2016

2017

Training Brochure

VA Boston Healthcare System
Psychology Internship Training Program

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Boston University
School of Medicine

Harvard Medical
School

OUR AFFILIATES

Jamaica Plain Campus

Brockton Campus

West Roxbury Campus

OUR TRAINING CAMPUSES

A BIT OF HISTORY

Welcome

Welcome
Welcome
Welcome

Welcome to the VA Boston Healthcare System Psychology Internship Program! Our training program consists of a cooperative arrangement among **our three major training facilities** at the *VA Boston Healthcare System* - the Jamaica Plain Campus, the Brockton Campus, and the West Roxbury Campus. We have a very long history of training predoctoral interns – dating back to 1950 when the Jamaica Plain Campus first opened its doors. It is with great pride and excitement that today – some 65 years and approximately 1200 interns later – we announce ***eighteen*** (18) fully funded internship positions for the 2016 – 2017 training year.

Introduction

The VA Boston Internship is a member of the ***Association of Psychology Postdoctoral and Internship Centers (APPIC)***. We are accredited by the ***American Psychological Association (APA)***. Our next Site Visit is scheduled for Fall 2015. In 1998, the then, Boston Consortium, became one of the first training programs admitted to membership by the ***Academy of Psychological Clinical Science (APCS)***. We particularly encourage applications from scientist-practitioner and clinical science programs, particularly from students of other Academy member programs. The twelve-month, full time, internship year starts on **September 1, 2016** and ends on **August 31, 2017.**

Psychology Training

The VA Boston Healthcare System Psychology Internship Training Program,

formerly known as the

Boston Consortium in Clinical Psychology

is an American Psychological Association accredited predoctoral internship training program, which is closely associated with two American Psychological Association accredited VA Boston Healthcare System postdoctoral fellowship training programs, plus a predoctoral practicum program and a research postdoctoral fellowship program. This brochure describes the training opportunities available through the VA Boston predoctoral internship program.

Training Objective and Aim

The primary **objective** of the VA Boston Internship Program is to provide a comprehensive predoctoral training program that ensures the development of adequate levels of proficiency across the basic areas of clinical psychology including assessment, behavior change and psychotherapy, consultation, attention to issues of diversity, scholarly inquiry, and professionalism. The expectation is that by the end of the training year, an intern will be able to function competently and independently in the core competencies, listed below. Interns should be well-prepared for admission to competitive postdoctoral or entry-level professional positions, particularly in VA Medical Centers, academic medical centers, or academic departments of psychology. The enhancement of general skills is emphasized in the VA Boston internship. However, in the context of these broad and general training experiences, the development of greater expertise and specialist skills also is permitted and encouraged.

The primary **aim** of the program is to prepare interns for successful entry into postdoctoral or entry-level professional positions, particularly in VA Medical Centers, academic medical centers, or academic departments of psychology.

Philosophy and Model of Training

Psychology internship training within VA Boston recognizes and values the unique skills and characteristics of doctoral level psychologists, and aims to foster the development of advanced skills in assessment, diagnosis, intervention, consultation, attention to issues of diversity, supervision, and scholarly inquiry in our interns.

The clinical internship values and seeks to expand diversity within our training program, including the training faculty, and encourages interns in the development of integrated clinical and cultural competencies.

The VA Boston Psychology Internship Program model for training entails four broad, core components. **Training is:**

1. Individualized, graduated, and primary:

Training is individualized, such that we aim to build professional identify and responsibility through involvement in the training process. In other words, we ask that interns collaborate with their faculty mentors and supervisors to develop a training plan that meets their specific training and career goals based on a needs assessment and discussions with faculty. Training is structured around those specific goals and increases in complexity and responsibility over the course of the training year. Service delivery

Evidence Based Training

The VA Boston Clinical Psychology Internship is committed to the **scientist-practitioner / evidence-based** model in the delivery of clinical care, clinical research, and professional teaching. We strive to provide interns with a significant breadth and depth of experience working with a variety of clinical populations and to simultaneously apply an approach of utilizing innovative scientific information in conceptualizing, assessing, and treating these clinical problems. This goal is greatly facilitated by the opportunities for collaboration with VA Boston faculty and clinical researchers. These resources provide interns a range of professional models and encourage integration of science and practice.

is the means by which training and enrichment occur; however ***service delivery is secondary to the broader mission of training*.**

2. Based on a scientist-practitioner model:

We employ and model a scientist-practitioner approach to professional psychology, wherein empirically supported knowledge informs psychological assessment and intervention and wherein questions arising from clinical practice drives research endeavors. Training involves empirically supported treatments and ensures that interns utilize critical thinking skills to engage in clinical research questions and/or program development/evaluation projects. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the training sites. VA Boston is home to numerous National Research Centers and Centers of Excellence, with over thirty federally funded grants in the field of Mental Health and Substance Abuse. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model.

3. Sensitive to individual differences:

We work to identify, respect, and nurture the unique personal attributes that the intern brings. The training environment is supportive and guided through close collaboration with supervising faculty. Our training program is sensitive to individual differences and diversity, and values the enriched educational environment that occurs within a diverse group of trainees and staff. Training involves self-awareness related to cultural factors, as well as appreciating those social and cultural factors that influence patient centered care.

4. Collaborative:

We utilize a "junior colleague" model of training. Our commitment to the interns' professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of our training staff, including psychologists and non-psychology supervisors. Interns are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the intern's full participation in all endeavors, scientific and clinical. We provide training in multidisciplinary and interdisciplinary care environments in which the intern develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large medical system. Interns will learn to work effectively with a variety of other disciplines, as well as collaborate with other mental health practitioners in clinical and research domains.

Approach to Training

To achieve these objectives, our program assists interns in the following ways:

- We provide intensive and systematic training in the application of psychological principles to human problems and expose the intern to a variety of patients, techniques, and approaches. This provides an opportunity for interns to develop and refine conceptual skills, skills in therapeutic intervention, systematic observation of behavior, and psychological assessment;
- We provide opportunities for interns to observe and collaborate with clinical scientists, in their continuing efforts to integrate scholarly research findings with clinical practice.
- We place emphasis on the intern's assuming increasing responsibility for setting individualized training goals and in assuming responsibility for professional functions and patient care on their assigned units. We see as one of our major responsibilities to foster the integration of the intern's didactic learning and prior graduate training with the practical knowledge and skills of the developing professional psychologist.

Core Competencies / Goals

The mission of the VA Boston Psychology Internship Program is to train psychologists who meet adequate practice competencies in psychology and who can function effectively as professional psychologists in a broad range of roles and settings, including clinical services, research, and education.

The structure of the VA Boston Psychology Internship Program fosters development across six broad competencies that are critical to the functioning of an independently functioning psychologist. We expect that interns will gain both breadth in competency, as well as depth within their particular Match rotation. Below are the broad specific skills/competencies to be developed:

The "Big 6"

The following descriptions of the Core Competencies provide an overall outline as to the knowledge and skills that all interns within the program are expected to demonstrate. Each of these broad competencies or goals is further defined through specific objectives and skills, which ultimately serve as the basis for intern evaluation.

1. Professional Conduct, Ethics, And Legal Matters

This competence area includes many behaviors inherent in the role of psychologist. As an example, interns will demonstrate an ability to engage effectively in the various processes involved in an internship (*e.g.,* participation in case conferences and didactic core curriculum seminars; evaluation of rotations and supervisors; maintenance of all required records and documentation; participation in supervision; effective management of time, etc.) as well as observance of the APA *Ethical Principles of Psychologists* and *Code of Conduct*.

Interns will demonstrate growth in professional development and identity over the course of the predoctoral year, as evidenced by an understanding and

application of ethical concepts and the law on professional activities. Additionally, interns will demonstrate professional interpersonal behavior through their relationship with others and their involvement in their own development through consultation with supervisors.

2. Consultation and Supervision

The training program assumes that interns will have had little, if any, prior experience in the role of a professional consultant or supervisor. Therefore, the training objectives here are directed toward grounding interns in the basic principles and "how to" aspects of consultation and supervision. The training objectives are achieved through didactic seminars in consultation theory, experience in settings wherein consultation activities are required during which time interns will demonstrate skill in understanding the role of a psychologist and communicating / collaborating with other providers. The training objectives related to supervision are met through the provision of didactic information on effective supervision, and, on selected rotations, direct experience providing "supervision-like" clinical consultation to practicum students while receiving supervision on this "supervision" from a licensed psychologist who has responsibility for the case. The specific involvement of each intern in consultation / supervision activities varies somewhat according to his/her rotation.

3. Theories and Methods of Psychological Diagnosis and Assessment

Functional skills in assessment, diagnosis, and intervention are critical to the professional practice of clinical psychology. Interns should be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Interns will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews, as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable by the patient. Supervisors will work closely with interns to develop strong case conceptualization skills that draw on theoretical and empirical knowledge, and formulate effective treatment plans. By the completion of the internship, each intern should have a working proficiency in basic assessment areas, a beginning proficiency in the area of specialization, and the ability to recognize when professional supervision or referral should be sought.

4. Theories and Methods of Effective Psychotherapeutic Intervention

Psychologists perform a wide variety of therapies. Each intern is required to demonstrate competence with the types of therapies required for a given rotation. As with assessment, interns should demonstrate a working proficiency in basic areas of therapeutic intervention, a beginning proficiency in their area of specialization, and the ability to recognize when professional supervision or consultation should be sought or a referral should be made. Interns are expected to integrate science into practice, demonstrating knowledge of empirical support for any psychological intervention procedures employed, implementing evidence-based interventions, developing appropriate treatment goals and plans,

evaluating the outcome of interventions, and adapting interventions to the needs of special populations and culturally diverse populations.

5. Individual and Cultural Diversity

Each intern is expected to demonstrate sensitivity and competence in providing psychological services to individuals with diverse backgrounds, for example, different ethnic backgrounds, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, the unique experiences of veterans, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Interns will demonstrate a continued willingness to explore one's own cultural background and how this influences one's personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision, as well as incorporated into all program wide didactics. Additionally, didactics are offered that target specific patient populations.

6. Scholarly Inquiry and Application of Current Scientific Knowledge to Practice

While the primary focus of the internship training program is the development clinical skills, the internship provides an array of clinical research and other scholarly inquiry opportunities across the training sites. Throughout the internship, all interns are expected to receive four (4) hours of protected time within their regular schedules, to be devoted to research / scholarly inquiry activities. These four hours are seen as a base, but interns can avail themselves of research opportunities beyond these dedicated hours. Interns will select a research mentor who will supervise these activities. Interns are exposed to various aspects of research and grant application procedures including coordination of data collection, analysis, and manuscript writing. Intern activities may include, but are not limited to, participation in research lab meetings and other team collaborations, becoming familiar with the research area through reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry and data analysis, developing posters or presentations, and manuscript preparation.

During their graduate training in psychology (prior to internship), predoctoral interns should have already obtained a general background in research methodology, design and applied statistics, APA Ethical Principles pertaining to research on human subjects, as well as the fundamentals of evaluating and writing research reports. Thus, the internship's scholarly inquiry / clinical research competency, constitutes an opportunity to demonstrate and broaden these skills in the context of the clinical and research programs associated with the internship.

Overview of the Training Rotations

The twelve-month, full-time, 2080-hour training year is divided into two rotations (one eight-month and one four-month) that are located within and among the three training sites. Each intern applicant is encouraged to apply to the rotations or areas of emerging specialization that best represent their training priorities, career focus, or interests. VA Boston interns train in the specific 8-month rotation to which they have matched; however, they also train in a 4-month rotation and have a variety of other training experiences. As an APPIC member program, the internship participates in the computer matching system.

VA Boston Healthcare System: Jamaica Plain Campus:

- ✓ Behavioral Medicine
- ✓ Center for Returning Veterans
- ✓ General Mental Health
- ✓ Neuropsychology
- ✓ Posttraumatic Stress Disorder Clinical Team
- ✓ Substance Abuse Treatment Program
- ✓ Women's Stress Disorders Treatment Team

VA Boston Healthcare System: Brockton Campus / West Roxbury Campus:

- ✓ Dual Diagnosis: Post Traumatic Stress Disorder / Substance Use Disorder
- ✓ Geropsychology
- ✓ Inpatient Psychology and Therapeutic Recovery Program
- ✓ Rehabilitation Psychology (mostly located on the West Roxbury Campus)
- ✓ Substance Abuse Spectrum of Treatment

In addition to these 12 major clinical rotations being offered for 2016-2017, VA Boston interns have access to the following Child and Adolescent Fear and Anxiety Treatment Program clinical externship opportunity:

Boston University / Center For Anxiety & Related Disorders (CARD)

- Child and Adolescent Fear and Anxiety Treatment Program – ***Clinical Externship***

The Training Program

Supervised Service Delivery

Interns receive supervised training in direct contact with service recipients. Interns will spend a minimum of 25% of their week engaged in direct, face-to-face clinical care. As appropriate for training, face-to-face patient encounters are but one component of service delivery. In addition, there are numerous activities that the intern will engage in that are in support of face-to-face clinical care. The *combination* of face-to-face clinical care *and* all supportive clinical functions (e.g., consultation with other providers, report writing, medical record review, supervision, and provision of supervision) will comprise approximately 75% of an interns' training.

Supervision

The clinical staff and consultants of the internship offer supervision primarily in adult psychotherapy directed toward both inpatients and outpatients. If on externship, interns will obtain supervision in child and adolescent psychotherapy with outpatients. The range of areas in supervision is extensive and includes cognitive-behavior therapy, behavior therapy, mindfulness-based and other cognitive therapies, psychodynamic psychotherapy, marital and family psychotherapy, group psychotherapy, and child and adolescent psychotherapy (on externship), among others. Experiences in behavioral and psychodiagnostic assessment are offered within the context of different rotations and through didactics. Our neuropsychology staff offers supervision in neuropsychological screening and assessment, as well as consultation on therapeutic interventions with the neurologically impaired patient.

All interns receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face-to-face supervision by a licensed psychologist. The additional two or more hours per week may involve individual or small group (i.e., 2 or 3 trainees) supervision.

The intern's primary and other case supervisors are assigned as determined by a given rotation training site and may include additional case supervisors, a testing supervisor, a group psychotherapy supervisor, or others.

Adjunctive Training Experiences

VA Boston interns may pursue training with specific client populations or in particular treatment methods / evidence-based treatments through ***adjunctive training experiences (ATE).*** Interns are encouraged to broaden their primary rotation experiences through these complementary training opportunities. Thus, this adjunctive supervised clinical experience typically takes place outside of the intern's rotations (*i.e.,* outside of the 8-month or 4-month rotation) and focuses on a distinct area of clinical training.

Internship Advisor

Each intern also has the assistance of an ***Internship Advisor***, a non-evaluative faculty mentor and resource, who may be selected by the intern based upon specific career interests or other factors (*e.g.,* related to experiences in balancing career and family; past academic or other career experiences). The advisor assists in the overall coordination of the intern's training experience throughout the internship across both major training rotations.

Research Mentor

Scholarly inquiry / research mentors are selected by the intern and provide oversight for the intern's scholarly inquiry competency activities, throughout the internship year.

Research Activity

Interns will spend approximately 4 – 8 hours per week in activities of scholarly inquiry (including empirical research and/or program development/evaluation). Interns may collaborate with faculty on ongoing research, collaborate with faculty on a program evaluation project, or design and implement an independent research project under the mentoring of a faculty member. Interns are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate. In a previous graduated internship class (2013-

2014), 12 of 20 interns (60%) had a scientific paper accepted for publication, most in referred journals. Similarly, 60% - although not necessarily the same interns - presented a paper or poster at a professional meeting.

Instruction – Didactics

Core Curriculum

The internship offers many opportunities for didactic educational activities. The core curriculum of the internship program consists of a large, multi-sectioned group of seminars that takes place every Wednesday afternoon from 2:30 to 4:30 pm, typically at the Jamaica Plain campus. This is the primary shared training experience of the internship. All interns, irrespective of site or training rotation, attend the Seminar Series which are developed to cover a variety of topics that reflect areas of intern competency, needs for professional development, and that educate about key areas such as diversity.

Adjunctive Educational Programs

The educational offerings available to interns are extensive – indeed, it is not possible for an intern to attend all such opportunities. As with faculty and staff, professional judgment is required to balance the desire to expand one's knowledge in interesting areas with availability of time to do so. These types of offerings are entirely optional (and are not part of the internship's core curriculum), and enhance the training experience of interns interested in those topics.

Rotation-Specific Education

In addition to the core curriculum, each rotation has developed training experiences that are intended to focus on gaining knowledge and skills in the area of emphasis. These training experiences include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, interns across the different rotations have the opportunity to attend various seminars conducted in other specialty areas.

Annual Psychology Education Day

Annually, the Psychology Service sponsors a full-day training for all psychology faculty and psychology trainees, focused around a singular topic or theme. Speakers from outside of VABHS, as well as internal speakers, are invited to present on topics that flush out the identified theme. Additionally, facilitators are invited to run "break-out" sessions. Recent themes for past Training Days included DSM-V, ethics, mentorship and supervision issues, multicultural issues in clinical treatment, patient advocacy, and returning veterans.

Psychology Diversity and Inclusion Colloquium

This series is offered on a quarterly basis for psychology staff and trainees as a forum for presentation of topics associated with aspects of diversity as applied to clinical and supervisory settings as well as clinical research in mental health. Speakers include both national and local experts on these topics. The primary aim is to increase attention to diversity factors across these domains, and the series has been providing education to attendees since 2012.

Topics have included multicultural considerations in neuropsychology, microaggressions in clinical practice, aging in the LGBT community, research methods to understand and reduce mental health care disparities, complexities of disability and challenge of inclusion, and CBT with culturally diverse populations. Annually, two of these talks are embedded within the Core Curriculum for interns.

Selection Criteria

Eligibility

Eligibility requirements for VA internships are determined nationally and we have no authority to override these requirements locally. All information about VA eligibility requirements is available at:

www.psychologytraining.va.gov/eligibility.asp

APA Accreditation

The internship ***only accepts*** students currently matriculated in an American Psychological Association (APA) accredited doctoral program in Clinical Psychology or Counseling Psychology. The internship does not differentiate between clinical, counseling, and/or combined psychology students either in the application / selection process or in their applied training.

Practicum Hours

At a minimum, candidates for the VA Boston internship must have completed 3 years of graduate training by the start of internship, and have completed at least 400 practicum hours of intervention and assessment experience (combined). These standards are set to accommodate the different priorities of the various internship training rotations. For example, an applicant with 250 intervention hours might be competitive for the neuropsychology rotation but probably wouldn't be competitive for the more intervention-intensive rotations. Similarly, an applicant with 50 assessment hours would not be competitive for the neuropsychology rotation but might be competitive for another one.

Additional Criteria

- United States citizenship.
- Male Candidates: Selective Service Registration by age 26.
- Adequate preparation for Internship as indicated by a statement from the applicant's Program Director APPIC Application;
- Our selection process is weighted *strongly* toward applicants whose training, experience, and academic accomplishments indicate potential for both clinical and research excellence. In keeping with our program orientation and consistent with our APCS membership, we *strongly* prefer applicants from university based graduate programs that have a scientist-practitioner or clinical scientist orientation. In addition to careful examination of applicants' clinical experience, we take into consideration research experience (research assistant experience, familiarity and experience with research assessments, etc.) and research productivity (presentations, publications, grant applications, etc.);
- Preference is given to candidates whose dissertation will be completed prior to

internship, or at least well advanced, at least through the data collection process.

- The relationship between the clinical interests / experience of the applicant and his/her research interests;
- Thoroughness and thoughtfulness of answers to the application questions;
- The goodness of fit between the applicant's stated objectives and the training program;
- The strength of letters of recommendation from faculty and professionals who know the applicant well;
- Presentation in internship application and interview of personal and professional characteristics such as maturity, self-awareness, collegiality, professionalism, open-mindedness, clear communication, critical thinking, awareness of multicultural and diversity issues, and openness to feedback and new learning.

Candidates

Minority Candidates

Applications are particularly welcomed from minority candidates. Boston and Brockton are vibrant, multiracial, and multicultural cities. Taken as a whole, the patient population and professional staff of the training sites reflect this diversity. As part of the internship program's Core Curriculum, we invite supervisors and other professionals from the community and other training partners with recognized expertise in cultural and individual differences to address the internship class. This combination of diversity of population, plus the contributions of supervisory psychologists, other professional staff, and consultants provides interns the knowledge, skills, and sensitivities to continue developing the skills needed to practice psychology in a culturally competent manner with diverse clients and colleagues.

As a training program, we emphasize sensitivity to diversity and a commitment to attracting interns with diverse backgrounds. ***All things being equal***, consideration is given to applicants who identify themselves as veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status. For those applicants who identify themselves as reflective of an element of diversity, their files will be reviewed with an affirmative perspective, that is, applicants are given preference in ranking in comparison to *comparatively qualified applicants* who are not members of historically underrepresented groups.

Couples

We are happy to consider applications from couples. The APPIC computer match system is capable of accommodating couples who wish to intern in the same geographic area. There are over ten APA-accredited programs within commuting distance of our program including Mass General Hospital, The Children's Hospital, McLean Hospital, Cambridge Health Alliance, the Center for Multicultural Training in Psychology, and Mass Mental Health Center among others.

Respecialization Students

The internship welcomes applications from doctoral psychologists who are respecializing in Clinical or Counseling Psychology, that is, psychologists who hold doctoral degrees in areas other than Clinical or Counseling Psychology. Applicants for admission must meet APA requirements that state, in part, "all requirements of doctoral training in the new psychological specialty, being given due credit for relevant course work or requirements they have previously satisfied." The internship does not differentiate between these students and other applicants in selection, stipend, or training.

Admissions

Application Procedure

1. All applications to our internship program will take place through the ***APPIC Application for Psychology Internship (APPIC)*** Match process. Thus, all materials will be uploaded through the AAPI online portals, described in APPIC and National Matching Services materials.
2. Please visit the APPIC website at http://www.appic.org and click on the AAPI Online link. Completed internship applications and supporting materials are due in November each year; this year the due date will be close of business (COB) on **Monday, November 2, 2015.** **All application materials must be submitted through the AAPI Online portals and available for review by us on or before this date.** We encourage applicants to submit materials, before that date, but all complete applications submitted by the COB of November 1st will be reviewed. Incomplete applications will not be reviewed by our Selection Committee.
3. Please list ***no more than two (2) rotations*** under the "Programs" Section on your AAPI.

Our application and selection process have been developed to comply with the policies and procedures developed by APPIC including the policies governing the Match. It is our intention to be in full compliance with both the letter and the spirit of the APPIC policy. Thus, our internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Required Materials for Application

1. Completed ***AAPI Online*** application and ***Curriculum Vitae***.
2. ***Cover Letter*** - please indicate ***no more than two (2)*** rotations for which you would like to interview should a personal interview be offered. **Note:** We use this information solely for the purpose of directing your application materials efficiently to your rotations of highest interest. (See "Interviews" below.)
3. ***Transcripts*** of graduate work. [As described in AAPI Online materials, you should mail one official copy of all graduate transcripts to the AAPI Online application address.]

4. ***Verification of AAPI*** by your doctoral program (DCT) through the DCT Portal of the AAPI Online system.
5. ***Three (3) letters of recommendation*** from faculty members or practicum supervisors, who should be well acquainted with your clinical and research work. Candidates should feel free to submit an additional fourth letter. This is optional and not required by the internship. Recommendation letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

Application Deadline

***** NOVEMBER 2, 2015 *****

Interviews

Interviews are by invitation only.
We believe that the interview is critical in arriving at mutual decisions about selection. We prefer to give you the opportunity to meet us and tour our site in person. However, we realize that in some instances, the cost and distance of such in person meetings can be prohibitive. In order to afford everyone an equal opportunity to interview with our site, we also offer interviews via phone or possibly videoconference for candidates requiring this option. Candidates selected for interview will be contacted by email on or before Wednesday, ***November 26, 2014.***

We are interviewing on the following six dates:

- ✓ **Thursday December 10, 2015**
- ✓ **Monday December 14, 2015**
- ✓ **Friday December 18, 2015**
- ✓ **Wednesday January 6, 2016**
- ✓ **Wednesday January 13, 2016, and**
- ✓ **Tuesday January 19, 2016**

Upon notification of selection for interview, candidates will be provided with a link uniquely tied to your primary email address. This link will allow access to our online scheduling survey, hosted by SurveyMonkey®. Candidates will be asked to indicate their availability and preference for interview dates. The link will be active upon receipt of the invitation email. To the extent possible and within the constraints of staff schedules and available interview dates, the candidate's schedule requests will be accommodated. Prior to the candidate's interview day, a web-based survey allows the candidate to request interviews with other rotations (*i.e.,* in addition to inviting rotations, or potential 8-month rotation(s)).

In person interviews last the full business day (***7:30am – 4:00pm***). Telephone interviews are scheduled for the morning and early afternoon hours. During the interview day a photograph will be taken. Our faculty interviewers meet with a very large number of candidates and may have informal discussions outside of formal interviews on interview dates; thus, these photographs are helpful during the recruitment season. After the Match, these photographs are used to create an intern class photograph for faculty across sites, prior to the arrival of selected interns.

Stipend and Benefits

- The taxable stipend for internship positions is ***$26,208.00*** per annum for the training year. The stipend requires 2080 hours of training (*including* holiday and leave hours) over 52 contiguous weeks during the internship.
- One frequently asked question concerns health insurance. VA-paid interns are eligible for health insurance (for self, spouse, and legal dependents) and for life

insurance, just as are regular employees. (As a result of a Supreme Court's decision, legally married same-sex spouses are now eligible family members under a Self and Family enrollment. **Coverage is available to a legally married same-sex spouse of a Federal employee or annuitant, regardless of his or her state of residency.** This decision does ***not*** extend coverage to registered domestic partners or individuals in civil unions.) Interns also receive emergency medical treatment for work-related illness or injury at the training sites, as well as other health-related benefits (*e.g.,* flu shots.)

Interns earn 104 hours of paid discretionary time (vacation, etc.,) and 104 hours of paid sick leave.

- Interns receive ten paid federal holidays, and are given up to 40 hours of paid educational leave to attend conferences, major professional meetings and symposia.

Faculty Appointments

It is anticipated that interns will receive academic appointments in psychiatry at ***Boston University School of Medicine*** and at ***Harvard Medical School*** during the internship training year.

Administrative Matters

Contacting Us

The offices of Dr. Weisberg (Internship Director) and Dr. Lancey (Director of Admissions) are located at the VA Boston Healthcare System - Jamaica Plain Campus. Office hours are from 8:00am to 4:30pm Eastern Standard Time, Monday through Friday. You may contact us by using the following:

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http://www.boston.va.gov/psychologytraining.asp

Statement of Nondiscrimination

The VA Boston Internship in Clinical Psychology Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

APA Accreditation

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street NE
Washington, D.C. 20002-4242
Phone: 202-336-5979
E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Key Contacts

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Important Admissions Dates

~ November 2015 – January 2016 ~

Mon	Tues	Wed	Thurs	Fri
November 2	3	4	5	6
Applications Due				
9	10	11	12	13
		Veterans Day Observed		
16	17	18	19	20
23	24	25	26	27
		Interview Invitations Announced	Thanksgiving Day	
31	December 1	2	3	4
7	8	9	10	11
			Interview Day	
14	15	16	17	18
Interview Day				Interview Day

~ January 2016 ~

Mon	Tues	Wed	Thurs	Fri
				January 1
				New Year's Day
4	5	6	7	8
		Interview Day		
11	12	13	14	15
		Interview Day		
18	19	20	21	22
Martin Luther King's Birthday Observed	Interview Day			

2014 - 2015 Interns . . . Graduation Day!

Behavioral Medicine

ROTATION COORDINATOR: DEANNA MORI, PH.D.

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Locations: Jamaica Plain Campus
Number of Interns: 2

Overview

The primary objective of the Behavioral Medicine Program is to provide interns with broad exposure to different medical populations, a variety of evidence-based behavioral medicine interventions, and different interdisciplinary teams. Interns will develop an appreciation for the complex interrelationship between behavior and health, gain a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life, and learn to work effectively with professionals from other disciplines.

Interns with a primary focus in Behavioral Medicine (those who complete an eight-month rotation) will have the opportunity to obtain significant breadth and depth of training by taking part in many or most of the clinical activities offered by this program. The comprehensive training can also include opportunities to provide supervision to practicum students and participate in program development and research activities. Interns completing this rotation will achieve mastery in their ability to promote healthy behaviors, assist patients in adjusting to their medical condition(s) and treatment(s), and teach effective coping skills. The eight-month Behavioral Medicine rotation provides excellent preparation for those interns seeking a career in behavioral medicine. Interns with a secondary focus in Behavioral Medicine (those who complete a 4-month rotation) will also obtain significant experience with medical and health-related issues.

Health concerns are salient in all patient populations. Consequently, understanding the critical link between health-related behaviors and psychosocial issues will enable interns to conceptualize cases, implement interventions, and design research protocols using a multifaceted approach that incorporates these principles.

Training Objectives

The activities of the Behavioral Medicine interns are much the same as that of a staff psychologist. The training objectives include developing competency in:

- Conducting psychological assessments reports for different medical populations including evaluations for pre-surgical and pre-treatment candidates, chronic pain, sexual dysfunction, and intake and triage.

- Developing strong case conceptualization skills for a broad range of patients, including those with complex presentations, to inform treatment planning.
- Conducting individual, couples, and group psychotherapy with a wide range of populations including those with medical conditions and those seeking healthy lifestyle assistance. The intern will learn to develop and carry out evidence-based behavioral medicine treatment plans.
- Providing consultation and liaison to multidisciplinary treatment teams throughout the healthcare system and developing expertise and confidence in presenting cases at team meetings and collaborating with other disciplines.
- Demonstrating professional development and growth, including understanding and appreciating ethical, legal, and cultural issues related to both clinical and scientific activities, particularly as they relate to patients with chronic medical conditions (i.e., ethical issues related to compliance, appreciating the unique needs of patients with medical illness).
- Conducting various aspects of behavioral medicine research through involvement in an array of clinical research programs. Interns who are interested in more intensive training can become involved in ongoing research projects or initiate their own.

Clinical Experience

The Behavioral Medicine Program provides a broad range of services to medical populations throughout the VA Boston Healthcare System. In addition to participating in the specific groups and programs delineated below, interns also work with individual patients on a broad range of behavioral medicine issues. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment compliance, and enhancing overall quality of life. Much of the treatment provided on Behavioral Medicine is short-term, cognitive-behavioral, and problem-focused, although there is also the opportunity to do longer-term treatment. Following is an overview of clinical programs:

- **End Stage Renal Disease Program:** This program offers opportunities for interns to evaluate and provide follow-up treatment for patients on hemodialysis. The interns work closely with a multidisciplinary renal team to provide comprehensive services. On the dialysis unit, the interns become familiar with the range of problems this population confronts. The interns' primary role is to facilitate the patients' adjustment to dialysis and to consult with the multidisciplinary treatment team. Issues in this population include compliance to medical recommendations, needle phobias, anxiety reactions, death and dying, coping with chronic illness, quality of life, family issues, and affective disorders.
  SUPERVISOR: DEANNA MORI, PH.D.

- **Transplant Program:** Interns have the opportunity to evaluate patients who

are being considered for organ transplantation. The purpose of these evaluations is to determine the candidates' psychological readiness for transplantation, and the evaluation consists of a chart review, psychometric testing, and a structured interview. The types of transplantation that patients may be considered for include: kidney, liver, heart, lung, and bone marrow. Living donors are also evaluated in this program.

SUPERVISOR: DEANNA MORI, PH.D.

- **Psychology Pain Management Clinic:** This program provides Veterans who experience chronic pain with group and individual cognitive behavioral therapy for pain. Interns will be actively involved in conducting comprehensive pain assessments in an interdisciplinary pain clinic setting and providing short-term, individually-based cognitive-behavioral treatments for chronic pain management.

  SUPERVISORS: DIANA HIGGINS, PH.D. AND JOHN OTIS, PH.D.

- **Cognitive-Behavioral Pain Management Group:** Using a standardized, manual-based format, interns conduct a ten-week skills focused group for patients with chronic pain that has not been alleviated by medical or surgical means. Interns learn the skills of group facilitation in a cognitive-behavioral context, a greater appreciation of the psychological aspects of chronic pain, and proficiency in the provision of several pain management techniques.

  SUPERVISOR: STEPHEN R. LANCEY, PH.D.

- **Smoking Cessation Program:** Interns in this clinic gain experience working as part of a multidisciplinary team, co-leading smoking cessation groups with other psychology staff and with pharmacy staff. The clinic offers support, motivational interviewing, and cognitive-behavioral strategies for people at all stages of quitting. Interns learn a wide range of empirically supported intervention techniques for helping people quit smoking, overcome ambivalence about quitting, and maintain their quit status.

  SUPERVISOR: SARI CHAIT, PH.D.

- **MOVE! Weight Management Program:** The MOVE! Weight Management Program offers a 16-week group co-led by Behavioral Medicine and Nutrition providers. Group members receive education on healthy eating and lifestyle change and learn strategies that support weight loss and healthy living more generally. Groups are open to both male and female overweight and obese veterans. Interns in this program will gain experience working in an interdisciplinary setting and conducting cognitive-behavioral interventions to facilitate weight loss and health promotion.

  SUPERVISORS: SARI CHAIT, PH.D. AND SARAH BANKOFF, PH.D.

1. **Andrology Clinic:** The Andrology Clinic is an outpatient sexual dysfunction assessment and treatment program. The clinic provides comprehensive differential diagnostic workups and problem-focused sex therapy for veterans and their significant others.

Interns have the opportunity to learn and develop expertise in the following areas: differential diagnostic interviewing, assessment and treatment of sexual dysfunction, and understanding the role of psychological factors in sexual dysfunctions of various bio-medical etiologies.

SUPERVISOR: AMY K. SILBERBOGEN, PH.D.

- **Behavioral Sleep Medicine Program:** This program provides services for individuals who are struggling with insomnia and other sleep difficulties. Different treatment options are available, including a bi-weekly educational group that provides information about the causes of insomnia, good sleep habits, and how behavior, cognitions, and emotions affect sleep. More intensive treatment is available for patients who can benefit from more individualized care. Interns will learn how to conduct a focused sleep assessment interview, facilitate a sleep education group, and provide cognitive behavioral therapy for insomnia (CBT-I) through their work in this program.

  SUPERVISORS: DEANNA MORI, PH.D. AND SARAH BANKOFF, PH.D.

- **Cardiac Rehabilitation Program:** The Cardiac Rehabilitation Program provides services to patients who need physical, psychological, social, and nutritional rehabilitation due to disabilities resulting from MI, angina, coronary artery bypass graft, or congestive heart failure. The goal of this interdisciplinary program is to improve the patients' daily functioning through exercise, educational and behavioral interventions. Interns participate in two different cardiac rehabilitation groups. One is a structured, five week psychoeducational group that is conducted as part of an intensive interdisciplinary outpatient rehabilitation program. The other group is an ongoing support group where extensive patient education is offered through a multidisciplinary lecture series. This is a truly unique group in that it has been offered continuously for over 25 years. Through both group programs, interns apply cognitive behavioral intervention techniques to implement change and enhance lifestyle habits that include promoting physical activity, following a healthy diet, effectively managing stress, and reducing unhealthy behaviors.

  SUPERVISORS: STEPHEN R. LANCEY, PH.D. AND DEANNA MORI, PH.D.

- **Healthy Lifestyle Groups:** The Behavioral Medicine Program conducts three different groups that are designed to promote healthy lifestyles. These groups focus on adaptive coping and are particularly important for individuals with major medical issues. The following groups are conducted regularly:
  - **Stress Management Group:** A twelve-week group for individuals interested in stress management skills. Patients learn cognitive-behavioral stress management and relaxation techniques.
  - **Healthy Thinking Group:** A ten-week group for medical patients who also have symptoms of

depression. Patients learn cognitive-behavioral strategies to address their negative thoughts and learn ways to cope more effectively with their medical illness.

- **Medical Issues Group:** An ongoing group for individuals who are coping with the stress of having major medical issues. This is an educational / support group that focuses on helping people find adaptive ways to cope with their medical condition and treatments. A sampling of topics includes, "Learning to Communicate Effectively with Your Health Care Professional," "Coping with Difficult Medical Treatments," and "Dealing with Loss."

