the VA Long Beach Healthcare System and a two-year postdoctoral fellowship in clinical and research
Leslie Hawkins, Psy.D. Dr. Hawkins 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 postdoctoral fellowship were completed at the North Florida/South Georgia Veterans Health System. Her postdoctoral fellowship specialized in treating posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI). Prior to joining the staff at the DC VAMC, Dr. Hawkins 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. Hawkins 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.

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.

Supervisors’ 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.

Nicholas Uram, Psy.D. Dr. Uram is the Local Recovery Coordinator here at the Washington DC VAMC. Dr. Uram started training at the DC VAMC in August 2016 as a special populations postdoctoral fellow with an emphasis in SMI and Geropsychology. He then transitioned into his current role, where he helps advocate for and implement recovery-oriented care in the greater VA system. Prior to working at the DC VA, Dr. Uram completed his pre-doctoral internship at the West Palm Beach VA Medical Center in West Palm Beach, FL (2015-2016). Dr. Uram is a counseling psychologist by training, having received his Psy.D from Chatham University in Pittsburgh, PA. His research interests during graduate school were geared towards exploring the therapeutic relationship dynamics between military affiliated clientele and civilian mental health practitioners. He has cultivated a passion for third wave behavioral therapy, particularly ACT. Dr. Uram incorporates values-informed and mindfulness based intervention into his individual practice with veterans as well as to the structure and theory driving initiatives pertinent to championing recovery in this medical center. He is currently involved in the PRRC program through provision of groups and supervision to externs, interns, and fellows. He also conducts groups on the inpatient psychiatric unit. Dr. Uram serves as co-chair to the Disruptive Behavior Committee and is involved as a liaison to the Veterans Mental Health Council. He is passionate about training future psychologists and helping to change the culture for all medical center employees to be inclusive, optimistic, and to break down the walls that have been created by categorical classification and stigmatization.

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**

The Trauma Services Program (TSP) is an outpatient clinic that provides treatment for PTSD to Veterans from all eras of service. While many Veterans in TSP served in
combat, we treat Veterans with a variety of traumatic experiences that occurred during military service including, but not limited to, military sexual trauma (MST), training accidents, and motor vehicle accidents. The DC VAMC Trauma Services Program is a thriving and highly active clinic, consistently in the top 10 (of 120 VA trauma-specific programs) for the number of outpatient PTSD visits. The clinic is staffed by a multidisciplinary team of providers (i.e., psychologists, social workers, nurses, a recreation therapist, and peer support counselors).

Assessment, Treatment, and Supervision

TSP trains interns to provide in-depth psychodiagnostic assessment or PTSD and related conditions, to create a comprehensive treatment plan, to provide effective individual and group treatment, and to be aware of and implement current PTSD research. The Trauma Services Program at the DC VAMC offers a variety of different treatments to veterans, 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, and Peer Support Services, with an emphasis on Evidence-Based Therapies.

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 is a clinical psychologist and Program Director of the Washington DC VA Medical Center’s Trauma Services Program (TSP). In his role as Program Director of TSP, he is responsible for development and management of care for Veterans who are diagnosed with Posttraumatic Stress Disorder (PTSD). He for the supervision of TSP staff, including psychologists, social workers, nurses, peer specialists, and program support, and along with the Training Committee, he oversees the psychology training program within TSP. Dr. Cortell also provides individual, group, and family therapy to veterans impacted by PTSD and coordinates family services for the clinic. 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 Mental Health Integration.
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, and being in the outdoors.

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.

Maisley Jones Paxton is a Clinical Psychologist in the Trauma Services Program at the Washington, DC Veteran’s Administration Medical Center. She is an expert in Posttraumatic Stress Disorder across the lifespan. Dr. Paxton holds degrees from Wellesley College (B.S.), Harvard University (Ed.M.), and the Catholic University of America (M.S. and Ph.D.). Before joining the DC VA staff in January 2017, she worked for the Department of Defense, US ARMY for six years as Chief of the Child and Family Behavioral Health Program at Fort Meade, Maryland. There, she led an interdisciplinary treatment team of clinicians providing embedded and clinic-based behavioral health services to active duty service members and their families. Dr. Paxton has a special interest in working with female veterans and their families. Outside of work, her interests include jazz, gardening, jogging, and tennis all with her family and their dog, Otis.

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
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 – 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.

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 Women’s Skills For Effective Living Group and the Skills Training in Affective and Interpersonal Regulation 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.

Supervisors’ Training and Experience

**Erin C. Bell, Ph.D.** Dr. Bell is the Program Manager 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 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.

Nicole L. Cammack, Ph.D. Dr. Cammack is a clinical psychologist in the Primary Care-Mental Health Integration (PC-MHI) Yellow Team Clinic, at the Washington DC Veteran Affairs Medical Center. Dr. Cammack received her Bachelor’s Degree in Psychology from Howard University, and her Ph.D. in Clinical Psychology from the George Washington University. Prior to joining the VA, Dr. Cammack provided individual therapy, group therapy, family therapy, and consultation to active duty service members, military dependent children, and their families at Fort Meade, Maryland. Dr. Cammack is a licensed Clinical Psychologist in the State of Maryland. In her free time she enjoys spending time with her family and exploring Washington, DC.

Dr. Michael Greenfield is a Staff Psychologist within the Primary Care Mental Health Integration (PC-MHI) team. He consults with Primary Care Providers and their patients on behavioral health issues, providing brief evaluations and cognitive screens, short-term counseling and health psychology interventions, and supervision of Practicum and Intern trainees. He also serves on the Psychology Training Committee and the Practicum Program and Program Evaluation/Program Development (PE/PD) Subcommittees; co-facilitates a Prostate Cancer Support Group with Psychiatry; and is working towards VA certification in CBT-Chronic Pain. He completed his Ph.D. in Clinical Psychology at American University (2016) and trained at the Washington, DC VAMC (Practicum and Fellowship), Baltimore VAMC (Practicum), and the Miami, FL VAMC (Internship). Dr. Greenfield is cognitive-behavioral and humanistic (i.e., Motivational Interviewing) in orientation. He also works in a health behavior coaching mode and recently obtained a MIRECC grant to incorporate Fitbits into a weight management group focused on increasing physical activity that he created. On a personal note, he lives in the District with his wife, children, and Bullmastiff.

Dr. Tsila A. Kirsh, Ph.D. is a staff psychologist at the Women’s Health Clinic and the Military Sexual Trauma Coordinator at the Washington DC VAMC. She received her Bachelor of Arts degree and her M.A. & Ph.D. in Clinical Psychology from Georgia State University (GSU). Having served in the VA during her graduate training, Dr. Kirsh took a 17 year break from the VA, coming to the Washington DC VAMC in September of 2017. She worked in multiple setting (Israeli Military, Psychiatric and General Hospitals, Florida School System, University of South Florida, and Private Practice) and brings diverse and creative approach to her clinical work. Dr. Kirsh taught courses on development through the life span at GSU and was part of numerous mental health research projects in the area of trauma, health psychology, and resiliency. Dr. Kirsh was a staff psychologist at the University of South Florida Counseling Center where she
provided psychotherapy/consultations to students, faculty, staff, and their families as well as conducted a variety of outreach training. She served as a consultant to various organizations, including the Florida Supreme Court as a forensic expert in family related issues and the Florida School System as a clinical expert in children and adolescent behavior. Dr. Kirsh was full-time private practice for 17 years, offering clinical services to children, adolescents, adults and couples. Her current professional interests include: service delivery and planning for MST services in the DCVA, women's issues, and problem solving therapies. Besides her work related duties, Dr. Kirsh enjoys outdoor adventures, sports, people, theater, travel, and most importantly spending time with her family.

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**

**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.

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.

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.
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.

**Problem Solving Therapy (PST) Enrichment Element**

**Description:**

Problem Solving Therapy (PST) is an evidence-based, psychosocial intervention that developed within a cognitive-behavior therapy context. Over time, advances in abnormal psychology, cognitive psychology, and affective neuroscience has led to enhancements in the PST treatment model. PST teaches individuals a set of coping skills to help them effectively cope with a variety of negative life events that, if managed ineffectively, can lead to additional mental and physical health outcomes. Specifically, PST incorporates training exercises and activities that help individuals overcome major obstacles in effective coping in the following areas: brain overload, emotional dysregulation, negative thinking, low motivation, and ineffective problem solving strategies.

Participation in the PST Enrichment Element will provide a trainee with an opportunity to develop competency in a treatment modality that is recognized by Veterans Affairs as a evidenced-based practice. A trainee would attend a 2 ½ day face-to-face training with a PST Master Trainer and then attend weekly consultation for 5 months, during which time trainees would be required to complete two rounds of the PST group (4 sessions each).

**Requirements:**

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

1. Fully attend 2.5 day PST Training Workshop.
2. Two weeks after completing the workshop, trainees are to begin weekly 60-minute in-person consultations with the PST Master Trainer for a total of five months. Trainees must attend at least 75% (approximately 15) of the consultation meetings in order to fulfill this program requirement.
3. Trainees who are not licensed (psychology interns and postdoctoral fellows) should receive weekly supervision (individual or group) by licensed clinical psychologists.
who have previously receiving training in PST.

4. Trainees should successfully complete sessions 1-4 of the PST group with two separate cohorts of Veterans.

5. For all individuals receiving PST, trainees administer and submit all evaluation materials to designated PST staff. Evaluation materials include the: Patient Demographic Form, Brief Resilience Scale (BSI), Outcome Questionnaire 30 (OQ 30), Patient Health Questionnaire (PHQ-9), Social Problem Solving Inventory – Revised: Short (SPSI-R: S), and Post-group questionnaire. For individuals who complete only 1 to 2 PST groups, trainees will attempt to contact the participant and have them complete a Follow-up Checklist

Total expected time commitment per week following 2.5 day PST Training Workshop:

- **1 hour** per week for CPT consultation with PST Master Trainer
- **1 hour** per week for facilitating PST group
- **1 hour** per week for session preparation and group note documentation
- **1 hour** per week for supervision by an on-site psychologist knowledgeable in PST.

**Total: 4 hours per week**

**PST Enrichment in the context of larger training goals/ plans** –
To further enrich the PST training experience, the level of PST supervision and consultation may be increased to include audiotaping group sessions with subsequent audiotape review, live supervision provided by the PST Master Trainer to a trainee, and reading and discussion of select chapters from Problem Solving Therapy, A Treatment Manual, written by Arthur Nezu, Christine Nezu, and Thomas D’Zurilla. If these additional training areas are chosen by the trainee, the total expected time calculated above may need to be modified.

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**Living Beyond Depression Group – EBT for Depression**

**Description:** Cognitive Behavioral Therapy for Depression (CBT-D) is a structured, time-limited, present-focused approach to psychotherapy that helps patients develop strategies to modify dysfunctional thinking patterns or cognitions and maladaptive emotions and behaviors in order to assist them in resolving problems. Contemporary research shows that CBT is efficacious in treating mild, moderate, and severe depressive symptoms, that it is equally efficacious as psychotropic medications in the short term, and that it is more efficacious than psychotropic medication in the long term (Hollon, Stewart, & Strunk, 2006). The Department of Veterans Affairs (VA) has developed national initiatives to disseminate and implement evidence-based psychotherapies for depression throughout the Veterans Health Administration (Karlin & Cross, 2014).
Participation in the CBT-D training will provide a trainee with an opportunity to develop competency in a treatment modality that is recognized by Veterans Affairs as a evidenced-based practice. A trainee would attend regular weekly supervision with a VA psychologist proficient in CBT-D and run two cycles of one hour CBT-D groups for 12-weeks each. Trainees would gain the experience of providing care to individuals suffering from mild to severe symptoms of depression that often includes suicidal ideation, risk, or even history of suicidal behaviors. A trainee will gain competence in the area of risk assessment, psychoeducation, and treatment of suicidal thinking.

**Requirements:**
Below is a detailed outline of the expectations and commitment that would be expected of trainees if they are to partake in this CBT-D Enrichment Element:

1. Fully attend 1.0 day CBT-D Training Workshop.
2. Trainees who are not licensed (psychology interns and postdoctoral fellows) should receive weekly supervision (individual or group) by licensed clinical psychologists who have previously receiving training in CBT-D.
3. Trainees should successfully complete sessions 1-12 of the Living Beyond Depression group with two separate cohorts of Veterans.
4. For all individuals receiving CBT for depression, trainees administer and report scores within CPRS. Evaluation materials include the: Beck Depression Inventory-II (BDI-II).

**Total expected time commitment per week:**
- **1 hour** per week for facilitating CBT group
- **1 hour** per week for session preparation and group note documentation
- **1 hour** per week for supervision by an on-site psychologist knowledgeable in CBT for depression.
**Total: 3 hours per week**

**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.
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)*

**Tuesdays** 1:00 pm – 1:50 pm
- **Neuropsychology Seminar Series**

  *(selected presentations for non-neuropsychology interns)*

**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 to 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. 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.

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.

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 healthcare. 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.
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
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 American Psychological Association defines a mentor as “an individual with expertise who can help develop the career of a mentee. A mentor often has two primary functions for the mentee. The career-related function establishes the mentor as a coach who provides advice to enhance the mentee’s professional performance and development. The psychosocial function establishes the mentor as a role model and support system for the mentee. Both functions provide explicit and implicit lessons learned related to professional development as well as general work-life balance.

The Washington DC VA Medical Center Psychology Predoctoral Internship Training Program is committed to the professional development of interns. As part of this commitment, the program strongly encourages interns to collaborate with a mentor during their training year. Psychology staff members who are interested in serving as a mentor through the training program’s formal mentorship program have completed an application that is reviewed by the Mentorship Subcommittee. A list of names and clinical and research interests for each designated mentor is provided to interns at the beginning of the internship year. Interns will then have the opportunity to contact a mentor to initiate the mentee-mentor relationship. It is typically during a first meeting between the mentor and mentee, that there is consensus to engage in this mentorship relationship. The mentee-mentor relationship is non-evaluative and is not determined by the Chief of Psychology, the Training Director, or the Training Committee. This is an opportunity for interns to build a relationship with a psychologist who will provide support, guidance, and modeling based on your career and personal trajectory.

Mentorship can occur in many different ways and may develop as part of various relationships both within and outside the Washington DC VA Medical Center. While we believe that the formal mentorship program provides an excellent opportunity for trainees to receive mentorship, it is not the only way to do so.

**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.
Safety

At times, patients will experience extreme distress to the point where safety becomes a priority. Veterans who are experiencing suicidal ideation may benefit from a Suicide Safety Plan and being followed by Suicide Prevention who will make periodic phone calls to check in on the veteran’s safety. The safety plan is a templated note that will guide you through the process. Simply open the patient’s chart, create an encounter with the clinic location you typically use and the note title “SUICIDE SAFETY PLAN AND TREATMENT PLAN NOTE”. Follow the instructions and add the identified Suicide Prevention Coordinator to the note as an additional signer. The bottom of the template will specify the name of the person you need to add. Print a copy of the plan for your patient to take home with them. You will also need to make a consult to Suicide Prevention once the note is signed.

If you are concerned about your own safety, call Security’s emergency number at ext. 7-BUY, (7289). If you are in a session and would like to call security without alerting the person you are meeting with, pick up the phone and dial ext. 57289, ask for Dr. Armstrong, and give them your room location. This is their code to know that you are in distress and need immediate assistance.

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.
Serious Mental Illness Track

Overview of clinical areas which encompass Serious Mental Illness Track

Psychosocial Rehabilitation and Recovery Center (PRRC)
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. The PRRC Veteran population is diverse in race/ethnicity, age, gender, sexual orientation, socioeconomic status, and cognitive/physical functioning. Programming is curriculum-based and is specifically designed to teach the skills that are necessary for defining and realizing Veterans' self-chosen roles and goals in all domains of health and life. PRRC services are individualized, person-centered, and strength-based, and promote hope, responsibility, and respect. Recovery-focused approaches are 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 or her life goals.

The PRRC is staffed by four psychologists, four nurse case managers, three peer support specialists, a social worker, a recreation therapist, a vocational therapist, and a program specialist.

Serious Mental Illness Emphasis Specific Activities

Postdoctoral Experience
Postdoctoral fellows applying for this specialized training experience should express a specific interest in psychiatric rehabilitation and recovery-oriented therapeutic care. Fellows, at the beginning of their training year, work closely with their primary clinical supervisor and designated Training Plan Lead to develop an individualized training plan that meets their training needs and interests. The Special Emphasis fellowship is primarily clinically-focused; however, during the fellowship, a fellow is granted 25% (i.e.
10 hours per week) of their time to develop program evaluation/development and/or research initiatives.

**Clinical Opportunities**

In the PRRC, postdoctoral fellows 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, fellows 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, fellows will have the opportunity to implement interventions from CBT for Psychosis, CBT for Chronic Pain, CBT for Insomnia, and Seeking Safety. PRRC Staff Psychologists are trained as Master Trainers in Social Skills Training and Problem Solving Therapy and, as such, postdoctoral fellows can choose to engage in specialized training and consultation to receive VA training certification in either or both of these evidence-based psychotherapies.

Postdoctoral fellows have the opportunity to co-facilitate the following groups in PRRC: ACT, Building Bridges Relationship Group, CAMS, CBT for Anxiety, CBT for Chronic Pain, CBT for Depression, CBT for Psychosis, DBT Art Therapy, DBT Skills, Ending Self Stigma, Mindfulness, Problem Solving Therapy, Seeking Safety, Skills Training in Affect and Interpersonal Regulation (STAIR), Using Self-Compassion to Develop Inner Strength and Resilience, and Women’s Group. If interested, fellows can also co-facilitate groups on the acute inpatient psychiatry unit. Current groups held on the psychiatry unit include: ACT, DBT Skills Group, Anger Management, Coping Creatively, Illness Management and Recovery (IMR), Social Skills Training, and Suicide Prevention. Opportunities are also available to engage in goal-oriented recovery coaching to assist Veterans transition from the PRRC to community activities.