SUPERVISORS: STAFF

Instruction

Behavioral Medicine has a weekly team meeting where didactics are presented, clinical case presentations are made, and research and other current issues in behavioral medicine are discussed. In addition, there is a Behavioral Medicine Seminar Series that is offered to all interns throughout the consortium as a part of the weekly didactic series for interns. This is a 5-seminar series in which speakers address a range of relevant Behavioral Medicine issues. Topic areas that have been presented on in the past include: weight related disorders, pain disorders, sexual disorders, death and dying, CBT for insomnia, telehealth interventions, cardiac rehabilitation, AIDS, smoking cessation, etc.

Supervision

A staff psychologist serves as the primary advisor and training supervisor, with other supervisors being drawn from among staff psychologists and consultants to the program. As a result, interns are offered the opportunity to work closely with professionals in their particular areas of expertise. Interns receive both individual and group supervision where clinical, career development and research issues are addressed.

Research

Several of the programs in Behavioral Medicine are part of a clinical research protocol, and all interns will have exposure to working in programs that follow a scientist/ practitioner model. Currently and recently funded projects include: Tai Chi Mind-Body Exercise for Posttraumatic Stress Disorder in Military Populations, Evaluating a Telehealth Intervention for Veterans with Hepatitis C and PTSD, Telehealth Intervention to Promote Exercise for Diabetes, Promoting Physical Activity in Overweight and Obese Veterans, Improving Diabetic Treatment Adherence: A Telehealth Intervention, Moderators of Health Literacy in Diabetes Management, Improving Quality of Life for Veterans Undergoing Interferon Treatment, and Treatment of Posttraumatic Headache. In addition, there are several other ongoing research projects in various stages of development. Interns who are interested have the opportunity to work collaboratively with staff from these projects. There is also a biweekly research meeting in which various topics are covered, and trainees and staff present on ongoing research projects.

Recent publications from this rotation include:

Collins A.E., Niles, B. L., **Mori, D.L., & Silberbogen, A.K.** (2014). A Telephone-Based Intervention to Promote Diabetes Management in Veterans with Post Traumatic Stress Syndrome. *Professional Psychology: Research and Practice.*

Niles, B. L., Klunk-Gillis, J., Ryngala, D. J., **Silberbogen, A. K.,** Paysnick, A., & Wolf, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy, 4*, 538-547.

Niles, B. L., Vujanovic, A. A., **Silberbogen, A. K.,** Seligowski, A. V., & Potter, C. M. (2012). Changes in mindfulness following a mindfulness telehealth intervention. *Mindfulness*, *4*, 1-10. doi:10.1007/s12671-012-0130-5.

Otis, J. D., Sanderson, K., Hardway, C., Pincus, M., Tun, C., & Soumekh, S. (2012) A randomized controlled pilot study of a cognitive-behavioral therapy approach for painful diabetic peripheral neuropathy. *The Journal of Pain*, *14(5):475-82. doi: 10.1016/j.jpain.2012.12.013.*

Seligowski, A. V., Pless Kaiser, A., Niles, B. L., **Mori, D. L.,** King, L. A., & King, D. W. (2012). Sleep quality as a potential mediator between psychological distress and diabetes quality of life in veterans with type 2 diabetes. *Journal of Clinical Psychology*. Advance online publication. doi: 10.1002/jclp.21866.

Silberbogen, A. K., Ulloa, E., **Mori, D. L.,** & Brown, K. (2012). A telehealth intervention for veterans on antiviral treatment for the hepatitis C virus. *Psychological Services*, *9(2)*, 163-173.

Silberbogen, A. K., Busby, A., & Ulloa, E. (2014). Impact of Psychological Distress on Prostate Cancer Screening in U.S. Military Veterans. *American Journal of Men's Health, 8, 399-408*.

Johnson, E., **Niles, B.L., & Mori, D.L.** (in press). Targeted Recruitment of Adults with Type 2 Diabetes for a Physical Activity Intervention. *Diabetes Spectrum.*

Niles, B.L., Mori, D.L., Seligowski, A.V., & Schnurr, P.P. (2014). Health consequences of military service and combat. In S. J. Cozza, M. N. Goldenberg & R. J. Ursano Eds.), *Care of military service members, veterans, and their families*. American Psychiatric Publishing: Arlington, VA.

Danilack, V.A., Weston, N.A., Richardson, C.R., **Mori, D. L.,** & Moy, M. L. (2013). Reasons persons with COPD do not walk and relationship with daily step count. *Journal of Chronic Obstructive Pulmonary Disease. Advance online publication. doi: 10.3109/15412555.2013.841670*

Bankoff, S. M., & Sandberg, E. H. (2012). Older adults' memory for verbally presented medical information. *Educational Gerontology, 38*(8), 539-551.

Pantalone, D. W., Hessler, D. M., **Bankoff, S. M.**, & Shah, B. J. (2012). Psychosocial correlates of HIV-monoinfection and HIV/HCV-coinfection among men who have sex with men. *Journal of Behavioral Medicine, 35*(5), 520-528.

Bankoff, S. M., McCullough, M. B., & Pantalone, D. W. (2013). Patient-provider relationship predicts mental and physical health indicators for HIV-positive men who have sex with men. *Journal of Health Psychology, 18*(6), 762-772.

Higgins, D.M., Kerns, R.D., Brandt, C.A., Haskell, S.G., Bathulapalli, H., Gilliam, W., Goulet, J.L. Persistent pain and comorbidity among Operation Enduring Freedom/Operation Iraqi Freedom / Operation New Dawn veterans, *Pain Medicine,* 2014; 15(5):782-90.

Thompson, J.K., Roerhig, M., Ata, R., & **Chait, S**. (2012). Tanning: Natural and Artificial. In T.F. Cash (Ed.) *Encyclopedia of Body Image and Human Appearance*. San Diego: Elsevier

Bankoff, S. M., Valentine, S. E., Jackson, M. A., Schacht, R. L., & Pantalone, D. W. (2013). Compensatory weight control behavior of women in emerging adulthood: Associations between childhood abuse experiences and adult relationship avoidance. *Journal of American College Health, 61*(8), 468-475.

Jim H., Phillips K., **Chait S**., Faul L.A., Popa-McKiver M., Lee Y.H., Hussin M., Jacobsen P., Small B. (2012). A meta-analysis of cognitive functioning in adult cancer survivors previously treated with standard-dose chemotherapy. *Journal of Clinical Oncology, 30,* 1-12.

Chait, S., Thompson, J.K., & Jacobsen, P.B. (2015). Preliminary development and evaluation of an appearance-based dissonance induction intervention for reducing UV exposure. *Body Image, 12,* 68-72.

Heapy AA, **Higgins DM**, Cervone D, Wandner L, Kerns RD. (In Press). A systematic review of technology-assisted self-management interventions for chronic pain; *Clin J Pain*.

Burgess DJ, Nelson DB, Gravely AA, Bair MJ, Kerns RD, **Higgins DM**, Farmer M, Partin MR. (In Press). Association of pain outcomes with race and opioid treatment: A retrospective cohort study of Veterans; *JRRD*.

Higgins DM, Buta E, Dorflinger L, Masheb RM, Ruser CB, Goulet JL, Heapy AA. (In Press). Prevalence and correlates of painful conditions and multi-morbidity in a national sample of overweight/obese veterans; *JRRD*.

Scioli-Salter E, Forman DE, Otis JD, Tun C, Allsup K, **Higgins DM**, Tyzik A, Rasmusson AM. (In Press). Potential neurobiological benefits of exercise in chronic pain and post-traumatic stress disorder; *JRRD*.

Driscoll MA, **Higgins DM**, Seng EK, Goulet JL, Heapy AA, Kerns RD, Brandt CA, Haskell SG. (in press).Trauma, Social Support, Family Conflict and Chronic Pain in Recent Service Veterans: Does Gender Matter?; *Pain Med*.

Masheb RM, Lutes LD, Kim HM, Holleman RG, Goodrich DE, Janney CA, Kirsh S, **Higgins DM**, Richardson CR, Damschroder LA. (in press). Weight loss outcomes in patients with pain; *Obesity*.

AhnAllen, C. & Mori, D. (2015). Improving patient education: Effective ways to develop and deliver information about health-related behaviors. MedEdPORTAL Publications. Retrieved from: https://www.mededportal.org/publication/10106

Otis, J.D., Sanderson, K., Hardway, C., Pincus, M., Tun, C., Soumekh, S. (2013). A Randomized Controlled Pilot Study of a Cognitive Behavioral Therapy Approach for Painful Diabetic Peripheral Neuropathy. *Journal of Pain, 14(5), 475-482.*

Center for Returning Veterans

ROTATION COORDINATOR: SCOTT LITWACK, PH.D.

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Location: Jamaica Plain Campus
Number of Interns: 1

Overview

Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) are a rapidly growing segment of the VA population. The number undoubtedly will continue to grow as veterans from this era continue to present for care for the first time. The mental health needs of a large, recently returned veteran population are significantly different from that of other era veterans. Critical components include developmental considerations related to treating younger veterans, the complexity of providing treatment in the context of ongoing war, the challenges of providing treatment to veterans who may experience redeployment or have ongoing military commitments, as well as the challenges of increasing motivation among a subgroup of Veterans who often demonstrate greater levels of significant ambivalence related to seeking and engaging in mental health care.

The core of the intern's clinical training will involve the provision of mental health services within the Center for Returning Veterans (CRV) at the Jamaica Plain campus. The CRV is a mental health clinic established at VA Boston in 2005 to respond to the unique mental health needs of returning OEF/OIF combat veterans. This mission is accomplished through assessment, the provision of individual, group, and psychopharmacological services, and referral to specialty mental health services. The intern's training will therefore focus on developing expertise in responding to a full range of returning veterans' post-deployment concerns.

To provide additional breadth of training experiences, the intern will also participate in adjunctive clinical work in the PTSD clinic at the Jamaica Plain campus. This work within the PTSD clinic provides interns with opportunities to foster competence in addressing the long-term sequelae of trauma.

Clinical Experience

The CRV intern will receive extensive training in the assessment and treatment of returning veterans experiencing a broad range of deployment-related difficulties. Interns will receive training in individual and group therapy. The presenting problems of the CRV patient population are

highly varied and include, but are not limited to, adjustment disorders, posttraumatic stress disorder (PTSD), anxiety disorders such as panic disorder and social anxiety disorder, depression, and substance use disorders, as well as interpersonal, anger, and cognitive difficulties. The core clinical training provided in this rotation places special emphasis on treatment of adjustment disorders, PTSD (both full criteria and sub-clinical), and depressive disorders, as these are the most prevalent diagnoses treated in the CRV.

A central aspect of clinical work in the CRV is to engage in early intervention with the goal of preventing disorders from shifting into a chronic course. Whenever possible, clinical interventions are provided when symptoms are at a lower intensity level, without many of the more intense psychosocial sequelae that may occur in later stages of disorder course (e.g., loss of relationships, long-term substance abuse). The aim of treatment is to help those who have recently returned home on a positive trajectory for readjustment. An additional central aspect of this rotation is working with a unique VA population with regard to development, as the majority of patients seen within CRV are in young adulthood. Furthermore, these individuals have often experienced transitioning into adulthood in the context of military service and war. Clinical work within CRV, regardless of diagnosis, therefore often includes facilitating the development of a sense of identity, purpose, and meaning as the veteran transitions to life after deployment. Although the large majority of veterans seen in the CRV clinic are male, female Veterans are also seen in this clinic and interns regularly have opportunities to engage in assessment and treatment of female veterans. Patients vary considerably with regard to age, race, and current military status. Therefore, the intern will develop an expertise in working with recently returned veterans, while learning generalist assessment and treatment skills to address the wide range of presenting clinical concerns in this population.

The CRV patient population is diverse; therefore, the specific therapeutic methods taught and utilized within CRV are equally varied, focusing on a wide range of presenting complaints and incorporating multiple theoretical orientations while remaining thoroughly grounded in evidence based practice. Training will emphasize the integration of empirically supported treatments with empirically supported relationships (Norcross, 2002) and take into account characteristics of the returning veteran clinical population and identified barriers to care (e.g., stigma). Interventions utilized include psychoeducation, motivational interviewing, behavioral activation, cognitive therapy, interpersonal therapy, acceptance and commitment therapy, as well as trauma-focused therapy (Cognitive Processing Therapy and Prolonged Exposure). Additionally, clinical activities will incorporate skills training, Dialectical Behavior Therapy, and Seeking Safety approaches, as indicated. Adjunctive therapy experiences in the PTSD clinic are consistent with the approaches described above. Individual therapy cases within the PTSD clinic emphasize flexibly providing empirically-based treatments to address the various needs of veterans diagnosed with PTSD. Group therapy experiences involve the provision of psychoeducation and empirically-based interventions to a broad population of veterans diagnosed with PTSD.

Training overall will focus on developing skills related to flexibly applying empirically supported treatments taking into account patient preferences, diversity issues, as well as clinician expertise. Clinical work will also emphasize the development and maintenance of the therapeutic relationship as well as non-specific therapeutic factors that are critical to treatment engagement with returning service members. Finally, assessment training activities will incorporate diagnostic evaluation and history-taking, administration and interpretation of empirically-tested psychometric instruments (e.g., PCL, PHQ-9), as well as opportunities for more extensive structured clinical interviewing as clinically indicated (e.g., SCID, CAPS). These assessment procedures are conducted in the context of identifying and facilitating the most appropriate treatment plan and referral.

Clinical training activities will include: 1) weekly intake assessments focused on psychosocial and diagnostic assessment; 2) individual therapy, including predominantly CRV referrals as well as a small number of non-returning veteran referrals from the PTSD clinic; and 3) group therapy, including opportunities to co-lead skills-based and support groups within the CRV and PTSD clinics.

Interdisciplinary Interactions

The CRV hosts a weekly interdisciplinary team meeting attended by psychologists, psychiatrists, social workers, and a broad range of trainees (e.g., clinical and clinical research post-doctoral fellows, psychology interns, practicum students, psychiatry residents). These team meetings involve interactions around clinical administration issues, as well as clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination. The intern is a vital member of this team and would have the opportunity to both receive and provide feedback to other team members. In addition, the CRV holds a monthly interdisciplinary case conference to allow for a more in depth discussion of specific cases. Trainees as well as staff present cases during this case conference. In addition to these formalized opportunities, the intern will be encouraged to engage in frequent interactions with other providers related to the veterans they serve. These interdisciplinary interactions are likely to occur with primary care physicians, social workers and nurse case managers within the OEF/OIF/OND outreach and case management program, and other mental health providers. Interactions with the OEF/OIF/OND Case Management Program are particularly frequent and relevant to the work of the CRV, as our programs are co-located, and a primary method for referral is “warm hand-off” of veterans from enrollment visits to CRV mental health staff to increase the likelihood of patient engagement.

Supervision

The CRV intern will be assigned to two individual psychotherapy supervisors (one hour per week each), with one supervisor designated as primary and serving as the point person for the trainee for any internship or clinic concerns experienced while on the rotation. The primary supervisors within the CRV are Dr. Erin Scott Daly, Dr. Kevin Brailey, Dr. Scott Litwack, and Dr. Jill Panuzio Scott. In addition,

the intern will participate in weekly small group supervision (2-3 trainees) focused on intake/diagnostic assessment. Finally, interns will receive weekly supervision for each of their group therapy experiences. This supervision will be provided by staff in the CRV and PTSD clinic depending on the clinic location of the group.

Training in Supervision

The Center for Returning Veterans rotation also offers training in the delivery of clinical supervision. This typically involves interns supervising graduate-level students (*i.e.,* psychology practicum students) on one to two cases during the eight-month rotation. Interns will receive supervision of these supervisory experiences during individual supervision meetings with one of the CRV staff psychologists.

Selection Criteria

Applicants who would be the best fit with this rotation have broad experience with psychological treatment of adults for a variety of disorders, particularly PTSD, mood, and anxiety disorders, and have a specific interest in working with returning veterans.

Scholarly Inquiry

The level of intern involvement in scholarly inquiry activities during the rotation will vary based on interest level, available resources, and training needs. Interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities, or independently propose and conduct a study under staff supervision. Engagement in scholarly inquiry will be facilitated by the intern's primary supervisor and may take place either within or outside the CRV.

- **Research:** CRV staff work closely with psychology interns to identify the best mentor/trainee match to facilitate the intern's research training goals. In many cases, interns have chosen to pursue research mentorship with full-time clinical researchers within the National Center for PTSD (i.e., Behavioral Sciences Division and/or Women's Health Sciences Division). These opportunities are many and varied, and include several projects focused on returning combat veterans (please see the National Center for PTSD rotation descriptions for further details).

  Additionally, Dr. Brailey is available to facilitate trainee participation in data analyses conducted within the Neurocognition Deployment Heath Study (NDHS). The NDHS is a longitudinal study examining the effects of OIF deployment on psychosocial and neurocognitive outcomes. A unique aspect of this study is the existence within the cohort of prospective, pre-deployment outcome data. He can facilitate trainee interactions with NDHS staff to identify potential research questions that might be examined within the broader NDHS database.
- **Program Evaluation:** The Center for Returning Veterans performs program evaluation by assessing patients prior to treatment using psychometrically-validated self-report assessments. The

primary purpose of this information is to better understand the CRV patient population, monitor effectiveness of current interventions, and identify areas for further development of programming. As an integral CRV team member, the intern will be involved in the collection of program evaluation data. Additionally, based on intern interest, the trainee will have the opportunity to collaborate with staff psychologists in analyzing program evaluation data to provide consultation to the treatment team with regards to outcome data and patient feedback, as well as suggest changes to the clinic or programming, if applicable. Trainees will also have the opportunity to work with staff psychologists to suggest changes to current methods and measures of program evaluation within the CRV. Exposure to program evaluation within CRV will facilitate the development of skills in using effectiveness data to inform clinical practice as well as program adaptation.

Research

Recent Publications from CRV Staff:

Scott, J. P., DiLillo, D., Maldonado, R. C., & Watkins, L. W. (in press). Negative urgency and emotion regulation strategy use: Associations with displaced aggression. *Aggressive Behavior*.

Taft, C. T., Weatherill, R., **Scott, J. P.**, Thomas, S., & Eckhardt, C. I. (in press). Social information processing in anger expression and partner violence in returning veterans. *Journal of Traumatic Stress*.

Lamotte, A., Taft, C. T., Weatherill, R., **Scott, J. P**., & Eckhardt, C. I. (2015). Correlates of intimate partner violence perpetrated by female partners of Operation Iraqi Freedom and Operation Enduring Freedom veterans. *Partner Abuse, 6,* 143-156.

Wahlstrom, L. C., **Scott, J. P.**, Tuliao, A. P., DiLillo, D., & McChargue, D. E. (2015). Posttraumatic stress disorder symptoms, emotion dysregulation, and aggressive behavior among incarcerated methamphetamine users. *Journal of Dual Diagnosis*, 11, 118-127.

Clapp, J. D., Baker, A. S., **Litwack, S. D.,** Sloan, D. M., & Beck, J. G. (2014). Properties of the driving behavior survey among individuals with motor vehicle accident-related posttraumatic stress disorder. *Journal of Anxiety Disorders, 28,* 1-7.

Han, S. C., Castro, F., Lee, L O., Charney, M. E., Marx, B. P., **Brailey, K.**, Proctor, S. P., & Vasterling, J. J. (2014). Military unit support, postdeployment social support, and PTSD symptoms among Active Duty and National Guard soldiers deployed to Iraq. *Journal of Anxiety Disorders, 28*, 446-453.

Lamotte, A., Taft, C. T., Weatherill, R., **Scott, J. P.**, & Eckhardt, C. I. (2014). Examining intimate partner aggression assessment among returning veterans and their partners. *Psychological Assessment, 26,* 8-15.

Litwack, S. D., Jackson, C. E., Chen, M., Sloan, D. M., Hatgis, C., Litz, B. T., Marx, B. P. (2014). Validation of the use of video teleconferencing technology in the assessment of PTSD. *Psychological Services*, *11*, 290-294.

Meyer, E. C., Zimering, R., **Daly, E.,** Knight, J., Kamholz, B. W., & Gulliver, S. B. (2012). Predictors of posttraumatic stress disorder and other psychological

symptoms in trauma-exposed firefighters. *Psychological Services, 9,* 1-15.

Vasterling, J. J., **Brailey, K**., Proctor, S. P., Kane, R., Heeren, T., & Franz, M. (2012). Effects of mild traumatic brain injury, PTSD, and depression on neuro-psychological performance and functional health in Iraq-deployed soldiers. *British Journal of Psychiatry, 201,* 186-192.

Vasterling, J. J., **Daly, E. S.,** & Friedman, M. J. (2011). Posttraumatic stress reactions over time: The battlefield, homecoming, and long-term course. In J. Ruzek, P. Schnurr, J. J. Vasterling & M. Friedman (Eds.), *Caring for Veterans With Deployment-Related Stress Disorders* (pp. 35-55). Washington: American Psychological Association.

Marx, B. P., **Brailey, K**., Proctor, S. P., MacDonald, H. Z., Graefe, A. C., Amoroso, P., Heeren, T., & Vasterling, J. J. (2009). Association of time since deployment, combat intensity and posttraumatic stress symptoms with neuropsychological outcomes following Iraq war deployment. *Archives of General Psychiatry, 66,* 996-1004.

Dual Diagnosis

ROTATION COORDINATOR: JULIE KLUNK-GILLIS, PH.D.

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Location: Brockton Campus
Number of Interns: 1

Overview

The Dual Diagnosis Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) rotation was developed to address this important comorbidity (PTSD-SUD) in the veteran population, and to provide the highest quality of training for treating these co-occurring disorders. Historically, the treatment of PTSD and SUD has been separated; in fact, patients frequently were denied treatment for one problem if the other was present. Clinically, the PTSD and SUD clinics are increasingly integrating their treatment whenever possible, which is often more acceptable to and useful for veterans. At times, veterans will receive treatment in more than one clinic (e.g. both the outpatient PTSD and SUD clinics), with clinicians working together to develop appropriate treatment plans. Or, a veteran may receive integrated PTSD-SUD treatment within one clinic (e.g. either the outpatient PTSD clinic or the SUD clinic), particularly when they have more moderate SUD. While the majority of the intern's caseload will be dually-diagnosed, there also will be opportunities to assess and/or treat patients with one primary diagnosis. Interns gain exposure to veterans across eras from our younger population who served in Iraq and Afghanistan to those who served in Vietnam and Korea. Involvement with multiple levels of care provides the intern with opportunities to work with patients in different stages of recovery and with differing levels of symptom severity.

The primary placement will be in the Brockton PTSD Clinic (about 55% of their clinical time) with the remaining time spent in the Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT). There are options for interns to receive training in areas that are of particular interest to them (i.e., motivational interviewing, Acceptance and Commitment Therapy, 12-step approaches, contingency management, mindfulness, and trauma processing treatments). Supervision will continually explore what treatments are the most appropriate to address symptoms of PTSD and problematic substance use. Considering the many opportunities available in this rotation, supervisors will help the intern develop a training plan that ensures a manageable and diverse caseload allowing for both depth and breadth of experiences. The intern will also receive guidance on professional development and balancing training goals with self-care.

The clinics within this rotation are optimal for dual diagnosis work, since the outpatient clinics for PTSD, Substance Abuse, and the Center for Returning Veterans are all conveniently located on the same floor. Residential dual diagnosis treatment programs are also located on the campus, in different buildings (e.g., CIRCA, WITRP). All clinics have high volume and diverse referrals. Care will be taken to ensure that the intern receives a varied caseload including veterans from all eras, with all types of trauma and substance abuse histories, both male and female, with diverse backgrounds. Although outpatient care is the primary focus of training, the intern will have the opportunity to interact with patients across the continuum of care, through consultation with patients and staff in residential and inpatient units, through treatment of long-term cases as they move through different levels of care, and through treatment experiences in I-ADAPT. Interdisciplinary opportunities for collaboration are widely available. Interns often communicate with others in various VA and community programs (e.g. other outpatient clinics, psychiatric inpatient staff, Suicide Prevention Coordinators, local Vet Center staff) in order to facilitate referrals for individuals entering the PTSD and SUD clinics through the intake process. Interns participate on a weekly basis in PTSD and SUD team meetings that include professionals from other disciplines such as psychiatry staff, social work staff, and trainees from all disciplines. Additionally, interns participate in a monthly SUD-PTSD clinical forum and Addictions Journal Club.

Clinical Experience

The dual-diagnosis intern works primarily in an office in the main outpatient mental health building in Brockton, fluidly transitioning on a daily basis between clinical activities within the Brockton PTSD Clinic and Brockton Intensive Alcohol and Drug Addiction Program of Treatment.

- **Brockton PTSD Clinic (PCT):** 55% of time. The Brockton PCT provides comprehensive outpatient services to almost 1200 veterans per year with PTSD and comorbid diagnoses, and averages 25 new consults per month, about 50% of which are returning veterans. There is a high rate of comorbid SUDs, mood disorders, and other anxiety disorders. The clinic shares staff with the Center for Returning Veterans (CRV); roughly 50% of CRV referrals are diagnosed with PTSD, and interns may also carry cases from the CRV.
  - ***Assessment***: Interns will receive training in weekly intake assessments along with more comprehensive assessments for particularly complex cases. Assessment training will include diagnostic interview methods (including informal and formal, such as the CAPS and the SCID when indicated).
  - ***Treatment***: The focus of this experience will be on the provision of empirically based treatments for this dually diagnosed population. The PTSD Clinic provides comprehensive programming within a stage model of treatment that

includes (1) stabilization and psychoeducation, (2) focused trauma work, and (3) relationship building and recovery maintenance. There are ample opportunities to provide short-term focused treatments to veterans of all eras. The intern will have the opportunity to receive training and supervision in state of the art treatments for PTSD, SUD, and co-occurring disorders, including Cognitive Processing Therapy, Prolonged Exposure, Relapse Prevention, Acceptance and Commitment Therapy, and Dialectical Behavioral Therapy. There are many therapy groups running in the clinic at a given time, ranging from modular PTSD Skills and psychoeducation, relaxation/stress management, Seeking Safety, Dialectical Behavior Therapy Skills, and support. The eight-month intern will also have the opportunity to provide more intensive, longer-term treatment for some veterans.

SUPERVISORS: JULIE KLUNK-GILLIS, PH.D. AND JULIE WEISMOORE, PH.D.

- ***Brockton Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT):*** 45% of time. I-ADAPT is a part of the Outpatient Alcohol and Drug Treatment Program (ADTP). It is an intensive outpatient program that provides an intermediate level of care between residential and standard outpatient addictions treatment. The program is administered by a psychologist Dr. Cook and staffed by Richard Lapierre, LICSW and Dr. Weismoore. Interns may co-lead groups with Dr. Cook, Mr. Lapierre, Dr. Weismoore, or the Psychology Postdoctoral Dual Diagnosis Fellow. New patients are admitted weekly on a rolling basis, and up to eight veterans are enrolled concurrently. I-ADAPT patients attend group therapy each Monday, Wednesday, and Friday for approximately six weeks. I-ADAPT is a comprehensive treatment program that utilizes evidence based psychotherapies to address multiple domains of functioning impacted by addiction. It is based on CBT and integrates Twelve-Step Facilitation, Contingency Management and Acceptance and Commitment Therapy approaches. Rates of trauma within our substance abuse treatment programs are very high. Approximately 75% of patients in I-ADAPT are diagnosed with PTSD.

  Interns will have the opportunity to be trained in multiple aspects of clinical care in an intensive treatment setting, with particular attention to the co-occurring diagnoses patients carry, and how these are addressed within an addictions treatment program. They will be supervised on comprehensive assessments for patients referred to the outpatient ADTP clinic and I-ADAPT, and will have the opportunity to co/lead a variety of groups such as Relapse Prevention, Emotion Regulation, and Acceptance and Commitment Therapy. They will also participate in aftercare planning for I-ADAPT members, serving as a liaison with the PTSD clinic. Joint supervision may occur with the ADTP

psychology intern or the Dual Diagnosis postdoctoral fellow.

SUPERVISOR: TRAVIS COOK, PH.D.

Instruction

Throughout the rotation, the intern will attend PTSD and I-ADAPT or ADTP interdisciplinary clinical meetings; trainees of all disciplines participate as integral members of these teams. The intern will be expected to present several cases across teams, and will have the opportunity to participate in team meetings when psychiatry residents present cases. As they conduct screening assessments for the clinic, the intern will learn how to consult with referral sources from a variety of disciplines such as inpatient psychiatry and outpatient social work.

The intern will participate in a seminar designed to foster both staff and trainee professional development across the PTSD and SUD diagnoses. The monthly Brockton SUD-PTSD Clinical Forum is open to all psychology interns on Brockton rotations, as well as multidisciplinary staff from substance abuse and PTSD clinics in Brockton. This forum is co-facilitated by Dr. Weismoore. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUDs. The forum includes the opportunity for informal case presentation as well as discussions related to clinician self-care, relevant research articles, and other topics initiated by the interdisciplinary staff and trainees who attend.

At the beginning of the rotation, the intern will participate in several training activities. The intern will attend 1-2 seminars specific to assessment and treatment of dual-diagnosis PTSD and SUD; these will be attended in conjunction with the ADTP psychology intern(s). The intern will also participate in selected joint trainings with National Center for PTSD interns, including trainings in PTSD assessment and treatment, PTSD-SUD research and clinical issues, and a seminar on exposure therapy. More individualized training will be provided by supervisors in the specific clinics. Interns will also participate in a two-day training in Cognitive Processing Therapy.

Supervision

All supervisors are well versed in the treatment of dual (and multiple) diagnosis veterans, and have experience sharing veterans' care and working across clinics, which will serve as models for the interns' experience. Primary supervisors include Julie Klunk Gillis, Ph.D., Julie Weismoore, Ph.D., and Travis Cook, Ph.D. Additional supervision may be provided by Karen Krinsley, Ph.D., Jillian Scott, Ph.D., and Erin Daly, Ph.D.

Drs. Klunk-Gillis and Cook will supervise one intake/week from their respective clinics during the intern's one hour/week individual supervision, and group supervision on assessment will also be provided. Dr. Weismoore will also provide one hour/week of individual supervision focused on treatment and consultation issues. Interns will co-lead a therapy group with at least two of their supervisors. Additional supervision (half hour per session) may be provided by the leader of a group the intern co-leads, if that psychologist is not one of the primary supervisors. Interns also will participate in

one hour of weekly group consultation in Cognitive Processing Therapy.

Research

Interns have the opportunity to participate in four hours/week of research or program evaluation and development. Primary supervisors will work with the interns early in the year to design a program that best fits their needs.

Dr. Cook facilitates the Addictions Journal Club, a monthly meeting to review and discuss recent empirical research and theoretical literature in the field of addiction. The goals of the Addictions Journal Club are: 1) to promote the scientist-practitioner model of clinical practice by examining emerging empirical and theoretical literature in the field of addiction services; 2) to develop clinical research competency through critical discussion of the reviewed research; 3) to understand the results of the reviewed research as they relate to clinical practice; and 4) to provide clinicians with useful information that can inform case conceptualization. The Addictions Journal Club uses rotating facilitators including permanent VA staff as well as trainees at the postdoctoral and internship level who volunteer to lead discussions.

Dr. Cook's research focuses on the process of relapse to alcohol use following treatment by exploring the interplay of emotion regulation and information processing. He is Principal Investigator of a R01 grant from NIAAA entitled "Negative Affect, Urges and Distress Tolerance, Effects on Cognition in Alcohol Use Disorders". This laboratory study is conducted in Providence, Rhode Island and primary activities available to interns include data analysis, manuscript preparation and collaboration on future projects. Specific activities connected with these projects can vary, depending on a trainee's interest and goals, as well as the status of the project at the time the trainee is available.

Through Dr. Krinsley's appointment with the National Center for PTSD, she is able to coordinate research experience with National Center staff members based in JP (in this case, interns may need to travel to JP at times).

Dr. Enggasser is the Section Chief for Substance Abuse Treatment Programs at VA Boston, and is available as a research mentor for fellows interested in SUD related research. Dr. Enggasser is involved in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Research opportunities with Dr. Enggasser could involve one of two current clinical trials evaluating 1) efficacy of an automated Web-based self-help intervention for returning veterans with problem drinking and trauma symptoms, and 2) efficacy of treatment for SUD/PTSD delivered via video teleconferencing.

Alternatively, interns may design and conduct program evaluation of ongoing services. Both the PCT and substance abuse clinics are beginning to gather client satisfaction data and track consults and other information about clinic flow, in order to guide program development efforts. Information about depression, alcohol use, and PTSD symptoms is collected at intake in both the PCT and I-ADAPT clinics. As the clinics continue program development and move toward more in-depth program evaluation, the intern would have

the unique opportunity to shape the collection of data, as well as the methods and measures utilized toward this end. In addition, the PCTs across the Brockton and Jamaica Plain sites run Seeking Safety groups, one of the most prominent integrated treatments for PTSD-SUDs, and both have begun an innovative joint program evaluation project to measure treatment outcomes. The intern may help design and select evidence-based outcome measures and aid in data collection and analysis. Interns will also have the option of learning more about PTSD clinic administration through work with Dr. Krinsley.

Sample Publications from this rotation include:

Keane, T. M., Rubin, A., Lachowicz, M., Brief, D.J., **Enggasser, J.**, Roy, M., Hermos, J., Helmuth, E., & Rosenbloom, D. (2014). Temporal Stability of DSM-5 Posttraumatic Stress Disorder Criteria in a Problem Drinking Sample. *Psychological Assessment.*

Martin, R. A., MacKinnon, S. M., Johnson, E. J., Myers, M. G., **Cook, T.A.R**., Rohsenow, D. J. (2011). The alcohol relapse situation appraisal questionnaire: Development and validation. *Drug and Alcohol Dependence, 116, 45-51.*

Brief, D., Rubin, A., **Enggasser, J.**, Roy, M. and Keane, T. (2011). Web-based intervention for returning veterans with symptoms of posttraumatic stress disorder and risky alcohol use. *Journal of Contemporary Psychotherapy, 41, 237-246.*

Brief, D.J., Rubin, A., Keane, T.M., **Enggasser, J.L.,** Roy, M., Helmuth, E., Hermos, J., Lachowicz, M., Rybin, D., Rosenbloom, D. (2013). Web Intervention for OEF/OIF Veterans with Problem Drinking and PTSD Symptoms: A Randomized Clinical Trial. *Journal of Consulting and Clinical Psychology, 81, 890-900.* Kramer, J., Rubin, A., Coster, W., Helmuth, E., Hermos, J., Rosenbloom, D., Moed, R., Dooley, M., Kao, YC., Liljenquist, K., Brief, D., **Enggasser, J.**, Keane, T., Roy, M., Lachowicz, M. (2013). Strategies to Address the Challenges of Participant Misrepresentation in Web-Based Research. *International Journal of Methods in Psychiatric Research*.

Young, M.A., Hutman, P, **Enggasser, J.L.**, Meesters, Y. (in press). Assessing Usual Seasonal Depression Symptoms: The Seasonality Assessment Form. *Journal of Psychopathology and Behavioral Assessment.*

Castro, F., AhnAllen, C. G., Stirman, S.W., Lester, K. M., **Klunk-Gillis, J**., Dick, A., Resick, P. A. (2015). African American and European American Perspectives on Mental Health Care: Implications for Evidence Based Practice. Psychological Services, 2, 1541-1559.

Ellis, B. H., MacDonald, H. Z., **Klunk-Gillis, J.,** Lincoln, A., Strunin, L. and Cabral, H. J. (2010). Discrimination and Mental Health Among Somali Refugee Adolescents: The Role of Acculturation and Gender. *American Journal of Orthopsychiatry, 80: 564–575.*

Niles, B. L., **Klunk-Gillis, J.,** Ryngala, D. J., Silberbogen, A. K., Paysnick, A., & Wolf, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma: Theory, Research, Practice, and Policy, 4, 538-547.*

Miller, A. B., Esposito-Smythers, C., **Weismoore, J. T.**, & Renshaw, K. D. (2013). The relation between child maltreatment and adolescent suicidal behavior: A systematic review and critical examination of the literature. *Clinical Child and Family Psychology Review*, 1–27.

Keen, S., Kutter, C., Niles, B.L., & **Krinsley, K.E.** (2008). Psychometric Properties of the PTSD Checklist in a Sample of Male Veterans. *Journal of Rehabilitation Research and Development, 45*, 465-474.

Weismoore, J.T. & Esposito-Smythers, C. (2010). The role of cognitive distortion in the relationship between abuse, assault, and non-suicidal self-injury. *Journal of Youth and Adolescence, 39,* 281-29

General Mental Health

ROTATION COORDINATOR: JUSTIN HILL, PH.D.

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Locations: Jamaica Plain Campus - 4 days
Brockton Campus - 1 day

Number of Interns: 2

Overview

The General Mental Health rotation provides opportunities for interns to obtain clinical training in multiple outpatient mental health programs affiliated with the General Mental Health Program at VA Boston. These include the General Mental Health Clinic (GMHC), Mood and Anxiety Disorders Clinic (MADC), Primary Care Behavioral Health Clinic (PCBH), and Urgent Care Clinic (UCC). These clinics offer a broad array of services to veterans with mental health difficulties throughout VA Boston Healthcare System and provide interns with ample opportunity to work with a wide range of patients. Interns are also encouraged to participate in any of the multiple ongoing, federally-funded research studies as part of their scholarly inquiry (research) activities. The General Mental Health rotation will accept two interns for the 2015 - 2016 training year. Interns will receive training at both the Jamaica Plain (JP) and Brockton (BR) GMHC sites.

The GMHC provides evidence-based evaluation, differential diagnosis, psychotherapy, and psychopharmacology as well as treatment referrals to mental health specialty clinics. The GMH Clinics at Jamaica Plain and Brockton serve an extremely diverse population as you would expect to find in a large, very active, multidimensional program. Our veterans are men and women, ranging in age from 20 to 90. They are diverse in terms of race and ethnicity – primarily Caucasian followed by African-American/Black, Hispanic or Latino, multiracial, Asian-American, and Native American. Diversity in sexual orientation, religion, family structure, among many others, is seen. Diagnostically, they present with a wide range of mental health problems, from those with simple bereavement and/or adjustment issues to severely-impaired, multiply-diagnosed individuals who are unlikely to be appropriate for a specific mental health specialty clinic. In a following section, we describe the GMHC and its association with several specialty clinics, including the MADC, PCBH, and UCC. This provides interns with an ideal balance of general and specialty training.

Training Objectives

The activities of the GMH interns are similar to those of a staff

psychologist in the GMHC. The training objectives include developing competency in:

- Conducting in-depth psychological assessments and related reports, with a focus on diagnosis and case disposition. Further, over the course of the rotation, interns are trained in thorough risk assessment evaluation.
- Developing strong case conceptualization skills for a broad range of patients with a variety of complex presentations, to inform treatment planning.
- Displaying increased mastery in the delivery of individual, couples, and group psychotherapy within a variety of clinical settings. The interns will develop and implement treatment plans for mood, anxiety and other broad ranging disorders.
- Effectively engaging in multidisciplinary treatment teams. The GMHC houses a large multidisciplinary staff composed of psychiatrists, social workers, clinical nurse specialists, suicide prevention coordinators, case managers, and psychologists. Training in the GMHC is interdisciplinary and multi-level, and includes psychology interns and post-doctoral fellows, social work interns, and psychiatry residents. The exposure to diverse staff with a variety of theoretical approaches and supervisory styles, is designed to assist interns in developing their own, unique professional identity and perspective informed by scientific data. Trainees will further develop the expertise and confidence in clinical case presentation within an interdisciplinary setting such as weekly team meetings and the bi-monthly case conceptualization meetings.
- Demonstrating professional growth in areas of ethical, legal, and cultural issues related to both clinical and scientific activities.
- Interns will engage in research activities through the GMHC (primarily program development projects) or through collaboration with researchers throughout the broader Boston VA system.
- Interns may also have the opportunity to develop supervisory skills by engaging in supervision of externs (when available) or other trainees and receiving supervision of supervision.

Clinical Experience

The General Mental Health rotation includes four mental health clinics described below. Some additional options may be available as programs evolve. Assignments include involvement in at least three of the four following programs:

- **General Mental Health Clinic:** The GMHC serves several functions in the VA Boston Healthcare System, including evaluation and treatment of general mental health difficulties, and referral for treatment in specialty clinics. A primary focus of the GMHC is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health issues that

are not best treated in a specialty clinic). The GMHC also houses the **Mood and Anxiety Disorders Clinic** (MADC). The MADC provides evidence-based, state-of-the-art evaluation, psychotherapy (individual and group), and psycho-pharmacology for mood and anxiety disorders. Treatment in both the GMHC and MADC is geared toward reducing psychiatric symptoms and patient distress, strengthening skills and coping resources, and improving psychosocial functioning and quality of life. A variety of theoretical approaches to treatment are utilized, including cognitive-behavioral, behavioral, acceptance-based, interpersonal, psychodynamic, and systems. Cognitive-behavioral, behavioral, acceptance-based, and other empirically-supported interventions are particularly emphasized in the MADC. Psychometrically-validated pre- and post-treatment assessment instruments are also used to evaluate treatment outcome.

SUPERVISORS – JAMAICA PLAIN: JUSTIN HILL, PH.D., STEPHEN LANCEY, PH.D., AND AMY LAWRENCE, PH.D.
SUPERVISORS – BROCKTON: SHIMRIT BLACK, PH.D., AND SHANNON MCNEILL, PH.D.

- **Primary Care Behavioral Health:** The Primary Care Behavioral Health program is part of a nation-wide effort to create a seamless integration of Primary Care and Mental Health services. PCBH offers co-located, immediate, collaborative care within the Primary Care setting. Patients are provided with brief assessments and interventions for a range of mental health difficulties, using evidence-based methods.

  SUPERVISOR: JUSTIN HILL, PH.D.

- **Urgent Care Clinic:** The Urgent Care Clinic provides a unique opportunity for closely-supervised experience in crisis management and assessment of risk for suicide and/or other violence. It also provides exposure to patients with a broad range of psychopathological conditions, including both acute and sub-acute symptoms (e.g., psychotic disorders, alcohol and drug intoxication). This experience is based on a model emphasizing training in three major areas: knowledge, skill, and attitude.

  SUPERVISOR: PHILLIP KLEESPIES, PH.D., ABPP

- **Intern Assignment:** Both interns will have a common core training component, comprised of both the GMHC and MADC. In addition, one intern will train in Urgent Care, whereas the other will train in Primary Care. Both interns will spend four days per week at the Jamaica Plain campus (GMHC, MADC, and either UCC or PCBH) and one day per week at the Brockton campus in the GMHC. Intern assignments will be made with consideration for the needs and interests of the intern, in order to augment and broaden the intern's clinical experience.
- **Assessment:** Interns on the General Mental Health rotation have multiple opportunities to strengthen their diagnostic and assessment skills. Interns conduct in-depth mental health screening interviews on veterans referred to the GMHC and MADC, with a focus on diagnosis, risk assessment, and case disposition. Interns also conduct

more comprehensive biopsychosocial evaluations in selected cases, such as those involving more complex differential diagnosis questions. GMHC and MADC diagnostic assessments range from one to four sessions. Interns will learn to conduct evaluations using relevant portions of the Structured Clinical Interview for DSM-IV (SCID-IV), and self-report measures (e.g., Beck Depression Inventory-II, PRIME-MD, PAI, MMPI-2) as guided by the referral question and/or presenting complaint. GMHC assessments are typically broad in scope, including a full Axis I diagnostic assessment, as well as treatment planning, referral, and consultation with the referring clinician. MADC assessments focus primarily on differential diagnosis of mood and anxiety disorders and treatment planning. PCBH assessments are a unique skill; they are typically 15 to 50 minutes, and focus on identifying key issues of concern for the primary care patient, with real-time liaison with primary care staff. Similar to PCBH, but in an acute (often high-risk) setting, training in the UCC provides experience in rapid assessment, risk assessment and management, and interdisciplinary consultation.

- **Treatment:** Interns are actively involved in the provision of both individual and group psychotherapy, with a focus on short-term, problem-focused treatment interventions. Interns will co-lead one or more psychotherapy groups with staff members and/or other trainees, typically using flexibly-administered, manual-based treatments. The following programs and groups are offered through the Clinics on a regular basis:
  - **Group Treatment for Anxiety Disorders:** This short-term (10 session) group is based on cognitive-behavioral principles and associated exposure-based interventions. The group is aimed at improving patients' functioning by facilitating habituation to, and acceptance of, anxiety responses.
  - **Depression Management Groups:** This short-term (10 session) group utilizes a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning, and incorporates treatment components such as behavioral activation and cognitive restructuring.
  - **Anger Management Group:** This short-term (10 session) group provides treatment for veterans with anger management difficulties. Utilizing a cognitive-behavioral approach (with the opportunity to incorporate basic mindfulness techniques), the group is aimed at understanding and regulation of anger responses.
  - **Dialectical Behavior Therapy (DBT) Group:** This ongoing, trans-diagnostic psychotherapy group introduces the core principles and skills (mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance) covered by Linehan's treatment.

- **Living with Bipolar Disorder:** This short-term (10 session), skills-based group is provided in conjunction with medication management for patients diagnosed with bipolar disorder. The group focuses on skills to facilitate prevention and management of extreme mood shifts, using behavioral and systems-oriented interventions.
- **Acceptance and Commitment Therapy (ACT):** This short–term (10 session) group introduces ACT-based skills, including mindful meditation, to help alleviate suffering and improve quality of life. ACT-consistent metaphors and experiential exercises are used to assist in the process of relating to internal experiences with a stance of acceptance and willingness, identifying core values, and committing to values-consistent goals.
- **Couples Therapy:** The GMHC additionally offers training in the delivery of couples therapy from an Integrative Behavioral Couples Therapy (IBCT) model. This semi-structured couples therapy model targets behavioral changes, particularly in communication, within the dyad.

Instruction

Interns participate in weekly, one hour multi-disciplinary, clinic team meeting and a twice monthly, one hour case conceptualization meeting. The intern assigned to PCBH will also participate in a monthly, one hour primary care meeting on the West Roxbury campus. In addition to these meetings, there are multiple opportunities for interns to engage in informal case consultation with staff members and other trainees.

Supervision

Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor will be responsible for supervision of some individual therapy cases, and will also be available for consultation on professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one on one) hours is met or exceeded, and to provide multiple theoretical orientations. In addition to individual supervision, interns may participate in group supervision (2 - 3 trainees) that includes trainees at different levels of experience. Each intern will receive at least two hours of individual supervision per week in Jamaica Plain, one-half to one hour per week of individual supervision in Brockton, and one-half hour of group supervision for each group they co-lead.

Training in Supervision

The General Mental Health rotation offers training in the delivery of clinical supervision. This typically involves interns providing clinical consultation to graduate-level students on one to two cases during the eight-month rotation. Interns then receive supervision on this “supervision” from a licensed and privileged staff psychologist. Interns meet weekly with the supervisor to

address the issues that emerge for each of the supervisees. Readings on the supervisory process are provided and interns are encouraged to incorporate different points of view to develop their own style of supervision.

Research

Interns may collaborate with staff on any number of funded clinical research projects, which will provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Interns are encouraged to identify research activities that would expand their current skill set. Specifically within GMH, Dr. Barbara Kamholz is actively involved in program development and evaluation regarding CBT training, including CBT training for psychiatry residents. Interns interested in these academic pursuits are encouraged to communicate with Dr. Kamholz for more specific information.

Level of intern research involvement during the rotation may vary based on interest level, available resources, and training needs. Interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities relevant to the clinic, or independently propose and conduct a study under staff supervision. Intern candidates are encouraged to contact supervisors who share similar research interests to learn of the most current opportunities.

Recent publications from faculty in this rotation include:

Black, S.K., de Moor, C., Kendall A.D., Shrier, L.A. (2014). Feasibility of Momentary Sampling Assessment of Cannabis Use in Adolescents and Young Adults. *Journal of Child and Adolescent Substance Abuse, 23*(3), 177-184.

Daly, E. S., Gulliver, S. B., Zimering, R. T., **Kamholz, B. W.**, & Morissette, S. B. (2008). Disaster mental health workers responding to ground zero: One year later. *Journal of Traumatic Stress, 21,* 227-230.

DiLillo, V., Hussong, A., **Kamholz, B. W.**, & Lloyd-Richardson, E. (2013). Psychologist and parent: Advice from professionals in different career tracks. In M. J. Prinstein (Ed.) *The portable mentor: Expert guide to a successful career in psychology, Second Edition,* 101-116. NY: Springer.

Green, J.D., **Black, S.K.,** Marx, B.P., & Keane, T. (In press). Behavioral, Cognitive and Neuropsychological Conceptualizations of Posttraumatic Stress Disorder. In C. Dalenberg, S. Gold, & J. Cook (Eds.), *APA Handbook of Trauma Psychology*.

Harte, C. B., Liverant, G. I., Sloan, D. M., **Kamholz, B. W.,** Rosebrock, L. E., Fava, M., & Kaplan, G. B. (2013). Association between smoking and heart rate variability among individuals with depression. *Annals of Behavioral Medicine, 46,* 73-80.

Kamholz, B.W., Liverant, G.I., **Black, S.K**., Aaronson, C., **Hill, J.M.,** & **Vielhauer, M.** (2014). Beyond psychologist training: CBT education for psychiatry residents. *The Behavior Therapist*, *37*, 218-226.

Kleespies, P. (2014). Decision Making in Behavioral Emergencies: Acquiring Skill in Evaluating and Managing High Risk Patients. Washington, DC: APA Books.

Kleespies, P. (2015). Integrative perspectives on behavioral emergencies and crises. In P. Kleespies (Ed.): The Oxford Handbook of Behavioral Emergencies and Crises (in preparation). Chapter published on-line. DOI: 10.1093/oxforhb/9780199352722.013.1

Kleespies, P. (2015). Training for decision making under the stress of emergency conditions. In P. Kleespies (Ed.): The Oxford Handbook of Behavioral Emergencies and Crises (in preparation). Chapter published on-line. DOI: 101093/oxfordhb/9780199352722.013.3

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McNeill, S.A. & Galovski, T.E. (in press). Coping styles among individuals with severe mental illness and comorbid PTSD. *Community Mental Health Journal*.

Morissette, S. B., Gulliver, S. B., **Kamholz, B. W.**, Duade, J., Farchione, T., Devine, E., Brown, T. A., Barlow, D. H., & Ciraulo, D. (2008). Differences between daily smokers, chippers, and nonsmokers with co-occurring anxiety and alcohol-use disorders. *Addictive Behaviors, 33,* 1425-1431.

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Geropsychology

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Number of Interns: 2

Overview

The Geropsychology rotation provides interns with experiences to develop attitude, knowledge, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Goals of the rotation are for interns to develop skills in: (1) comprehensive mental health, cognitive, behavioral, and functional assessment with older adults; (2) psychological interventions with older adult patients with interacting psychiatric, medical, and psychosocial problems; and (3) consultation within complex systems (e.g., families, health care teams, community service networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on helping interns to appreciate the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives critical for understanding older adult patients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform geropsychology practice.

Geropsychology is a growing area of practice within professional psychology, given the demographics of our aging population, the need for mental health services for older adults and their families, and increasing opportunities for education and training in this field. Our training program is designed to be consistent with the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA 2013) and the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009). It is also designed to help prepare trainees for Board Certification in Professional Geropsychology via the American Board of Professional Psychology (ABPP).

The Geropsychology rotation emphasizes closely supervised clinical experiences in some combination of outpatient geriatric mental health, outpatient geriatric neuropsychology, and the Community Living Center. We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains and tailor training experiences accordingly. We work to

support the intern's development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve advanced competencies for geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology. Training occurs on the Brockton campus.

Clinical Experience

Geropsychology interns work in two to three distinct clinical settings over the course of the rotation: an outpatient geriatric mental health clinic, an outpatient geriatric neuropsychology service, and the Community Living Center (CLC), which includes long-term care, sub-acute rehabilitation, and hospice and palliative care services. Clinical time will be roughly split between two types of experiences – therapy in the outpatient geriatric mental health clinic and assessment/consultation in the neuropsychology service and/or the CLC, with some flexibility according to the intern's interests and training needs.

- **Outpatient Geriatric Mental Health Clinic:** This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to veterans over the age of 65. The clinic team includes two psychologists (Dr. Jennifer Moye, Director, and Dr. Elizabeth Mulligan), two social workers, a social work intern at times, a psychiatrist, a psychiatric nurse, and some combination of the two geropsychology postdoctoral fellows and two geropsychology interns. The clinic receives referrals from primary care providers, psychiatry walk-in services, inpatient psychiatry, the geriatric evaluation team, and other specialty clinics. Veterans served in the clinic struggle with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include: depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuro-psychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. Interns conduct initial psychodiagnostic evaluations and provide individual, couples and family, and group psychotherapy services. They also attend a weekly interdisciplinary clinic team meeting and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. Videotaping of therapy sessions is required.
  SUPERVISORS: JENNIFER MOYE, PH.D., ABPP AND ELIZABETH MULLIGAN, PH.D., ABPP

- **Outpatient Geriatric Neuropsychology:** This service provides geriatric neuropsychological assessment to veterans referred to the Geriatric Research, Education, and Clinical Center (GRECC) and to general neuropsychology. The primary focus of geropsychology interns functioning within the Neuropsychology rotation will be to gain exposure to the practice of neuropsychological assessment with

older veterans, and to work to refine diagnostic skills related to cognitive diagnoses of aging. The most common referral questions concern differential diagnosis of dementia, although questions related to the severity of cognitive impairment (normal aging vs MCI vs dementia) or the presence of general medical, psychiatric, neurologic, or medication related contributions, are also common clinical considerations. Interns will work toward developing specific neuropsychological skills including conducting record review, collaborating with supervisors to select an appropriate battery for the referral question, conducting a thorough neuropsychological interview, scoring data using appropriate norms, crafting neuropsychological reports, delivering consumer-driven feedback to patients and families, and consulting with referral sources and other providers to enhance patient care. As the trainee's skills advance, focus will be placed on formulating diagnostic decisions in collaboration with supervisors, on using qualitative behavioral observations and types of neuropsychological errors to aid in this process, and learning to translate professional language into consumer friendly feedback. In the context of their overarching training goals and professional development, interns will work with supervisors to determine whether introduction of more broad based referral questions and work with other neurologic / psychiatric populations will complement the training experience. Interns work very closely with supervisors and follow a graduated supervision model in order to ensure that comfort with a particular skill set is reached before other more advanced roles are assumed, and supervisors thus make an effort to meet trainees at their level of training and modify the experience as needed.
SUPERVISOR: DEEPA ACHARYA, PH.D., ABPP

- **Community Living Center (CLC):** The Brockton CLC offers residential long-term care, hospice and palliative care, and inpatient rehabilitation services. One 30-bed unit provides long-term, skilled nursing care as well respite care. Two ~30 bed units provide sub-acute rehabilitation/transitional care, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. One 15 bed unit provides hospice and palliative care. Veterans receiving long-term care tend to be elderly, medically frail, and frequently psychiatrically and/or cognitively disabled. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex, co-morbid medical, psychiatric, substance abuse, and social problems. The geropsychology interns serve as primary mental health consultants to the long-term care unit, and also have opportunities to consult to the rehabilitation and palliative care units. The interns attend weekly team meetings, and provide psychological assessment, psychotherapy, and consultation services as part of a consult liaison team that includes a psychologist (Dr. Hinrichs), psychiatrists, and some combination of the two geropsychology

postdoctoral fellows, two geropsychology interns, and a practicum student at times. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; differential diagnosis in complex geriatric patients; adapting psychotherapy interventions for frail elders; providing psychological services to patients and families at the end of life; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams.

SUPERVISOR: KATE HINRICHS, PH.D., ABPP

Instruction

The geropsychology interns participate in a weekly, hour-long geriatric mental health seminar. The seminar is attended by the geropsychology fellows, interns, and supervisors as well as geriatric psychiatry providers and social workers and their trainees, as available. Seminar covers a range of topics, including core information related to geriatric mental health as well as topics of interest selected by faculty and students. All interns are expected to facilitate or co-facilitate at least two seminars and we welcome varied presentation styles. For example, past seminars have included case presentations, discussions of articles, and didactic lectures (i.e., PowerPoint slides). Additionally, interns attend a monthly, hour-long Geriatric Capacity/Neuropsychology seminar series. Interns are welcome to attend other voluntary educational opportunities within aging offered through the GRECC program, the Harvard hospitals, and the Jamaica Plain neuropsychology service.

Supervision

The geropsychology interns receive a total of 4-5 hours of supervision per week consisting of a combination of: (1) In the outpatient clinic, individual supervision with Dr. Moye or Dr. Mulligan as well as videotape group supervision in which trainees, Dr. Moye, and Dr. Mulligan all rotate showing therapy recordings; (2) individual supervision in the neuropsychology service with Dr. Acharya; (3) both individual and group supervision in the CLC with Dr. Hinrichs. The geropsychology fellows also work in each of these settings and collaborate with interns. The geropsychology fellows often provide clinical case consultation /"supervision" to the interns, under the supervision of a licensed provider.

Selection Criteria

The successful applicant will have had a minimum of one practicum experience with an older adult and/or medical population. Coursework and/or research in the areas of adult development and aging, clinical geropsychology, behavioral medicine, rehabilitation psychology, or neuropsychology or any similar demonstration of interest and commitment to the field of aging is beneficial. Previous exposure to cognitive or neuropsychological assessment of older adults is useful but not required.

Research

In the geropsychology rotation, our goal is to provide each intern with a research / program evaluation training experience that supports their individual goals. It is crucial to us that you align your projects with your interests and with what is feasible. We recognize and celebrate the diverse forms that scholarly activity may take. Broadly speaking, we want you to "be a part of the scholarly world" – learn to think critically, ask questions, develop data-based answers. This activity may take many forms including but not limited to collaborating on an existing research project via preparation of a poster, a manuscript, or a grant; developing and evaluating a group therapy protocol; developing and evaluating educational programs for staff; collaborating with faculty on a book chapter when available; or writing up a case for publication.

Interns are encouraged to collaborate on research/program evaluation and other professional activities (e.g., committee service) with Drs. Acharya, Hinrichs, Moye, and Mulligan as well as other supervisors involved in geropsychology training at the practicum and fellowship levels including Drs. Michelle Mlinac, Maggie Murphy, and Scott Fish. These psychologists collaborate actively with each other across various projects and interests. Please refer to faculty biosketches at the end of the brochure for additional information.

Recent, representative presentations and publications from this rotation include:
***Note that all bolded names are current faculty members. *Bolded, italicized* names are former interns or fellows and citations reflect their research involvement during their training at VA Boston.**

Bailar-Heath, M. B. & **Moye J**. (2014) International Perspectives on Capacity Assessment. In N. A. Pachana and K Laidlaw, editors (Eds). *Oxford Handbook of Clinical Geropsychology, (*pp.248-266). Oxford: Oxford University Press.

***Feng, M.*, Mulligan, E. A., & Moye, J.** (2014, November). *Characteristics associated with symptom improvement among older adults in psychotherapy.* Poster presented at the 67th Annual Meeting of the Gerontological Society of America, Washington, DC.

Hilgeman*, M., Moye, J**., Archambault, E., ***Billings, R., Karel, M. J., Gosian, J., & Naik, A. (2012). In the Veterans voice: Psychosocial needs after cancer treatment. *Federal Practitioner, 29(Suppl. 3),* 51S-59S.

***Jahn, A.*,** Herman L., Schuster J., Naik A., & **Moye J.** (2012) Distress and resilience after cancer in military Veterans. *Research in Human Development*, 9, 229-247.

Kimmel, D. C., **Hinrichs, K. L. M.**, & ***Fisher, L. D.*** (2015). Understanding Lesbian, Gay, Bisexual, and Transgender Older Adults. In P.A. Lichtenberg, B.T. Mast, B.D. Carpenter, & Loebach Wetherell, J. (Eds.), *APA Handbook of Clinical Geropsychology, Vol. 1: History and status of the field and perspectives on aging. APA Handbooks in Psychology*, (pp. 459-472). Washington, DC: American Psychological Association.

King, K., Gosian, J., Doherty, K., Chapman, J., Walsh, C., Azar, J. P, Danhauer, S., & **Moye, J**. (2014). Implementing yoga therapy adapted for older Veterans who are cancer survivors. *International Journal of Yoga Therapy, 24*, 87-96.

Moye, J., *June, A.*, Martin, L. A., Gosian, J., Herman, L., & Naik, A. D. (2014). Pain is prevalent and persisting in cancer survivors: Differential factors across age groups. *Journal of Geriatric Oncology, 5(2*), 190-196.

Mlinac, M., ***Page, K. S.,*** & **Hinrichs, K. L. M**. (in press). Geriatric rehabilitation psychology. In M.A. Budd, S. Hough, W. Stiers, & S. Wegener (Eds.), *Practical psychology in medical rehabilitation*. New York, NY: Springer.

Mulligan, E. A., Wachen, J. S., Naik, A. D., Gosian, G., & **Moye, J.** (2014). Cancer as a Criterion A traumatic stressor for Veterans: Prevalence and correlates. *Psychological Trauma: Theory, Research, Practice, and Policy, 6(Suppl* 1), S73-S81.

***Norris-Bell R. N.*, Moye J., Mulligan, E. A,** Herman L., & Naik, A. D. (2013, November). Stress-related growth among older Veterans with cancer. In E. A. Mulligan & A. D. Naik (Chairs), *Quality of Life After Cancer Treatment: Implications from a Study of Older Veterans*. Symposium conducted at the 66th Annual Meeting of the Gerontological Society of America, New Orleans, LA.

Page K., Sakai, E., Carpenter, B., Karel, M., Molinari, V., & Moye, J. (2014, August). *Supervision in geropsychology: Preparation, practices, and next steps.* Symposium conducted at the 122nd Annual Meeting of the American Psychological Association, Washington DC.

Regier, N., Naik, A. D, & **Moye, J**. (2014, November). *A comparison of the effects of cancer, cancer treatments, and emotional factors on cognition in younger and older veterans.* Poster presented at the 67th Annual Meeting of the Gerontological Society of America, Washington, DC.

Syme, M., Caalaman, E., Lichtenberg, P. A., **Moye, J**., & Mona, L. (2014, November). *Sexuality and consent in long term care: A qualitative investigation of current policies, procedures, and unmet needs.* Poster presented at the 67th Annual Meeting of the Gerontological Society of America, Washington DC.

Wood, S. & **Moye, J.** (Editors). (2008) American Bar Association/American Psychological Association. *Assessment of Capacity in Older Adults Project Working Group. Assessment of Older Adults with Diminished Capacity: A Handbook for Psychologists.* Washington DC: American Bar Association and American Psychological Association.

Inpatient Mental Health / Therapeutic Recovery

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Location: Brockton Campus

Number of Interns: 1

Overview

The Inpatient Mental Health / Therapeutic Recovery rotation is located on the Brockton Campus of the VA Boston Healthcare System and is affiliated with the Harvard South Shore Psychiatry Residency Training Program. This rotation offers an opportunity for training within an integrated, interdisciplinary, recovery-oriented continuum of care involving Inpatient Mental Health programs and the Psychiatric Rehabilitation and Recovery Center (PRRC), an outpatient treatment program for Veterans with serious mental illness (SMI). Veterans range in age from 18-90 and represent a diverse racial, ethnic, socioeconomic, gender identities and background. Although the majority of the Veterans are male, there are ample opportunities for the intern to work with female Veterans, on the Women's sub-unit (an 8-bed wing of one acute unit), on the transitional unit affiliated with this rotation, and in the PRRC. Opportunities also exist to work with Veterans who self-identify as transgender.

This rotation is particularly appropriate for an intern interested in enhancing their assessment and psychotherapeutic skills in working with Veterans with acute and chronic mental illness within an integrated model of training. The intern develops skills in diagnostic interviewing, psychological assessment, risk assessment, treatment planning, individual and group psychotherapy, the application of evidence-based treatment paradigms to the unique needs of Veterans with serious mental illness and other forms of mental illness (PTSD, mood disorders, anxiety disorders), and consultation with other disciplines and liaison across sites of care. Psychotherapy training includes opportunities to develop short-term cognitive behavioral and motivational interviewing techniques to address issues of substance abuse / dependence and dual diagnosis, and to selectively apply different psychotherapeutic approaches (CBT, DBT, relational-psychodynamic) to address Veterans' core symptoms and more enduring life issues over the course of their treatment. The intern assumes a significant role in the treatment process as a member of an interdisciplinary

treatment team in multiple clinical settings, and confronts complex interdisciplinary system dynamics and ethical and medical-legal dilemmas.

Intensive supervision is provided to help interns develop competence in assessment, psychiatric diagnosis, case conceptualization, and treatment of patients with severe psychopathology, establish a differentiated understanding of psychological intervention for the severely mentally ill in acute, sub-acute, and outpatient treatment phases, and to help foster the intern's sense of professional identity in these different settings across the continuum of care.

Clinical Experience

The clinical experience on this rotation provides the intern with the opportunity for work in interdisciplinary settings which involves interactions with Psychiatrists, Resident Psychiatrists in training, Social Workers, and Nursing Staff. This provides the intern the opportunity to define their unique professional identity as a psychologist vis-à-vis other disciplines while functioning in their major roles conducting psychological assessments and providing individual and group therapy. The intern also has the opportunity to lead groups and to co-lead groups with Psychology faculty on the rotation. The intern is expected to assume an individual therapy caseload of approximately 4-5 Veterans on inpatient and two Veterans in the PRRC program, lead or co-lead a total of 4-5 groups per week, and complete one comprehensive psychological assessment per month. Ample supervision is provided (approximately five hours per week).

The training model for this rotation has been developed to provide the intern the opportunity to be involved in assessment and treatment of Veterans in the acute setting, and then to follow them through subsequent stages of their treatment in the continuum of care. Within this structure, the intern develops comprehensive, individualized case conceptualizations and diagnostic formulations of the Veterans they work with over the entire course of their treatment in these different settings, with each phase of evaluation and treatment building on the next. This provides the intern the opportunities for consolidating her/his understanding of the different phases of treatment and developing the different skills and interventions appropriate to these different treatment phases.

Overall, the intern spends three days (Monday, Thursday, Friday) working in Inpatient Mental Health programs, and one day per week (Tuesday) at the PRRC. A single day of the week (Wednesday) is devoted to other internship training requirements, including the intern's adjunctive training experience (ATE) and related supervision, activities devoted to scholarly inquiry / research, travel time to the Jamaica Plain campus, and Wednesday afternoon didactics.

- **Inpatient Mental Health:** The Inpatient Mental Health Service includes four inpatient units with a total of 28 beds on each unit; two of the inpatient units are devoted to acute care while the other two units are devoted to transitional psychiatric care. The intern spends the majority of her/his time in this setting,

with training based on one of the acute inpatient mental health teaching wards and one of the transitional inpatient units. The intern gains experience working with Veterans with serious mental illness who represent the full spectrum of psychopathology and functional impairment, including Schizophrenia, Major Depression, Bipolar Disorder, Anxiety Disorders, PTSD, Substance Abuse, personality disorders, co-morbid neurological disorders, and military-related polytrauma. Veterans in this setting may also experience significant problems associated with social, neuropsychological, and medical functioning. Suicidal behavior and violence risk are also characteristic problems the intern confronts in this setting.

The intern sees three Veterans for individual therapy (each two times/week) on the acute inpatient ward supervised by Dr. Pepple, and two to three Veterans for individual therapy once per week on the longer stay transitional unit supervised by Dr. Walton. Evidence-based practices include psychoeducation, motivational enhancement therapy, crisis intervention, Seeking Safety, DBT, and CBT, including targeted interventions for dissociation (e.g., use of grounding techniques) and auditory hallucinations. The intern may also have the opportunity to work with Dr. Walton doing Motivational Enhancement Therapy with Veterans on the detox unit. The intern runs a managing emotions group two times per week applying principles and methods of motivational interviewing, CBT, DBT, and mindfulness, one session leading and the other session co-leading with Dr. Pepple. The intern also runs a group devoted to the introduction to mindfulness practices under the supervision of Dr. AhnAllen.

The intern attends interdisciplinary treatment team rounds once a week on the acute unit with Dr. Pepple and contributes to ongoing team evaluations and treatment planning.

Christopher AhnAllen, Ph.D. will provide supervision for psychodiagnostic and risk assessments and the mindfulness group in the acute inpatient setting. The intern is expected to complete one comprehensive assessment each month within the Acute Inpatient Mental Health Service. These evaluations are provided for psychiatric inpatients following consultative requests by interdisciplinary treatment teams to assist with inpatient and outpatient treatment planning and determinations of discharge readiness. Objective tests of personality, psychosis, affective disorder, diagnosis, risk, and validity include: Minnesota Multiphasic Personality Inventory (MMPI-2), Millon Clinical Multiaxial Inventory (MCMI-3), Beck Depression Scale-2 (BDI-II), Beck Hopelessness Scale (BHS), Beck Scale for Suicide Ideation (BSS), and Personality Assessment Inventory (PAI). The Structured Inventory of Malingered Symptomatology (SIMS) will be used to assess the degree of malingering of psychopathology and neuro-

psychological functioning. The International Personality Disorders Examination (IPDE) may be utilized to assist in clarifying the presence or absence of personality disorders. Additional validated and structured instruments to assess psychopathology may include other scales as indicated, for example, the Yale-Brown Obsessive-Compulsive Scale (Y- BOCS), the Dissociative Experiences Scale, Mood Disorder Questionnaire, Scale for the Assessment of Positive Symptoms (SAPS) and the PTSD Checklist. For assessment of suicide and homicide risk, in addition to a clinical interview, the Beck Depression Inventory II (BDI-II), Beck Hopelessness Scale (BHS), Beck Scale for Suicide Ideation (BSS), MMPI-2, PAI, and HCR-20 version 3 will be utilized by the intern to assist in conceptualizing and estimating level of risk. For complicated cases requiring additional assessment approaches, including use of empirically validated applications of the Exner Rorschach, Dr. Pepple will also serve in a consultative role.

- **The Psychiatric Rehabilitation and Recovery Center (PRRC):** The PRRC is a recovery-oriented, 5 day/week outpatient treatment program for Veterans with serious mental illness (SMI). The PRRC utilizes an innovative interdisciplinary treatment approach with a growing research base which seeks to empower clients to begin the task of reclaiming their own efficacy and rediscovering how to take on the responsibilities of life. The recovery model within SMI and the PRRC employs a clinical approach to empower Veterans with major mental illness to recover from mental illness symptoms, develop models to identify and cope with symptoms to avoid relapse, and define and achieve goals for enrichment in the community that redefines them as citizens and not merely as patients. Hence, the goal of the PRRC is to enhance functional abilities so that the Veterans can develop inner capacities and strengths, improve health and mental health, and interact more productively with other Veterans, clinicians, peer support specialists, and people in the community.

  This is accomplished by helping Veterans choose from a variety of groups across five days that build skills and coping capacities. There are also opportunities to work on individual issues and integrate the PRRC care with SMI treatment that may include case management, medication management, community residential center consultations, and individual psychotherapy.

  The psychologist in the PRRC, David Topor, PhD, helps the intern learn and implement these approaches, which include Illness Management and Recovery, emotion regulation, and social skills training. There is also a growing literature on cognitive-behavioral treatment with Veterans with psychotic symptoms. . Using motivational interviewing, cognitive behavioral methods, psychotherapy anxiety treatment protocols, and aspects of Acceptance and Commitment Therapy (ACT), the intention is to facilitate the

intern's contributions and interventions towards the acquisition of skills and abilities by Veterans with major mental illness, understand the obstacles to recovery, and to interact with Veterans and clinicians to build a team approach to solving these complex issues.

The intern works one day per week (Tuesday) at the PRRC, supervised by Dr. David Topor. The intern leads or co-leads at least one group in this setting, and sees two Veterans per week for individual therapy to help Veterans implement recovery principles, initiate treatment plans, and engage in treatment to achieve goals. There is an expectation that interns engage in intake interviews to learn the process of initial assessment and determine how the veteran may best benefit from the PRRC program. One hour per week of supervision on the PRRC will be provided by Dr. Topor.

- **Summary:** Interns will find their experience on this rotation to be intense and challenging, but very rewarding.

Supervision

Approximately 5 hours of supervision per week are provided on this rotation, with about two hours per week with Dr. Pepple, and at least one hour of supervision per week with the other rotation supervisors. This includes about 4 hours per week for supervision of individual and group therapy, and at least one hour per week for psychological assessment. The training model includes the opportunity for co-leading groups and joint clinical interviewing of patients with Dr. AhnAllen as part of the psychological assessment training experience.

Christopher AhnAllen, Ph.D., John Pepple, Ph.D., and Heather Walton, Ph.D. will provide supervision for individual and group therapy and for assessment in the Inpatient Mental Health Programs, and David Topor, Ph.D., will provide psychotherapy supervision in the PRRC. Dr. Pepple bases his conceptual understanding on the integration of multiple theoretical perspectives, including cognitive-behavioral models, relational-psychodynamic models, and knowledge of neuropsychological functioning as it relates to the onset, development, and rehabilitation and treatment of Veterans with complex biopsychosocial problems. Drs. AhnAllen and Walton integrate relevant CBT and other evidence-based practices with their psychodynamic and interpersonal psychotherapy backgrounds. Dr. Topor supervises primarily from a cognitive behavioral perspective, using a range of evidence-based interventions. In general, psychotherapy supervision is provided from an integrated treatment perspective wherein interventions (e.g., motivational interviewing, Seeking Safety, CBT, DBT, psychodynamic) are selected depending on the unique treatment needs of the Veterans.