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 fellows to evaluate a Veteran’s treatment progress in individual psychotherapy. Fellows also have the opportunity to administer additional recovery-oriented psychological measures. In addition, fellows can conduct comprehensive suicide assessments using the Collaborative Assessment and Management of Suicidality (CAMS) approach. Although comprehensive psychological assessments are not integral to this fellowship emphasis track, there are limited experiences where these evaluations may be indicated.

**Supervision and Mentorship Opportunities**

Postdoctoral fellows have the opportunity to provide clinical supervision during their training year. During an academic year, PRRC usually provides training to up to eight
practicum students and four psychology interns. Supervision opportunities are based on each fellow’s expertise and can be for group therapy, individual therapy, and/or psychological assessment. Postdoctoral fellows receive weekly hierarchical supervision on their supervisory experiences with Drs. Paci, Uram, and Zaveri. Hierarchical supervision consists of reading and discussing book chapters and journal articles related to the provision of supervision (please see Appendix A for the hierarchical supervision Didactic syllabus). Fellows also have the opportunity to provide mentorship of psychology practicum students. Topics typically covered during mentorship meetings include internship readiness, work-life balance, and consideration of future professional opportunities. To date, the two postdoctoral fellows on the SMI emphasis track mentor a total of three practicum students. In addition, postdoctoral fellows also have the opportunity to receive mentorship from a DC VAMC Staff Psychologist.

**Program Evaluation and Development Opportunities**
During the training year, postdoctoral fellows attain skills in the interface between practice and science. Program evaluation and development practices increase the effectiveness and efficiency of health programs by promoting objective measurement of performance and identifying opportunities for improvement and growth. In line with the Veterans Health Administration (VHA) and Veterans Integrated Service Network 5 (VISN 5) Strategic Plans, as well as competencies identified by the American Psychological Association, the DC VAMC Training Committee recognizes program evaluation and development practices as an important area for psychology career development and has thus incorporated these experiences into its training curriculum. For postdoctoral fellows, as noted above, 25% of the training year is devoted to program evaluation/development and/or research activities that are consistent with the VHA mission.

Postdoctoral fellows are supported in these endeavors by psychology staff, the Director of Clinical Training, and the Research and Program Evaluation subcommittee of the Psychology Training Committee. Training takes the form of formal didactic instruction, self-directed study, and individualized training. Each month, postdoctoral fellows meet as a group to review progress on projects, obtain feedback, and gain support from each other and from members of the Research and Program Evaluation subcommittee. The goal is that, by the end of the fellowship year, postdoctoral fellows will have at least one deliverable product that will, then, be shared with a larger audience at the local or national level. While there is flexibility with regards to how postdoctoral fellows meet this required training activity, all projects must be aligned with the VA mission and VHA strategic plan.

**Examples of Research and Program Development Evaluation Projects:**
1. Comprehensive Training and Evaluation Program Development for Psychology Externs in the PRRC
2. Identification of Predictors and the Measurement of Community Integration for Veteran Enrolled in the PRRC
3. Implementing Recovery Coaching in the PRRC Track II Program
4. Development of a Brief Didactic Training Delivered to an Interdisciplinary Staff on the Inpatient Unit
5. Increasing Recovery Oriented Care on the Acute Psychiatric Unit
6. Using Implementation Science to Develop a Geriatric Intensive Care Management Program for Veterans
7. Implementation of Suicide Prevention in Recovery Programming: A Description of Veteran Characteristics and Risk

Examples of Deliverables:
1. Poster Presentation at a local and/or national conference
2. Manuscript submitted for publication in a peer review journal
3. Grand Rounds Presentation
4. Staff Trainings
5. Development of a Curriculum Manual or Process Improvement

Supervisors’ Training and Experience

Melanie Paci, Psy.D. Dr. Melanie Paci joined the VAMC psychology staff in 2009. She currently serves as the Local Recovery Coordinator for the DCVAMC, as well as the Peer Support Lead. 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. Additionally, she partners with staff and leadership on the Acute Inpatient Psychiatry Unit to ensure that recovery-oriented services are implemented. Dr. Paci has received additional VA training on several evidence-based treatments, including CBT Depression, CBT Psychosis, Social Skills Training for SMI, Integrative Behavioral Couples Therapy, and Behavioral Family Therapy. She is a regional trainer for Social Skills Training for SMI. Dr. Paci also serves as the co-chair for the DCVAMC’s Disruptive Behavior Management Committee. 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.

Nicholas Uram, Psy.D. Dr. Uram is the Local Recovery Coordinator here at the Washington DC VAMC. Dr. Uram started training at the DC VAMC in August 2016 as a special populations postdoctoral fellow with an emphasis in SMI and Geropsychology. He then transitioned into his current role, where he helps advocate for and implement recovery-oriented care in the greater VA system. Prior to working at the DC VA, Dr. Uram completed his pre-doctoral internship at the West Palm Beach VA Medical Center in West Palm Beach, FL (2015-2016). Dr. Uram is a counseling psychologist by training, having received his Psy.D from Chatham University in Pittsburgh, PA. His research interests during graduate school were geared
towards exploring the therapeutic relationship dynamics between military affiliated clientele and civilian mental health practitioners. He has cultivated a passion for third wave behavioral therapy, particularly ACT. Dr. Uram incorporates values-informed and mindfulness based intervention into his individual practice with veterans as well as to the structure and theory driving initiatives pertinent to championing recovery in this medical center. He is currently involved in the PRRC program through provision of groups and supervision to externs, interns, and fellows. He also conducts groups on the inpatient psychiatric unit. Dr. Uram serves as co-chair to the Disruptive Behavior Committee and is involved as a liaison to the Veterans Mental Health Council. He is passionate about training future psychologists and helping to change the culture for all medical center employees to be inclusive, optimistic, and to break down the walls that have been created by categorical classification and stigmatization.

**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 serves on the Training Committee and is involved both as a clinical mentor for Trauma Services post-doctoral fellows and as a training plan lead for psychology interns and externs. 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, Motivational Interviewing, 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 predoctoral 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 Emphasis Track

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 an 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.

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.

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.

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**Clinical Neuropsychology Fellowship**

**Overview of clinical areas which encompass the Clinical Neuropsychology Fellowship**

The Neuropsychology Track currently offers four (4) rotations:

1. **Outpatient Neuropsychology** (12-month rotation, August 2018-July 2019)
2. **Polytrauma Neuropsychology** (12-month rotation, August 2019-July 2020)
3. **Consultation / Liaison Neuropsychology** (24-month rotation, August 2018-July 2020)
4. **Neuropsychological intervention / cognitive rehabilitation** (24-month rotation, August 2018-July 2020)

1. **Outpatient Neuropsychology:**

The Outpatient Neuropsychology Service accepts referrals from all clinical departments within the Washington DC VAMC, including primary care, geriatrics, neurology, psychiatry, psychology, substance abuse recovery program, social work, infectious diseases (HIV, HCV), diabetes management, nephrology, and hepatology. Diagnoses seen are diverse, and include the full range of psychiatric disorders, mild cognitive impairment, dementia/major neurocognitive disorder, traumatic brain injury, sleep disorders, multiple sclerosis, and ALS. Faculty includes three full-time neuropsychologists (Drs. Aucone, Strang, and Skalina), two of whom are board certified in clinical neuropsychology. This is a 12-month rotation, running from August 2018 to July 2019. It is anticipated that the fellow will see 1-2 outpatient evaluations per week.
2. **Consultation / Liaison Neuropsychology:**

The Consultation / Liaison Neuropsychology Service provides a limited number of consultations to various inpatient services, including general medicine and neurology. Consults are typically placed by the inpatient service or consultation / liaison psychiatry. The most frequent referral questions have to do with a Veteran’s capacity to live independently and/or to make medical and financial decisions. Consultations are also sought to assist with discharge planning. The Neuropsychology Fellow will be expected to complete approximately one (1) consultation per week. This experience is proposed to span the entire two years of the fellowship. Faculty includes three full-time neuropsychologists (Drs. Aucone, Strang, and Skalina), two of whom are board certified in clinical neuropsychology.

In addition to inpatient consultation, the Consultation / Liaison Neuropsychology Service staffs the Multiple Sclerosis (MS) Clinic at the Washington DC VAMC. The MS Clinic is part of VHAs Multiple Sclerosis Centers of Excellence. The clinic operates every Tuesday from 9:00 am to approximately 2:00 pm. The fellow will be expected to provide consultation and brief cognitive evaluations for those clinic patients presenting with cognitive compromise as identified by the attending neurologist, neurology residents, and nurse practitioner.