Instruction

In addition to supervision, training on this rotation is facilitated by the intern's participation in interdisciplinary treatment team rounds on the acute unit for 1 ½ hours per week. Opportunities for interdisciplinary consultation also occurs on both the acute and

sub-acute units. Selected readings are also provided to assist the intern in consolidation of their knowledge and skills in both assessment and individual and group therapy. Consultation of the clinical literature is also encouraged to provide individualized evidence-based assessments and treatments.

To enhance the intern's training, there are also several rotation-specific didactic components offered in conjunction with this rotation. First, the psychologists provide a monthly clinical case conference, which engages the intern and current faculty (Drs. AhnAllen, Pepple, Topor, and Walton) in a discussion of complex clinical assessments, individual and group therapy cases, and consulting practices. Topics include review of the literature related to psychological tests and evidence-based practices of psychotherapy and continuity of care that are relevant on an inpatient setting. Second, the intern also has the opportunity to attend the Brockton VAMC Psychiatry Grand Rounds, which occurs on a regular basis throughout the year.

The equivalent of one day per is devoted to other internship training activities, including the intern's adjunctive training experiences and supervision and activities devoted to scholarly inquiry.

Additional instruction is available on the Brockton campus including monthly Schwartz Rounds, PTSD/SUD Clinical Forum, Geriatric Mental Health Seminar, Addictions Journal Club, and Capacity and Geriatric Neuropsychology Rounds.

Selection Criteria

Candidates with a strong interest in assessment and treatment of Veterans with serious mental illness should apply. The successful applicant will have a broad range of psychotherapeutic experience. Some prior experience in psychodiagnostic testing and integrated test report writing is desirable.

Prior testing experience using multiple testing measures (e.g. cognitive; objective personality measures such as the MMPI-II, MCMI, PAI; and projective measures, e.g., Exner Rorschach) is also useful, but not required. It is not necessary to have had previous inpatient experience or a specific theoretical orientation.

Research

Dr. AhnAllen directs an Inpatient Mental Health Treatment Outcome Project, which aims to improve treatment outcomes on the Acute Inpatient Units by implementing standardized assessment measures at admission and discharge with the goal of (a) quantifying change in psychiatric symptoms and daily functioning using the BASIS-24 (Behaviour and Symptom Identification Scale-Revised), an empirically-supported self-report measure of psychopathology and functioning, (b) identifying Veteran- and treatment-specific factors associated with favorable treatment outcomes, and (c) developing a plan to maximize favorable treatment outcomes. The intern would have the opportunity to participate in the data analysis and preparation of results from the Inpatient Mental Health Treatment Outcome Project. Additional opportunities include work with a database developed by Dr. Phil Kleespies and Dr. AhnAllen of over 200 self-injury attempts within the VA between 2005 and 2008. The

database includes, in part, demographic information, psychopathology, Veterans' ratings of intent to die, lethality of attempt, and staff ratings of Veterans' intent to die. Opportunities exist for data analysis, manuscript preparation and redesign/ implementation of the next iteration of the project. This project is also undergoing a follow-up study to determine outcomes within Veterans who have engaged in intentional self-injury.

Interns will also be offered the opportunity to collaborate on review papers in the area of schizophrenia and substance use. The intern may also collaborate on future studies of the motivation to quit smoking on the inpatient service, or on a follow-up study investigating the utility of mindfulness approaches in an inpatient setting. Previous interns have also engaged in individualized case-study and feasibility research projects during their training experience within this rotation.
Dr. Walton does not have a formal program of research but usually is involved in at least one study, paper, or program evaluation regarding aspects of diversity. Dr. Walton serves as the chairperson of the hospital-wide diversity committee and as a member of the hospital's transgender treatment team. These committees benefit from program and treatment evaluations. Interns inside or outside of the Therapeutic Recovery rotation are more than welcome to join these efforts.

Select recent publications from this rotation (* indicates former intern):

AhnAllen, C.G., & Bismark, A.W.* (in press). Serious Mental Illness. In M. Budd, S. Hough, W. Stiers, & S. Wegener (Eds.), *Practical Psychology in Medical Rehabilitation*. Springer Publishing.

Castro, F, **AhnAllen, CG,** Wiltsey-Stirman, S, Lester-Williams, K, Klunk-Gillis, J, Dick, AM, Resick, P. (in press). African American and European American Veterans' perspectives on receiving mental health care. *Psychological Services*.

AhnAllen, C.G., Bidwell, L.C., & Tidey, J.W. (2015). Cognitive effects of very low nicotine cigarettes, with and without nicotine replacement, in smokers with schizophrenia and controls. *Nicotine and Tobacco Research, 17,* 510-514.

Walton, H.M., Chow, L**.*, Topor, D.R., Pepple, J.R.,** Fish, S., & **AhnAllen, C.G.** (2015). Treatment of women veterans with posttraumatic stress disorder and serious mental illness in an inpatient mental health treatment setting: A case study. *Women & Therapy.*

Topor, D. R., Grosso, D., Burt, J., & Falcon, T. (2013). Skills for recovery: A recovery oriented dual diagnosis group for veterans with serious mental illness and substance abuse. *Journal of Social Work with Groups, 36,* 222-235.

AhnAllen, C.G., Chait, S., Festin, F., Lanoue, M. (2013). *My Survival Guide: Becoming and Staying Tobacco-Free. How to Live Without Tobacco in the Hospital and After Discharge.* VA Boston Healthcare System.

Kymalainen, J. A., Henze, K. T., DeLuca, M., Mitton, T. A., **Walton, H. M.,** Duffy, P, Pinsky, J. (2010). Are we there yet? The four-year impact of a VA fellowship program on the recovery orientation of rehabilitation programs. *Psychiatric Rehabilitation Journal, 33,* 320-327.

Tidey, J.W., Rohsenow, D.J., Kaplan, G.B., Swift, R.M., & **AhnAllen, C.G.** (2013). Separate and combined effects of very low nicotine cigarettes and nicotine replacement in smokers with schizophrenia and controls. *Nicotine and Tobacco Research, 15,* 121-129.

AhnAllen, C.G., Liverant, G.I., Gregor, K.L., Kamholz, B.W., Levitt, J.J., Gulliver, S.B., Pizzagalli, D.A., Koneru, V.K., & Kaplan, G.B. (2012). The relationship between reward-based learning and nicotine dependence in smokers with schizophrenia. *Psychiatry Research, 196,* 9-14.

AhnAllen, C.G. (2012). The role of the α7 nicotinic receptor in cognitive processing of persons with schizophrenia. *Current Opinion in Psychiatry, 25*, 103-108.

Kleespies, P.M., **AhnAllen, C.G.,** Knight, J.A., Presskreischer, B., Barrs, K.L.*, Boyd, B.L.*, Dennis, J.P. (2011). A study of self-injurious and suicidal behavior in a veteran population. *Psychological Services, 8,* 236-250.

AhnAllen, C.G., Tidey, J.W. (2011). Personalized smoking environment cue reactivity in smokers with schizophrenia and controls: a pilot study. *Psychiatry Research, 188*, 286-288.

Adolfo, A.B., **AhnAllen C.G.**, Tidey, J.W. (2009). Effects of smoking cues on caffeine urges in heavy smokers and caffeine consumers with and without schizophrenia. *Schizophrenia Research, 107,* 192-197.

Neuropsychology

ROTATION COORDINATOR: NIKKI STRICKER, PH.D., ABPP/CN

Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-2305
Email: nikki.stricker@va.gov
Locations: Jamaica Plain Campus
West Roxbury Campus

Number of Interns: 3

Overview

The Neuropsychology rotation provides clinical, didactic, and academic training to develop advanced knowledge of brain-behavior relationships and skills needed for neuropsychological assessment and treatment of the cognitive, behavioral, and emotional impact of brain dysfunction and pathology. Interns will demonstrate a highly-developed level of competence in clinical neuropsychology (NP) as well as the education and training necessary for postdoctoral fellowship. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology*, 1998, *13*, 160-166) for specialty training in clinical neuropsychology and aims to prepare trainees for board certification in clinical neuropsychology.

The intern works with the supervisor to translate referral questions into testable hypotheses that can be addressed on the basis of objective data and information gathered from the interview. Interns use a flexible battery approach that matches assessment measures to the identified referral question and patient characteristics. Tests drawn from a wide variety of neuropsychology measures are selected based on their psychometric properties, demonstrated validity, and appropriateness of available normative data. Each evaluation simulates application of the scientific method applied at the individual level; hypotheses are identified and tested with objective measures and related to findings based in the empirical literature, integrating research with clinical practice.

Our approach to assessment integrates contemporary research and theory from cognitive neuroscience and psychometrics, with classic methods of clinical observation, and thorough medical record review in the service of making rational and empirical clinical predictions about the impact of brain dysfunction on cognition and adaptive behavior. In keeping with the "Boston Process Approach," in addition to the strong emphasis placed on the development of assessment skills through the use of standardized measures of cognition, interns also gain an understanding and appreciation for empirically-demonstrated qualitative aspects of test performance (e.g., error types), and the

unique insights these observations offer in understanding brain-behavior relationships. Our training also places a strong emphasis on the importance of providing detailed recommendations for referral sources, the patient and the patient's family/caregivers. We aim to translate findings of objective cognitive measures into tailored recommendations focused on compensation for deficits and accentuation of strengths. Interns learn to integrate research literature and psychometric theory to make logical, empirically derived clinical predictions. Additionally, we assist patients and providers in implementing these recommendations, providing evidence-based psychoeducational interventions, as appropriate.

Clinical Experience

This rotation provides experience in a number of clinical settings, allowing the intern to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains consistent. In each setting, interns will be involved in the clinical interview, administration, data scoring, report writing, patient feedback, and multidisciplinary team consultation / collaboration. Interns will provide clinical services within most of the settings described below, though duration of time dedicated to each service is not equal. Interns typically complete three neuropsychological assessments per week, two of which are briefer (2 - 3 hour) evaluations. There may also be opportunity to gain exposure to the Neurological exam and provide consultative services to Neurologists within the VA Boston Epilepsy Division and/or Memory Disorders Clinic. Interns are primarily at the Jamaica Plain Campus, although frequently spend one or occasionally two days per week at the West Roxbury campus. Travel to the Brockton campus is optional.

- **Neuropsychology Consult Service (NCS):** Interns serve as consultants and provide assessments as part of the neuro-psychology consult service at VA Boston Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, epilepsy, ADHD, LD, stroke, traumatic brain injury and dementia. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients. The majority of evaluations are completed at the Jamaica Plain Campus. Neuropsychological evaluations may also be completed through Neurology (e.g., Long-Term Monitoring on the Epilepsy unit) at West Roxbury.

  In addition to the therapy experience required by the internship, the neuropsychology intern may provide neuropsychology-specific time-limited interventions within the rotation through the NCS. Opportunities for neuropsychology-specific interventions include psychoeducational/cognitive rehabilitation interventions (individual and group co-leadership). The intern selects one or two groups to co-lead during this eight-month rotation. Current groups include Memory and

Aging, ADHD, and Epilepsy Support Group.

LOCATIONS: JAMAICA PLAIN CAMPUS PRIMARILY; SOME EVALUATIONS AT WEST ROXBURY CAMPUS.

- **Geriatric Research Education and Clinical Center (GRECC) Clinic:** The intern functions as part of a multidisciplinary team that includes a geriatrician, nurse practitioner, social worker, pharmacist, and geriatric medicine fellows. The neuropsychological assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple hour test batteries often used in clinical assessments. Most GRECC assessments involve 1 - 2 hours of testing. The trainee is responsible for the clinical interview, testing, scoring of test data, test interpretation, and written report of the neuropsychological evaluation, as well as feedback to the patient and the team.

  LOCATION: WEST ROXBURY CAMPUS.

- **Polytrauma Clinic:** The Polytrauma Network System of Care was initially developed to address the complex needs of individuals returning from deployment as part of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF), many of whom were exposed to blasts and/or sustained brain injuries. Additionally, issues related to trauma exposure and readjustment as well as other comorbid conditions are common for this patient population. Neuropsychology trainees serve as part of the multidisciplinary Polytrauma Clinical Team that also includes a physiatrist and social worker. Interns will provide cognitive and mental health screenings to outpatients seen by that service and contribute to treatment planning. The brief screenings are designed to quickly assess for mood and trauma as well as possible history of traumatic brain injury. The clinic is currently broadening its services to offer neuropsychological assessment to amputees with vascular risk factors through the Amputee System of Care, and to stroke patients who have been treated through Physical Medicine and Rehabilitation. In addition, a psychoeducational Stroke Support Group will be offered through this clinic.

  LOCATION: JAMAICA PLAIN CAMPUS.

- **Inpatient:** West Roxbury and Brockton campuses of the VA Boston Healthcare System provide specialized inpatient care to the veterans of the Boston area. Frequently, the referring provider and medical team has some concern regarding the patient's cognitive functioning and ability to care for himself/herself following discharge from the hospital. Interns will complete approximately 4 - 8 inpatient evaluations through the Physical Medicine and Rehabilitation service (West Roxbury). These assessments are completed on an inpatient basis and include all aspects of the neuropsychological assessment (interview, test administration, test scoring, interpretation, and report writing). In this setting, the intern is

frequently required to work very efficiently to provide feedback to the medical team. Interns may also elect to complete neuropsychological evaluations in Inpatient Psychiatry (Brockton); these evaluations often include issues of differential diagnosis and capacity. Interns choosing to participate in our Brockton clinic will need a vehicle or would be encouraged to carpool, as the shuttle schedule will not provide sufficient time for this setting.

LOCATIONS - WEST ROXBURY AND BROCKTON CAMPUSES.

Supervision

Neuropsychology interns will have the opportunity to work with multiple neuropsychology supervisors during the 8-month rotation. Each intern is assigned one primary supervisor who is responsible for completing formal evaluations and providing general mentorship to the intern throughout the rotation. Although one primary supervisor is assigned, interns will also work closely with other primary supervisors, and may receive supervision from secondary supervisors as well. Interns will also gain exposure to supervision of practicum students.

Primary Neuropsychology Supervisors:

- Nikki Stricker, Ph.D., ABPP/cn, Neuropsychology Training Coordinator
- Laura Grande, Ph.D., ABPP/cn, Director of Neuropsychology Consult Service
- Deepa Acharya, Ph.D. ABPP/cn
- Susan McGlynn, Ph.D., ABPP/cn

Secondary Neuropsychology Supervisors:

- William Milberg, Ph.D., ABPP/cn
- Scott Fish, Ph.D.
- Jennifer Vasterling, Ph.D.

Didactics

Neuropsychology offers a number of specialty specific didactics. Well-known local and visiting scholars present at the neuropsychology and neuroimaging lecture series. These series are comprised of experts drawn primarily from the greater Boston cognitive neuroscience community, taking full advantage of the depth and breadth of relevant expertise centered at our university affiliates (Harvard and Boston University). Trainees also attend and present at the Neuropsychology Seminar series (weekly) that includes a combination of presentations from in-house faculty, student presentations, and journal club. Trainees are also encouraged to present at our monthly Neurobehavioral Rounds, which includes a case presentation and bringing the patient in to be interviewed by a senior discussant in front of the group.

Required:

- Neuropsychology Seminar Series –One to two hours per week.
- Neuropsychology and Neuroimaging Lecture Series – Two hours per month.
- Neurobehavioral Rounds – Approximately two hours per month.
- Neurology Memory Disorders Case Conference – One hour per week for two-months.
- Epilepsy Conference – One hour per week for two-months.

Optional:

- Neuroimaging Journal Club – One hour per month.
- Neuroimaging Tutorial Series – One hour per month.
- TBI and PTSD Journal Club – One hour weekly.
- Boston NeuroRehab Group – Two hours per month.

Selection Criteria

Internship training for Neuro-psychology may take place within a "Match" rotation (i.e., eight-month) or as part of the intern's second (i.e., four-month) rotation. Three interns will Match with the Neuropsychology rotation, and another three interns will have the briefer (four-month) second-rotation training opportunity. Although not guaranteed, additional hours of neuropsychology training may be available for those interns who train in the Neuropsychology four-month rotation, typically through the 8-month Geropsychology and Rehabilitation rotations.

Applicants interested in Neuropsychology as an 8-month "Match" rotation should have experience administering, scoring and interpreting neuropsychological tests and have typically completed dedicated graduate coursework focused on brain behavior relationships. Applicants who seek academic careers and have a clear commitment to neuropsychology are strongly encouraged to apply for the 8-month rotation. Students who have developed a recent interest in neuropsychology, or those desiring less intensive training, can receive it through the internship's four-month neuropsychology rotation. Interns participating in the 4-month rotation participate in a subset of the clinical and didactic activities described above.

Research

Neuropsychology strongly encourages the scientist-practitioner model and research opportunities reflect this training priority. Neuropsychology trainees have an abundance of funded projects to choose from that represent diverse aspects of neuropsychology, including the neuropsychology of aging and cerebrovascular risk factors, PTSD, TBI, MCI, memory disorders and test development / validation.

We have a strong group of 15+ research mentors, many of whom have nationally and internationally visible research programs. Available settings include several laboratories and major multi-project research centers (see below). These ongoing research programs provide interns with a variety of research opportunities including manuscript preparation, invited chapters and literature reviews, attendance at weekly lab meetings/research discussions, one-on-one research mentoring, journal peer reviews, archival data analysis, development of new studies, and grant preparation.

Neuropsychology interns with strong research interests may consider requesting a research externship, which can be up to 8 hours of protected time under the mentorship of one of the 15+ neuropsychology faculty. Requirements for a research externship include defense of the dissertation and demonstrated efficiency in clinical work. The minimum direct service requirements for the general internship still apply, which may require some adaptation of the activities

described above. The mentoring supervisor meets weekly with the intern to provide guidance and supervision, and to monitor progress. For interns interested in pursuing this opportunity, a tailored research plan is developed in collaboration with the faculty supervisor. This plan outlines the specifics of the externship including the training goals and expectations.

- **Geriatric Neuropsychology Laboratory (GNL):** The Geriatric Neuropsychology Laboratory which was founded in 1981 has been to home to a number of internationally known research efforts. The research laboratory includes multiple principal investigators. A variety of interests are represented within the laboratory and currently funded projects include: investigation of cardiovascular disease and frontal dysfunction in older African Americans; relating cortical functions to cerebrovascular disease and dementia risk; neuroanatomical changes associated with cardiovascular disease, dementia risk and MCI; classical learning in memory disordered patients and in dementia risk; delirium and cognitive function after coronary artery bypass surgery; and development of screening measures to identify cognitive impairment in the primary care setting. The GNL works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D., which will provide interns with the opportunity to learn about advanced structural and functional neuroimaging methods. A number of ongoing research projects provide the intern with a variety of research opportunities.

FACULTY: CO-DIRECTORS: WILLIAM MILBERG, PH.D., ABPP/CN; REGINA MCGLINCHEY, PH.D., INVESTIGATORS: BETSY LERITZ, PH.D.; DAVID SALAT, PH.D.; CATHERINE FORTIER, PH.D.; LAURA GRANDE, PH.D., ABPP/CN; NIKKI STRICKER, PH.D., ABPP/CN; AND JAMES RUDOLPH, M.D.

Foley, J., **Salat, D.H., Stricker, N.H**., Zink, T.A., **Grande, L.J., McGlinchey, R.E., Milberg, W.P. & Leritz, E.C.** (2014). Interactive effects of Apo lipoprotein e4 and diabetes risk on later myelinating white matter regions in neurologically healthy older aged adults. *American Journal of Alzheimer's Disease and Other Dementias, 29(3)*, 222-35. doi: 10.1177/1533317513517045.

Leritz, E.C., Shepel, J., Williams ,V.J., Lipsitz, L.A., **McGlinchey, R.E., Milberg, W.P., & Salat, D.H.** (2014). Associations between T1 white matter lesion volume and regional white matter microstructure in aging. *Human Brain Mapping, 35(3)*, 1085-100. doi: 10.1002/hbm.22236.

Stricker, N.H., Salat, D.H., Foley, J.M., Zink, T.A., Kellison, I.L., McFarland, C.P., **Grande, L.J., McGlinchey, R.E., Milberg, W P. & Leritz, E.C.** (2013). Decreased white matter integrity in neuropsychologically-defined mild cognitive impairment is independent of cortical thinning. *Journal of the International Neuropsychological Society, 19*, 1-13. doi: 10.1017/ S1355617713000660.

Jacobs, H.I**., Leritz, E.C.,** Williams, V.J., Van Boxtel, M.P., van der Elst, W., Jolles, J., Verhey, F.R., **McGlinchey, R.E., Milberg, W.P., & Salat, D.H.** (2013). Association between white matter microstructure, executive functions, and processing speed in older adults: the impact of vascular health. *Human Brain Mapping, 34(1)*, 77-95. doi: 10.1002/hbm.21412.

- **Neuropsychology of PTSD:** Interests include neuropsychological, psychological, and health outcomes of war-zone deployment and other military health risks (e.g., neurotoxins, traumatic brain injury). Most of these studies employ longitudinal methodology and have been conducted within an epidemiological framework. There are opportunities to participate in: preparation of empirical publications, preparation of invited chapters and literature reviews, attendance at weekly lab meetings/research discussions, one-on-one research mentoring, data analysis of existing data bases, development of new studies, assistance in preparing grants, journal peer reviews.

FACULTY: JENNIFER J. VASTERLING, PH.D.; SUSAN P. PROCTOR, D.SC.; KEVIN BRAILEY, PH.D., BRIAN MARX, PH.D.; LAURA GRANDE, PH.D., ABPP/CN; LEWINA LEE, PH.D., ANICA PLESS-KAISER, PH.D.

Vasterling, J.J., Taft, C.T., **Proctor, S.P.,** MacDonald, H.Z., Lawrence, A., Kalill, K., Kaiser, A. P., **Lee, L.O.,** King, D.W., King, L.A., & Fairbank, J.A. (in press). Establishing a methodology to examine the effects of war-zone PTSD on the family: The Family Foundations Study. *International Journal of Methods in Psychiatric Research.*

Palumbo, D. J., Kapson, H. S., Lafleche, G., **Vasterling, J. J., Marx, B. P.,** Franz, M., &Verfaellie, M. (in press). Alternations in autobiographical memory for a blast event in OEF/OIF veterans with mild TBI. *Neuropsychology.*

Vasterling, J. J., Proctor, S. P., Aslan, M., Ko, J., Jakupcak, M., Harte, C. B., **Marx, B. P.,** & Concato, J. (in press). Military, demographic, and psychosocial predictors of military retention in enlisted Army Soldiers 12 months after deployment to Iraq. *Military Medicine.*

Han, S. C., Castro, F., **Lee, L. O.,** Charney, M. E., **Marx, B. P., Brailey, K., Proctor, S. P., & Vasterling, J. J.** (2014). Military unit support, postdeployment social support, and PTSD symptoms among active duty and National Guard soldiers deployed to Iraq. *Journal of Anxiety Disorders, 28,* 446-453.

Aslan, M., Concato, J., Peduzzi, P.N., **Proctor, S.P.**, Schnurr, P.P., **Marx, B.P.,** McFall, M., Gleason, T., Huang, G.D., & **Vasterling, J.J.** (2013). Design of "Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom: A Longitudinal Cohort Study." *Journal of Investigative Medicine, 61,*569-577.

- **Memory Disorders Research Center (MDRC):** The MDRC studies memory using both neuropsychological and cognitive neuroscience approaches, with the goal of elucidating the cognitive and neural underpinnings of different forms of memory. The Center conducts cognitive neuropsychological studies of patients with MTL and frontal lobe lesions, clinical neuropsychological studies aimed at understanding the heterogeneity of cognitive and behavioral manifestations in TBI and anoxic brain injury, and neuroimaging studies of memory in healthy young and elderly individuals. There are opportunities to be involved in any of these approaches through active participation in ongoing studies, data analysis of existing data bases, and development of new studies. Interns are encouraged to attend weekly lab meetings, monthly patient rounds, and monthly research discussions.

FACULTY: MIEKE VERFAELLIE, PH.D., MARGARET KEANE, PH.D., GINETTE LAFLECHE, PH.D., SCOTT HAYES, PH.D.

Grilli, M.D., & **Verfaellie, M.** (in press). Supporting the self-concept with memory: insight from amnesia. *Social Cognitive and Affective Neuroscience.*

Grilli, M. D. & **Verfaellie, M.** (2014). Personal semantic memory: insights from neuropsychological research on amnesia. *Neuropsychologia, 17(61),* 56-64. doi: 10.1016/j.neuropsychologia.2014.06.012.

Hayes, S.M., Alosco, M.L., Forman, D.E. The Effects of Aerobic Exercise on Cognitive and Neural Decline in Aging and Cardiovascular Disease. *Curr Geriatr Rep.* 2014 *Dec;3(4):*282-290.

Race, E., LaRocque, K. F**., Keane, M.M., and Verfaellie, M.** (2013). Medial temporal lobe contributions to short-term memory for faces. *Journal of Experimental Psychology: General, 142*, 1309-1322

Verfaellie, M., Lafleche, G., Spiro, A., & Bousquet, K. (2013). Neuropsychological outcomes in OEF/OIF veterans with self-report of blast exposure: Associations with mental health, but not mTBI. *Neuropsychology, 28,* 337-46.

- **Translational Research Center for TBI and Stress Disorders (TRACTS):** TRACTS is a Center of Excellence hosted by the VA Boston Healthcare System and funded by the VA Rehabilitation Research and Development Service (VARRDS). The mission of TRACTS is to promote multidisciplinary research that will lead to innovations in the diagnosis and treatment of the complex issues presented by the growing population of veterans who suffer the consequences of mTBI occurring in the context of stress-related emotional disorders. TRACTS provides a unique infrastructure to create synergy between investigators working in a number of scientific disciplines (including clinical neuropsychology; clinical psychology / psychiatry; translational basic science; and brain imaging). The TRACTS data repository which may be accessed for selected research project contains over 2000 behavioral, medical and demographic variables for over 400 prospectively enrolled participants, 150 with longitudinal data). In addition, the repository contains extensive quantitative neuroimaging information and in the near future will also contain data on over 500,000 genetic SNPS. We anticipate numerous opportunities for interns to develop research interests and skills related to the investigation of the joint effects of TBI and PTSD. TRACTS works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D., which will provide interns with the opportunity to learn about advanced structural and functional neuroimaging methods.

CO-DIRECTORS: REGINA MCGLINCHEY PH.D. AND WILLIAM MILBERG, PH.D., ABPP/CN

Lippa, S., Fonda, J. R., Fortier, C. B., Amick, M. A., Kenna, A., **Milberg, W. P., & McGlinchey, R. E.** (In Press). Deployment-related psychological and behavioral conditions and their association with functional disability in OEF/OIF/OND Veterans. *Journal of Traumatic Stress.*

Robinson, M. E., Lindemer, E. R., Fonda, J. R., **Milberg, W. P., McGlinchey, R. E.,** & Salat, D. H. (In Press). Close-range blast exposure is associated with altered functional connectivity in Veterans even

without concussion symptoms at time of exposure. *Human Brain Mapping.*

Please also see:
http://heartbrain.hms.harvard.edu/

- **VA Boston Healthcare System Neuroimaging Center** (Jamaica Plain): The VABHS Neuroimaging Center (or as it is known locally "The Neuroimaging for Veterans Center" or NERV) aims to elucidate the neural consequences of conditions affecting veterans from every cohort and generation served by the VA. Current research includes traumatic brain injury, posttraumatic stress disorder, aging, and mild cognitive impairment. The Center is equipped with a Siemens 3 Tesla MRI scanner with 32 Channel Head Coil capable of advanced structural and functional brain imaging. NERV is supported by an advanced computer infrastructure that is used for the quantitative analysis and storage of large neuroimaging datasets as well as a range of hardware and software for physiological monitoring and the presentation of auditory and visual stimuli for cognitive and sensorimotor studies of brain function. Center investigators are active across a diverse assortment of research projects including studies of anatomy, neurodegeneration, cognition, and emotion regulation in conditions affecting veterans. The center also supports an integrated Transcranial Magnetic Stimulation laboratory.

FACULTY: DAVID SALAT, PH.D., ELIZABETH LERITZ, PH.D., MIKE ESTERMAN, PH.D., JASMEET HAYES, PH.D., AND SCOTT HAYES, PH.D.

- **Boston Attention and Learning Laboratory** (Jamaica Plain): In the BALLAB, we study the cognitive and neural mechanisms of attention as well as the potential for enhancing attentional abilities through cognitive training. To gain insights from multiple perspectives, we perform behavioral, neuroimaging (functional MRI), neurostimulation (TMS, tDCS) and cognitive training experiments in healthy subjects and disordered populations (i.e., hemispatial neglect, TBI, PTSD, prosopagnosia). The BALLAB works closely with the VA Research Neuroimaging Center, as well as the Translational Research Center for TBI and Stress Disorders (TRACTS). The lab has multiple research assistants and post-docs, and there are numerous opportunities for interns to develop their research interests in cognitive neuroscience and neurorehabilitation across a range of clinical populations with attentional impairments.

FACULTY: JOSEPH DEGUTIS, PH.D. AND MICHAEL ESTERMAN, PH.D.

DeGutis, J., Esterman, M., McCulloch, B., Rosenblatt, A. S., Milberg, W. P., & McGlinchey, R. E. (In Press). Executive function and symptoms of posttraumatic stress: Evidence for specific inhibitory control dysfunction. *Journal of the International Neuropsychological Society.*

DeGutis, J., Chiu, C., Grosso, M., & Cohan, S. (2014). Face processing improvements in prosopagnosia: Successes and failures over the last 50 years. *Frontiers in Human Neuroscience, 8*.

Esterman M., Rosenberg M. D. & Noonan, S. K. (2014). Intrinsic fluctuations in sustained attention and distractor

processing. *Journal of Neuroscience, 34(5),*1724-30. doi: 10.1523/JNEUROSCI.2658-13.2014.

- **Center for Translational Cognitive Neuroscience** (Jamaica Plain): The CTCN studies memory with the goals of using cognitive neuroscience research to improve the lives of individuals with cognitive brain disorders. We also endeavor to build bridges between cognitive neuroscience research and investigators using other research techniques, and educate clinicians and scientists in cognitive neuroscience and how it can be applied to brain disorders. Our research uses the techniques of experimental psychology and cognitive neuroscience to understand memory and memory distortions in patients with Alzheimer's disease, mild cognitive impairment, and brain trauma. Current projects include using music or strategies to enhance memory, using ERPs (event-related potentials) as a biomarker to detect and track disease progression, and using questionnaires to evaluate a care coordination intervention from the Alzheimer's Association. Lab members are all encouraged to attend weekly lab meetings on Wednesday afternoons, and to participate in ongoing studies. Opportunities exist for the motivated and/or experienced intern or fellow to lead a small project or write a review paper.

FACULTY: ANDREW BUDSON, M.D., MAUREEN O'CONNOR, PH.D., MICHAEL TAT, PH.D.

PTSD Clinical Team

ROTATION COORDINATOR: DENISE SLOAN, PH.D.

Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-6333
Email: denise.sloan@va.gov
Location: Jamaica Plain Campus
Number of Interns: 2

Overview

The PTSD clinic is located at the Jamaica Plain campus of VA Boston Healthcare System. The PTSD clinic is an outpatient mental health program specializing in the treatment and assessment of PTSD and comorbid disorders in male veterans, and it is affiliated with the Behavioral Science Division of the National Center for PTSD. Interns in the PTSD rotation receive extensive training and experience with evidence-based treatment for PTSD and comorbid problems (e.g., BPD, substance use disorders, other anxiety and mood disorders), and they also have the opportunity to participate in research with Behavioral Science Division investigators. At the beginning of every rotation, interns are presented a series of training didactics on the treatment and assessment of PTSD. The didactics include presentations on:

- Use of the Clinician Administered PTSD Scale (CAPS-5);
- Cognitive-behavioral methods of treating a range of problems in traumatized veterans, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Dialectical Behavior Therapy (DBT), and Seeking Safety;
- Psychometric evaluation;
- PTSD and Substance Abuse;
- Phenomenology of Military Sexual Trauma (MST) and VA's response;
- Intimate Partner Violence (IPV);
- Effectively engaging patients in trauma-focused therapy;
- Phenomenology of war-zone trauma.

Clinical Experience

Interns will have the opportunity to gain supervised training in the following:

- **Assessment**: All veterans who present for treatment are assessed before assignment. Veterans who present with a complex symptomatology are provided with comprehensive multidimensional psychological evaluation. Methods include information gathered through structured and unstructured clinical interviews and psychological tests. The clinic conducts assessment using a case conceptualization approach. Thus, assessment focuses on differential diagnostic formulation, target identification, and prioritization of targets for intervention.

- **Treatment:** The treatment of veterans requires considerable sensitivity to the complexity of their clinical presentation. The PTSD clinic uses a flexible cognitive-behavioral treatment model to target a range of clinical problems, depending on the level of patient functioning, their personal resources, and both their immediate and long-term needs. Interns learn to flexibly apply skills to target various needs of veterans with PTSD, including, but not limited to:
  - stabilization (e.g., crisis intervention);
  - psycho-education about PTSD;
  - skills (e.g. stress management, anger management, sleep hygiene);
  - cognitive behavioral therapy (e.g., Prolonged Exposure, Cognitive Processing Therapy);
  - therapy for comorbid diagnoses (e.g. Seeking Safety and DBT).

  Interns provide individual psychotherapy and co-lead various psychotherapy groups with staff members or other trainees.
- **Case Conference and Clinical Team Meetings:** In addition to supervision there are two forums to discuss the clinical process with staff. Starting the second month of the rotation, interns present their cases in a twice monthly case conference. Interns present two cases during the major rotation and one case in the minor rotation. The series provides a forum for interesting and useful discussion of salient assessment, clinical management, and treatment issues. The Clinical Team meeting takes place every other week. This is a more informal setting to discuss cases as part of a working team and to become an integrated member of the PTSD Clinic.
- **Consultation to the Medical Center:** Interns provide ad hoc clinical consultation and liaison to psychiatry. The primary mode of consultation occurs in the context of intake assessments in the clinic. Intakes require consultation with the referral source as well as providing consulting to clinics that might be more appropriate for veterans given their presentation at the intake. Referrals may come from Primary Care, Substance Abuse, Behavioral Medicine, Psychiatry, among others. In addition, consultation can occur with inpatient services for either current cases in the clinic who need inpatient services or veterans currently in inpatient setting who need outpatient services upon their discharge from the inpatient unit.
- **Supervision Experience:** Interns are exposed to supervision experience when practicable through the provision of clinical case consultation to practicum trainees in the clinic. These experiences are overseen by one of the licensed providers in the clinic. Although this is a valuable experience that we strive to provide, it is not something that we can guarantee as the ratio of various trainees changes from year to year.

Supervision

Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for designing the training to meet the specific needs of the intern. The primary

supervisor is also the formal evaluator of the interns' progress in the program. Additional supervisors are assigned for weekly assessment intakes and for group psychotherapy. In addition, supervision for research or for individual assessment or treatment cases is also available from other staff or through outside professional consultants on an as-needed basis.

Research

Interns have the opportunity to become involved in ongoing clinical research activities. The intern's level of involvement can vary from a limited role in an ongoing project up to, and including, the design and implementation of their own project. Current projects in the two National Center for PTSD divisions are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, randomized controlled trials, psychophysiology of PTSD, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization. Decisions about extent of research involvement typically are based on an intern's interest and available time, Division resources, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.

Select recent publications from our Behavioral Science Division staff:

Bernstein, R.E., Delker, B. C., **Knight, J.A.,** & Freyd, J.J. (in press). Hypervigilance in college students: Associations with Betrayal and Dissociation and psychometric properties in a Brief Hypervigilance Scale. *Psychological Trauma: Theory, Research, Practice, and Policy.*

Collins, A.E., **Niles, B.L.,** Mori, D.L., Silberbogen, A.K., & Seligowski, A.V. (2014). A telephone-based intervention to promote diabetes management in veterans with posttraumatic stress symptoms. *Professional Psychology: Research and Practice, 45*, 20-26.

Constans, J. I., Kimbrell, T. A., Nanney, J. T., **Marx, B. P.,** Jegley, S., & Pyne, J. M. (2014). Overreporting bias and the modified stroop effect in OEF/OIF veterans with and without PTSD. *Journal of Abnormal Psychology, 81-90*.