3. **Polytrauma Neuropsychology:**

The Washington DC VAMC Polytrauma Network Site (PNS) provides individualized treatment for Veterans with traumatic brain injury (TBI) and comorbid medical and mental health conditions using an interdisciplinary model of care. The PNS outpatient care team is headed by physical medicine and rehabilitation physicians and includes neuropsychology, rehabilitation psychology, social work, nursing, speech-language pathology, occupational therapy, physical therapy, vision rehabilitation, vocational rehabilitation, prosthetics, recreational therapy, driver’s rehabilitation, and other related specialties. Training on this interdisciplinary team offers a unique opportunity for the neuropsychology fellow to provide coordinated care to Veterans and their families.

The fellow will be supervised by the Polytrauma neuropsychologist (Kayleigh Hale, PsyD), with additional supervision provided by the Polytrauma rehabilitation psychologist and physical medicine and rehabilitation physicians. Training in Polytrauma will include:

1. Neuropsychological and psychological assessment, including clinical interview, test selection, test administration, report writing, providing feedback to Veterans and their caregivers, and providing feedback to the referring provider and treatment team.
2. Provide individual psychotherapy and participate in group supervision for individual psychotherapy cases, focused on adjustment to disability, adjustment to post-military life, TBI psychoeducation and coping skills, PTSD, depression,
3. Co-facilitation of evidence-based psychotherapy groups, such as the cognitive rehabilitation (CogSMART/Brain Boosters), meditation, mood management, acceptance and commitment therapy, and/or coping with vision loss group.

4. Facilitate didactics at VISN 5 Polytrauma meetings.

5. Contribute to weekly interdisciplinary team meetings.

6. Participation on TBI-related research, didactic presentations, and program development with allied disciplines, including physical therapists, recreational therapists, speech language pathologists, and blind rehabilitation therapists.

4. Neuropsychological Intervention / Cognitive Rehabilitation:

This rotation is supervised by Dr. Jennifer Strang, and is expected to span the entire two years of the fellowship. The neuropsychology fellow has the opportunity to co-facilitate a cognitive rehabilitation group, to provide individual cognitive rehabilitation treatment, and to provide individual and family psychotherapy focused on adjustment to neurological illness. The rotation also includes didactics via Project ECHO (described below).

Group cognitive rehabilitation: The cognitive rehabilitation group is an open and interactive group designed to help Veterans decrease common memory and attention complaints that affect daily activities. The group provides psychoeducation on the major factors that impact cognition (e.g., stress, substance abuse, sleep disturbance, chronic pain); provides resources for addressing these factors; and suggests strategies (e.g., external and internal compensatory strategies) to help improve cognitive concerns and daily functioning. Currently, the group is available to Veterans participating in the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Substance Abuse Recovery Program (SARP). Fellows will co-facilitate at least one of these groups with a psychology extern or intern, providing the Fellow with supervision experience.

Individual cognitive rehabilitation: Similar to the group, individual cognitive rehabilitation focuses on addressing factors that impact cognition and introducing compensatory strategies for managing cognitive concerns. The treatment is intended for Veterans who can benefit from a more individualized approach and/or to reinforce skills learned in the group.

Individual/family psychotherapy: Fellows will also maintain a psychotherapy caseload of 1-2 Veterans over the course of the fellowship. Therapy will focus on adjustment to neurological illness, such as Veterans recently diagnosed with mild cognitive impairment, dementia, multiple sclerosis, or cerebrovascular disease.

Didactics/Project ECHO: Project ECHO is a program based at the University of New Mexico that hosts weekly “virtual grand rounds” on a variety of medical conditions with a goal of bringing together clinicians to share knowledge and expertise. The neuropsychology fellow will participate in the Cognitive Rehabilitation TeleECHO, which includes weekly didactics and case presentations.
Supervisors Training and Experience

**Ernest J. Aucone, PhD, ABPP:** Dr. Aucone is board certified in clinical neuropsychology, and serves as the Program Manager for the Neuropsychology Service. He has been at the Washington DC VAMC since 2012. He did his graduate work at Nova Southeastern University, his internship at the Boston VA Healthcare System / Harvard Medical School, and his postdoctoral fellowship in neuropsychology at the University of Virginia. His clinical and research interests include differential diagnosis in dementia, traumatic brain injury, diagnostic decision-making, demographic and cultural influences on psychological tests, capacity assessment, and forensic neuropsychology.

**Kayleigh Hale, PsyD:** Dr. Hale is a staff neuropsychologist for the Polytrauma Clinic, where she conducts neuropsychological evaluations, evidence-based psychotherapy, and cognitive rehabilitation. She received a B.S. in human development from the University of Southern California, and M.A. and Psy.D. degrees from Pepperdine University. Dr. Hale completed internship training at the VA Long Beach Healthcare System and a two-year postdoctoral fellowship in clinical and research neuropsychology at the Washington DC VAMC’s War Related Illness and Injury Study Center (WRIISC). She transitioned into a staff position in 2017. Dr. Hale’s clinical and research interests include traumatic brain injury, rehabilitation psychology, and neuropsychological interventions.

**Lauren Skalina, PhD:** Dr. Skalina is a staff neuropsychologist for the Neuropsychology Service. She earned her MA and PhD in clinical psychology at American University and completed her pre-doctoral internship in the VA neuropsychology track of the VA Maryland Health Care System/University of Maryland-Baltimore Psychology Internship Consortium. Dr. Skalina has been at the Washington DC VAMC since 2015 as a postdoctoral fellow in clinical and research neuropsychology at the War Related Illness and Injury Study Center (WRIISC) and transitioned into a staff position in 2017. Her clinical and research interests include differential diagnosis of dementia, movement disorders, and other neurological conditions as well as the impact of health-related behaviors (e.g., sleep, exercise) on neuropsychological functioning.

**Jennifer M. Strang, PhD, ABPP:** Dr. Strang is board certified in clinical neuropsychology, and serves as the Training Coordinator for the Neuropsychology Service. She has been at the Washington DC VAMC since 2014. She completed her graduate work at Arizona State University, her internship at the Buffalo VAMC, and her postdoctoral fellowship in neuropsychology at Rehab Without Walls in Phoenix, AZ. Her clinical and research interests include cognitive rehabilitation, traumatic brain injury, neurocognitive aspects of psychiatric disorders, differential diagnosis in dementia, and assessment of performance validity.
Specific Clinical Neuropsychology Didactics

Joint Clinical Neuropsychology Fellowship Training Consortium

This training opportunity is a two-year curriculum that uses video teleconference (VTC) to facilitate involvement of multiple training sites, including Walter Reed National Military Medical Center, Tripler Army Medical Center, San Antonio Military Medical Center, Brooke Army Medical Center, Baltimore VA Medical Center, National Rehabilitation Hospital, Baylor Institute of Rehabilitation, and the Phoenix VA Medical Center.

Weekly Neuropsychology Seminar

This weekly seminar includes faculty and trainee lectures, case conference/group supervision, journal club, and mock fact findings to help prepare fellows for board certification in clinical neuropsychology.

Weekly Neurology Grand Rounds

The Neurology Department holds weekly lectures for all trainees/rotators, and many topics are relevant to the practice of neuropsychology. In addition, the Neuropsychology Service and Neurology Department co-facilitate a quarterly multi-disciplinary case conference which is held during Neurology Grand Rounds.

Weekly Neuroradiology Grand Rounds

The Radiology Department holds weekly neurodiagnostic imaging case presentations for all interested trainees and faculty, including the Neuropsychology Service, to attend.

Once monthly Brain Cutting Conference

The Pathology Department holds monthly brain cutting conferences to demonstrate neuroanatomy and neuropathological phenomena to interested trainees and faculty from all disciplines.

Quarterly Joint Neurology / Neuropsychology Case Conference

The Neuropsychology Service and Neurology Department co-facilitate a quarterly multi-disciplinary case conference which is held during Neurology Grand Rounds (see above). Trainees from each department work together to present a relevant case to attendees from both disciplines.
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:


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.

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,
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), 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 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 2016-2017 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.
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 (since 2001) at the Washington DC VAMC, has been in practice since 1974. He received his Bachelor of Arts degree from Brooklyn College and his M.A. & 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 DC VAMC in 2000. He was 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 was in full-time private practice for 15 years. 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 issues; treatment of severely disturbed adolescents and children; and treatment of 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 both in the VA and other setting in the area of difficult clinical presentations and strategic therapy and has served as Training Director of the Center for Brief Therapy. In 2014, Dr. Schulman had an extended detail as the Acting VISN 5 Chief Mental Health Officer. In addition to his duties as Chief of the Psychology Service Dr. Schulman is Chair of the Disruptive Behavior Management Committee, coordinates the facility’s EAP program, coordinates evaluation of VA Police officers at the Medical Center and is a member of the Ethics Consultation Team. He is an Adjunct
Assistant Professor of Medical and Clinical Psychology at the Uniformed Services University of the Health Sciences. His current professional interests include: service delivery and planning for MH services in the VA system, psychology training, problem solving therapies; story-telling and metaphor in psychotherapy; issues of systems; psychotherapy with complicated clinical presentations; crisis intervention and hypnosis. Besides his administrative duties in the Mental Health and Psychology Services, Dr. Schulman enjoys teaching and supervising post-doctoral fellows, interns and practicum students, and being available to staff and trainees for clinical and administrative consultation. He enjoys people, movies, reading, travel, cooking, volunteer work in his community, and most importantly spending time with his wife and 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,
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)

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 service, 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 shared by psychology trainees. The Trainee Swing Office is designated space solely for trainees to meet with patients.

Mental Health Executive Suite

- The Mental Health Executive Suite (room 3A-155) houses the offices of the chief of psychology, chief of social work, and chief of psychiatry, as well as an administrative assistant office where you can get supplies and check out/turn in keys. The office also has a printer, mail boxes for all mental health personnel/clinics, and the fax machine.

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 their 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.

Food & Water

Below is a list of places to get food and/or water throughout the hospital and the broader hospital complex:

- **Water**: There are four ways of getting water in the hospital...
  - There is a filtered water/ice machine in room 3C-121 (at the end of the PRRC hallway). You need the NC-1-F key to open the door, or use the code “2-5”, although this room is often left open. If the handle won’t open, jiggle it (it sometimes gets stuck)
  - If you are a member of the “Water Club”, you can use water from the water jugs stored in the storage room (3D-217). There is a $15-$20 monthly fee for Water Club membership. Contact Jennifer Strang about joining (email or ext. 58173 or 3D-207)
  - There are water fountains throughout the hospital. Do not use this option unless you know for a fact that they have been cleared of any bacteria or diseases. Check with the Occupational Health Office or other people (e.g., supervisors, employees, chief of psychology) if you are unsure.
  - You can always buy bottled water at one of the places listed below

- **Starbucks**: On the first floor near the entrance in the atrium
- **Patriot (PX) Store**: Basement, near the VA cafeteria. It sells snacks and drinks, as well as general non-food products. Great sales, no sales tax.
- **VA Cafeteria**: Basement Level of the hospital, next to the PX Store (that also sells snacks and drinks)...sanitation is known to be questionable, but they have a huge selection of food
- **Vending Machines**: On the first floor of the hospital near the Barber Shop
- **Food Trucks**: During the nice months of the year, there are assorted food trucks parked at the hospital every other Friday, on payday. To get there, head toward the HR building, but go outside the double doors toward the parking lot. They may also be at MedStar in Lot 1.
- **Panera**: Across the street on the first floor of Washington Hospital Center. You
can place an order online or on the Panera app, and it will be ready for pickup when you arrive

- **MedStar Hospital Cafeteria**: Go past the Panera to the right, and then go down a floor. It’s a schlep, but worth it…This cafeteria has a lot of good options (like a Sushi bar, comfort foods, etc.), and many windows.

- **National Rehab Hospital Cafeteria**: Location unknown. This cafeteria is “ok”, but probably not worth it given all the other better options around.

- **Children’s Hospital Cafeteria**: Location unknown...but it’s there. Legend has it that it’s quite good

Bathrooms

The 3D-West hallway has two bathrooms:
- 3D-212: Women’s only bathroom. Can be used by patients, as well.
- 3D-232: Men’s bathroom. Located right next to the Medical Media Office. Can be used by patients, as well.
- 3A-136: Men’s staff bathroom in the hallway outside the PRRC (3C-South).
- 3A-127: Women’s bathroom in the hallway between the PRRC and the SARP.
- 3C-235: Men’s bathroom in the PRRC hallway.
- 3C-215: Women’s bathroom in the PRRC hallway.
- 3C-200, 201, and 234: Unisex staff bathrooms all located in the PRRC hallway.

Other Men & Women’s bathrooms located in:
- 1st Floor: Atrium (near the entrance)
- 1st Floor: The Emergency Department entrance, near the Women’s Clinic
- 1st Floor: Near the PIV/Security office

Wellness Center

**The Wellness Center (gym) is in the basement, GC-205.**

Jon Polks who is the recreation therapist supervisor is the contact person for membership. You can sign up for a quarterly membership to use the gym and pool before and after your tour as well as from 12-1pm. They have changing rooms. Need PIV access. Available for staff and patients to use. Patients can use it also, so be careful.

**Staff Wellness Offerings**
Staff Acupuncture- Mondays @ noon & 3:30-5pm in 1E-390

Staff Yoga- Mondays @ 12-1pm in 3B-114 & Thursdays 1-2pm in 3B-222

Whole Health Group- 2nd and 4th Wednesdays of the month @ 12-1pm in 1E-390

Staff Massage- Tuesdays 9am-1pm & 2-4pm in 3B-121A (to reserve an appointment email vhawasemployeewellbeing@va.gov on Monday mornings)

Go to the link below for an updated list of offerings.

https://vaww.vha.esp.va.gov/sites/washingtondc/employee_wellness/SitePages/Calendar.aspx

Conference Bike

The conference bike can be booked by contacting George Giannakos at extension 58254 or visiting him in the occupational health department.

Offices in the Hospital

Below is a list of various offices throughout the hospital that you will likely interact with at:

- Suicide Prevention Office: 3A-103.
- War-Related Illness and Injury Study Center (WRIISC): 3B-203 (main office), clinical team is located in the basement
- Medical Media: 3D-West, at the end of the hall. Printing, business cards, etc.
- Office of Information and Technology:
- Human Resources: Building 17 (see map in Appendix A). To get there, go to the first floor atrium, and walk back past the left of the pharmacy (you should see the hallway). Follow the winding hallway, and look for signs for HR. It will be in another building, so you’ll have to ring the bell to get in. Then, go up to the 2nd floor.
- Payroll Office: First floor of Building 17.
- Security: First floor, past the main elevators. PIV issues, parking
- Occupational Health: Room 1C-118. Onboarding, injured on the job
- Travel Pay: First floor, in an alcove near the service elevators.
- Billing:
Assorted Things in the Hospital

Below is a list of places to get food and/or water throughout the hospital and the broader hospital complex:

- **Non-Denominational Chapel**: Third floor, by the main elevators
- **Freedom Auditorium**: Fourth floor
- **Warehouse/Mailroom**: First floor, past the Travel Pay alcove, but do not turn right as you would to get to Building 6. Instead, go straight through the double doors.
- **ATM/Bank**: First floor, by the main atrium
- **Barber**: On the first floor, past the Travel Pay alcove. In case you need a haircut NOW. Possibly just for men. It is unclear if they cut women’s hair.

Parking & Transportation

The parking garage is usually full by 7:30am, and the other VA campus parking lots are usually full by 8am. Around noon, people leave for lunch and some shifts switch, so you might be able to find parking in these places then.

- **Parking Garage**: From 1st Street NW, turn into the South Entry (see map in Appendix A). Go straight to the gate, and use a parking key to open the gate. Then, continue into the garage. You can park on any of the 3 floors, but the lower floors tend to fill up earliest.
  - If you park in the garage, you will need to use your PIV card to open the doors to the building from the garage. To get this set up, go to the Security/PIV office.
  - The garage entries will **deposit you by Building 6**, and from there you can navigate to the main building on either the first floor or basement.

- **Other Parking Lots**:
  - Lot 9 – Turn in the South Entry (see map in Appendix A) and go straight to the gate. Use a parking key to open the gate, and turn right before going into the parking garage. Park anywhere except in the section designated Lot 10 on the map in Appendix A.
  - Lot 8 – Turn in the South Entry (see map in Appendix A) and turn right before getting to the main gate. Use a parking key to open the gate.
leading to Lot 8. Do not park in the lot outside Le Petit Academy.

- “Soldier’s Home” parking lot – if there are no spots left on the VA campus, you can park at the Soldiers Home retirement center.
  - Enter “Scalegate Road, NE, Washington DC” into your GPS—this will bring you to the entrance to the parking lot (the ramp up to Scalegate 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
  - You can also get picked up by the shuttle at the Bldg 8 Entrance
  - The shuttle bus runs throughout the day, but more frequently between 7-9am and 3-5pm

- **Metro:** Shuttle buses transport people between the VA and Red- and Green-line stations
  - The shuttles run every 10 minutes between 7-9am and 3-5pm, and every 30 minutes throughout the rest of the work day.
  - Brookland (Red-Line): Pick-up/drop-off is on the non-Catholic University side of the station, to the left of where all the buses come through
  - Columbia Heights (Green-Line): Pick-up/drop off is at the corner of 14th St. and Irving St., to the left of the CVS entrance.
  - You can get a subsidized Metro Card through the VA, and money will be added to it each month. If you do this, you cannot have a parking pass, and you cannot use that Metro Card for anything besides your commute to/from work. If you do, money will not be added to your account and it will be deactivated.
    - To get this set up, visit the Business Office and ask who you can speak to about metro subsidy benefits. You will need to submit a form with your supervisor’s signature.