Doron-LaMarca, S., **Niles, B. L.,** King, D. W., King, L. A., Pless Kaiser, A., & Lyons, M. J. (In Press).Temporal associations among chronic PTSD symptoms in combat veterans. *Journal of Traumatic Stress.*

Farr, O. M., **Sloan, D.M., Keane, T.M.,** & Mantzoros, C.S. (2014) Stress and PTSD-associated obesity and metabolic dysfunction: A growing problem requiring further research and novel treatments. *Metabolism, 63*, 1463-1468.

Hayes, J. P., Hayes, S. M., & Mikedis, A. M. (2012). Quantitative meta-analysis of neural activity in posttraumatic stress disorder. *Biology of Mood and Anxiety Disorders*, 2:9.

Hayes, J. P., Miller, D. R., Lafleche, G., Salat, D. H., & Verfaellie, M. (2015). The nature of white matter abnormalities in blast-related mild traumatic brain injury. *NeuroImage: Clinical, 8,* 148-156.

Hayes, M. A., Gallagher, M. W., Gilbert, K. S., Creech, S. K., DeCandia, C. J., Beach, C. A., & **Taft, C. T.** (in press). Targeting relational aggression in Veterans: The Strength at Home friends and family intervention. *Journal of Clinical Psychiatry*.

Keane, T. M. (2014) Some Thoughts on the Implications of Findings from Army STARRS. *Depression and Anxiety.*

Holowka, D. W., **Marx, B. P.,** Gates, M. A., Litman, H. J., Ranganathan, G., Rosen, R. C., & **Keane, T. M.** (2014). PTSD diagnostic validity in Veterans Affairs electronic records of Iraq and Afghanistan Veterans. *Journal of Consulting and Clinical Psychology, 82,* 569-579.

Knight, J., Kamholz, B., & **Keane, T.** (in press) Differences in Drinking Patterns, Occupational Stress, and Exposure to Potentially-Traumatic Events among Firefighters: Predictors of Smoking Relapse. *American Journal on Addictions.*

Konecky, B., Meyer, E.C., **Marx, B.P.,** Kimbrel, N.A., & Morissette, S.B. (in press). Using the WHODAS 2.0 to assess functional disability associated with mental disorders for DSM-5. *American Journal of Psychiatry.*

Marx, B. P., Bovin, M. J., Suvak, M. K., Monson, C. M., **Sloan, D. M.,** Fredman, S. J., Humphreys, K. L., **Kaloupek, D. G., & Keane, T. M.** (2012). Concordance between physiological arousal and subjective distress among Vietnam combat veterans undergoing challenge testing for PTSD. *Journal of Traumatic Stress, 416-425.*

Naeser, M., Zafonte, R.O., Krengel, M.H., Martin, P.I., Frazier, J.A., Hamblin, M.R., **Knight, J.A.** & Baker, E. (2014). Significant improvements on cognitive performance post- transcranial, red/near-infrared LED treatments in chronic, mild TBI: Open-protocol study. *Journal of Neurotrauma*, PMID: 24568233

Park, C. L., **Wachen, J., Pless Kaiser, A.,** & Stellman, J. (2014). Cumulative trauma and midlife well-being in American women who served in Southeast Asia: Effects of combat exposure and deployment support. *Anxiety, Stress, and Coping, 28,* 144-161.

Pless Kaiser, A., Wang, J., Davison, E. H., Park, C. L., & Stellman, J. M. (in press). Stressful and Positive Experiences of Women who Served in Vietnam. *Journal of Women & Aging.*

Sadeh, N., Miller, M.W., Wolf, E.J., & Harkness, K.L. (2015). Negative emotionality and disconstraint influence PTSD symptom course via exposure to new major adverse life events. *Journal of Anxiety Disorders, 31,* 20-27.

Sadeh, N., Spielberg, J.M., **Miller, M.W.,** Milberg, W.P., Salat, D.H., Amick, M., Fortier, C. & McGlinchey, R.E. (2015). Neurobiological indicators of disinhibition in posttraumatic stress disorder. *Human Brain Mapping,* epub ahead of print.

Sloan, D. M., Vogt, D., Wisco, B. E., & **Keane, T. M.** (2015). Postdoctoral training in traumatic stress disorders *Research, Practice, and Policy, 7,* 195-202.

Wisco, B. E., **Marx, B. P., Sloan, D. M.,** Gorman, K. R., Kulish, A. R., & Pineles, S. L. (in press). Self-distancing from trauma memories reduces physiological but not subjective emotional reactivity among Veterans with posttraumatic stress disorder. *Clinical Psychological Science*.

Wolf, E. J., Miller, M. W., Kilpatrick, D., Resnick, H. Badour, C. L., **Marx, B. P., Keane, T. M.,** Rosen, R. C., & Friedman, M. J. (2015). ICD-11 complex PTSD in US National and veteran samples: Prevalence and structural associations with PTSD. *Clinical Psychological Science, 3*, 215-229.

Taft, C. T., Weatherill, R. P., Panuzio Scott, J., Thomas, S. A., Kang, H. K., & Eckhardt, C. I. (in press). Social information processing in anger expression and partner violence in returning Veterans. *Journal of Traumatic Stress*.

Rehabilitation Psychology

ROTATION COORDINATOR: KYSA CHRISTIE, PH.D.

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Locations: West Roxbury Campus – 3 days
Brockton Campus – 1 day
Varying among campuses – 1 day
Number of Interns: 1

Overview

The Spinal Cord Injury Program of the VA Boston Healthcare System serves as a regional spinal cord center as a part of the "Hub and Spokes" model of care for VISN 1 (VA in New England) and is one of the premier, pioneering centers in the field of Spinal Cord Medicine, with over fifty years of experience and continuous service. Comprehensive care is provided to patients to improve their health and functional abilities, and maintain quality of life from onset of injury throughout their life.

The Rehabilitation Psychology rotation provides interns with experiences in the SCI service to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with Division 22 standards of American Psychological Association and the American Board of Rehabilitation Psychology (i.e., ABPP specialty certification in Rehabilitation Psychology). Rehabilitation Psychology is an area of psychological practice concerned with assisting individuals with disabilities (congenital or acquired) in achieving optimal psychological, physical, and social functioning.

This rotation focuses on the entire network of biological, psychological, social, neuro-psychological, and environmental factors that affect the functioning of persons with disabilities, all operating from a scientist-practitioner model. Supervisors function as clinical-academic mentors and interns will have opportunities to be active in areas of clinical practice, clinical research, team building, documentation and education relating to being a professional psychologist within an interdisciplinary team. The approach is patient centered with an appreciation for diversity and individual strengths. Training in rehabilitation psychology incorporates scientific knowledge of the inter-relationships among behavioral, emotional, cognitive, social and biological components in health and disease in order to promote and optimize mental and physical health and global life satisfaction for veterans with Spinal Cord Injury/ Dysfunction (SCI/D). Strengths of the rotation include opportunities to implement the biopsychosocial model in the context of an interdisciplinary team that includes physicians, social work, nursing, occupational therapy, physical therapy, speech and language pathology, therapeutic

recreation, kinesiotherapy, nutrition, pharmacy, and case management. Ongoing consultation occurs with team members and patients formally and informally. The entire continuum of care is covered from acute injury to chronic disability to palliative and end of life care.

The Rehabilitation Psychology rotation emphasizes closely supervised clinical experiences in inpatient and outpatient settings through the provision of psychological services to individuals with both acute and chronic disabilities within the SCI/D Service continuum of care. Building upon prior experiences and skills, the intern utilizes supervision and clinical experiences to further develop the provision of psychology services with increased professional autonomy. Interns who complete an 8-month rotation should achieve a proficiency in rehabilitation psychology practice at the internship level, while interns who complete a 4-month rotation will gain exposure and experience in the area of rehabilitation psychology. The training for both the four- and eight-month rotation interns may also include opportunities to provide time-limited supervision to trainees

Clinical Experience

The outlines of the Rehab Psychology rotation involve the primary training setting at West Roxbury (three days per week), plus a fourth day at Brockton, and the fifth day of training is reserved for other training needs. The Rehabilitation Psychology intern works in three distinct clinical settings with veterans with SCI/D over the course of the rotation: an inpatient acute and general medical unit, outpatient clinic, and long-term Residential care. Clinical time will be roughly split with about 70% time inpatient care and 30% time with outpatient services and includes mainly individual with opportunities for group sessions. There can be some flexibility according to the intern's interests and training needs. A unique aspect of the SCI/D service is a commitment to continuity of quality care from acute injury throughout the veteran's lifetime.

- ***Inpatient Services Spinal Cord Injury – West Roxbury:*** This service includes a CARF-accredited SCI inpatient program that provides intensive interventions in the disciplines of medicine, nursing, occupational therapy, physical therapy, speech and language pathology services, recreational therapy, social work, psychology, kinesiology, and psychiatry. Interns will have the opportunity to gain exposure to a wide range of clinical experiences relating to rehabilitation for individuals with SCI/D that fully encompass the application of the biopsychosocial model. This rotation provides systematic training in the application of psychological principles and techniques to treat mental health issues including depression, grief, anxiety, late-life PTSD, dementia, behavioral concerns; rehabilitation issues such as adaptation to disability, acute and chronic pain, motivation for therapy, neuropsychological assessment as it pertains to treatment and discharge planning and complex neuropsychiatric presentations which require a full "team intervention" to optimize care. The possibilities in working at this service are exciting for interns with interests in acute adjustment issues relating to new

and pre-existing disability, family roles, re-integration into the community, neuropsychology, capacity evaluations, acute and chronic pain, crisis intervention, and effects of long-term hospitalization.

SUPERVISORS: MELISSA AMICK, PH.D., AND KYSA CHRISTIE, PH.D.

- ***Outpatient Services Spinal Cord Injury – Brockton and West Roxbury:*** The intern will serve as an integral part of the SCI Outpatient team through the provision of outpatient services to individuals who live in the community. As part of the medical team's comprehensive annual evaluation of all veterans with SCI/D in the community, psychosocial and cognitive screenings are also provided. Psychology serves as a significant team member in this clinic offering comprehensive screening assessments to identifying unmet needs. The intern will have the opportunity to follow patients and provide time-limited psychological services on an outpatient basis (e.g., issues relating to adjustment to life changes, cognitive challenges, sleep, pain management, health promotion and psychoeducation, etc.). This rotation includes the same systematic training in the application of psychological principles and techniques to treat mental health issues that are presented for the inpatient unit listed above.

  SUPERVISORS: MELISSA AMICK, PH.D., MAGGI BUDD, PH.D., MPH, ABPP/RP, KYSA CHRISTIE, PH.D., AND JOHN OTIS, PH.D.

- ***Long-Term Residential Spinal Cord Injury – Brockton:*** The interns at the Brockton campus learn the role of rehabilitation psychology as a member of an interdisciplinary team in the setting of a long-term residential medical unit. This unit maintains a very active inpatient census including 22 long-term, 6 transitional, and 2 respite care beds, which together provide the opportunity to gain exposure to a wide range of clinical experiences relating to rehabilitation for individuals with SCI/D that fully encompasses the application of the biopsychosocial model. This rotation includes the same systematic training in the application of psychological principles and techniques to treat mental health issues that are presented for the aforementioned settings listed in the other two training settings. The possibilities in working at this campus are exciting for interns with interests in team and staff development from a team model, effects of aging on chronic disability, rehabilitation, neuropsychology, capacity evaluations, chronic pain, crisis intervention, program evaluation, and staff and family issues.

  SUPERVISOR: MAGGI BUDD, PH.D., MPH, ABPP/RP

Instruction

The rehabilitation psychology intern will be able to attend and expected to present at the weekly SCI Education series, which reviews current medical, psychological, and complex cases in SCI. The intern participates in educational opportunities such as the monthly Schwartz Rounds and weekly Mental Health Ground Rounds and physician/fellow series. Interns

have opportunities to attend other educational opportunities within aging offered through the Geropsychology team in VA Boston, Boston University School of Medicine, and Harvard Medical School.

Selection Criteria

The successful applicant will have had a minimum of one practicum experience with a medical population. Coursework and/or research in the areas of behavioral medicine, rehabilitation psychology, medical psychology, neuropsychology or any similar demonstration of interest and commitment to the field of rehabilitation psychology are beneficial. Previous exposure to cognitive or neuropsychological assessment is useful but not required.

Supervision

The rehabilitation psychology intern receives at least four hours of weekly supervision, at least two hours of which are individual with the primary supervisor and in accordance with the intern's selected cases. Weekly group supervision is also provided as an opportunity to discuss cases from multiple perspectives. The long-term therapy supervisor provides an additional hour of supervision. Interns also will have an opportunity to provide clinical case consultation / "supervision" to practicum students on the Brockton campus, under the direction of a licensed psychologist.

Research

Interns who are interested have the opportunity to collaborate on a number of clinical research projects that are at various stages of development. Opportunities exist for assisting with and coordination of data collection and analysis, manuscript writing, and conference presentations. Additional experiences are often available to help with peer editing for professional journals. Scholarly inquiry, program evaluation, dissemination and literature reviews relating to clinical cases are a regular part of this rotation.

Current active areas of research include:

- Caregiver stress;
- Adaptive yoga for spinal cord injuries;
- Biomarkers of OEF/OIF Deployment related cognitive and emotional disorders;
- Biomarkers of cerebrovascular risk in SCI;
- Post traumatic headache, pain and PTSD, and application of the Unified Protocol;
- Creating a model for interest in living versus desire to die in populations with severe disabilities;
- Ethical dilemmas within clinical practice.

Christie, K. M., Meyerowitz, B. E., Giedzinska-Simons, A., Gross, M., Agus, D. B. (2009). Predictors of affect following treatment decision-making for prostate cancer: Conversations, cognitive processing, and coping. *Psycho-Oncology, 18:* 508 - 514.

Christie, K. M., Meyerowitz, B. E., Maly, R. C. (2010). Depression and sexual adjustment following breast cancer in low-income Hispanic and non-Hispanic White women. *Psycho-Oncology, 19*: 1069 - 1077.

Patten, C., **& Budd, M.A.** (2013). *Testing neuropsychologists' knowledge of differentials for dementia.* Poster presented at Massachusetts Neuropsychological Society's Annual Science Symposium, Boston, MA, June 4

Patten, C., & **Budd, M.A.** (2013). *Frontal Temporal Dementia (FTD): An Interactive Look at the Similarities and Differences with Other Neurodegenerative Diseases.* Joint Sponsors: Harvard NeuroDiscovery Center & MGH Neurological Clinical Research Institute. Poster presented at Massachusetts Alzheimer's Disease Research Center & Boston University Alzheimer's Disease Center 26th Annual Poster Symposium. Boston, MA, Feb. 8.

Patten, C., & **Budd, M.A.,** Zhan, E. (2013). *Challenges for Medical Rehabilitation with Co-occurring Anoxic Brain Injury, Traumatic Brain Injury, and Spinal Cord Injury: A Case Study.* Poster presented at Harvard Medical School Psychiatry Research Day and Mysell Lecture, Boston, MA, April 11.

Christie, K. M., Meyerowitz, B.E., Stanton, A. L., Rowland, J. H., Ganz, P. A. (2013). Characteristics of breast cancer survivors that predict partners' participation in research. *Annals of Behavioral Medicine.* doi: 10.1007/s12160-013-9477-7.

Amick, M. M., Kraft, M., McGlinchey, R. (2013) Driving simulator performance of veterans from the Iraq and Afghanistan wars. *J Rehabil Res Dev. 2013;50(4):463-70.*

Amick, M. M., Clark, A., Fortier, C. B., Esterman, M., Rasmusson, A. M., Kenna, A., Milberg, W. P., McGlinchey, R. (2013) PTSD modifies performance on a task of affective executive control among deployed OEF/OIF veterans with mild traumatic brain injury. J Int Neuropsychol Soc. (7):792-801.

Kasl-Godley, J.E., **Christie, K.M.** (2014). Advanced illness and the end of life. In *The Oxford Handbook of Clinical Geropsychology*. Eds Nancy A. Pachana and Ken Laidlaw.

Clark, A. L., **Amick, M. M.**, Fortier, C., Milberg, W. P., McGlinchey, R. E. (2014). Poor performance validity predicts clinical characteristics and cognitive test performance of OEF/OIF/OND Veterans in a research setting. *Clin Neuropsychol. 28(5):802-25.*

Otis, J. D. & Levine, A., & Higgins, D. M. (2014). Assessment of pain and pain-related disorders. Bush, S (Ed.). *Psychological Assessment of Veterans,* Oxford University Press

Alschuler, K., & **Otis, J.D.** (2014). An examination of the impact of posttraumatic stress disorder on the classification of pain as mild, moderate, or severe in a sample of veterans with chronic pain. *Psychological Services. 11(3),* 273-80.

Scioli-Salter, E.R., Forman, D., **Otis, J.D.,** Valovski, I., Rasmusson, A.M., (2014). The Shared Neurobiology of Comorbid Chronic Pain & PTSD: Therapeutic Implications. *Clinical Journal of Pain*, 31, 363-374

Fortier, C. B., **Amick, M. M.,** Kenna, A., Milberg, W. P., McGlinchey, R.E. (2015) Correspondence of the Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L) clinical interview and the VA TBI screen. *Journal of Head Trauma Rehabil. 30(1):E1-7.*

Lawson, Rachel & **Budd, M.A.** (2015*). Desire to die? Or disinterest in living?* Poster presented at Harvard Medical School Psychiatry Research Day and Mysell Lecture, Boston, MA, April 19.

Strunk, Brianna & **Budd, M.A.** (2015). *Framework for Decision Making in Medicine: Implications in End of Life Care.*

Poster presented at Harvard Medical School Psychiatry Research Day and Mysell Lecture, Boston, MA, April 19.

Agbayani, Kristina & **Budd, M.A.** (2014). *Biomedical ethics for end of life care.* Poster presented at Harvard Medical School Psychiatry Research Day and Mysell Lecture, Boston, MA, March 19.

Powell, M.A., Corbo, V., Fonda, J., **Otis, J.D.,** Milberg, W., & McGlinchey, R. (in press). Sleep Quality and re-experiencing symptoms of posttraumatic stress disorder predict reported physical pain in OEF/OIF veterans. *Journal of Traumatic Stress.*

Scioli-Salter, E., Forman, D.E., **Otis, J.D.,** Tun C., Allsup, K., Marx, C., Hauger, R., Shipherd, J.C., Higgins D., Tyzik A., & Rasmusson, A.M. (in press). Potential neurobiological benefits of exercise in chronic pain and post-traumatic stress disorder: A pilot study. *Journal of Rehabilitation, Research and Development.*

Substance Abuse Spectrum of Treatment

ROTATION COORDINATOR: JUDITH BAYOG, PH.D.

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Location: Brockton Campus
Number of Interns: 1

Overview

The Brockton Substance Abuse Spectrum of Treatment rotation at the VA Boston Healthcare System offers the intern an experience that spans two levels of care, residential and outpatient, and three distinct programs, described below. The goal of the rotation is to provide training in evidence-based assessment, treatment, consultation, clinical research, and program evaluation. Consistent with the scientist-practitioner model, the intern will provide treatment to Veterans with substance use and/or other co-occurring mental health disorders.

Clinical Experience

The Brockton Substance Abuse Spectrum of Treatment rotation offers a comprehensive and integrated clinical training experience across three clinical programs providing different intensities and modalities of care with the goal of providing interns with significant breadth and depth of experience working with a variety of substance use and other co-occurring disorders. The three clinical settings are:

- **Center for Integrated Residential Care for Addictions (CIRCA)**
- **Outpatient Alcohol and Drug Treatment Program (ADTP)**
- **Project for Counseling Alcoholics' Marriages (CALM)**

Together, these programs offer a plethora of clinical services to male and female Veterans, including state-of-the-art assessment, empirically-supported individual and group therapy, as well as an internationally-recognized behavioral couples therapy (BCT) model. Interns are provided a unique opportunity to work with patients across a continuum of care, and with patients who have substance use problems that differ in duration and severity, as well as a wide range of co-occurring mental health problems. Interns also learn to coordinate care with other VA treatment programs (e.g. homelessness programs, suicide prevention programs, long-term residential programs, work therapy programs,) as well as community resources (e.g., 12-Step programs, SMART recovery, Veteran support groups) to provide additional support for patients.

All of the substance use disorder treatment programs have a steady flow of patients that ensure access to a rich set of training experiences. The intern provides services for a patient population diverse in age, gender, sexual orientation, socioeconomic status, religion and spiritual beliefs, cultural identity, trauma history, era of military service, and combat experience. Working across settings provides the intern with an opportunity to learn evidence-based treatment approaches appropriate to the level of care (e.g., abstinence vs. controlled drinking), and to work with patients at varying stages of recovery and readiness to work on other life problems. Patients served by these clinics often receive treatments that address co-occurring mental health problems (e.g., Mood and Anxiety Disorders, including PTSD), and the intern gains proficiency treating a range of mental health problems in the context of addiction. Staff works closely with interns to develop a balanced caseload that promotes maximum professional development as well as self-care. The total percent of intern time devoted to direct patient care is approximately 50% of the training week, with an additional 15% spent in supervision and clinic specific didactics. Approximate number of direct service hours in each program will vary, but will include the following:

- ***ADTP:***
  - Structured diagnostic assessment;
  - Individual therapy (MI, MET, CBT, and Cognitive Processing Therapy);
  - Group therapy.
- ***CALM:***
  - Behavioral Couples Therapy.
- ***CIRCA:***
  - Individual therapy and care coordination;
  - Group therapy employing cognitive-behavioral relapse prevention techniques, DBT-oriented emotion-regulation skills training, and/or CBT for depression and anxiety; and
  - Screening assessment to determine appropriateness for program admission.

In addition to clinical experiences, interns spend time in research and program evaluation, addiction-specific didactics (described below), and case conferences/ clinical team meetings. Interdisciplinary resources are utilized to provide interns with current research and treatment innovations and a forum for professional collaboration and discussion.

Supervision

At the Brockton Substance Abuse Spectrum of Treatment rotation, several psychologists provide training for the intern in their respective programs.

- ***Judith Bayog, Ph.D.*** Licensed Psychologist, Program Manager of the Outpatient ADTP Clinic, and Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School is the primary supervisor for this rotation. She coordinates the various training components of the rotation, and helps interns develop training plans that maximize professional development in the context of good self-care. She is a MET and CPT

certified provider. Dr. Bayog will provide the intern with two hours/week of individual supervision.

- ***Aida Čajdrić-Vrhovac, Ph.D.*** Licensed Psychologist, Program Manager of the Center for Integrated Residential Care for Addictions (CIRCA), and Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Čajdrić-Vrhovac is the primary coordinator and supervisor for activities in CIRCA. She will provide two hours/week of individual and group supervision.
- ***Justin Enggasser, Ph.D.*** Licensed Psychologist and the Section Chief of Substance Abuse Treatment at VA Boston Healthcare. He is an Assistant Professor of Psychiatry at Boston University School of Medicine, and Instructor in Psychology at Harvard Medical School. He will provide supplemental supervision for the trainees on CIRCA or ADTP activities, as needed.
- ***Timothy O'Farrell, Ph.D., ABPP*** Licensed Psychologist, Director of the CALM Project at VA Boston, and Professor of Psychology at Harvard Medical School. He will provide one hour/week of individual supervision.

Research / Program Evaluation

Development of research proficiencies is supported through Project CALM and CIRCA.

Much of the empirical support for Behavioral Couples Therapy (BCT) in substance abuse has come from projects conducted here at the Brockton Campus. Dr. Timothy O'Farrell currently has projects on BCT for alcoholism and drug abuse, domestic violence among male and female alcoholic patients, and other aspects of families and addiction. He has a strong interest in collaborating with interns and fellows; over 90 of his publications have been co-authored with former trainees. Interns are provided the opportunity to join ongoing projects or initiate small-scale projects with existing databases.

Dr. Enggasser is the Section Chief for Substance Abuse Treatment Programs at VA Boston, and is available as a research mentor for interns interested in SUD related research. Dr. Enggasser is involved in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Research opportunities with Dr. Enggasser could involve one of two current clinical trials evaluating 1) efficacy of an automated Web-based self-help intervention for returning veterans with problem drinking and trauma symptoms, and 2) efficacy of treatment for SUD/PTSD delivered via video teleconferencing. Specific activities connected with these projects can vary depending on a trainee's interest and goals, as well as the status of the project at the time the trainee is available.

Opportunities for trainees to participate in program evaluation across all levels of care are available. Interns may opt to participate in ongoing mandated Performance Improvement (PI) projects in ADTP directed by Dr. Judith Bayog or in CIRCA under the direction of Dr. Čajdrić-Vrhovac. There are pre- and post-treatment measures for treatment outcome in

ADTP and CIRCA. Interns who prefer to conduct their own group and implement pre- and post-treatment measures will be mentored through this process. Substance abuse treatment clinics compile program evaluation reports tracking consults and treatment retention, and the intern is welcome to participate in these activities as well. Finally, ADTP and CIRCA have ongoing efforts to gather client satisfaction data in order to guide program development efforts, and the intern can gather, analyze, and synthesize data from these surveys.

Didactics

In addition to the weekly Internship seminar series attended by trainees across all rotations, there are two venues to foster the substance abuse intern's professional development. *The Addiction Journal Club* is a monthly meeting of SUD faculty, interns, and fellows that focuses on maintaining the scientist-practitioner model by keeping current on empirical and theoretical advances that can inform clinical practice. The second venue is a monthly *Brockton PTSD/SUD Clinical Forum* that is open to all psychology interns on Brockton rotations, as well as multidisciplinary staff from substance abuse and PTSD clinics in Brockton. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUDs, and the forum will include the opportunity for informal case presentation.

Research

Examples of recent publications from this rotation include:

Brief, D., Rubin, A., **Enggasser, J.**, Roy, M. and Keane, T. (2011). Web-based intervention for returning veterans with symptoms of posttraumatic stress disorder and risky alcohol use. *Journal of Contemporary Psychotherapy, 41, 237-246.*

Brief, D.J., Rubin, A., Keane, T.M., **Enggasser, J.L.,** Roy, M., Helmuth, E., Hermos, J., Lachowicz, M., Rybin, D., Rosenbloom, D. (2013). Web Intervention for OEF/OIF veterans with problem drinking and PTSD symptoms: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 81, 890-900.*

Kramer, J., Rubin, A., Coster, W., Helmuth, E., Hermos, J., Rosenbloom, D., Moed, R., Dooley, M., Kao, YC., Liljenquist, K., Brief, D., **Enggasser, J.**, Keane, T., Roy, M., Lachowicz, M. (2013). Strategies to address the challenges of participant misrepresentation in web-based research. *International Journal of Methods in Psychiatric Research*.

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Substance Abuse Treatment Program

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Number of Interns: 1

Overview

The Substance Abuse Treatment Program (SATP) at the VA Boston Healthcare System - Jamaica Plain campus offers residential and outpatient treatment for veterans with alcohol and/or a wide range of drug problems. The primary goal of this rotation is to provide state-of-the-art training in assessment and treatment for veterans with substance use disorders as well as providing treatment for the co-morbid disorders that may be driving substance use. Offering ongoing care across a spectrum of treatment settings is a key component of our mission in the SATP and in our training of interns.

This rotation typically has one intern, in addition to 3 postdoctoral fellows and 2 psychology practicum students. The intern shares an office with the postdoctoral fellows at the Jamaica Plain campus and is provided with swing space therapy offices for conducting psychotherapy and assessment sessions. The Jamaica Plain campus of the VA Boston Healthcare system is located in an urban setting and serves a very diverse patient population and employs diverse staff (in terms of age, sexual orientation, and cultural background).

Who Do We Serve? Many of the veterans in our programs also have co-occurring psychiatric conditions such as PTSD, anxiety disorders, depression, and personality disorders and are struggling with significant social problems.

Our veteran patients use many different substances. A majority of our clients misuse common drugs like cocaine, heroin, marijuana and alcohol, but some of them also use oral opiate pain medications, anxiolytic/sedative medications, inhalants, and various generations of designer drugs (e.g. MDMA, ketamine, GHD, bath salts, synthetic cannabinoids, methamphetamine, etc.). In addition to chemical dependency concerns, a number of our veterans also struggle with related habit disorders, including gambling, sexual addictions, compulsive overspending, etc. Most of our clients use caffeine regularly, and a high number also struggle with decisions about trying to quit smoking and/or tobacco chewing.

Our veterans come from all over New England and from other states and US territories, and

range in age from early 20s to late 70s. In terms of veteran status, they represent all five branches of the active-duty military (Army, Navy, Air Force, Marine Corps, and Coast Guard) and their National Guards and Reserves. Our veterans represent a variety of cultural groups, and have included Anglo-Caucasian veterans of various cultural backgrounds; African-American, Caribbean-American, and Cape Verdean veterans; veterans from various Caribbean-based Latino cultures; and veterans from Native- and Asian-American backgrounds. The veterans treated in the program represent a variety of religious and spiritual backgrounds, and a number of speak languages in addition to English (most commonly Spanish). While the majority of our veterans identify as heterosexual, we have treated a number of LGBT veterans in the SARRTP and the outpatient clinic. Our patients represent a variety of socio-economic and educational backgrounds.

Who Are We? The staff of the SATP includes a multidisciplinary staff from psychology, psychiatry, social work, and nursing. The intern has clinical responsibilities and is part of the treatment team in both the residential treatment program and the outpatient clinic while on the rotation.

Learning Objectives

The learning objectives of the Substance Abuse Treatment Program consist of:

1. Learn how to conduct empirically-supported group and individual therapy with veterans with substance use disorders such as: Relapse Prevention, Seeking Safety, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Mindfulness–Based Relapse Prevention, Cognitive Processing Therapy, Cognitive Behavioral Therapy for depression. The SATP at the Jamaica Plain campus is often described, accurately, as “boot camp” for learning to conduct group psychotherapy interventions.
2. Learn how to assess substance use and comorbid conditions.
3. Learn how to work with an interdisciplinary mental health team.
4. Learn how to refer and follow veterans across a spectrum of care (e.g. detoxification, residential and outpatient programs and community residences and work therapy program).
5. Learn how to assess and treat psychological comorbidities and interpersonal difficulties (e.g. PTSD, anxiety disorders, affective disorders, personality disorders, grief, and family and other relational issues).
6. Learn how to work with the various diversity dimensions and learning how include diversity issues in conceptualizations and treatment of veterans' cases.
7. Learn how to conduct individual psychotherapy with veterans with significant substance use issues and other comorbidities including how to develop treatment plans that address the multiple issues with which the population presents.
8. Learn how to conduct research and program evaluation initiatives that reflect the current issues confronting substance-using veterans.

9. Learn to supervise clinical trainees by providing individual case consultation / "supervision" to psychology practicum students under the direction of a licensed psychologist.

- ***Length of Rotation:*** The opportunities described above are available for the interns working within the SATP rotation as part of the 8-month (Match) or four-month rotation length. Eight-month interns will be exposed to a wider array of cases, many of which are appropriate for long-term intervention on an outpatient basis, and have more opportunities for program development.

  Under our supervised apprentice model, licensed doctoral staff model various roles common for staff psychologists and encourage interns to begin to take on such roles themselves. These roles include those of clinician, researcher, program developer, staff manager, teacher, etc. Our rotation is also ideal for interns who see themselves wanting to go on to postdoctoral Fellowship in substance use work and ultimately to go on to careers in program management, program and research development, and clinical supervision of programs in the substance use field. Many of our alumni have gone on to careers in the VA's Mental Health Service, and a number have also gone on to productive careers in tenure-track academic positions in universities.

Clinical Experience

Our training program at JP campus's SATP offers immersion in two (largely overlapping) treatment teams (residential and outpatient), in the context of empirically-supported cognitive-behavioral treatment in an academic environment.

RESIDENTIAL TREATMENT: The Substance Abuse Residential Rehabilitation Program (SARRTP) offers six weeks of treatment for up to 20 male veterans at a time. Working in the residential program, interns have the opportunity to strengthen their skills in assessment, group and individual therapy, and consultation.

- **Group Therapy:** Interns on this rotation usually conduct five 90-minute SARRTP groups per week. The intern co-facilitates a **cognitive-behavioral Relapse Prevention group**, which meets three times per week with the same group of six veterans. The intern is the primary co-therapist for these patients and therefore provides various case management activities on behalf of these veterans (e.g. discharge planning, treatment referrals, coordination with employers or probation officers, and family meetings). Interns are also offered the opportunity to co-lead a **Seeking Safety group** for our SARRTP residents who have co-occurring PTSD. Finally, the intern has the opportunity to co-lead a **Dialectical Behavior Therapy skills group** to assist veterans in managing distress and developing emotion regulation and mindfulness skills. All groups are co-led with senior members of the staff or with a senior postdoctoral fellow.
- **Individual Therapy:** The intern may conduct individual therapy with veterans who are treated in the SARRTP. Often

individual therapy focuses on the treatment of co-occurring conditions like depression, anxiety, PTSD, or personality features that may impact substance use. Individual therapy may include **Cognitive Processing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Cognitive-Behavioral Therapy, and Interpersonal Therapy.** Other issues that may be addressed in individual therapy include:

- dealing with grief/bereavement;
- struggling with sexual orientation definition, or gender identity questions;
- addressing sexual addiction problems;
- managing medical comorbidities;
- working through relationship issues (with guest meetings with veterans' partners, family of origin, and/or adult children); and
- addressing anxieties about financial and/or vocational concerns, particularly as these effect recovery.

♦ **Consultation:** The intern is an integral member of the SARRTP consultation / liaison team. This training component offers the opportunity to interact with inpatient psychiatry, medicine, or other substance abuse treatment programs, at VA Boston, at other area VAs, and at non-VA facilities, as well as with the criminal and judicial systems, and with self-referrals. Interns complete comprehensive screening assessments for admission to the program, provide treatment recommendations based on these assessments, and provide feedback to veterans, to referring clinicians, and to the SARRTP team about the findings of their assessments. Interns utilize a semi-structured interview to assess patients.

♦ **Staff Meetings:** Frequent multidisciplinary staff meetings provide an opportunity for a high level of intern involvement in treatment planning, which may include consultation with other services in the hospital and development of appropriate aftercare plans. The intern is considered an integral member of the staff and plays important roles in the full SARRTP staff meeting (one hour per week), a treatment plan meeting with a portion of the SARRTP staff and veterans (one hour per week), and the Consultation and Admissions Team (one hour per week). Interns regularly present in team meetings on the veterans that they are following in their primary Relapse Prevention treatment groups on SARRTP and, in doing so, learn how to relay information to the interdisciplinary treatment team to facilitate treatment progress. In the Consultation and Admissions Team meeting, the intern is involved with the Admissions Director in planning admissions to the program and, most importantly, presents his or her screening assessment findings, for review by the full team. This information is used to make decisions about whether residential treatment is the best treatment fit for the veteran.

OUTPATIENT TREATMENT: The outpatient Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for female and male veterans who are motivated to work on making changes in their substance use. The intern spends approximately 20% of their time

working in the ADTP. There is a high degree of overlap between the SARRTP and ADTP teams, which provides many opportunities for interns to follow veterans from an outpatient setting to a residential setting or vice versa.

Given that the staff and veteran population are very similar across the SARRTP and ADTP, many of the intern's clinical opportunities are similar across these two clinical settings, as well. Below are some of the unique elements of the intern's work in the ADTP.

- **Intakes, Assessments, and Staff Meetings:** The intern will have the opportunity to conduct diagnostic testing and comprehensive biopsychosocial assessments. They usually conduct one outpatient intake assessment per month with veterans who are newly referred to the ADTP. Interns attend a weekly outpatient staff meeting, in which they present their intake cases and participate in case consultation. Interns also several psychological assessment batteries while on the rotation, often to clarify co-morbid diagnoses. Some of the measures frequently used in evaluating our clients include: The MMPI-2, the Personality Assessment Inventory (PAI), the PTSD CheckList (PCL-V), the Beck Depression (BDI-II) and Beck Anxiety Inventories (BAI) and Beck Hopelessness Scale (BHS), the Clinician-Administered PTSD Scale (CAPS), and various substance use motivation and self-efficacy measures. In addition to these formal assessments, interns receive training in risk assessment, mental status evaluations, and brief neuropsychological screening protocols. They also learn to evaluate signs and symptoms of substance use intoxication, withdrawal, and overdose.
- **Individual Therapy:** Interns carry a total individual therapy caseload of 4-5 patients, which often is a mixture of ADTP and SARRTP veterans. As previously mentioned regarding individual therapy for SARRTP veterans, treatment in ADTP often focuses on comorbid conditions (e.g. PTSD), in addition to substance use problems. In the ADTP setting, interns have the opportunity to learn both moderate drinking and abstinence-based models of treatment.

Instruction

Interns attend monthly didactic seminars with the full SARRTP and ADTP staff and the program's other trainees. Topics of the seminars vary from year to year but have often included: discussion of empirically supported treatments for PTSD in veterans with substance use issues; review of medications used to treat craving and to treat psychiatric conditions in substance use patients; lethality assessment and suicide prevention; issues of diversity among substance-using veterans; neuropsychological correlates of substance use; treatment outcome assessment; and special topics, such as dealing with sex addiction, designer drugs, DBT for substance use, personality disorders, and medical issues in the context of a substance use presentation.

Interns may also engage in supervised reading of book chapters, journal articles, and other monographs to add to their knowledge base and conceptual abilities in working with our

patient population. These readings may be recommended in individual supervision or when attending the optional monthly Addictions Journal Club. Interns also have the opportunity to develop their own teaching skills, by presenting alone and/or co-presenting with staff and with other senior trainees in SATP Didactics and/or in Internship Didactics.

Supervision

Interns typically carry about four cases on the eight month rotation (a combination of SARRTP and ADTP patients) in conjunction with co-facilitating up to five groups per week. Supervision for both group therapy and individual therapy cases is divided amongst licensed psychologists on staff (please see "Supervision team" section below for more information regarding rotation supervisors). In addition, interns receive supervision / oversight in residential and outpatient staff meetings, treatment team meetings, and the Consultation and Admission team meetings. Interns also typically meet for varying lengths of time each week with their various group co-leaders to prepare for and process the outcomes of their SARRTP groups. Assessments are supervised by various of our licensed psychologists and are assigned based on clinical need throughout the training rotation

- "**Supervision of Supervision"** A unique opportunity offered by this rotation is its "supervision of supervision" component. Interns will provide clinical case consultation /"supervision" a practicum level psychology trainee on up to four individual therapy cases, under the supervision of a licensed psychologist. On a weekly basis for at least an hour, the intern, along with the Substance Abuse postdoctoral Fellow, meet with a licensed psychologist to receive supervision about their work as "supervisors" to the practicum students. This component of the rotation provides the intern the chance to learn skills related to clinical supervision. The intern learns in supervision of supervision how to complete evaluation paperwork on trainees, how to write reference letters for supervisees, how to supervise making referrals for students' patients, how to teach students to write letters to and for patients; and how to manage HIPAA, confidentiality, and consent issues for students' patients. Interns play an active role in giving their postdoctoral colleagues support, suggestions, and conceptualizations, and learn to how and when to ask for help with various challenges in providing clinical consultation to their practicum student. They also learn to sort out what is their own responsibility in teaching their student and what is the responsibility of their supervising licensed psychologist.
- **The Supervision Team.** The intern will be provided individual supervision by the major rotation supervisor and at least one other doctoral psychologist from the JP SATP. Interns receive at least four hours of individual and group supervision per week. Current clinical supervisors in the JP SATP include:
  - Monica Roy, Ph.D.,
  - Marika Solhan, Ph.D.,
  - Glenn R. Trezza, Ph.D.,

- Maureen C. "Molly" Below, Ph.D., and
- Deborah J. Brief, Ph.D.

Dr. Roy is the Program Manager of the SARRTP and the ADTP. Dr. Solhan is the Program Manager of the Women's TRUST House therapeutic residence. Dr. Trezza is the Consultations and Admissions Director of the SARRTP, Dr. Below is a senior psychologist in the ADTP, and Dr. Brief is the Director of Residential and Rehabilitation Services at VA Boston. Drs. Trezza, Roy, Solhan, and Below are all internship alumni/ae of VA Boston, and Drs. Roy, Solhan, and Below are also graduates of the program's Substance Abuse Fellowship Program. Dr. Brief has served as a research mentor for a number of our rotation's trainees as well as a clinical supervisor for individual SARRTP and JP ADTP psychotherapy cases.

Research

All of the psychologists affiliated with this rotation have strong research backgrounds and ongoing interest and involvement in empirical research focused on individuals with substance use disorders. Interns are encouraged to integrate current research literature and knowledge into their clinical work, while also continuing to contribute to the empirical study of substance use and related clinical issues and treatments. While on the rotation, interns have an opportunity to assist with grant submissions, research a topic of interest, and write a review article for publication, and/or develop program evaluation and performance improvement research in the SATP. Interns and Fellows on the rotation have in past years been involved in a number of research projects including: grant writing, developing pilot studies related to faculty projects in progress; researching and writing theory papers and literature reviews (and teaching about same in internship didactics) related to intern- and faculty-topics of interest, involvement in IRB submissions. Interns have played active roles in meetings of several of our research teams. Examples of projects have included HIV care and current conceptualizations of substance use as a culturally-mediated and expressed phenomenon; working on papers from existing archival data sets related to issues like substance use and comorbid PTSD and HIV risk reduction and treatment adherence; collecting and recording data for clinical data projects; and contributing to protocols being developed for various studies (e.g. a web-based intervention for OIF/OEF combat veterans with problem drinking).

Interns who have remained at our site for postdoctoral Fellowship have been able to develop longer-term data projects that require more than four to eight months to complete.

Rotation supervisors have research interests in the following areas: treatments for substance use disorders and treatment for co-occurring PTSD and substance use disorders; application of unique technologies to deliver evidence-based treatment to returning veterans; personality variables including impulsivity, as they related to substance use disorders and PTSD; issues of diversity and inclusion; cohort-specific issues in substance using veteran populations; and risk reduction for individuals living with HIV.

Examples of Current Research Opportunities:

Interns on the rotation have the opportunity to get involved in a number of scholarly and research opportunities. Dr. Roy has been working with a number of projects on patient outcome and variables affecting same, and Drs. Roy, Brief and Solhan are part of an ongoing research team that has developed a web-based intervention for Returning Veterans who often also have PTSD symptoms. Research related to this has included data analysis to evaluate the effectiveness of this intervention as well as working on developing new versions of the intervention and a mobile application of the treatment. Dr. Solhan, who works with our women veterans in our TRUST House program for women with PTSD and substance use concerns, and who has extensive training in Dialectical Behavior Therapy, has existing outcome data related to effective management of borderline and PTSD symptoms in the context of ongoing sobriety in women. Dr. Solhan also contributes to research through the National Center for PTSD related to impulsivity in veterans with PTSD.

Depending on intern interest, and the status of various projects being conducted, the intern on the rotation has the opportunity to become involved in various aspects of our projects, including grant writing and submission, web- and app-design, literature reviews, article and chapter writing, and small personal projects related to our current activities.

Program Development and Evaluation:
Interns on the rotation have the opportunity to be involved in the development of materials for our psychoeducational groups, have the opportunity to contribute to the creation of new treatment groups, have the chance to add instruments to our typical assessment protocols, teach on topics of interest, and get involved in ongoing evaluation activities of our programming, including customer satisfaction measures and other more structured substance use outcome measures.

Examples of recent publications include:

Brief, D.J., Rubin, A., Keane, T.M., Enggasser, J.L., **Roy, M.**, Helmuth, E., Hermos, J., Lachowicz, M., Rybin, D., and Rosenbloom, D. (2013). Web Intervention for OEF/OIF Veterans with Problem Drinking and PTSD Symptoms: A Randomized Clinical Trial. *Journal of Consulting and Clinical Psychology, 81, 890-900*.

Delaney, E.M., Walton, H.M., **Trezza, G. R.,** Henley, K.M., Vielhauer, M. J., Morgan, E., Meyer, P., & Keane, T. M. (2012). Community advisory boards in HIV Research: Current scientific status and future directions. *Journal of Acquired Immune Deficiency Syndromes, 59, 78-81.*

Skidmore, W.C. & **Roy. M.** (2011). Practical considerations for addressing substance use disorders in Veterans and Service Members. *Social Work in Healthcare, 50, 85-107.*

Roy, M., & Skidmore, W. C. (2012). Assessment and treatment of substance use disorders and related problems in veterans and service members. In J. Beder (Ed.), *Advances in Social Work Practice with the Military; 215-236.* New York: Routledge.

Jahng, S., **Solhan, M. B.**, Tomko, R. L., Wood, P. K., Piasecki, T. M., & Trull, T. J. (2011). Affect and alcohol use: An ecological momentary assessment study of outpatients with borderline personality disorder. *Journal of Abnormal Psychology, 120, 572-584.*

Brief, D., Rubin, A., Enggasser, J., **Roy, M.** & Keane, T. (2011). Web-based intervention for returning veterans with symptoms of

posttraumatic stress disorder and risky alcohol use. *Journal of Contemporary Psychotherapy*, *41, 237-246.*

Roy, M. (2012). Healthcare for Women Military Veterans. In T.W. Miller (Ed.), *The Praeger Handbook of Veterans' Health*; 313-342; Santa Barbara, CA: ABC-CLIO, LLC.

Women's Stress Disorder Treatment Team

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Number of Interns: 1

Overview

The Women's Stress Disorder Treatment Team (WSDTT) is located at the Jamaica Plain campus of VA Boston Healthcare System. WSDTT is an outpatient mental health program specializing in the assessment and treatment of PTSD and other trauma-related and comorbid disorders in women Veterans, and it is affiliated with the Women's Health Sciences Division of the National Center for PTSD. Interns in WSDTT receive extensive training and experience with evidence-based assessment and psychotherapies for PTSD and other problems that can result from trauma exposure (e.g., borderline personality disorder, substance use disorders, anxiety and mood disorders, eating disorders, chronic pain syndromes), and they also have the opportunity to participate in research with Women's Division staff.

Many of the women treated by WSDTT are served by multiple programs and providers and have complex treatment needs that benefit from close interdisciplinary care coordination. As a result, interdisciplinary teamwork is emphasized in our program.

Interns on our rotation conduct their clinical work within WSDTT but work closely with staff of VA Boston's other women's mental health programs: TRUST House, a therapeutic transitional residence program in Jamaica Plain for women Veterans with trauma- and substance-related problems, and Women's Integrated Treatment and Recovery Program, a residential program at Brockton campus for women with PTSD and substance use disorders. WSDTT interns also collaborate with medical staff of the Women Veterans Health Center and with social work staff in VA Boston's large Homelessness Program.

At the beginning of every rotation, WSDTT interns attend a series of training didactics, many of which are offered in conjunction with Jamaica Plain's PTSD Clinical Team (PCT) and Center for Returning Veterans rotations. The didactics include presentations on and training in:

- Phenomenology of Military Sexual Trauma (MST) and VA's response;
- Use of the Clinician Administered PTSD Scale (CAPS-5);
- Personality assessment;

- Cognitive-behavioral methods of treating a range of problems in traumatized women Veterans, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Dialectical Behavior Therapy (DBT), and Seeking Safety;
- PTSD and substance abuse treatment;
- Intimate Partner Violence (IPV);
- Military culture and recent conflicts;
- Effectively engaging patients in trauma-focused therapy.

Clinical Experience

Interns who match in the WSDTT will receive training in the following broad areas:

- ***Treatment:*** Interns participate in WSDTT's comprehensive psychotherapy program designed to address the complex trauma histories and clinical profiles with which our women Veterans present. Interns learn skills in providing treatment to women Veterans in evidence-based individual and group psychotherapies. Treatment in WSDTT focuses on PTSD as well as on a wider range of clinical issues, such as: personality disorders and difficulties with emotion regulation, distress tolerance, and interpersonal effectiveness; sequelae of intimate partner violence; effects of military sexual trauma; other disorders common to trauma survivors such as substance use disorders, eating disorders, major depression, and serious and persistent mental illness; comorbid medical problems such as chronic pain syndromes; experiences of discrimination / marginalization that interact with trauma-related symptoms; housing and employment problems.

Interns learn Cognitive Processing Therapy (CPT) through a two-day training at the start of the training year and through weekly consultation group participation. WSDTT interns also receive some training in Dialectical Behavioral Therapy (DBT) for individuals with Borderline Personality Disorder and related issues, and co-lead at least one DBT skills training group while on rotation with us. Along with CPT and DBT, interns are exposed to a variety of other theoretical orientations and approaches to treatment during their time here, and have the opportunity to learn and apply additional evidence-based psychotherapies (EBPs), such as Prolonged Exposure Therapy (PE), Acceptance and Commitment Therapy (ACT), and Skills Training in Affective and Interpersonal Regulation (STAIR).

The intern who completes their eight-month rotation with WSDTT will have the opportunity for a training experience of both greater depth and greater diversity. For example, they might have the opportunity to co-lead different groups from those they led during the first four months. Alternatively, they might become more expert in leading the same groups they co-led before. Matching with WSDTT for eight months will also afford interns the chance to treat a greater number

of patients with complex presentations, some of whom may benefit from longer-term work.

- ***Assessment:*** Women Veterans new to WSDTT are sometimes provided comprehensive psychological assessments in order to more effectively plan for treatment. Multiple methods are used to gather information (structured clinical interviews, psychological and personality tests, and, in some instances, psychophysiological assessments of reactivity to trauma-related cues in the laboratory). Interns will have the opportunity to provide comprehensive assessments, as well as briefer, one-session intake assessments, during their time on this rotation.
- ***Team Meetings:*** Interns are an integral part of WSDTT's interdisciplinary team meeting, which is held weekly and allows us to more closely coordinate care for our Veterans. Team meetings also afford our interns additional opportunities outside of supervision to discuss challenges in their clinical work, and to receive support and input from other team members. Team is attended by psychologists, psychiatrists, and social workers, as well as by trainees from all three disciplines. WSDTT interns also join VA Boston's weekly DBT consultation team, which is comprised of staff and trainees from several mental health programs in our medical center.
- ***Consultation:*** WSDTT interns provide consultation and liaison to primary care and specialty medicine. WSDTT works closely with – and shares the VA's Program of Excellence designation with – VA Boston's Women Veterans Health Center, one of the first women's preventive and primary care centers in the VA system. Interns work with the multidisciplinary staff of the Center to offer integrated care to our shared Veterans, and they attend the Center's monthly team consultation meetings. Supervision is provided to interns on methods of effective consultation within a medical center.

Supervision

Each WSDTT intern is assigned a primary supervisor and at least two secondary supervisors in this rotation, and supervision teams are comprised of both WSDTT clinical staff and Women's Division research staff psychologists. In addition, interns often receive supervision from their group co-therapists. The primary supervisor is responsible for collaboratively designing an individualized training plan that meets the specific needs of each intern, and is also the formal evaluator of the intern's progress in the program. Interns also receive supervision through their participation in weekly CPT group consultation and DBT consultation teams.

Selection Criteria

The successful applicant to WSDTT will have demonstrated interest and/or experience

in one or more of the following areas: PTSD/trauma-focused assessment and treatment; women's issues; DBT. Clinical, research, and/or advocacy experience in multicultural issues a plus, and prior training in or exposure to evidence-based cognitive behavioral therapies strongly desirable.

Research

Interns have the opportunity to become involved in ongoing research activities in the Women's Division, and are allotted between four and eight hours per week of research time. An intern's level of research involvement can vary from a limited role in an ongoing project, up to and including the design and implementation of their own small project. Current projects in the Women's Division are supported by a range of intramural and extramural grants. Decisions about extent of research involvement typically are based on an intern's interest and available time, as well as their individual training needs. These decisions are made in consultation with the intern, the intern's primary supervisor, and other supervisors and staff.

Currently funded research in the Women's Division includes:

- **Cognitive Processing Therapy (CPT) Intervention** (Project within the Center of Excellence: Translational Research Center for TBI and Stress Disorders, McGlinchey, RI; Milberg, Co-PI). Principal Investigator: Ann Rasmusson.; Co-Investigator: Patricia Resick. Veterans Administration RR&D.
- **Gene-Environment Interplay in the Comorbidity of PTSD and Disordered Eating.** Principal Investigator: Karen Mitchell, Ph.D. Collaborators: Mark Miller, Ph.D., Ann Rasmusson, MD, & Patricia Resick, Ph.D.. National Institute of Mental Health K01 Award.
- **Intimate Partner Violence, Health, and Health Care Among Female Veterans.** Principal Investigator: Katherine Iverson, Ph.D. Department of Veterans Affairs Health Services Research and Development Career Development Award (CDA-2).
- **Posttraumatic Stress Disorder and Suicide among Massachusetts Veterans.** Principal Investigator: Jaimie L. Gradus, D.Sc., MPH. American Foundation for Suicide Prevention.
- **Variable Length CPT for Combat-related PTSD.** Principal Investigators: Patricia Resick, Ph.D. and Jennifer Wachen, Ph.D. Department of Defense.
- **Work and Family Functioning in Women Veterans: Implications for VA Service Use.** Principal Investigators: Dawne Vogt, Ph.D. and Brian Smith, Ph.D. Department of Veterans Affairs Health Services Research and Development Merit Award.

Selected recent publications from our staff:

Bell, M. E., Larsen, S. E., Goodman, L. A., & Dutton, M. A. (2013). Comparison of victims' reports and court records of intimate partner violence perpetrators' criminal case outcomes. *Journal of Interpersonal Violence*, *28*, 2966-2977.

Bell, M. E., Street, A. E., & Stafford, J. (2014). Victims' psychosocial well-being after reporting sexual harassment in the military. Journal of *Trauma and Dissociation*, *15*(2), 133-152.

Blosnich, J.R., **Foynes, M.M., & Shipherd, J.C**. (2013). Health disparities among

sexual minority women veterans. *Journal of Women's Health, 22*, 631-636.

Davison, E. H., Pless Kaiser, A., Spiro, A., III, Moye, J., King, L. A., & King, D. W. (in press). From Late-Onset Stress Symptomatology (LOSS) to Later-Adulthood Trauma Reengagement (LATR) in aging combat Veterans: Taking a broader view. *The Gerontologist*.

Foynes, M. M., **Smith, B. N**., & **Shipherd, J. C**. (in press). Associations between race- and sex-based discrimination, health and functioning: A longitudinal study of Marines. *Medical Care*.

Shipherd, J.C., Clum, G., Suvak, M.K. & Resick, P.A. (2013). Treatment-related reductions in PTSD and changes in physical health symptoms in women. *Journal of Behavioral Medicine, 37(3), 423-433.*Sloan, C.A., Berke, D.S., & Zeichner, A. (2015). Bias-motivated aggression against men: Gender expression and sexual orientation as risk factors for victimization. *Sex Roles, 72*(3-4), 140-149.

Foynes, M. M., Shipherd, J. C., & Harrington, E. F. (2013). Race and gender discrimination in the Marines. *Cultural Diversity and Ethnic Minority Psychology, 19(1)*, 111-119.

Gobin, R. L., **Iverson, K. M**., **Mitchell, K.,** Vaughn, R., & Resick, P. A. (2013). The impact of childhood maltreatment on PTSD symptoms among female survivors of intimate partner violence. *Violence and Victims*, *28*, 984-999.

Gradus, J. L., Qin, P., Lincoln, A.K., Miller, M., Lawler, E., Sørensen, H.T. & Lash, T.L. (2012). Sexual victimization and completed suicide among female adults in Denmark. *Violence Against Women, 18*(5), 553-561.

Hassija, C. Jakupcak, M., Maguen, S. & **Shipherd, J.C.** (2012). The influence of combat and interpersonal trauma on PTSD, depression, and alcohol misuse in Gulf War and OEF/OIF women veterans. *Journal of Traumatic Stress, 25(2),* 216-19.

Smith, B. N., Tyzik, A. L., & **Iverson, K. M.** (in press). Age-related differences in trauma exposure, PTSD symptomatology, and functional health and well-being in women veterans. *Traumatology*.

Iverson, K.M., Huang, K., Wells, S.Y., Wright, J., Gerber, M.R., & Wiltsey-Stirman, S. (2014). Women veterans' preference for intimate partner violence screening and response procedures within the Veterans Health Administration. *Research in Nursing and Health*, *37*, 302-311.

Iverson, K. M., Litwack, S. D., **Pineles, S. L.**, Suvak, M. S., Vaughn, R., & Resick, P. A. (2013). Predictors of intimate partner violence revictimization: The relative impact of distinct PTSD symptoms, dissociation and coping strategies. *Journal of Traumatic Stress*, *26*, 102-110.

Kauth, M., **Shipherd, J.C.,** Lindsay, J., Blosnich, J.R. Brown, G., & Jones, K.T. (in press). Access to care for transgender veterans in VHA: 2006-2013. *American Journal of Public Health*.

Kachadourian, L. K., **Smith, B. N**., Taft, C. T., & **Vogt, D.** (in press). The impact of infidelity on returning service members. *Journal of Traumatic Stress*.

King, L., King, D., **Schuster, J.**, Park, C., Moore, J., Kaloupek, D., & Keane, T. (2011). Captivity stressors and mental health consequences among repatriated U.S. Navy, Army, and Marine Vietnam-era Prisoners of War. *Psychological Trauma: Theory, Research, Practice, and Policy*, *3*(4), 412-420.

Mattocks, K., Kauth, M., Sandfort, T. Matza, A. R., Sullivan, J. C. & **Shipherd, J.C.**

(2014). Understanding healthcare needs of sexual and gender minority Veterans: How targeted research and policy can improve health. *LGBT Health,1(*1*)*, 50-57.

Mitchell, K., Mazzeo, S., Schlesinger, M, Brewerton, T, & **Smith, B.** (2012). Comorbidity of partial and subthreshold PTSD among men and women with eating disorders in the National Comorbidity Survey-Replication study. *International Journal of Eating Disorders, 45,* 307-315.

Mitchell, K.S., Rasmusson, A.M., Bartlett, B., & Gerber, M.R. (2014). Eating disorders and associated mental health comorbidities in a sample of female veterans. *Psychiatry Research*, *219*, 589-591.

Mitchell, K.S., Wells, S., Mendes, A., & Resick, P. (2012). Treatment improves symptoms shared by PTSD and disordered eating. *Journal of Traumatic Stress, 25,* 535-542.

Pineles, S.L., Rasmusson, A.M., Yehuda, R., Lasko, N.B., Macklin, M.L., Pitman, R.K., Orr, S.P. (2013). Predicting emotional responses to potentially traumatic events from pre-exposure waking cortisol levels: A longitudinal study of police and firefighters. *Anxiety, Stress, & Coping, 26,* 241-253.

Pineles, S.L., Suvak, M.K., Liverant, G.I., Gregor, K., Wisco, B.E., Pitman, R.K., & Orr, S.P. (2013). Psychophysiologic reactivity, subjective distress, and their associations with PTSD diagnosis. *Journal of Abnormal Psychology, 122,* 635-644. doi: 10.1037/a0033942.

Pless Kaiser, A., Wang, J., **Davison, E. H.,** Park, C. L., & Stellman, J. M. (in press). Stressful and positive experiences of women who served in Vietnam. *Women and Aging*.

Sherman, M., Kauth, M., **Shipherd, J.C.,** & Street, R. (2014). Communication between VA providers and sexual and gender minority Veterans: A pilot study. *Psychological Services, 11(*2), 235-242.

Shipherd, J.C. & Fordiani, J. (in press). The Application of Mindfulness in Coping with Intrusive Thoughts Cognitive and Behavioral Practice. *Cognitive and Behavioral Practice*.

Smith, B. N., Wang, J. M., **Vogt, D.**, Vickers, K., King, D. W., & King, L. A. (2013). Gulf war illness: symptomatology among veterans 10 years after deployment. *Journal of Occupational and Environmental Medicine, 55,* 104-110.

Smith, B., Vaughn, R, **Vogt, D.**, King, D., King, L., & **Shipherd, J.** (2013). Main and interactive effects of social support in predicting mental health symptoms in men and women following military stressor exposure. *Anxiety, Stress, & Coping, 26,* 52-69.

Suvak, M.K., Brogan, L.A. & **Shipherd, J.C.** (2012). Predictors of Sexual Functioning in a Sample of U. S. Marine Recruits: An 11-Year Follow-Up Study. *International Journal of Sexual Health, 24(1),* 26-44.

Vauhn-Coaxum, R., **Smith, B. N., Iverson, K. M**., & **Vogt, D.** (in press). Family stressors and postdeployment mental health in single versus partnered parents deployed in support of the wars in Afghanistan and Iraq. *Psychological Services.*

Vogt, D. (2014). Research on gender differences in deployment stress and postdeployment mental health: Addressing conceptual and methodological challenges and expanding our research agenda. *Journal of Women's Health, 23*(6), 485-487.

Wachen, J. S., Jimenez, S., Smith, K., & **Resick, P. A.** (2014, June 2). Long-term

functional outcomes of women receiving cognitive processing therapy and prolonged exposure. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. http://dx.doi.org/10.1037/a0035741

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Wachen, J. S., Patidar, S. M., Mulligan, E. A., Naik, A. D., & Moye, J. (2014). Cancer-related PTSD symptoms in a veteran sample: Associations with age, combat PTSD, and quality of life. *Psycho-Oncology, 23,* 921-927.

VA Boston Healthcare System Psychology Internship Training Program

Current Interns
Class of 2015 – 2016

Kimberly A. Arditte of the University of Miami
Danielle S. Berke of the University of Georgia
Amanda Carson-Wong of Rutgers University
Adam Christensen of Northwestern University Medical School
Alicia Dodds of Loyola University Maryland
Sunny J. Dutra of Yale University
Edmarie Guzmán-Vélez of the University of Iowa
Shawna N. Jacob of the University of Cincinnati
Jennifer Kwak of the University of Hawai'i-Mānoa
René M. Lento of Catholic University of America
Brian M. Ludwin of the University of Louisville
Savannah N. McSheffrey of the University of Rhode Island
Galina A. Portnoy of the University of Maryland, Baltimore County
Monica Sanchez of Clark University
Katharine E. Smidt of Suffolk University
Laurie D. Wolf of Arizona State University
Julie D. Yeterian of Suffolk University
Shelby E. Zuckerman of Nova Southeastern University

Intern Graduate Programs from the Classes of 1998 – 2015

Allegheny University of Health Sciences
Alliant International University ~ CSPP
Antioch/New England Graduate School
Argosy University ~ Twin Cities Campus
Argosy University ~ Washington DC Campus
Auburn University
Binghamton University ~ SUNY
Brigham Young University
Boston College
Boston University
Bowling Green State University
California School of Professional Psychology ~ Alameda
California School of Professional Psychology ~ Los Angeles
California School of Professional Psychology ~ San Diego
Clark University
Colorado State University
DePaul University
Drexel University
Duke University
Emory University
Eastern Michigan University
Farleigh Dickinson University
Fordham University
Finch University of Health Sciences/Chicago Medical School
Florida State University
Fuller Theological Seminary
George Washington University
Georgia State University
Howard University
Illinois Institute of Technology
Illinois School of Professional Psychology
Indiana University
Kent State University
Lehigh University

Louisiana State University
Loyola University Maryland
Michigan State University
New York University
Northeastern University
Northwestern University
Northwestern University Medical School
Nova Southeastern University
Oklahoma State University
The Ohio State University
Ohio University
Pacific Graduate School
The Pennsylvania State University
Pepperdine University
Rosalind Franklin University of Medicine and Science
Rutgers ~ The State University of New Jersey
Saint John's University
Saint Louis University
State University of New York at Buffalo
State University of New York at Stony Brook
Suffolk University
Syracuse University
Temple University
University of Alabama at Birmingham
University of Alabama at Tuscaloosa
University at Albany ~ SUNY
University of Arkansas
University of Arizona
University of California at Berkeley
University of California at Los Angeles
University of California San Diego/San Diego State University Joint Program
University of California at Santa Barbara
University of Central Florida
University of Cincinnati
University of Colorado at Boulder
University of Colorado at Colorado Springs
University of Connecticut
University of Delaware
University of Denver
University of Florida
University of Georgia
University of Hartford
University of Hawai'i ~ Mānoa
University of Houston
University of Illinois at Chicago
University of Illinois at Urbana/Champaign
University of Kansas
University of Kentucky
University of La Verne
University of Maine
University of Maryland at College Park
University of Maryland ~ Baltimore County
University of Massachusetts at Amherst
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University of Southern California
University of Southern Mississippi
University of Tennessee
University of Texas
University of Utah
University of Vermont
University of Washington
University of Windsor
Vanderbilt University
Virginia Polytechnic Institute and State University
Washington University in St. Louis
Wayne State University
Western Michigan University
West Virginia University
Yale University

FACULTY BIOSKETCHES

Deepa Acharya, Ph.D., ABPP/cn Dr. Deepa Acharya is a staff neuropsychologist within the Boston VA Healthcare System, Jamaica Plain and Brockton campuses, and Instructor of Psychology at Harvard Medical School. She obtained her Ph.D. in Clinical Psychology with a specialty in neuropsychology at the University of Houston. She completed her internship training in neuropsychology at Long Island Jewish Medical Center, followed by a post-doctoral fellowship in neuropsychology at Beth Israel Deaconess Medical Center and Harvard Medical School. Clinically, she has experience evaluating patients with various neurological, medical, and psychiatric conditions in inpatient and outpatient settings. She supervises graduate students, interns and post-doctoral fellows in neuropsychology.

Christopher G. AhnAllen, Ph.D. Dr. AhnAllen is a Staff Psychologist with the Inpatient Mental Health Service on the Brockton Campus of the VA Boston Healthcare System. He is an Assistant Professor within the Department of Psychiatry at Harvard Medical School. His primary clinical duties as the psychologist on a 28-bed acute unit include: intensive individual and group psychotherapy, psychodiagnostic, suicide risk and homicide risk evaluations, as well as other consultative services across the 4 inpatient units that provide inpatient care for up to 112 veterans. Dr. AhnAllen is currently a clinical supervisor within the Inpatient Mental Health/Therapeutic Recovery rotation and has served as the Brockton/West Roxbury Site Training Director for the internship program from 2011-2015. He is involved in teaching and clinical supervision of psychiatry residents within the Harvard South Shore Psychiatry Residency Program. His primary research interests include the relationships amongst cigarette smoking, nicotine, cognition and schizophrenia. He is presently an Associate Editor of the journal Schizophrenia Research. Dr. AhnAllen conducts educational research on multicultural competency training as supported by APA and is a prior Chair of the Psychology Diversity and Inclusion Committee (2012-2015). He also collaborates on studies that examine self-harm and suicidal behaviors. Dr. AhnAllen completed his education in clinical psychology at the University of Massachusetts Boston, clinical internship at the Boston Consortium in Clinical Psychology and postdoctoral training as a T32 NIDA research postdoctoral fellow within the Center for Alcohol and Addictions Studies at the Alpert Medical School of Brown University. He completed additional postdoctoral clinical training at the Brookline Community Mental Health Center.

Melissa Amick, Ph.D. Melissa Amick is a research psychologist in the Polytrauma and Traumatic Brain Injury Center. Her appointment as Assistant Professor of Psychiatry at Boston University School of Medicine is pending. She earned her Ph.D. in Clinical Psychology with a specialization in neuropsychology from Boston University in 2003. She completed an internship in Neuropsychology through the GRECC at the VA Boston Healthcare System and a post-doctoral fellowship in Neuropsychology at the Memorial Hospital of Rhode Island, Alpert School of Medicine at Brown University. Her current research focuses on the impact of cognitive deficits on driving safety in neurological populations. Secondary research interests include in the adaptation of

neuropsychological measures for internet administration and the neuropsychological characterization of non-motor symptoms of Parkinson's disease. Clinically, she provides neuropsychological assessments for patients in the Polytrauma Network Site and is available as a clinical and research supervisor for psychology trainees.

Sharon Baker, Ph.D. Dr. Baker is the Clinical Director of the Women's Integrated Treatment and Recovery Program (WITRP), a residential program for female veterans with both PTSD and SUD at the Brockton campus of the VA Boston Healthcare System. She earned her doctorate in Clinical Psychology from the University of Connecticut. Prior to coming to the VA in 2006, she worked for ten years as a staff psychologist on the Addiction Service at Massachusetts General Hospital. Her current research interests include the role of mindfulness and self-compassion in the treatment of PTSD.

Sarah Bankoff, Ph.D. Dr. Bankoff is a clinical psychologist and Health Behavior Coordinator for VA Boston, working with Primary Care and Behavioral Medicine. She earned her doctorate from Suffolk University, and completed her pre-doctoral internship and post-doctoral fellowship training at VA Boston. Dr. Bankoff's clinical and research interests include weight management, diabetes management, and general health behavior change. Her work is focused on the use of patient-centered interventions, including motivational interviewing, in medical settings to help patients make health behavior changes. She provides services in the bariatric surgery clinic and the MOVE! weight management program, and also assists with development and implementation of shared medical appointments. She additionally has particular interest in disordered eating and other health disparities among sexual minority veterans.

Judith A. Bayog, Ph.D. Dr. Bayog is a licensed psychologist and Clinic Director of the Alcohol and Drug Treatment Program (ADTP) Outpatient Clinic at the Brockton Division of the VA Boston Healthcare System. She is Assistant Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School. Dr. Bayog received her doctorate in Counseling Psychology from Boston College in 1989. She has more than 20 years of experience treating clients that have substance use and co-existing mental health disorders. She is the primary supervisor for the Spectrum of Training in Substance Abuse Treatment rotation for the Boston Consortium in Clinical Psychology, an APA accredited pre-doctoral internship training program. In her role as faculty member of the Harvard South Shore Psychiatry Residency Training Program, she teaches the motivational interviewing didactic and supervises the third year psychiatry residents' therapy cases enrolled in the ADTP Outpatient Clinic. She is the recipient of the "Outstanding PGY-III Teacher Award." Dr. Bayog has a Certificate of Proficiency in the Treatment of Alcohol and other Psychoactive Substance Use Disorders. She is certified in Motivational Enhancement Therapy (MET) and Cognitive Processing Therapy. She is trained in Motivational Interviewing, Behavioral Couples Therapy, Cognitive-Behavioral Therapy, and ACT. She is committed to delivering individual and group evidence-based psychotherapies. Currently, she leads a Stage 1 Group designed to increase motivation and facilitate change in clients early in recovery. She also leads the Seeking Safety and Relapse

Prevention groups. Dr. Bayog has a strong interest in measuring clinical outcomes and contributes to several ongoing performance improvement projects.

Margret Bell, Ph.D. Dr. Bell is the National Deputy Director for Military Sexual Trauma for VA Mental Health Services and a Staff Psychologist at the Women's Health Sciences Division of the National Center for PTSD. She also has an appointment as an Assistant Professor in the Department of Psychiatry of the Boston University School of Medicine. She earned her doctorate in counseling psychology from Boston College, a program that has a particular emphasis on community-based collaboration and the promotion of social justice. Dr. Bell has worked with a number of interdisciplinary, policy-oriented teams designed to help systems, community agencies, and victims work collaboratively to respond to and prevent violence against women. In her current position, she engages in national education, evaluation, program development, and policy activities related to military sexual trauma specifically. Her research similarly focuses on victim, community, and systemic responses to interpersonal trauma and violence against women. She serves as a clinical supervisor, research mentor and research collaborator for trainees.

Shimrit K. Black, Ph.D. Dr. Black is a licensed clinical psychologist within the General Mental Health clinics at the Jamaica Plain and Brockton campuses of the VA Boston Healthcare System. Dr. Black graduated from Temple University in 2012. She completed her clinical internship and post-doctoral fellowship training within the Boston VA system. In the General Mental Health Clinics, Dr. Black provides individual and group psychotherapy. In addition to her direct client services, Dr. Black is involved with the supervision of clinical psychology, psychiatry resident and social work trainees. Her research interests emphasize patients with affect-regulation disorders (including depression and posttraumatic stress disorder), as well as effective clinical training.

Yelena Bogdanova, Ph.D. Dr. Bogdanova is a research psychologist in the Research Service and the Memory Disorders Research Center at VA Boston Healthcare System. She holds an academic appointment as Assistant Professor in Psychiatry at Boston University School of Medicine. She earned her Ph.D. in Behavioral Neurosciences at the Boston University School of Medicine, and a Ph.D. in Clinical Psychology with a specialization in Neuropsychology at Boston University. Dr. Bogdanova completed two years of postdoctoral fellowship in Neuropsychology at the Beth Israel Deaconess Medical Center and Memory Disorders Research Center at VABHS. She is currently a Principal Investigator on a federally funded Career Development Award (CDA-2) and the Translational Research Center for TBI and Stress Disorders. Her current research projects focus on development and evaluation of cognitive rehabilitation program for neuropsychological and neuropsychiatric deficits following traumatic brain injury. Areas of clinical and research interest include cognitive dysfunction and emotional cognition in frontostriatal disorders, neurorehabilitation and neuromodulation. Dr. Bogdanova is available as a research supervisor for psychology/neuropsychology trainees

Michelle J. Bovin, Ph.D. Dr. Bovin is a clinical research psychologist at the Behavioral Science Division of the National Center for PTSD in the VA Boston Healthcare System. Dr. Bovin received

her Ph.D. in clinical psychology in 2011 from Temple University. She completed her predoctoral internship and T32 postdoctoral fellowship at VA Boston. Her research interests include assessment development and evaluation and access to care. Dr. Bovin currently supervises practicum students, interns, and postdoctoral fellows in the assessment and treatment of PTSD.