- **Getting Parking Set Up:** Visit the Police Department on the ground level. Let them know you are an employee and need a parking pass. You will need your license plate number, VIN number, and ID

### Important Phone Numbers

- **Main Hospital:** 202-745-8000
- **Call Center (For Veterans to schedule appointments):** 202-745-8577
- **VA Police:** ext. 57227 or 57228
On Boarding Process

Below is a list of things that must be dealt with during the on-boarding process:

- **PIV card**
  - Getting fingerprints
  - Having your picture taken
  - Getting your correct email address attached to the card
  - Enabling the card to open certain locked doors if necessary (e.g., garage)
- **Computer access**
- **Shared Drive access (multiple folders)**
- **Personal Drive access**
- **Parking pass, or transportation card**
- **Getting benefits all set up**
- **Making sure payroll has your correct information**
- **Physical (through Occupational Health)**
- **Getting required keys (see FAQ below)**
- **TSA trainings**
- **Making sure you have access to VATAS**
- **Updating signatures in VISTA**
- **Getting business cards printed**

During the entire Onboarding Process, be sure to keep the following with you at all times, as you will need them at various points:

- Two forms of legal ID (valid driver’s license, passport, social security card)
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. We get a 30-minute lunch break and a 15-minute break for every 4 hours that we work (i.e., two 15-minute breaks in a full day, one 15-minute break if you work half a day). Interns must finish the 2,080-hour internship in one year unless barred by illness. 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. The 10 required government holidays are included in the 2,080 hours. To change your tour of duty: write a letter to the chief of your discipline (e.g., Chief of Psychology). State what you would like your official tour to be, why it will be helpful to you and/or patients and/or the clinic, and provide evidence that patient care will not be negatively affected.

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.

Authorized 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
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

Sending Consults

NOTE: This section contains descriptive information about how to submit consults to different clinics. For a technical walk-through of how to use the CPRS Consult system, please see “Using CPRS → Submitting Consults”.

PG/CH/Ft Belvoir CBOCS
  o No specific consult is needed, just coordination of care by informing the provider at these locations that a veteran is in need of services
  o Due to limited resources, please do not promise veterans any specific type of therapy (e.g., individual or PE) at these locations because we cannot guarantee there is availability

  o For PG and CH: send an email to Michelle Kendrick and put her on as an additional signer to a note

  o For Ft. Belvoir: sign Nishant Patel to any note

Mental Health Clinic
  o If a veteran is presenting with general mental health complaints then a
consult to MHC is appropriate, based on their staff availability

- New patients are required to first attend 4 CBT Skills Classes where they will learn basic CBT skills to address their issues and then they will treatment plan with their group leader

- A consult is not specifically needed, though one can be placed to: “Psychology Outpt”. However, since a consult is not needed instead you can print the CBT Skills Class Flyer and it has instructions for the veteran on how to schedule those classes
  - [https://vaww.visn5.portal.va.gov/sites/WAS/Docs%20in%20CPRS/CBT-Skills-Class-Flyer.pdf](https://vaww.visn5.portal.va.gov/sites/WAS/Docs%20in%20CPRS/CBT-Skills-Class-Flyer.pdf)

**Subthreshold PTSD with a CLEAR index trauma:**

- Relief from Trauma Group by Michael Kneip in the MHC. Runs for the first 3 Thursdays in a month and lasts 4 months. This is a CLOSED group.
  - Either send Dr. Kneip an email or add him as an additional signer to a note.

**Medication management**

- If a veteran has never been seen for medication management (or if it has been over 2 years since they were seen) a new consult is not needed. Instead, a note can be entered into the patient’s chart
  - Enter new Note in CPRS
  - Type and select PCC-PCMHI handoff note
  - Write the consult question based on the conversation with your patient.
    - *State in your note if the consult is URGENT.*
  - Then add the additional cosigners:
    - HOLLOWAY, AMANDA LYNN, Psychiatrist
    - ROBINSON-HAILI, CHERYL, Clerk

- If a veteran needs medication and is more severe/urgent, have the patient call 202-745-8000 ext.5-5173 and make appointment with Cheryl Robinson-Haili

**Suicide Prevention Team**

- For any veteran who has had a suicide attempt within the last year, has active suicidal ideation, or who requires hospitalization
Consult title: “Suicide Prevention Team Referral Outpt”

For any correspondence with the Suicide Prevention Team, use: vhawasspcdcteam@va.gov

PRRC

For veterans who need a higher level of care, socialization, or struggle with severe mental illness this might be an appropriate referral (intensive outpatient program where veterans may come daily or 3x/week, etc.)

- BEFORE placing a consult, it may be helpful to have a discussion with Tracela White in the PRRC about the veteran and their needs
- Consult title: “Prrc Consult Outpt”

SARP

If they have a significant substance use or dependence issues then this would be an appropriate referral, particularly if their substance use would make doing trauma work ineffective or would if they are unwilling or unable to reduce their substance use in order to do trauma-focused work.

- Place a consult in CPRS: “Sarp Outpatient Consult”

Neuropsychology

- If they are evidencing a lot of cognitive complaints
- Consult title: “Neuropsychology Outpt”
- Helpful to make one-on-one contact with a neuropsychologist to consult before sending

Polytrauma

- A referral here could be if they need mental health services for their TBI and trauma or even if they would benefit from additional services to help them remember appointments, learn cognitive strategies, etc.
- Consult title: “Polytrauma Consult Outpt”

Vet Centers

- Vet Centers receive different funding and are able to see any veteran (regardless of diagnosis) who either served in a combat zone, experienced MST, provided direct emergent medical or mortuary services while on active duty, served as a member of an unmanned aerial
vehicle crew who provided direct support to operations in a combat zone, or a family member dealing with military-related adjustment issues including bereavement over the loss of their military service member

- A consult is not needed, a veteran can call their nearest Vet Center and set up an intake appointment. They will need to bring a copy of their DD214 to the appointment

- To facilitate a warm handoff, send an email to the Vet Center Team Leader to let them know a veteran is coming their way (send name, last 4, phone number, and any high risk issues of which they should be aware)

  - Alexandria Vet Center: Carolyn Harris-Hutchinson
  - DC Vet Center: Cary Smith
  - Silver Spring Vet Center: Wayne Miller
  - PG Vet Center: Dana Hubbard

**Veteran’s Choice program (for any veteran who needs a service we don’t provide like nights or weekends, cannot come to a medical center due to hardship, etc.)**

- Veteran’s Choice allows for veterans to be seen by a community provider in their area
  
  - The process can be sped up if the veteran already has a community provider in mind (this would be a provider in the community who accepts Medicare rates)

- Place a consult for “Non VA Care Psychology” and list the reasons veteran needs or prefers to be seen in the community

- Detail how many sessions a veteran is likely to need (e.g., weekly therapy x6 months)

- Send an alert to Elspeth Ritchie for approval

- Give the veteran the following number to call for follow up

  - The first number is the phone number the patient can call to inquire about a CHOICE appointment for scheduling once referred. The second number is the one to call should the patient and or the community provider have any questions regarding billing (for example, if the community provider reports that they have not been paid; or if a patient is sent to a creditor agency). The last number is for our internal business office for any additional inquiries, or if contacting the first two numbers does not resolve the problem. Please send out to your staff.
- Patients Choice Number: 1-866-606-8198
- Choice billing issues: 1-877-881-7618
- Care in the Community Number (Fee/NVAC/CHOICE): 202-745-8193

**Give an Hour Program:** A non-VA program that will see any combat veteran from any era – people go to the website and input their information/what they are looking for and they can contact community providers who work in their area. Services are provided pro bono and veterans can be seen weekly for ongoing therapy.

**Telehealth Home Care**

- Program for veterans who could benefit from regular check-ins about a variety of physical or mental health symptoms and activities of daily living (e.g., taking medications regularly)
  - Place consult to “Care Coordination Home Telehealth Screening”

**Chaplain Services**

- Able to provide individual counseling for those who are struggling with spiritual issues
  - Walk the veteran down to Chaplain Services or email Carol Ramsey-Lucas or Cheryl A. Jones

### Procedure Codes

When completing encounter information for sessions/interactions with patients, we need to specify what type of interaction/appointment we had. This is typically kept track of for billing/insurance purposes.

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>What it’s used for</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791</td>
<td>Psychiatric Diagnostic Evaluation</td>
<td>TSP assessments*</td>
</tr>
<tr>
<td>90853</td>
<td>Group Psychotherapy</td>
<td>All groups</td>
</tr>
<tr>
<td>90832</td>
<td>30 minute Individual Psychotherapy</td>
<td>Short check-ins</td>
</tr>
<tr>
<td>90834</td>
<td>45 minute Individual Psychotherapy</td>
<td>Individual appointments</td>
</tr>
<tr>
<td>90837</td>
<td>60 minute Individual Psychotherapy</td>
<td>Individual appointments**</td>
</tr>
</tbody>
</table>
Because TSP assessments are typically 2 hours long, add the 90791 code twice
** For a 90-minute Prolonged Exposure session, code it as 90837 AND 99354

**Procedural codes for phone calls**:  
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>99441</td>
<td>5-10 minute phone call</td>
</tr>
<tr>
<td>99442</td>
<td>11-19 minute phone call</td>
</tr>
<tr>
<td>99443</td>
<td>20-30 minute phone call</td>
</tr>
</tbody>
</table>

* If your phone call is calling to confirm an appointment, discuss logistics, or if you are leaving a message and do not reach the patient, or if the call is under 5 minutes, you do not need to enter an encounter or procedural code (see “Historical Visit” section below for more information)

**Other procedural codes you may need**:  
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>90839</td>
<td>Psychotherapy for crisis, first 60 minutes</td>
</tr>
<tr>
<td>90840</td>
<td>Add-on for each additional 30 minutes of crisis psychotherapy, in conjunction with 90839</td>
</tr>
<tr>
<td>90837</td>
<td>Couples therapy</td>
</tr>
<tr>
<td>90846</td>
<td>Family psychotherapy, without the patient present</td>
</tr>
<tr>
<td>90847</td>
<td>Family psychotherapy, conjoint psychotherapy with the patient present</td>
</tr>
<tr>
<td>90849</td>
<td>Multiple-family group psychotherapy</td>
</tr>
<tr>
<td>90845</td>
<td>Psychoanalysis</td>
</tr>
</tbody>
</table>

**Supervision Clause**

If you are a trainee and/or not licensed, then you need to add the following clause at the end of every note/addendum you write:

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.