Christopher B. Brady, Ph.D. Dr. Brady is a neuropsychologist at VA Boston Healthcare System (VABHS), Jamaica Plain Campus, and Director of Scientific Operations/Co-Investigator for the VA Biorepository Brain Bank, Gulf War Veterans' Illness Biorepository and National PTSD Brain Bank. He is an Assistant Professor of Neurology at Boston University (BU) School of Medicine and on the faculty of the BU Ph.D. Program in Behavioral Neurosciences. He is also a member of the Stress, Health, and Aging Research Program in the National Center for PTSD at VABHS. Dr. Brady received his Ph.D. in clinical psychology (aging and development focus) from Washington University in St. Louis and did his postdoctoral fellowship in neuropsychology at Harvard Medical School/VA Boston. Dr. Brady has been conducting research on the effects of aging and disease on cognition for over twenty-five years. Specifically, his research examines whether declining health and various disorders (e.g., amyotrophic lateral sclerosis, cardiovascular disease, kidney disease, PTSD in older Veterans) have specific deleterious effects on higher-order frontal system cognitive functions, compared with cognitive functions largely mediated by other brain regions (e.g., memory, visuospatial functions). His clinical training responsibilities involve clinical supervision in neuropsychological assessment with predoctoral interns and postdoctoral fellows. He also serves as a mentor on numerous research projects.

Kevin Brailey, Ph.D. Dr. Brailey is Staff Psychologist with the Center for Returning Veterans (CRV) and Director of the Practicum Training Program, VA Boston Healthcare System. He is also Assistant Professor of Psychiatry at Boston University School of Medicine. He received a doctorate in Cognitive and Clinical Psychology from Vanderbilt University, and completed internship at the Tufts University School of Medicine/Boston VA Medical Center Psychology Internship Consortium. Prior to returning to Boston in 2007, he served as PTSD Clinical Team Psychologist at the New Orleans VA Medical Center and as a Statistical Consultant with the VISN 16 Mental Illness Research Education and Clinical Center (MIRECC). His research interests focus on neurocognitive deficits and cognitive biases associated with stress-related disorders, with a current emphasis in returning OEF/OIF veterans on examination of cognitive deficits and functional alterations associated with PTSD and mild TBI. Within the internship program, he is a supervisor for the CRV rotation.

Deborah J. Brief, Ph.D. Dr. Brief is the Director of Residential and Rehabilitation Services in the VA Boston Healthcare System and Co-Director of the Interprofessional Advanced Addiction Fellowship. She is also an Assistant Professor of Psychiatry at Boston University School of Medicine, and Assistant Professor of Psychology, Boston University. She has been involved in teaching and training interns, fellows, and practicum students in the assessment, treatment, and conduct of research related to substance use disorders in the VA Boston Healthcare System for over 28 years. She is invested in helping trainees to develop a solid foundation in evidence-based cognitive-behavioral treatments for substance use disorders and a wide range of co-morbidities including

PTSD. Dr. Brief's current research interests are focused on developing and testing the effectiveness of web and mobile based interventions for Veterans with substance use disorders and PTSD. Dr. Brief completed her doctoral training at the University of Illinois-Chicago, and a fellowship in addictive behaviors at the University of Washington before joining the staff in Boston.

(Margaret) Maggi Budd, Ph.D., M.P.H., ABPP/rp Dr. Budd is a Clinical Rehabilitation Neuropsychologist, board certified by the American Board of Professional Psychology (ABPP), diplomate in Rehabilitation Psychology. Dr. Budd received her college and master's degree in Educational Psychology from Edinboro University, master's degree in public health from North Texas Health Science Center, and Doctorate in Clinical Health Psychology from University of North Texas. Dr. Budd completed a two-year postdoctoral residency at Johns Hopkins School of Medicine in conjoint neuropsychology and rehabilitation psychology. Dr. Budd is Instructor in the Department of Psychiatry, Harvard Medical School. She is director of the Rehabilitation Psychology program for VA Boston's program for practicum students and serves on the Biomedical Ethics Committee for VA Boston. Dr. Budd serves as Chairperson on the Research Committee for the Academy of Spinal Cord Injury Professionals (ASCIP). She is on the Board of Directors for the Massachusetts Neuropsychological Society (MNS) and serves as Chair for MNS Educational Committee. Her current research interests are in biomedical ethics, managing challenging patient behaviors, ethical and capacity issues concerning refusal of medical recommendations, sexual health with chronic nervous system impairment, and benefits for participants with central nervous system disabilities involved in adaptive sports and vocational achievement.

Aida Čajdrić-Vrhovac, Ph.D. Dr. Čajdrić-Vrhovac is a licensed psychologist and Program Director/Manager for the Center for Integrated Residential Care for Addiction (CIRCA) at the Brockton Division of the VA Boston Healthcare System. She is Assistant Professor of Psychology at Boston University School of Medicine. Dr. Čajdrić-Vrhovac received her doctorate in Clinical Psychology from Saint Louis University in 2009. She completed her pre-doctoral internship at the VA Western New York Healthcare System and post-doctoral training at the VA Boston healthcare System. She is the supervisor for the Spectrum of Training in Substance Abuse Treatment rotation for the Boston Consortium in Clinical Psychology, an APA accredited pre-doctoral internship training program. Her clinical interests include providing empirically supported treatments for Substance Use Disorders (SUD) and co-morbid psychiatric disorders (e.g. Relapse Prevention, Dialectical Behavior Therapy, Seeking Safety, Acceptance and Commitment Therapy). Dr. Čajdrić-Vrhovac has a strong interest in measuring clinical / program outcomes in an effort to continue to improve treatment provided for veterans struggling with SUD and co-morbid disorders in a residential setting.

Sari Chait, Ph.D. Dr. Chait is a clinical psychologist who serves as the Health Behavior Coordinator for VA Boston, working directly in Primary Care and Behavioral Medicine. She earned her doctorate at the University of South Florida and completed her internship and postdoctoral fellowship at VA Connecticut. Dr. Chait's clinical and research interests are in the use of patient-centered interventions in medical settings, particularly motivational interviewing, to help patients make

health behavior changes, including smoking cessation and weight management. Of particular interest is identifying ways to increase the use of health coaching and motivational interviewing by medical staff during medical encounters.

Kysa Christie, Ph.D. Dr. Christie is a clinical psychologist with the Spinal Cord Injury unit in West Roxbury. She received her doctorate in Clinical Psychology from the University of Southern California. She completed her internship at the UCLA Semel Institute for Neuroscience & Human Behavior, and psychology fellowship with an emphasis in Palliative Care at the VA Palo Alto. Her research and clinical interests are in health psychology and palliative care, particularly working with patients and families coping with acute and chronic illness. She supervises interns on the Rehabilitation Psychology rotation in West Roxbury.

Kevin Clancy, Ph.D. Dr. Kevin Clancy is a counseling psychologist providing couples therapy to veterans and their spouses/partners in which there has also been a substance abuse problem for one or both partners. The emphasis is on cognitive-behavioral approaches which help to improve the relationship and which assist in extending sobriety for one or both partners.

Barbara Cooper, Ph.D. Dr. Cooper earned her Ph.D. from the Psychology Department at George Washington University, Washington, DC and her internship in Clinical Psychology with a specialization in neuropsychology at Rush Presbyterian-St. Luke's Medical Center, Chicago, Illinois. In addition to private practice, she held these positions: staff psychologist in the Department of Neurology at Rush Presbyterian St. Luke's Medical Center; staff psychologist in the Ambulatory Mental Health Clinic at Great Lakes Naval Hospital; Division Head of the SARP at Great Lakes Naval Training Center, Great Lakes, Illinois. The focus of her work has been on providing clinical services (i.e., neuropsychological evaluations, individual, couples, and group psychotherapy) and later administration for which she was awarded NHGL Civilian of the year in 2002 and then the Meritorious Civilian Service Award for meritorious service or contributions resulting in high value or benefits for the Navy or the Marine Corps in 2010. During her years at Great Lakes, she held an appointment as a lecturer in Psychology at the University of Illinois Medical School and also served as a supervisor for graduate students in psychology from both The Rosalind Franklin University of Medicine and Science and The Illinois Institute of Technology. She has been with the West Roxbury SCI unit since March 2011 where she mostly works in the Outpatient Clinic where she performs annual evaluations and engages in individual and couples' psychotherapy and leads a medical issues group for inpatients.

Erin Scott Daly, Ph.D. Dr. Daly is a clinical psychologist who currently serves as the PTSD Section Co-Chief, and Assistant Professor of Psychiatry in the Boston University School of Medicine. She earned her doctorate in clinical psychology from Temple University, and completed both her pre-doctoral internship and her postdoctoral fellowship within the VA Boston Healthcare System. In addition to her clinical leadership role, Dr. Daly is actively involved in providing clinical services to returning combat veterans presenting with a broad range of post-deployment mental health concerns and provides supervision to psychology trainees at all levels (practicum, pre-doctoral

internship, and post-doctoral fellowship). Dr. Daly also serves as VA Boston's mental health "champion" for OEF/OIF/OND veterans.

Eve H. Davison, Ph.D. Dr. Davison directs the Women's Stress Disorder Treatment Team, an outpatient trauma-focused clinic affiliated with the Women's Health Sciences Division of the National Center for PTSD. She earned her doctorate from University of California, Santa Barbara, and completed a postdoctoral fellowship in clinical geropsychology at Hillside Hospital, Long Island Jewish Medical Center. She is very involved in training, serving as Director of Clinical Training for the Women's Division and as Jamaica Plain's Site Director for the Consortium, as well as supervising several trainees each year. She is Assistant Professor of Psychiatry at Boston University School of Medicine; her research lies in the area of trauma and aging, and she co-directs the Stress, Health, and Aging Research Program at VA Boston.

Justin L. Enggasser, Ph.D. Dr. Enggasser is a clinical psychologist, the Section Chief for Substance Abuse Treatment Programs at VA Boston Healthcare System, an Assistant Professor of Psychiatry at Boston University School of Medicine and Lecturer at Harvard Medical School. He earned his doctorate in clinical psychology from Illinois Institute of Technology and completed both the Boston Consortium pre-doctoral internship and a postdoctoral fellowship in addictions at VA Boston. Dr. Enggasser currently provides direct clinical care focused on addictions and co-occurring mental health problems for patients in both residential and outpatient treatment settings, and provides supervision of staff and trainees in these contexts. Dr. Enggasser is involved in grant-funded research focusing on developing and testing new treatment models (e.g., a gender-specific treatment protocol for women with substance use disorders) and treatment delivery methods (e.g., a Web-based treatment program for returning veterans with problem drinking and symptoms of PTSD).

Michael Esterman, Ph.D. Michael Esterman is a co-founder of the Boston Attention and Learning Lab. He received his degree in cognitive psychology at UC Berkeley, where he investigated spatial attention and object perception using transcranial magnetic stimulation (TMS) and fMRI. In his post-doctoral fellowship at Johns Hopkins University, he investigated the neural mechanisms of cognitive control, with an emphasis on using fMRI and pattern classification to decode attentional states. He is now an Assistant Professor of Psychiatry at the Boston University School of Medicine, and core faculty in the VA Boston Neuroimaging Center. Mike's current interests include developing behavioral assessments and investigating the neural basis of attentional control and distractibility, in both healthy young and old adults, as well as in patients with PTSD and focal brain injury.

Scott Fish, Ph.D. Dr. Fish is a clinical neuropsychologist in the Inpatient Mental Health Service on the Brockton Campus of the VA Boston Healthcare System. He earned his Ph.D. in 2009 from the San Diego State University / University of California, San Diego Joint Doctoral Program in clinical psychology with a specialization in clinical neuropsychology. He completed a predoctoral internship at McLean Hospital, followed by a postdoctoral neuropsychology fellowship at Massachusetts

Mental Health Center / Beth Israel Deaconess Medical Center. He holds an academic appointment as Instructor of Psychology within the Department of Psychiatry at Harvard Medical School. Dr. Fish operates primarily as a consultant to interdisciplinary treatment teams across several sub-acute and acute psychiatric units where he provides neuropsychological, capacity, psychodiagnostic, and risk evaluations. He is actively involved in teaching and clinical supervision of psychology trainees in the Inpatient Mental Health Service and Geriatric Mental Health Clinic on the Brockton Campus. His clinical and research interests include neuropsychological and social-cognitive impairment in major psychiatric and neurodegenerative disorders, with an emphasis on decision-making capacity and daily functioning.

Lisa M. Fisher, Ph.D. Dr. Fisher is a clinical psychologist at VA Boston Healthcare system. She is Director of the PTSD Clinical Team and affiliated with the National Center for PTSD. She is Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. She is extensively involved in training, serving as a primary clinical supervisor for the PTSD interns and postdoctoral fellows. Her clinical interests and experience are in the areas of PTSD and anxiety and disorders. Dr. Fisher is also involved in outcome and program evaluation research.

Catherine Fortier, Ph.D. Dr. Fortier is a research neuropsychologist at the VA Boston Healthcare System and Assistant Professor of Psychiatry at Harvard Medical School. She is a principal investigator in the Geriatric Neuropsychology laboratory and the Associate Clinical Director and Principal Investigator in the VA Rehabilitation Research and Development Center of Excellence: The Translational Research Center for TBI and Stress Disorders (TRACTS). Dr. Fortier has recently published the Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L), which is designed to characterize mild TBI and blast exposure in OEF/OIF Veterans and was developed by TRACTS. Additionally, Dr. Fortier has funded studies on conditioning and learning in alcoholism and neuropsychological and morphometric characteristics of patients at risk for developing cerebrovascular disease using advanced high resolution structural MRI.

Melissa Ming Foynes, Ph.D. Prior to receiving her doctorate from the University of Oregon, Dr. Foynes completed her internship at Yale University School of Medicine, where she received intensive training in Dialectical Behavior Therapy. She completed her Clinical Postdoctoral Fellowship in PTSD at the National Center for PTSD, where she continued to receive advanced training in utilizing evidence-based practice to treat trauma-related mental health difficulties in patients with complex presentations. Dr. Foynes currently serves as the Clinical Programs and Practices Lead for VA Mental Health Services' national Military Sexual Trauma (MST) Support Team and the Lead Consultant for the national MST Consultation Program. The MST Support Team works at a national level within the Veterans Health Administration to promote best practices in the field and enhance trauma-informed services for Veterans who have experienced MST. The team also works closely with the national VA Mental Health Services program office to make recommendations regarding national policy related to MST. Prior to joining the MST Support Team, Dr. Foynes served as a Staff Psychologist in the Women's Stress Disorder Treatment Team and Director of Clinical Training for the Women's Division. She continues to provide mentorship and

supervision to trainees at all levels as well as direct clinical care. Dr. Foynes is also a Clinical Psychologist in the Women's Health Sciences Division of the National Center for PTSD and Assistant Professor of Psychiatry at Boston University School of Medicine. Her research focuses primarily on the impact of discrimination and diverse dimensions of identity on trauma and recovery. Other interests include initiatives targeting community and institutional responses to trauma survivors and enhancing trauma-informed practice and education across the continuum of care.

Laura Grande, Ph.D., ABPP/cn Laura Grande received her Ph.D. in Clinical Psychology with a specialty in Neuropsychology from the University of Florida in 2002. She completed an internship in Neuropsychology under the supervision of William Milberg, Ph.D. at the VA Boston Healthcare System, and a post-doctoral fellowship in Geriatric Neuropsychology also at the VA Boston Healthcare System. In October 2007, Dr. Grande began her position as the Director of Clinical Neuropsychology and has an appointment as Assistant Professor at Boston University School of Medicine. Her research has focused on the role of subcortical structures in selective attention, with a specific interest in inhibitory processes. Most recently she has extended her research interests to include the impact of blast exposure on cognitive functions in soldiers and veterans returning from deployment to Iraq.

Kristin Gregor, Ph.D. Dr. Kristin Gregor received her doctorate in Clinical Psychology from the University of Vermont. She completed her predoctoral internship at the Boston Consortium in Clinical Psychology through the VA Boston Healthcare System (VABHS). She completed a postdoctoral fellowship through the Warren Alpert School of Medicine at Brown University. In the fall of 2015, Dr. Gregor will transition to a new role within VABHS as a Primary Care Psychologist in the Primary Care – Mental Health Integration Program. In this role, she will deliver consultations and brief interventions to primary care patients with a range of behavioral health issues. She is also an Assistant Professor in Psychiatry through the Boston University School of Medicine. Dr. Gregor has clinical expertise working with behavioral medicine issues, with an emphasis on the development and application of tobacco cessation integrated care interventions. Her research focuses on examining psychiatric mechanisms underlying tobacco use onset and maintenance, as well as the role of psychiatric disorders in interfering with cessation. She has a further interest in women's health issues, which was shaped through her experiences working with VA Central Office Women's Mental Health Section, research through the National Center for PTSD Women's Health Sciences Division, and having previously served as a clinician and supervisor through the Women's Stress Disorder Treatment Team.

Jasmeet Pannu Hayes, Ph.D. Dr. Pannu Hayes is a staff psychologist in the Behavioral Sciences Division of the National Center for PTSD and Assistant Professor of Psychiatry at Boston University School of Medicine. She is a core faculty member of the Neuroimaging Center, VA Boston, and director of the Trauma Memory Laboratory (TML). Dr. Pannu Hayes received her Ph.D. in clinical psychology (emphasis clinical neuropsychology) in 2006 from the University of Arizona. She completed her predoctoral internship in neuropsychology with Dr. William Milberg at the Boston Consortium and postdoctoral work with Drs. Kevin LaBar and Gregory McCarthy at the MIRECC,

Durham VAMC, and Brain Imaging and Analysis Center at Duke University. She is currently funded by a career development award through NIH to study functional changes in the brain associated with trauma memory and emotion regulation using fMRI. Dr. Pannu Hayes' clinical interests include neuropsychological assessment of TBI and PTSD in returning OEF/OIF veterans.

Scott M. Hayes, Ph.D. Dr. Hayes is a neuropsychologist in the Neuroimaging Research Center and Memory Disorders Research Center at VA Boston Healthcare System and Assistant Professor in the Department of Psychiatry at Boston University School of Medicine. He received his Ph.D. in Clinical Psychology (emphasis: Neuropsychology) from the University of Arizona and completed his postdoctoral fellowship at Duke University. His research has been funded by the National Institute on Aging and focuses on investigating the neural underpinnings of episodic memory using functional Magnetic Resonance Imaging (fMRI) and structural MRI (diffusion tensor imaging and volumetrics). Dr. Hayes' recent work has begun to focus on the role of individual differences in neuroplasticity, such as assessing the role of aerobic fitness on cognitive status, neural function, and neural structure. This work has important implications for identification of individuals who may be at risk for neurodegenerative disease as well as those who may benefit from cognitive training or exercise programs.

Ellen Healy, Ph.D. Dr. Healy is the Training and Education Coordinator for the Cognitive Processing Therapy (CPT) Implementation Program. She is a CPT trainer and consultant and she coordinates the National Roll-out for CPT, which is part of the VA-wide initiative to disseminate evidence based psychotherapies funded through Mental Health Services in VA Central Office. She leads CPT consultation for clinicians trained in the Roll-out and also for trainees at the Boston Consortium. She received her Ph.D. in Psychology from Catholic University. Dr. Healy completed a predoctoral internship at the Washington DC VAMC and completed a PTSD clinical postdoctoral fellowship at the Boston Consortium. Her clinical and research interests include cognitive and behavioral treatment of trauma, anxiety and mood, evidence-based psychotherapy implementation and program evaluation. Dr. Healy is also actively involved in the clinical treatment of female veterans and supervision of trainees within VA Boston's Women's Stress Disorder Treatment Team.

Diana M. Higgins, Ph.D. Dr. Higgins is a staff psychologist in the VABHS Pain Clinic and is an Assistant Professor in the Department of Psychiatry at Boston University School of Medicine. She received her doctorate in clinical psychology from the University of Maine, completed her predoctoral internship in clinical health psychology at VA Connecticut Healthcare System, and completed postdoctoral training at Massachusetts General Hospital. Prior to joining the faculty at VABHS, she worked as a clinical research psychologist at VA Connecticut and held a faculty appointment at Yale University, School of Medicine, where she continues to collaborate on several research grants. Dr. Higgins has research interests in chronic pain and overweight/obesity. Her current research involves clinical trials for pain conditions using technology (e.g., IVR, smartphone applications, Internet) to increase access to evidence-based interventions for chronic pain. One of her most recent grants examines the efficacy of an Internet-based behavioral pain management intervention for chronic low back pain. Dr. Higgins also conducts health services research on

disparities in chronic pain, including the impact of overweight/obesity on access to and outcomes of pain care. Dr. Higgins supervises trainees in psychology pain management.

Justin M. Hill, Ph.D. Dr. Hill is a clinical psychologist, Assistant Professor of Psychiatry at Boston University, and Director of the General Mental Health program at the Jamaica Plain campus of the VA Boston Healthcare System. A graduate of Suffolk University in 2008, Dr. Hill completed his clinical internship and post-doctoral fellowship at the VABHS. In addition to providing individual and group psychotherapy, Dr. Hill has been involved with the supervision of clinical psychology and social work trainees.

Kate L.M. Hinrichs, PhD, ABPP Dr. Hinrichs is a Geropsychologist, board certified by the American Board of Professional Psychology. She graduated summa cum laude from the University of Wisconsin Whitewater and earned her masters and doctoral degrees in Counseling Psychology from Colorado State University. Dr. Hinrichs completed both her pre-doctoral internship and her postdoctoral clinical fellowship in the Geropsychology track at the Palo Alto VA Health Care System. She is now the Staff Psychologist providing consult-liaison services in the Community Living Center and is a major supervisor within the Geropsychology training program at the Brockton campus of the VA Boston Healthcare System. She holds a faculty appointment at Harvard Medical School and serves as the co-chair for the Aging Committee within APA Division 44 (LGBT). Clinical interests include treating medically and psychologically complex patients, geriatrics, end of life care, and behavioral management.

Katherine Iverson, Ph.D. Dr. Iverson is a staff psychologist in the Women's Health Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry at Boston University School of Medicine. She received her Ph.D. in clinical psychology in 2008 from the University of Nevada, Reno. Dr. Iverson's clinical work and research focuses broadly on trauma and violence against women, with a special focus on intimate partner violence (IPV) assessment and counseling. She was awarded the Presidential Early Career Award for Scientists and Engineers by the White House in 2013. Currently, she is funded by a VA Career Development Award. She supervises psychology interns and postdoctoral fellows in the Women's Stress Disorder Treatment Team and is involved in national VHA efforts to implement health services interventions to identify IPV and treat its trauma-related effects.

Sandra Japuntich, Ph.D. Dr. Sandra Japuntich received her doctorate in Clinical Psychology from the University of Wisconsin-Madison. She completed her predoctoral internship at the Brown University Medical School Consortium with her primary placement at the Providence VAMC and her postdoctoral fellowship in Behavioral Medicine at the Massachusetts General Hospital. Currently, she is a researcher and clinician in the Women's Health Sciences Division of the National Center for PTSD at VA Boston. Dr. Japuntich's main clinical interests include post-traumatic stress disorder and health behavior change. Her research interests include treatment for tobacco cessation, particularly among mental health populations.

Barbara W. Kamholz, Ph.D., ABPP Barbara Kamholz received her Ph.D. in clinical psychology from the University of Miami in 1998. Following completion of a clinical internship at the VA Boston Healthcare System and post-doctoral fellowship in combined treatment outcome research at Brown University, she returned to VA Boston. Dr. Kamholz is Associate Director, VABHS Mental Health Outpatient Services and Assistant Professor of Psychiatry at Boston University School of Medicine (BUSM). In addition, she is ABCT Workshop Chair, ADAA Career Development Subcommittee Chair, and Site Director for the BUSM Psychiatry Resident CBT Training Rotation. In the latter role, Dr. Kamholz oversees the training of PGY 3 psychiatry residents in empirically-supported psychotherapies for mood and anxiety disorders. She also serves as a secondary supervisor for psychology interns and fellows. Her current academic activities focus on interprofessional training, with an emphasis on CBT training for psychiatry residents. She addresses these issues in conference presentations and academic publications. Dr. Kamholz was awarded her ABPP in Cognitive and Behavioral Psychology in 2015.

Phillip M. Kleespies, Ph.D., ABPP. Dr. Kleespies was awarded his doctoral degree in Clinical Psychology by Clark University in 1971. He is a Diplomate in Clinical Psychology of the American Board of Professional Psychology and a Fellow of the American Psychological Association (Division 12 - Society of Clinical Psychology). He has an appointment as Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. Dr. Kleespies was the founding President of the Section on Clinical Emergencies and Crises (Section VII of Division 12, American Psychological Association) and remained on the Section's Board of Directors as Treasurer (2002-2007). He is now on the Advisory Board of Section VII. He continues to serve as the Chairperson of Section VII's Task Force on Education and Training in Behavioral Emergencies. Dr. Kleespies has numerous presentations and publications on the topics of evaluating and managing suicidal and violent behavior, end-of-life issues, and the impact of patient behavioral emergencies on clinicians. Most recently in 2013, he was the honored recipient of the "Outstanding Clinician Award" by the VA Section of APA Division 18 (Psychologists in Public Service). He is involved in instructing and supervising psychology interns and post-doctoral fellows in the evaluation and management of behavioral emergencies in the Urgent Care Clinic. His current research project is focused on the study of correlates of self-injurious behavior in a veteran population. For many years, Dr. Kleespies participated as a member of the VA Boston Ethics Advisory Committee and the VA Boston Palliative Care Consult Team. He has published and presented on topics relevant to the ethics of end-of-life care such as advance care planning, decision-making capacity, the refusal of life-sustaining treatment, the futility of treatment debate, and the assisted suicide debate. He has retired from full-time VA employment, but continues to function as a consultant for mental health with the Disruptive Behavior Committee and in the Urgent Care Clinic at the Jamaica Plain campus.

Julie Klunk-Gillis, Ph.D. Dr. Klunk-Gillis is the Clinical Director of the PTSD Clinic and a Staff Psychologist in the Center for Returning Veterans at the Brockton campus of the VA Boston Healthcare System. She earned her doctorate in Clinical Psychology from the University of Massachusetts Boston. She completed her internship at the Boston Consortium and her postdoctoral clinical research fellowship in the National Center for PTSD. She serves as a Cognitive

Processing Therapy (CPT) consultant and is also certified in Prolonged Exposure treatment for PTSD. Her research interests include utilization of mental health services amongst veterans of color, cognitive changes related to experiences of trauma, and the role of mindfulness in the treatment of PTSD. Dr. Klunk-Gillis is the Site Coordinator of Training for the Brockton-West Roxbury Campuses within the Internship Training Program.

Lois V. Krawczyk, Ph.D. Dr. Krawczyk received her Ph.D. in clinical psychology from West Virginia University in 1991, after completion of a clinical internship at the Jackson VA Medical Center. She served as an Assistant Professor of Psychology at the University of North Dakota for one year before returning to Jackson VA Medical Center as a Staff Psychologist with an appointment as Assistant Professor of Psychiatry and Human Behavior at the University of Mississippi Medical Center. During her last year in Mississippi she served as Chief of the Trauma Recovery Program before relocating and transferring to VA Loma Linda Healthcare System in 1998. In California, she provided services on the PTSD Clinical Team full-time for 7 years before taking on the role of Supervisory Psychology Executive, a role she served in for 7 years before relocating and transferring to VA Boston Healthcare System in 2013. Dr. Krawczyk is the Lead Psychologist for the National Bipolar Disorder Telehealth Program based at the Brockton campus of VA Boston HCS, and is an Instructor in Psychiatry at Harvard Medical School. In addition, she supervises psychology postdoctoral fellows in the General Mental Health Clinic in Brockton. Her current clinical interests involve provision of telehealth services (Life Goals Collaborative Care) to patients with Bipolar and comorbid disorders.

Karen Krinsley, Ph.D. Dr. Krinsley is the PTSD Section Co-Chief for VA Boston Healthcare System. Together with Dr. Erin Daly, she is responsible for administration of four clinics including PTSD Clinics in Jamaica Plain and Brockton, the Center for Returning Veterans, and the Women's Stress Disorders Treatment Team. Dr. Krinsley is affiliated with the National Center for PTSD, Behavioral Sciences Division, is an Assistant Professor of Psychiatry at Boston University School of Medicine, and is one of two PTSD Mentors for VISN 1, the New England region of Veterans Affairs. She received her Ph.D. from Rutgers University in 1991, and has worked at VA Boston for 25 years, as a clinician, administrator, and researcher. Dr. Krinsley is trained, provides, and supervises evidence-based treatments such as exposure-based therapy for PTSD, Cognitive Processing Therapy, Seeking Safety, and other treatments for PTSD and comorbid disorders.

Stephen R. Lancey, Ph.D. Dr. Lancey is a clinical psychologist at the Jamaica Plain campus of the Boston VA Healthcare System. Dr. Lancey is the Director of Admissions for the Boston Consortium in Clinical Psychology and is the past Director of Clinical Training at the Jamaica Plain Campus. A graduate of the University of Notre Dame, Dr. Lancey completed his internship in psychology at the Boston VA Medical Center and his post-doctoral fellowship through Psychiatry Service at the same facility. Dr. Lancey has staff experience with Neurology Service at the VA Outpatient Clinic in Boston, Spinal Cord Injury Service at West Roxbury, Psychiatry Service, and Rehabilitation Medicine Services at Jamaica Plain. He is a clinical supervisor for trainees in the General Mental Health Clinic and Behavioral Medicine rotations. Dr. Lancey also serves as a Staff Mentor. He holds faculty positions as an Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine,

Adjunct Assistant Professor of Psychiatry at Boston University School of Medicine, and Senior Lecturer at Northeastern University.

Amy E. Lawrence, Ph.D. Dr. Lawrence is a staff psychologist in the General Mental Health Clinic in Jamaica Plain. She conducts assessments, provides group and individual therapy, and supervises psychology trainees and psychiatry residents. Dr. Lawrence graduated from Boston University, where she specialized in the assessment and treatment of anxiety disorders. She completed her internship and clinical research fellowship at VA Boston. Her scholarly interests include decision-making impairment and the training of psychiatrists in cognitive-behavioral therapy.

Elizabeth C. Leritz, Ph.D. Dr. Leritz received her Ph.D. in Clinical Psychology with specialization in Neuropsychology from the University of Florida in 2004. She completed an internship and post-doctoral fellowship in Geriatric Neuropsychology at the VA Boston Healthcare System. Dr. Leritz is currently an investigator in the Geriatric Neuropsychology Laboratory at the VA Boston, and is an Instructor of Medicine at Harvard Medical School and the Brigham and Women's Hospital Division of Aging. Dr. Leritz's early work focused on understanding how memory functioning is affected in individuals who are at risk for neurodegenerative diseases such as Alzheimer's disease (AD) and cerebrovascular disease (CVD). Since that time, she has broadened the scope of her work to include neuroimaging in order to better understand the interplay between risk factors and neuropsychological function. Her current research, supported by a Career Development Award from the National Institute of Neurologic Disorders and Stroke, examines the differential effects that AD and CVD risk factors have on brain structure and cognition. She will also determine how cognitive reserve mediates these relationships over time. Dr. Leritz also has clinical interests in the evaluation of language disorders and supervises trainees who are involved in Neurobehavioral Rounds.

Scott D. Litwack, Ph.D. Dr. Scott D. Litwack is a staff psychologist who works within the Center for Returning Veterans, PTSD Clinic, and the Substance Abuse Program. He earned his doctorate in Clinical Psychology from the University of Connecticut and completed his pre-doctoral internship at the Boston Consortium. Following internship, he completed a postdoctoral clinical research fellowship in the Behavioral Sciences Division of the National Center for PTSD and in the PTSD Clinic. His major clinical and research interests are in the areas of treatment of PTSD and its comorbidities, particularly PTSD-SUD comorbidities, and he has experience in the provision of PTSD treatment across the life-span. He also has interests in issues of diversity, dialectical behavior therapy, and relapse prevention.

Brian P. Marx, Ph.D. Dr. Marx is a staff psychologist at the Behavioral Science Division of the National Center for PTSD in the VA Boston Healthcare System. He also has a joint appointment as a Professor of Psychiatry at Boston University School of Medicine. Dr. Marx received his Ph.D. in clinical psychology in 1996 from the University of Mississippi. Dr. Marx is an expert in behavior therapy, PTSD assessment, and the effects of trauma. He has published over 75 papers and book chapters, mostly focused on trauma and its sequelae. He serves on the editorial board of several

scientific journals and has served as a grant reviewer for the National Institutes of Mental Health. Currently, he is funded by grants from the Departments of Defense and Veterans Affairs. He currently supervises psychology interns and postdoctoral fellows in the assessment and treatment of PTSD.

Susan McGlynn, Ph.D., ABPP/cn Dr. McGlynn is the clinical neuropsychologist for the Polytrauma Network Site at the VA Boston Healthcare System. In this role, Dr. McGlynn works as part of an interdisciplinary treatment team in evaluating OIF/OEF patients for possible traumatic brain injury related to blast exposure or blunt head injury, developing treatment plans for patients, providing feedback regarding results and recommendations, and ensuring that appropriate mental health services are provided. She also provides neuropsychological assessment services to the Comprehensive Integrated Inpatient Rehabilitation Program at our West Roxbury Campus. Dr. McGlynn is active in training within the Neuropsychology programs, particularly in the area of polytrauma and inpatient rehabilitation, and supervises psychology postdoctoral fellows, interns, and practicum students. She also serves as Co-Director of the Neuropsychology Fellowship Track. She established and continues to organize the Neuropsychology Lecture Series with guest speakers from academic and clinical institutions in the Boston area. Dr. McGlynn earned her doctorate in clinical psychology from the University of Arizona with a specialization in neuropsychology. She is board certified in Clinical Neuropsychology through the American Board of Professional Psychology. She completed her internship at the Brockton/West Roxbury VA Medical Center and post-doctoral work at McLean Hospital working with a psychiatric/geriatric population. She has extensive clinical experience working in an outpatient rehabilitation setting where she provided treatment and assessment of brain injured patients within a community re-entry program. Areas of interest include traumatic brain injury, deployment related cognitive disorders, metacognition/awareness of deficits, and rehabilitation. She actively consults on and facilitates research through the Memory Disorder Research Center (MDRC) and the Translational Research Center for TBI and Stress Disorders (TRACTS).

Shannon A. McNeill, Ph.D. Dr. McNeill is a Staff Psychologist at the General Mental Health Clinic, VABHS Brockton campus. She received her doctorate from the University of Missouri – St. Louis, completed her pre-doctoral internship at the Central Western Massachusetts VA Healthcare System, and received postdoctoral training at the Brown University Alpert School of Medicine/Providence VA Medical Center. Dr. McNeill provides individual and group supervision to interns within the General Mental Health Clinic rotation. She is actively involved in providing clinical services to Veterans presenting with varied mental health concerns, including mood, anxiety, and psychotic-spectrum disorders. Dr. McNeill provides individual and group supervision to interns within the General Mental Health Clinic rotation.

William Milberg, Ph.D., ABPP/cn Dr. Milberg is the founder and co-director of the Geriatric Neuropsychology Laboratory and the Associate Director of Research for the New England Geriatric Research, Education and Clinical Director. He is also the director of the participant characterization core for the newly funded VA Rehabilitation Research and Development Center of Excellence: The

Translational **R**ese**a**rch **C**enter for **T**BI and **S**tress Disorders (TRACTS). The Geriatric Neuropsychology Laboratory has been funded for nearly thirty years to study such issues as semantic memory and attentional disorders in Alzheimer's disease, and the neural basis of the phenomenon of hemispatial neglect that occurs with stroke. Additionally, Dr. Milberg has funded studies on conditioning and learning in alcoholism and are interested in the anatomical, physiological and neuropsychological characteristics of patients at risk for developing cerebrovascular disease. Dr. Milberg has studies in place to examine study cerebral white matter changes and cerebral blood flow changes that are associated with these risk factors using advanced high resolution structural MRI morphometry. Finally, Dr. Milberg studies neglect and have begun testing promising new treatments for some of these stroke related symptoms employing low level electric current used to stimulate the vestibular system and newly developed cognitive therapy techniques.