**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 click No
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
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
  - Additional CPRS tips and tricks can be found here:

CPRS: Reference Quick Guide

WAYS TO LOOK UP CHART INFORMATION
NOTES -> VIEW-> CUSTOM VIEW-> GROUP BY: you can click: TITLE, LOCATION, VISIT DATE, AUTHOR or SORT BY: DATE OF NOTE, TITLE, SUBJECT, AUTHOR, LOCATION
  - Keywords: Psychiatric Note, Psychologist Note, Assessment
  - MAX # OF RETURNS = 500 (variable)

PRESET PROGRESS NOTE TITLES
TOOLS -> OPTIONS-> click on NOTES TAB -> DOCUMENT TITLES-> Click on DOCUMENT TITLE -> Type progress note title in the “DOCUMENT TITLES” box until the progress note title pops up -> make sure progress note title is highlighted -> click ADD/REMOVE -> hit OK when done -> click OK
REMOTE DATA – if highlighted, there’s information on the veteran from another VA site. Click VISTAWEB, type in login information again, click on NOTES (on left column), specify certain query parameters if you know the dates, or put in date range, hit “QUERY”. If REMOTE DATA is greyed out, there’s no remote data available.

MENTAL HEALTH ASSISTANT

- Look up results from previous administered instruments
- TOOLS -> SPECIALTY APPLICATION -> MENTAL HEALTH ASSISTANT -> INSTRUMENT RESULTS REVIEW -> list of instruments administered and date

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
Commonly Used CPRS Billing Codes

The following codes are commonly used to document patient encounters in CPRS. Please note that these may vary by clinic.

- 96150 – Inpatient Initial Assessment
- 96152 – Inpatient Intervention
- 90791 – Psychiatric Diagnostic Evaluation (Intake)
- 90832 – Psychotherapy (30 minutes)
- 90834 – Psychotherapy (45 minutes)
- 90837 – Psychotherapy (60 minutes)
- 99354 – Prolonged Services *e.g., Prolonged Exposure sessions within Trauma Services rotation
- 99355 – Prolonged Services (each additional 30 minutes)
- 90853 – Group Therapy
- 96153 – Behavioral Health Group Intervention (15 minutes) *This includes MOVE! group and Tinnitus group within Health Psychology rotation
- 90885 – Record Review
- 99441 – Telephone (5-10 minutes)
- 99442 – Telephone (11-20 minutes)
- 99443 – Telephone (21-30 minutes)

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:**

1. Log into computer
2. click on ‘start’ (lower left corner)
3. click on ‘run’
4. type in `\whawasdocs4\docstore`
5. then click ‘browse’
6. click on the folder that says ‘docstore’ or you might just see several programs (it’s different on different computers)
7. right click on treatment planner live (or whatever other program you need)
8. choose create shortcut (or if there is a shortcut icon, you can right click and then ‘send to’ ‘desktop’)
9. 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.
10. 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

Using Vista

**Vista** is the program that enables TSP staff to check-out, cancel, or no-show patients in CPRS, as well as change your own signature code and display name. Vista can also be used to view alerts and “Action Requireds”.
General Vista Information

- You log into Vista using the same code and password as you do for CPRS
- Vista is a text-based program
- If you do not know the options available to you at any time, enter “???” into Vista
- If, at any point, the last line Vista displays is “Press ‘RETURN’ to continue, ‘^’ to stop.”, you will not be able to enter any functions until you have either pressed “RETURN” or “^”
- If Vista prompts you to do something, or asks you a question, and has, as an example, “NO//” after the prompt, “no” is the default response and you can simply hit enter to answer “no”. Otherwise, type out “yes”
- To go back to a previous menu, hit enter in your current menu without entering any options (e.g., to access the “Mental Health Options” menu from the “Employee Menu”, hit “enter” after “Select Employee Menu Option”)

Vista Functions

- When you first log into Vista, it opens on the “Mental Health Options” menu
- From there, the following are the most frequently used commands you can enter:
  - EMP Employee Menu
  - TBOX User’s Toolbox
  - VA View Alerts
  - WO Work Order Menu
  - ^am Appointment Management

Employee Menu (EMP)

The “Employee Menu” was previously used to enter/check leave requests, and to view leave used statements. However, that function has now switched over to VATAS (see below), so do not use EMP!

User’s Toolbox (TBOX)

The “User’s Toolbox” allows you to do the following:

Display User Characteristics

- You don’t need to use this page

Edit User Characteristics

- Technically allows you to change your displayed initials, phone number, title, verify code, etc., but you should only use this page to change your verify code. For everything else, use the ESC command (below)
- Your verify code is your password for logging into CPRS and Vista
- To change your verify code...
  - Type “edit user characteristics” in the “TBOX” menu
  - Hit “enter” after “Select TERMINAL TYPE NAME”
  - Hit “enter” until the cursor is blinking next to “Want to edit VERIFY CODE (Y/N):” (roughly 12 times)
Enter “N” and then hit “enter”, or simply hit “enter” without entering “N”, to leave your verify code as it is, OR
Enter “Y” and then hit “enter” to change your verify code.

- Enter your current code, with the appropriate capitalizations → hit “enter”. THEN, enter your new code → hit “enter”. THEN, enter your new code again to confirm → hit “enter”

**ESC (Electronic Signature Code)**
- Once you enter “ESC” in the “TBOX” menu, you can either type updated information next to each option, or hit “enter”.
  - Hitting “enter” will leave the displayed information as it is
  - Hitting “enter” will bring up the next display option until you have gone through all of them

**INITIAL:**
- Hit “enter” to leave it as it is, OR
- Type your replacement initials → hit “enter”

**SIGNATURE BLOCK PRINTED NAME:** (the way your name will appear in your CPRS notes)
- Hit “enter” to leave it as it is, OR
- Type out your name as it is CURRENTLY displayed → hit “enter”. THEN, type out your name as you would like it to appear → hit “enter”. THEN, hit “enter” again.

**SIGNATURE BLOCK TITLE:** (your displayed title in your CPRS notes)
- Hit “enter” to leave it as it is, OR
- Type out your title as it is CURRENTLY displayed → hit “enter”. THEN, type out your title as you would like it to appear → hit “enter”. THEN, hit “enter” again.
  - **Make sure you confirm** with your supervisor, training director, and/or chief of service that you use the correct title (it’s a big deal!)

**OFFICE PHONE:**
- Hit “enter” to leave it as it is, OR
- Type your office phone number → hit “enter”
  - It is not required that you have this information filled out; it can be left blank

**VOICE PAGER:**
- Hit “enter” to leave it as it is, OR
- Type your voice pager number → hit “enter”
  - You probably don’t have one of these, so it should probably be left blank

**DIGITAL PAGER:**
• **Enter your Current Signature Code:** (the code you use to sign CPRS notes)
  o Hit “enter” to leave it as it is, OR
  o Type your voice pager number → hit “enter”
    ▪ You probably don’t have one of these, so it should probably be left blank

- **DES (Delete Electronic Signature)**
  • You probably don’t need to use this function
  • Once you enter “DES” into the “TBOX” menu, Vista will ask “Are you sure you want to delete your electronic signature? No/Yes”
    o Hit “enter” to leave your electronic signature alone
    o Type “yes” and then hit “enter” to delete your code

**View Alerts (VA)**
This allows you to see if you have any "Action Required” encounters in CPRS. The TSP Medical Support Assistant prints out weekly “Action Required” lists, and/or sends out an email to let you know if you have any alerts. Use the “VA” function to find out which patients those “Action Required”s are for, if you are unsure.

**Work Order Menu (WO)**
Work Orders are requests for assistance with something, like difficulty accessing the share drive, broken door handles, extinguished lightbulbs, etc. This Vista function allows you to submit, edit, and check on electronic work orders. Simply enter the option number that corresponds to what you want to do:

- 1 → **Request Electronic Work Order**
- 2 → **Edit Electronic Work Order**
- 3 → **Electronic Work Order Status Check**
- 4 → **Incomplete Work Orders**
Using VATAS

VATAS is the VA’s current system for entering & tracking leave.