Mark W. Miller, Ph.D. Dr. Miller is a member of the National Center for PTSD faculty and an Associate Professor of Psychiatry at Boston University School of Medicine. He received his Ph.D. from Florida State University and completed his internship and post-doctoral training at the National Center for PTSD. His research focuses on the structure of PTSD comorbidity and its personality and genetic substrate and is funded by VA and NIMH. He is an Associate Editor for the *Journal of Traumatic Stress*. He also serves on editorial boards of the *Journal of Abnormal Psychology* and *Psychological Trauma: Theory, Research, Practice and Policy* and the advisory board of the University of Minnesota Press Test Division which publishes the MMPI family of tests. He has a private forensic practice focused on PTSD-related matters in civil and criminal courts. Dr. Miller supervises the research and clinical work of pre-doctoral interns, post-doctoral fellows, and clinical psychology graduate students.

Karen Mitchell, Ph.D. Dr. Mitchell is a Clinical Research Psychologist in the Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System. She also is an Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Mitchell received her doctorate in Counseling Psychology from Virginia Commonwealth University, with a subspecialty in quantitative methodology. While in graduate school, she also completed an NIMH T32 predoctoral fellowship in psychiatric and statistical genetics. She completed a pre-doctoral internship at the Louis Stokes Cleveland DVAMC prior to entering her current position. Dr. Mitchell's research focuses on the genetics of eating disorders and PTSD. She currently is working on projects for an NIMH K01 focusing on gene-environment interplay in PTSD and disordered eating. Other interests include obesity and weight disorders such as metabolic syndrome. Dr. Mitchell is available as a clinical supervisor and research mentor.

Michelle Mlinac, Psy.D., ABPP Dr. Mlinac is a staff psychologist for the Home-Based Primary Care program covering the Jamaica Plain HBPC team. She provides clinical services to homebound veterans with chronic illness and comorbid mental health issues. Dr. Mlinac received her doctorate in clinical psychology from Xavier University. She completed her internship at Temple University Health Sciences Center, and completed a postdoctoral fellowship in Clinical Geropsychology at

VABHS. She is Board-Certified in Geropsychology. Her clinical and research interests include resiliency, heart failure, integrated mental health care, and hoarding.

DeAnna L. Mori, Ph.D. Dr. Mori is the Director of the Behavioral Medicine Program, and an Assistant Professor of Psychiatry at the Boston University School of Medicine. She earned her doctorate in Clinical Psychology at Vanderbilt University and completed her internship at VA Boston. Her clinical interests include facilitating psychological adjustment to chronic illness and improving adherence to medical regimens, pre-surgical treatment decision making, and expanding patient access to treatment. Dr. Mori's research interests include using telehealth interventions to enhance medical adherence and to promote healthy lifestyle and physical activity in patients with medical conditions and those with PTSD. She has had multiple federally funded grants that support her clinical research program. Dr. Mori has been supervising graduate students, psychology interns, and postdoctoral fellows in behavioral medicine assessment, treatment and research for over 20 years. In addition, she serves on the Executive Board for the VA Boston Informatics Fellowship where she supervises research fellows from a broad array of disciplines.

Jennifer Moye, Ph.D., ABPP Dr. Moye earned her doctorate in Clinical Psychology from the University of Minnesota. She completed her internship, and postdoctoral fellowship in Geropsychology. Dr. Moye is an Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School, and is the Director of the Geriatric Mental Health. In her clinical role Dr. Moye provides outpatient psychotherapy to older adults referred to the Geriatric Mental Health Clinic, and supervises interns providing such interventions. Dr. Moye leads a geropsychology research laboratory focusing on the intersection of ethics, law, and aging. With her team she has investigated methods to improve capacity evaluation, focusing on the relationship of clinical assessment to neuropsychological tests, diagnostic groups, and statutory frameworks. She has also studied means to enhance access to and quality of care for older patients with multiple comorbidities including patients with depression, anxiety, dementia, as well as cancer survivors. In addition to being the author of more than 90 peer reviewed publications, she is the editor of three handbooks produced by the American Bar Association and American Psychological Association on capacity assessment. She has testified before the Senate Committee on Veterans Affairs and before the Joint Judiciary Committee of the Commonwealth of Massachusetts. She has been recognized with numerous regional and national awards for her work including Harvard Medical School's Deans Award for Community Service, the Massachusetts Guardianship Association Isaac Ray Award, and the American Psychological Association Committee on Aging's Award for the Advancement of Psychology and Aging, and the Society for Clinical Geropsychology Distinguished Mentorship Award.

Elizabeth Mulligan, Ph.D., ABPP Dr. Mulligan is a staff psychologist in the Geriatric Mental Health Clinic at the Brockton Campus. She provides outpatient individual, family, and group psychotherapy to older adults and supervises interns and fellows in this clinic. She also serves as Track Coordinator for Geropsychology Training and the co-coordinator of the weekly Geriatric Mental Health Seminar. She is an Instructor of Psychology in the Department of Psychiatry at Harvard Medical School and is actively involved in the teaching and supervision of psychiatry residents through the Harvard South

Shore Program. Dr. Mulligan was elected to APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) in 2015 and she serves as the secretary of Council of Professional Geropsychology Training Programs. Her primary clinical and research interests include geropsychology training, bereavement, chronic illness including cancer survivorship, late-life family relationships, and PTSD and aging. Dr. Mulligan earned her doctorate in Clinical Psychology from Washington University in St. Louis and is a graduate of the internship and fellowship programs at VA Boston, both with specializations in clinical geropsychology.

Margaret Murphy, Psy.D., ABPP Dr. Murphy is staff psychologist for Home-Based Primary Care covering the Brockton catchment area. She provides home-based assessment, intervention (including individual, couples, and family therapy), and consultation for patients with chronic illness. After receiving her doctorate from Our Lady of the Lake University, she completed internship and fellowship in Geropsychology at VA Boston. She is an Instructor in Psychiatry at Harvard Medical School and is Board-Certified in Geropsychology. Her clinical and research interests include caregiving, cognitive rehabilitation, and interdisciplinary treatment teams.

Lisa M. Najavits, Ph.D., ABPP Dr. Najavits is a Clinical Psychologist in the Research Service of VA Boston Healthcare System; Professor of Psychiatry at Boston University School of Medicine; and Lecturer, Harvard Medical School. She earned her doctorate in clinical psychology from Vanderbilt University. She provides clinical and research training for practicum students, predoctoral interns, and postdoctoral fellows, and offers several seminars. Her areas of interest are co-occurring disorders (*e.g.,* substance abuse and PTSD); development and empirical study of new psychotherapy manuals; and studying clinician factors (training, treatment dissemination, differences in outcomes). She has emphasized treatment and research on underserved populations such as women, minorities, and those with severe psychopathology. She is author of over 125 professional publications, 2 books, and is the recipient of numerous grants. She has been on staff at the VA Boston since 2005.

Barbara L. Niles, Ph.D. Dr. Barbara Niles is a staff psychologist at the Behavioral Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry at the Boston University School of Medicine. Dr. Niles has expertise in working with veterans with PTSD and co-morbid disorders. Her research focuses on the promotion of health-promoting behaviors such as exercise and meditation in traumatized populations. Dr. Niles has been supervising graduate students, psychology interns, and postdoctoral fellows in assessment and treatment of PTSD and research for 20 years.

Timothy J. O'Farrell, Ph.D., ABPP Dr. O'Farrell is Professor of Psychology in the Harvard Medical School Department of Psychiatry at the VA Boston Healthcare System where he directs the Families and Addiction Program and the Counseling for Alcoholics' Marriages (CALM) Project. His clinical and research interests focus primarily on couple and family therapy in alcoholism and drug abuse treatment and various aspects of substance abusers' family relationships including partner violence, child functioning, and sexual adjustment. His 4 books include *Treating Alcohol Problems: Marital*

and Family Interventions (1993) and *Behavioral Couples Therapy for Alcoholism and Drug Abuse* (2006).

John Otis, Ph.D. John Otis is an Associate Professor of Psychology and Psychiatry at Boston University, and the Director of Medical Education for Psychiatry at the Boston University School of Medicine. He received his graduate training in Health Psychology at the University of Florida, specializing in the assessment and treatment of chronic pain. Dr. Otis has conducted research and produced scholarly writing about pain throughout the lifespan. He has focused his clinical research career on the development of innovative approaches to pain management, tailored to specialized patient populations. His most recent line of research focuses on developing intensive, integrated treatments for OEF/OIF Veterans with chronic pain and PTSD. Dr. Otis supervises graduate students in the Psychology Pain Management Program.

John R. Pepple, Ph.D. Dr. Pepple is one of the major supervisors for the Inpatient/Therapeutic Recovery rotation. He earned his doctorate in Clinical Psychology from Michigan State University, and completed his pre-doctoral internship at the Massachusetts Mental Health Center. Dr. Pepple is an Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School in the Teacher-Clinician Track. Prior to coming to our service, Dr. Pepple participated in major NIMH and VA Cooperative Study research initiatives investigating the neuropsychology and molecular genetics of schizophrenia, and has co-authored over 15 articles in these areas. Dr. Pepple has been supervising psychology interns and postdoctoral fellows in the assessment and treatment of male and female veterans with severe psychopathology for over 20 years. He is currently a clinical neuropsychologist assigned to Inpatient Psychiatry on the Brockton Campus. In the area of assessment, Dr. Pepple's clinical interests include investigation of neuropsychological deficits in major psychiatric disorders, particularly in the domains of attention, memory, and executive function, and psychodiagnostic and risk assessments based on clinical interview and objective measures (PAI, MMPI-2). Dr. Pepple's major areas of interest as a psychotherapy supervisor are: motivational enhancement therapy; application of CBT, DBT, and mindfulness approaches for the acute treatment of trauma, affective dysregulation, self-injurious behavior, and suicidality; the common and specific factors for psychotherapy; and issues related to self-reflective care.

Suzanne Pineles, Ph.D. Dr. Pineles is a clinical psychologist in the Women's Health Sciences Division of the National Center for PTSD (NCPTSD-WHSD) and Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Pineles provides supervision of clinical cases, attends WSDTT team meetings, and is available for research supervision. Her primary research interests are in the areas of cognitive and biological processes involved in maintaining PTSD. In particular, she recently completed data collection on two projects: one investigating the psychophysiology and neurobiology of PTSD across the menstrual cycle and a second examining neurobiological and psychophysiological predictors of successful smoking cessation in individuals with PTSD.

Anica Pless Kaiser, Ph.D. Dr. Pless Kaiser is a clinical research psychologist in the Behavioral Science Division of the National Center for PTSD and a Research Assistant Professor of Psychiatry at

Boston University School of Medicine. She completed her graduate training at Central Michigan University and her clinical internship at the VA Pittsburgh Healthcare System. Dr. Pless Kaiser completed a research postdoctoral fellowship at VA Boston Healthcare System with the Stress, Health, and Aging Research Program (SHARP) before entering her current position. Her research interests include understanding the effects of stress and trauma over the lifespan, PTSD symptom course over time, assessment of PTSD and related disorders, development of interventions for older Veterans, and the relationship between PTSD and aging. Dr. Pless Kaiser also provides clinical supervision to interns and postdoctoral fellows within the PTSD Treatment team at the JP campus of VABHS.

Stephen Quinn, Ph.D. Dr. Stephen Quinn is a clinical psychologist on the PTSD Treatment Team, JP Campus, and affiliated with the Behavioral Sciences Division of the National Center for PTSD. Dr. Quinn earned his doctorate in Clinical Psychology from The University at Albany, State University of New York. He has expertise in the assessment and treatment of traumatized populations with PTSD, anxiety disorders, and multiple co-morbidities; with particular interests in ACT, mindfulness, and trauma-focused interventions. Dr. Quinn has supervised the clinical activities of practicum students, interns, and postdoctoral fellows for the past 20 years.

Ann M. Rasmusson, M.D. Dr. Rasmusson is the Psychiatry Liaison, PTSD Research and Education, VA Boston Healthcare System, a Research Affiliate of the VA National Center for PTSD, Women's Health Sciences Division (NC-PTSD, WHSD), and an Associate Professor of Psychiatry at Boston University School of Medicine. Dr. Rasmusson is involved in the clinical and research training, as well as career development of psychiatry residents and psychologists interested in translational research (genes to clinical phenotype). She has over 50 peer-reviewed publications and several grants supported by NIH, DOD, VA and private foundations.

Daniel Rounsaville, Ph.D. Dr. Rounsaville is a licensed clinical psychologist at the Alcohol and Drug Treatment Program (ADTP) Outpatient Clinic at the Brockton Division of the VA Boston Healthcare System. He is an Instructor in the Department of Psychiatry at Harvard Medical School. Dr. Rounsaville received his doctorate in Clinical Psychology from the University of Maryland, Baltimore County (UMBC) in 2010. Dr. Rounsaville is trained in Motivational Interviewing, Behavioral Couples Therapy, Cognitive-Behavioral Therapy, and ACT. Currently, he leads a Recovery Skills Group designed to improve relapse prevention skills and an Opioid Use Disorders Assisted Recovery Group as part of the ADTP Suboxone program. Dr. Rounsaville teaches the motivational interviewing didactic and supervises the third year psychiatry residents' therapy cases enrolled in the ADTP Outpatient Clinic as an Instructor in the Harvard South Shore Psychiatry Residency Training Program. Dr. Rounsaville has interest in use of survival analysis in measuring clinical outcomes and contributes to several ongoing performance improvement projects.

Monica Roy, Ph.D. Dr. Roy is a clinical psychologist who is the program manager for the Jamaica Plain Outpatient Alcohol and Drug Treatment Program (ADTP) and Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). She received her Ph.D. from Nova Southeastern

University in 2007 and trained at the Boston Consortium as an intern and postdoctoral fellow in the substance abuse treatment program at the Jamaica Plain campus of VA Boston. Dr. Roy plays an active role in training in the treatment of substance abuse and provides supervision for trainees at the practicum, intern, and postdoctoral levels. Her clinical interests include providing empirically supported treatment for substance use disorders (SUD) and co-morbid disorders (e.g. Seeking Safety, Dialectical Behavior Therapy, Relapse Prevention, Acceptance and Commitment Therapy). Her research interests include SUD-PTSD treatment outcomes. She is currently involved in a research team that is working on creating web-based interventions for veterans with SUD and PTSD.

James L. Rudolph, M.D. As a Geriatrician and Palliative Care Physician, my over-arching goal is to improve clinical care for older patients. To date, my research work has focused on the long-term functional and cognitive effects of delirium after surgery. Using the skills acquired in this research, I recently turned my focus to developing system improvement for those vulnerable older patients. In the Delirium Toolbox quality improvement project, we were able to reduce restraint use and length of stay. The PILL Project identified cognitively impaired inpatients who were discharged from the hospital and provided pharmacist intervention to keep patients at home. Both programs were cost effective in the first operational year. Combining my research background, my quality improvement knowledge, and my program development skills, the proposed project is an optimal mechanism to improve clinical care and develop a program for dissemination.

Karen A. Ryabchenko, Ph.D. Dr. Karen Ryabchenko is a clinical psychologist with the PTSD Clinical Team and affiliated with the National Center for PTSD. She is also an Assistant Professor of Psychiatry at the Boston University School of Medicine. She earned her doctorate in Clinical Psychology at the State University of New York at Binghamton and completed her clinical internship and postdoctoral fellowship at the VA Boston. She was the Coordinator for PTSD and Returning Veterans Programs at the Bedford VA, before returning to Boston in 2009. She has been involved in the supervision and training of postdoctoral fellows, interns, and practicum students at both Bedford and Boston. She specializes in the assessment and treatment of PTSD and other Axis I and II disorders. Her major clinical and research interests are in the areas of assessment and treatment of PTSD and its comorbidities, access to care, and program development, improvement, and evaluation.

Erica R. Scioli-Salter, Ph.D. My graduate training involved developing expertise in both general clinical and health psychology. Starting with my graduate thesis and dissertation projects, I developed a programmatic line of research in health promotion (adoption and maintenance of multiple health behaviors including exercise, smoking cessation and nutritious eating) with a particular focus on exercise motivation as a gateway to adopting other health behaviors. During my internship and postdoctoral training within the VA, my program of research evolved towards integrating health behavior change (*e.g.,* exercise adoption and maintenance) within medically and psychiatrically complex populations, such as veterans suffering from chronic pain and PTSD. As I learned more about the biopsychosocial model of these highly comorbid disorders, I developed an interest in better understanding the psychological and neurobiological response to exercise among

this population, with the long-term goal of developing individually prescribed exercise programs and a motivationally based exercise behavior-change protocol to be integrated in the overall treatment program of these individuals. I am an Assistant Professor of Research within the BUSM Department of Psychiatry as well as a full time staff clinical research psychologist within the research division at VABHS. I have been promoted to Assistant Director of the Psychology Pain Management and Research Clinic where I work collaboratively with chronic pain mentor, Dr. Otis.

Jill Panuzio Scott, Ph.D. Dr. Scott is a staff psychologist in the Center for Returning Veterans. In this role, she delivers empirically based psychological assessment and treatment, provides supervision to psychology trainees, and maintains involvement in ongoing research. Dr. Scott received her doctorate degree in Clinical Psychology from the University of Nebraska-Lincoln in 2011. She completed a clinical internship at the Boston Consortium in Clinical Psychology and a postdoctoral fellowship at the National Center for Posttraumatic Stress Disorder, VA Boston Healthcare System. Dr. Scott previously served as a Substance Use Disorder-PTSD Specialist within the VA Maryland Healthcare System. Her research and clinical interests include enhancing motivation for and engagement in mental health treatment, empirically supported assessment and treatment for veterans with dual diagnoses, and psychopathology-based risk factors for aggressive behavior.

Jillian C. Shipherd, Ph.D. Dr. Shipherd is a clinical psychologist at the Women's Health Sciences Division of the National Center for PTSD, an Associate Professor at Boston University's Department of Psychiatry at the School of Medicine, and Director of the LGBT Program in Patient Care Services at VA Central Office in Washington DC. Dr. Shipherd's research interests are in the areas of cognitive facets of trauma recovery, including attention and thought suppression. Her recent DoD grant tested a mindfulness-based training as a secondary prevention program for PTSD in active duty Soldiers recently returned from deployment. In addition, Dr. Shipherd is very interested in the inter-relationship between mental and physical health in trauma recovery. Her longitudinal dataset of Marines allows for exploration of these constructs. Dr. Shipherd is also a nationally known expert on transgender health and works with Central Office on policy, practice and education programs for sexual and gender minority veterans. She provides clinical, assessment, and research supervision for trainees at all levels. In addition, Dr. Shipherd provides mentorship on career development.

Amy K. Silberbogen, Ph.D. Dr. Silberbogen is a Clinical Psychologist and is the Assistant Director of the Behavioral Medicine Program at the VA Boston Healthcare System. She is an Assistant Professor in Psychiatry at Boston University School of Medicine and a Lecturer at Harvard Medical School. Dr. Silberbogen is the Training Director of the APA Accredited VA Boston Psychology Postdoctoral Fellowship Training Program, a multiple practice training program, consisting of both Clinical and Clinical Neuropsychology Training Programs. Dr. Silberbogen currently serves as Member-At-Large for the VA Psychology Training Council. Dr. Silberbogen received her Ph.D. from the University of Missouri – St. Louis in 2003 and completed her internship and postdoctoral fellowship at VA Boston. She has clinical and research interests in the assessment and treatment of a variety of chronic medical conditions, including hepatitis C, diabetes, HIV, and sexual dysfunction.

Dr. Silberbogen has received several funded grants as principal investigator, including a VA Career Development Award, to assess the benefits of telehealth applications to address chronic medical illness and comorbid psychological distress. Dr. Silberbogen supervises graduate students, clinical psychology interns, and postdoctoral fellows in Behavioral Medicine.

Chris Skidmore, Ph.D. Dr. Skidmore is a clinical psychologist who works with the PTSD Clinic, Women's Stress Disorder Treatment Team, and the Substance Abuse Programs at the Jamaica Plain Campus. He received his Ph.D. from Northwestern University in 2007 and trained as an intern in the Boston Consortium and a postdoctoral fellow in PTSD at VA Boston. He serves as the VA Boston Substance Abuse and PTSD Specialist and recently began working as the Clinical Education and Resource Coordinator for the national Military Sexual Trauma Support Team. He greatly enjoys the trainee-centered environment in the training programs, and he is the supervisor for the Seeking Safety program. He regularly gives didactics presentations on PTSD and substance abuse treatment, Prolonged Exposure, DBT, diversity issues, military sexual trauma, and program development. He has clinical interests in empirically supported treatments for SUD-PTSD and has been trained in Prolonged Exposure, Cognitive Processing Therapy, Motivational Enhancement Therapy, and telemental health approaches to treatment. He also has strong interests in diversity issues, supervision and mentoring, and professional development. His research interests include SUD-PTSD treatment outcomes and the relations among stigmatization, diversity issues, and mental health.

Colleen Sloan, Ph.D. Dr. Colleen Sloan is a staff psychologist in the Women's Stress Disorder Treatment Team, a clinical program affiliated with the Women's Health Sciences Division of the National Center for PTSD. She earned her doctorate from the University of Georgia, and she completed both a clinical internship and postdoctoral fellowship at Duke University Medical Center within the Cognitive Behavioral Research and Treatment Program. Her background and training is in Dialectical Behavior Therapy and in cognitive behavioral therapies more generally, and she has expertise in LGBT health. Dr. Sloan provides clinical supervision to psychology trainees at all levels. She also participates in education and training, primarily regarding DBT and LGBT health.

Denise Sloan, Ph.D. Dr. Denise Sloan is Associate Director, Behavioral Science Division, National Center for PTSD faculty and Professor of Psychiatry at Boston University School of Medicine. She is an expert in psychosocial treatments for traumatic stress disorders and emotion regulation in psychopathology. Dr. Sloan's work has been funded by a variety of sources including NIMH, VA, and Department of Defense. She currently holds funding from Department of Veterans Affairs and NIMH to conduct randomized controlled trials investigating treatments for PTSD. Dr. Sloan is Associate Editor of *Behavior Therapy* and serves on the editorial board of six journals. She has been supervising trainees (graduate students, interns, and postdoctoral fellows) in the assessment and treatment of traumatic stress disorders, and has served as a research mentor for more than 10 years.

Brian N. Smith, Ph.D. Dr. Smith is a Research Psychologist in the Women's Health Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry at Boston University School of Medicine. His program of research generally involves examining the social context of health-related behaviors, mechanisms, and outcomes. Dr. Smith is particularly interested in psychosocial factors that are associated with both psychological and physical reactions to stress, including considering gender and aging in health-risk mechanisms. The identification of modifiable risk and resilience factors (e.g., social support, health behaviors) within posttraumatic stress exposure health trajectories is a key research focus, which includes research examining factors predictive of the post-deployment health and functioning of male and female veterans.

Marika Solhan, Ph.D. Dr. Solhan is a clinical psychologist who serves as the Program Manager for the Women's Transitional Residence Program (TRUST House) and as a staff psychologist in the Outpatient Alcohol and Drug Treatment Program (ADTP) on the Jamaica Plain campus. She earned her doctorate from the University of Missouri and trained as an intern and postdoctoral fellow in the Substance Abuse Treatment Programs at VA Boston. Dr. Solhan specializes in the assessment and treatment of personality disorders, provides training and supervision in Dialectical Behavior Therapy, and has strong interests in the treatment of substance use disorders and comorbid conditions (e.g. PTSD) in both male and female Veterans. She is actively involved in research through the National Center for PTSD related to the development and evaluation of an online intervention for substance use and PTSD symptoms. Her other research interests include affect instability and impulsivity in individuals with substance use disorders and/or personality disorders, mindfulness-based interventions, SUD/PTSD treatment outcomes, and novel clinical and research methodologies (e.g. ecological momentary assessment). Dr. Solhan provides clinical supervision and mentorship to practicum students, interns, and postdoctoral fellows.

Amy Street, Ph.D. Dr. Street is the Deputy Director of the Women's Health Sciences Division of the National Center for PTSD and an Associate Professor of Psychiatry at Boston University School of Medicine. Dr. Street has an active program of research investigating negative health outcomes associated with interpersonal trauma, including sexual harassment, sexual assault and intimate partner violence, in veteran and civilian populations. A secondary research interest involves examining gender differences in traumatic stress exposure and stress-related disorders. Her research has received funding from the Department of Veterans Affairs and the National Institutes of Health. Dr. Street is also actively involved in the clinical treatment of female veterans suffering from PTSD and other stress- stress-related disorders through VA Boston's Women's Stress Disorder Treatment Team.

Nikki Stricker, Ph.D., ABPP/cn Dr. Nikki Stricker is a staff neuropsychologist within the VA Boston Healthcare System and the Neuropsychology Training Coordinator. She holds an academic appointment as Assistant Professor in Psychiatry at Boston University School of Medicine. Dr. Stricker completed her Ph.D. in 2008 from the San Diego State University / University of California San Diego Joint Doctoral Program in Clinical Psychology with a specialization in clinical neuropsychology. She completed a clinical neuropsychology internship at the Southwest

Consortium Predoctoral Psychology Internship, followed by a postdoctoral neuropsychology fellowship at the New Mexico VA Healthcare System. Her research interests are primarily in the neuroimaging (DTI) and neuropsychology of aging, mild cognitive impairment and dementia, with additional interests in diagnostic accuracy of neuropsychological measures and rates of clinical impairment in PTSD.

Casey Taft, Ph.D. Dr. Taft is a staff psychologist at the National Center for PTSD in the VA Boston Healthcare System, and Professor of Psychiatry at Boston University School of Medicine. He was the 2006 Chaim Danieli Young Professional Award winner from the International Society for Traumatic Stress Studies, and the 2009 Linda Saltzman Memorial Intimate Partner Violence Researcher Award winner from the Institute on Violence, Abuse, and Trauma. Dr. Taft currently serves as PI on funded grants focusing on preventing partner violence and implementing violence prevention programs through the Department of Defense and Blue Shield Foundation of California.

David R. Topor, Ph.D., MS-HPEd. Dr. Topor is a Staff Psychologist at the Brockton campus of the VA Boston Healthcare System. He is an Assistant Professor in the Department of Psychiatry at Harvard Medical School. Dr. Topor received his BA in psychology from The George Washington University in Washington, D.C. and his MA and Ph.D. in clinical psychology from The University of North Carolina at Greensboro. He completed his pre-doctoral internship at South Florida State Hospital and his post-doctoral fellowship at Brown Medical School. He received his MS in Health Professions Education from The Massachusetts General Hospital Institute of Health Professions. Dr. Topor currently provides outpatient individual, group, and family therapy for veterans with serious mental illness. He serves as an instructor for several courses in the Harvard Medical School South Shore Psychiatry Residency Program. Dr. Topor's research interests are in the development, dissemination, and evaluation of learning theory and educational practices in interprofessional health professions education. These interests include didactic curriculum development and evaluation, assessment of learning, and interprofessional faculty development.

Glenn R. Trezza, Ph.D. Dr. Trezza received his PhD in psychology from the Clinical program at the University of Buffalo-SUNY, and completed his internship training at VA Boston, where he has been on staff for the past 25 years. Currently, he is the rotation coordinator for both the pre-doctoral internship and postdoctoral fellowship of the Substance Abuse Treatment Program-Jamaica Plain Division, where he also supervises consultation services and residential treatment admissions. With an eclectic orientation to psychotherapy, Dr. Trezza is invested in helping internship trainees conceptualize from a number of traditions while providing patient-centered cognitive-behavioral therapy for substance use disorders and comorbid conditions. Dr. Trezza has an academic appointment as Assistant Professor of Psychiatry at Boston University School of Medicine. His teaching and research interests include: HIV disease; LGBT issues; diversity and inclusion issues in psychotherapy and in professional development; substance abuse treatment and consultation/liaison strategies; designer drugs; sex addiction; recovery from sexual abuse; and the integration of career roles as both academic hospital psychologist and private practitioner. He has also published articles and book chapters on substance use triage and risk management, on

internship training in HIV care, and on psycho-pharmacology. He continues to serve on the Psychology Service's Committee on Diversity and Inclusion, of which he was founding chair, and was for many years Curriculum Director of the internship training program, in which he continues to teach each year.

Jennifer J. Vasterling, Ph.D. Dr. Vasterling obtained her Ph.D. in psychology from Vanderbilt University in 1988, subsequently completing pre- and post-doctoral training in clinical neuropsychology at the Boston VA. Dr. Vasterling currently serves as the Chief of Psychology at the VA Boston Healthcare System, as an affiliated investigator within the Behavioral Science Division of the VA National Center for PTSD, and as a Professor of Psychiatry at Boston University School of Medicine. Dr. Vasterling's research has centered on furthering understanding of the cognitive and emotional changes that accompany war-zone deployment and posttraumatic stress responses. She is internationally recognized for this work, is the author of over 100 chapters and journal articles, and has edited several books, including a recent volume on comorbid mild traumatic brain injury and PTSD. She currently serves on the Editorial Board of Psychological Assessment and is President-Elect of the Society for Clinical Neuropsychology (APA, Div 40), to begin her term as President in August 2015. Her recent work includes a longitudinal VA Cooperative Study examining neuropsychological and emotional outcomes of military deployment to Iraq, an associated NIMH-funded study of family adaptation to war-zone deployment, and a NASA-funded evidence review and operational assessment of the potential behavioral health benefits of pre-flight organizational social support for astronauts engaged in long-duration spaceflight. In 2009, she received the American Psychological Association Division 56 Award for Outstanding Contributions to the Science of Trauma.

Melanie J. Vielhauer, Ph.D. Dr. Vielhauer is the General Mental Health (GMH) Section Chief for VA Boston Healthcare System, overseeing programs in GMH/Mood and Anxiety Disorders, Geriatric Mental Health, and Integrated Primary Care-Behavioral Health. She previously served as Director of the General Mental Health Clinic and Co-Director of the Mood and Anxiety Disorders Clinic at the Jamaica Plain campus, as a staff clinician/psychologist at the VA Boston Outpatient Clinic and the National Center for PTSD-Behavioral Science Division, and in clinical research at Boston Medical Center. Dr. Vielhauer has been involved in the supervision and training of interns, fellows, and practicum students at VA Boston Healthcare System for over 15 years. She has collaborated on numerous research projects, primarily in the area of co-occurring PTSD and substance abuse, and co-authored several treatment manuals designed to enhance adherence to mental health and medical treatments.

Dawne Vogt, Ph.D. Dr. Vogt is a Research Psychologist in the Women's Health Sciences Division of the National Center for PTSD and Associate Professor of Psychiatry at Boston University School of Medicine. She is involved in the research training of both predoctoral and postdoctoral trainees and has primary research interests in deployment risk and resilience factors as they relate to post-deployment mental health, stressors unique to women in the military, and stigma, gender, and other barriers to VA health-care use.

Jennifer Schuster Wachen, Ph.D. Dr. Jennifer Wachen received her doctorate in Clinical Psychology from the University of Connecticut. She completed her predoctoral internship at the Greater Hartford Clinical Psychology Consortium and her postdoctoral fellowship in the Medical Psychology service through the VA Boston Psychology Postdoctoral Fellowship Program. Currently, she is a researcher and clinician in the Women's Health Sciences Division of the National Center for PTSD at VA Boston. Dr. Wachen has worked with a variety of trauma survivors, including combat veterans, adult survivors of childhood physical and sexual abuse, and victims of domestic violence. Her research interests include risk and resilience factors for PTSD and posttraumatic growth, the relationship between trauma and physical health outcomes, and evaluation of treatment interventions.

Heather M. Walton Flynn, Ph.D. Dr. Walton Flynn attended College of the Holy Cross and earned her Ph.D. in Counseling Psychology from the University of Maryland, College Park. She completed her internship at VA Boston and her postdoctoral fellowship in Psychosocial Rehabilitation at the Edith Nourse Rogers VA (Bedford, MA). She currently works in the Brockton Division as a psychologist in Inpatient Mental Health. Her primary clinical duties involve service provision within long-stay inpatient units as well as the detoxification unit. As an Instructor for Harvard Medical School, she also provides a therapy skills didactic and supervision series to psychiatry residents in the Harvard South Shore Psychiatry Residency Program. Dr. Walton Flynn also serves as the chairperson of the hospital system-wide diversity committee. Dr. Walton Flynn maintains clinical and research interest in topics related to minority populations.

Melissa Wattenberg, Ph.D. Dr. Wattenberg is Program Manager and Supervisory Psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC) for veterans with Serious Mental Illness (SMI)), at Boston Outpatient Clinic (BOPC). She and her colleagues established this program within VA Boston Healthcare System through a national VA Grant in 2006. Dr. Wattenberg runs a Cognitive Remediation Lab within this program. In progress within PRRC is a family therapy program for Serious Mental Illness that she and her colleagues are developing, based on Behavioral Family Therapy, Family Consultation, and Multifamily Group. Dr. Wattenberg runs a childhood trauma group at VA Boston Outpatient Clinic, and trains psychiatry residents in this modality. As part of her training responsibilities, she serves as preceptor for a Mental Health rotation for Physician Assistant interns. Along with her primary administrative, clinical, and training duties, Dr. Wattenberg is involved with and consults to research projects locally and nationally, and has published in the area of group therapy for PTSD. Orientation: trauma-informed; incorporates schema theory, family systems, and humanistic approaches (*e.g.,* Gendlin's focusing), as well as cognitive behavioral and cognitive-emotional (*e.g.,* Social Cognition Interaction Training) approaches.

Kenneth Weiss, Psy.D. Dr. Weiss is a staff psychologist for the PTSD treatment program VA Boston Healthcare System, Brockton campus. Dr. Weiss earned his doctoral degree in clinical psychology from the University of Denver. He holds an academic appointment as a Clinical Instructor in Psychology for Harvard Medical School. Dr. Weiss has been involved in training and supervision for

25 years, as well as having co-lead a seminar on psychotherapy/case conceptualization for the Consortium Internship Training program. He currently provides psychotherapy supervision for psychology interns and psychiatry residents. Dr. Weiss has clinical interests in the integration of individual and family perspectives in psychotherapy, in hypnosis, and in mind-body problems.

Risa B. Weisberg, Ph.D. Dr. Weisberg is a clinical psychologist, the Assistant Chief of Psychology at VA Boston Heath Care System and the Director of the VA Boston Healthcare System Clinical Psychology Internship Program. Dr. Weisberg is a Professor of Psychology in the Department of Psychiatry at the Boston University School of Medicine. She is also Adjunct Professor (Research) of Psychiatry and Human Behavior and of Family Medicine at the Alpert Medical School of Brown University. Dr. Weisberg's research and clinical interests focus broadly on primary care - behavioral health integration. She also has specific interest in anxiety disorders, chronic pain, and sexual and reproductive health. Dr. Weisberg has been Principal Investigator on six NIH-funded research grants, and Co-Investigator on six other funded projects. She is currently conducting a number of federally-funded research projects on the treatment of anxiety, chronic pain, and opiate misuse in primary care settings. Dr. Weisberg has a strong commitment to mentoring and education. She has served as a research mentor to clinical psychology trainees for the past 15 years and is delighted that a number of her past trainees are now her research collaborators.

Julie Weismoore, Ph.D. Dr. Weismoore is a staff psychologist who works as the PTSD-SUD specialist at the Brockton campus. She received her doctorate in Clinical Psychology from George Mason University. Dr. Weismoore completed pre-doctoral internship training at VA Connecticut Healthcare System and post-doctoral training at the Stratton VAMC. Her primary interests include the prevention and treatment of self-harming behaviors (e.g. suicide, non-suicidal self-injury, substance use, and risky sexual behaviors) among those who have experienced trauma. She also has interest in the use of mindfulness and Acceptance and Commitment Therapy.

Erika Wolf, Ph.D. Dr. Wolf is a staff psychologist at the Behavioral Science Division of the National Center for PTSD and an Assistant Professor of Psychiatry at Boston University School of Medicine. She completed her graduate training at Boston University and her internship at the Boston Consortium in Clinical Psychology. Her research interests include twin and molecular genetic methodologies to study posttraumatic psychopathology, the structure of psychopathology, personality and personality disorders, and psychometric instrument development. Much of Dr. Wolf's work involves the use of latent variable analytic approaches. Her current funding includes a VA Career Development Award to study the genetics of posttraumatic psychopathology and an award from the University of Minnesota Press to study the use of the MMPI-2-RF scales for the assessment of DSM-5 PTSD. In addition, Dr. Wolf is currently working to develop a new measure of the dissociative subtype of PTSD. She is currently a Consulting Editor at the *Journal of Abnormal Psychology and Psychological Trauma: Theory, Research, Practice, and Policy.* Dr. Wolf provides clinical supervision for interns and post-doctoral fellows and mentors research trainees in multivariate data analytic approaches.