Entering Leave
(1) Go to https://vatas.va.gov/webta/RoleMenu

(2) Enter your username and password
   a. UserID = the first initial of your first name, the first five letters of your last name, and the last 4 digits of your SSN (e.g., asmith1234)
      i. If your last name contains fewer than five characters, include entire last name (jdoe5678)
      ii. If your last name contains any hyphens or spaces, your user name will not contain them
      iii. If you work under multiple appointments, you will have a separate UserID for each appointment
            1. Your second appointment UserID will have a 1 after the 4 digits of your SSN
            2. Your third appointment UserID will have a 2 after the 4 digits of your SSN
   b. To set your password for the first time...
      i. Select “Reset/Forgot Password”
      ii. Follow the instructions sent via email to reset your password
      iii. Password requirements:
            1. Must be at least 12 characters
            2. Must include upper case letters
            3. Must include lower case letters
            4. Must include at least 1 number (0-9)
            5. Must include at least 1 special character
            6. Must not have duplicates

Other VATAS functions:
(1) Verify that your schedule/tour of duty in VATAS is correct
(2) Verify that your AWS code is correct for your tour of duty
   a. If the AWS code is not correct, your pay may not be correct either
   b. Follow-up with your supervisor and timekeeper to ensure that it’s correct
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.

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.

Set up encrypted e-mail capabilities

In order to be able to send and receive encrypted messages, you need to publish PKI certificates. You will need to have your ID badge issued. Step-by-step instructions can be found at:


How to create a “pst” file in Outlook

Because your inbox will quickly be filled with emails, here are steps to create a “pst” file in Outlook. The pst file will be saved onto the shared drive (which has a much larger memory storage) so you will not be plagued with emails saying “your mailbox is full” or restricts you from sending emails.

1. On the Home tab, in the New group, click New Items, point to More Items, and then click Outlook Data File
2. A pop up box will appear: name this file whatever you would like, but make sure you save it to the shared drive (i.e., save it under PCT Folder ➔ Team Confidential ➔ In your confidential folder)
3. Go to the File tab, go to Open, Choose the second option “Open Outlook Data File” and go into your confidential file and open the pst file.
4. Now, in your mailbox you will see your personal folder. Under this you can create as many folders as you want to help you organize emails. When you receive a new email you can move it into your personal folders and these are now taking up space on the HUGE share drive instead of taking up space on your computer, which has limited space. This also allows you to retrieve these personal emails from any computer in the hospital (you would follow step #3)

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.”

NOTE: You need to speak quickly to prevent the recording from cutting you off.

*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 or dial your extension. Then dial pass code. Typically delete the message right away but if you need to retrieve messages that are in the mailbox but not new, follow the prompts after entering password.

To check your voicemail from a phone that is not yours: Call your extension number. When the greeting begins press *. Enter your message box number (your extension). Follow prompts to enter password and retrieve messages as normal.

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

To make a long-distance call, Dial 9-1, 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.
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)

Commonly used computer programs

- CPRS – patient charts
- Vista Access – patient appointments and employee information
- Microsoft Outlook – employee email
- Microsoft Lync – intra-VA chatting
- Microsoft Office – Word, Excel, PowerPoint
- SPSS – if you do research
- MH Suite – patient treatment plans; not currently used by our clinic, but could be in the future
- IE Explorer or Google Chrome – both work, use whichever you prefer
- Drives – access to folders not located on your specific computer
  - VHAWAS Department Share Drive: Allows you access to the “Share” folder, which contains the shared “PCT Clinic” folder, as well as the “Psychology Training Committee” folders.
  - Personal Drive: Only you can access this. Information saved here can be accessed by you from any VA computer in the hospital.

NOTE: It’s generally a good idea to save your personal documents onto your personal drive, or in the Share Drive, as opposed to onto your personal computer’s desktop, My Documents, My Pictures, etc. Additionally, documents in the “My Downloads” folder will not necessarily save, so it is a good idea to move them over to your personal drive.
Mapping the Shared Drive

Click on **Start** button
Choose **Computer** (on the right side of the menu)
Choose **Map Network Drive**

Choose a drive from the drop down menu that is not already mapped (i.e., it will have “X:” without any more text)

In the “Folder” field type: `\r04wasnas21\WAS_Groups\Share`
Choose **Finish**

To navigate to this folder in the future, repeat navigation **Start>Computer** and find your shared drive under the “Network Location” section.
Setting up your printer

Click the **Start** button
Select **"Devices and Printers"**

Select **"Add a printer"**

Select **"Add a network, wireless or Bluetooth Printer"**
Choose **"the Printer that I want isn’t listed"**
Select **"Select a shared printer by name"**
For printer in intern office: type `\vhamaspirt1\WAS-PT3D214LX1`
For printer in front office (3D-200): type `\vhamaspirt3\XER3D200`
Hit Next and follow the prompts.

**Printers**
There are three main printers you will have access to on this floor. We recommend you connect to each of them. You can make copies and pdf scans on all printers.

- **Room 3D-200**: Main admin room in this hallway
  - Printer name: XER3D200
- **Room 3A-155**: Located just outside of Howard’s office. If you want to make copies with this, you’ll need to enter the password.
  - Printer name: XER3A155
- **Room 3C-121**: Located in between PRRC and SARP
  - Printer name: XER3C121

**Scanning**

**PRINTER/COPIER (IN THE FRONT OFFICE 3D-200)**
- At the machine, press **Services** button
- On the touch screen, select **Workflow Scanning**
- Place your documents face up in the tray and choose whether they are 1 or 2 sided
- Hit the **Start** button

**At your computer:**
- Click the **Start button**
- In the **Search** area, type: `\\hawasprt3` and hit **enter**
- Scroll down to **select folder** "XeroxScanners"
- Scroll through the folders and **select 3D200**
- Your document will be in folder (default name DOC###)
- Be sure to remove your document from the folder when finished to protect your privacy

**Making PDF scans with copiers**
- You can make PDF scans with all of the above copiers.
- On the copier, press the Services Home button and select Workflow Scanning to make a pdf file.
- You can access your pdf documents at the following location on the shared drive:
  - 3D200 Copier: `\\hawasprt3\ftp\root\XeroxScanners\3D200`
  - 3A155 Copier: `\\hawasprt3\ftp\root\XeroxScanners\3A155`
- 3C121 Copier: `\\hawasprt3\ftp\root\XeroxScanners\3C121`

**Faxing**

The fax machine is located in the Mental Health Executive Suite. The fax number is 202-745-8169. You can use this machine to both send and receive faxes. It breaks easily, though, so allow yourself adequate time to use it.
Online Resources: The below online websites have a wealth of clinical resources.

CBT-I: https://vaww.portal.va.gov/sites/omhs/cbt_insomnia/default.aspx


CBT-D SharePoint: https://vaww.portal.va.gov/sites/OMHS/cbt_community/default.aspx

MI SharePoint: https://vaww.portal2.va.gov/sites/mentalhealth/MI/SitePages/Home.aspx

ACT-D SharePoint: https://vaww.portal.va.gov/sites/act_community/default.aspx

CPT SharePoint: https://vaww.portal.va.gov/sites/cpt_community/default.aspx

DBT SharePoint: https://vaww.portal.va.gov/sites/OMHS/dbt/default.aspx

MST SharePoint: https://vaww.portal.va.gov/sites/mst_community/default.aspx

PE SharePoint: http://vaww.infoshare.va.gov/sites/PE/default.aspx

MOVE! SharePoint: http://www.move.va.gov/default.asp

Seeking Safety SharePoint: https://vaww.portal.va.gov/sites/seekingsafety/default.aspx

Home Based Primary Care SharePoint: https://vaww.portal.va.gov/sites/OMHS/MH-HBPC/Clinical/Forms/AllItems.aspx

VA PTSD Site with many resources: http://www ptsd.va.gov/index.asp

Parking and Transportation

If you drive:

- Park in the “Soldiers Home” parking lot.
- If you enter “Scale Gate Road, NE, Washington, DC” into google maps, 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:

War Related Illness and Injury Center, great source for information and training:  
http://www.warrelatedillness.va.gov/

Great resource for free training:  
http://www.deploymentpsych.org/

More training:  
http://www.ptsd.va.gov/professional/continuing_ed/index.asp


VA Mobile Apps: http://mobilehealth.va.gov/

Parenting Skills for AD and Veterans: http://militaryparenting.t2.health.mil/

VA/DOD Clinical Practice Guidelines: http://www.healthquality.va.gov/

Books 24X7: Access by signing in through TMS and then selecting Books 24x7. You will then need to select “Continue Course” which will take you to the Books 24x7 site: http://www.valu.va.gov/Home/TMSResources

VA Caregiver Support: http://www.caregiver.va.gov/

EPPP Study Materials
- We are leaving you EPPP study materials located in the following folder on the shared drive.
  - L:\Share\Psych Fellows 2015-2016\EPPP
• 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