VA Boston Psychology Postdoctoral Fellowships

Recruitment Brochure for Fellows starting in 2016

Explore your professional potential!

Clinical Psychology Training Program Tracks:

- Posttraumatic Stress Disorder
- Geropsychology
- Substance Abuse Treatment
- Post-Deployment Readjustment
- General Mental Health
- Behavioral Medicine
- Lesbian, Gay, Bisexual, and Transgender Health Care
- Dual Diagnosis (PTSD - SUD)
- Interprofessional Mental Health Care

Clinical Neuropsychology Training Program (2 Years)

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Boston University School of Medicine

Harvard Medical School

Department of Veterans Affairs

Psychology Postdoctoral Fellowship Program

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Introduction

Welcome to the VA Boston Psychology Postdoctoral Fellowship Training Program!

The structure of the VA Boston Psychology Postdoctoral Fellowship Program follows a multiple practice format as defined by APA's Policy Statements and Implementing Regulations. The Fellowship Program is organized into two separate areas:

1. the substantive traditional practice area of Clinical Psychology, and
2. the specialty practice area of Clinical Neuropsychology.

Within the **Clinical Psychology Training Program**, we offer training in nine areas of emphasis ("tracks"):

1. Behavioral Medicine
2. Dual Diagnosis
3. General Mental Health
4. Geropsychology
5. Interprofessional Mental Health
6. Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Care
7. Post-Deployment Readjustment
8. Posttraumatic Stress Disorders (PTSD)
9. Substance Abuse

Within the **Clinical Neuropsychology Training Program**, we offer training in Neuropsychology with the opportunity to specialize based on training needs and professional goals.

Both Training Programs exist within the overarching structure of the Fellowship Program and are independently accredited by APA. The accreditation site visit for both programs was held in September 2015.

During the 2016-2017 training year (2016-2018 for Neuropsychology), the VA Boston Psychology Postdoctoral Fellowship Program anticipates it will recruit 11-12 full-time Fellows in the traditional practice of Clinical Psychology. We will also recruit one full-time Fellow in Clinical Neuropsychology.

We are pleased to welcome you to our Medical Center and our Fellowship Program, and look forward to your application for admission!

Philosophy and Model of Training

The VA Boston Psychology Postdoctoral Fellowship 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 identity and responsibility through involvement in the training process. In other words, we ask that Fellows 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 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 Fellows utilize critical thinking skills to develop their own 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 Fellow 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 Fellows' 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. Fellows are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the Fellow's full participation in all endeavors, scientific and clinical. We provide training in multidisciplinary and interdisciplinary care environments in which the Fellow develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large

medical system. Fellows 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.

Mission/Program Goals and Objectives

The mission of the VA Boston Psychology Fellowship Program is to train psychologists who meet advanced 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 Fellowship Program fosters development across six broad competencies that are critical to the functioning of an independently functioning psychologist. We expect that Fellows in the Clinical Program will gain both breadth in competency, as well as depth within their particular track. Fellows in the Neuropsychology program will also gain competencies specific to Neuropsychology. Below are the broad specific competencies/skills (program goals and objectives) to be developed:

1. **Assessment, diagnosis, and intervention:** Functional skills in assessment, diagnosis, and intervention are critical to the professional practice of clinical psychology. Fellows should be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows 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 Fellows to develop strong case conceptualization skills that draw on theoretical and empirical knowledge, and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in both individual and group formats, as well as managing risk issues.

2. **Consultation, program evaluation, supervision, and teaching:** Fellows have the opportunity, at the Fellowship level, to gain experience and competency in professional roles that tend to be less emphasized during earlier training years. Fellows receive supervised experiential learning and didactics in these areas. Fellows will demonstrate skill in understanding the role of a psychologist and communicating/collaborating with other providers, as well as developing skill and understanding needs assessment, program development, and evaluation. Fellows will have the opportunity to provide supervision to a more junior psychology trainee, and will receive close supervision and didactics on developing this formative skill. Finally, teaching of peers, psychology staff, and other providers is emphasized to ensure that Fellows gain the skill of communicating material clearly and concisely.

3. **Professional conduct, ethics, and law:** Fellows receive supervision and didactic training related to professional conduct, ethics, and law in both clinical and research domains. Fellows

will demonstrate growth in professional development and identity over the course of the postdoctoral year, as evidenced by an understanding and application of ethical concepts and the law on professional activities. Additionally, Fellows will demonstrate professional interpersonal behavior through their relationship with others, the quality and efficiency of their work, and their involvement in their own development through consultation with supervisors.

4. **Cultural and individual diversity:** Fellows will demonstrate sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Additionally, Fellows 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.

5. **Strategies of scholarly inquiry:** Fellows will demonstrate the ability to think critically about existing literature and apply scientific knowledge to clinical practice, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing and will play an active role in developing their own research and/or program development and evaluation goals. Fellows will also receive supervision through relationships with research mentors on legal and ethical safeguards required by VA, APA, and IRB. Fellows will communicate their process and/or findings during program-wide didactics towards the end of their training year.

6. **Organization, management, and administrative issues:** Similar to Competency #2 above, trainees rarely have any in-depth exposure to organization, management and/or administration prior to the postdoctoral year. Psychology Fellows will develop awareness and understanding of the organization as they pertain to professional roles and responsibilities across clinical, training, and research contexts. Additionally, Fellows will develop leadership and critical thinking skills to address administrative tasks within clinical, training, research or other professional activities. In past training years, Fellows gain this experience through involvement in managing clinical consults, serving as a student representative to training committee meetings, sitting on an ethics committee, and organizing track-specific didactics, among many others activities.

Teaching Methods

The competencies listed above are developed through a structured, coherent, and integrated training program that is graded, sequential, and cumulative. Teaching occurs in the context of:

Supervised Service Delivery in direct contact with service recipients. Fellows in the Clinical Psychology program, as well as Year 1 Neuropsychology Fellows, will spend a minimum of 25% (10 hours) 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 Fellow 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 at least 75% of a Fellows' training. In reality, Clinical Psychology Fellows and Year 1 Neuropsychology Fellows more typically spend 80-90% of their time engaged in supervised service delivery.

The primary training method for Year 2 Neuropsychology Fellows is also supervised service delivery in direct contact with service recipients. However, as appropriate for neuropsychology education and training, and depending on the specific goals of the Fellow, Year 2 may allow for additional research time. During Year 2, Neuropsychology Fellows will spend a minimum of 60% of their time engaged in supervised service delivery (a minimum of 6 face-to-face hours per week and a minimum of 18 hours in supportive clinical functions, as described above).

Supervision: *Fellows receive at least two hours of individual, face-to-face, scheduled supervision with a licensed psychologist who has expertise in the activities being supervised.* Fellows may also receive group supervision, with a maximum of three trainees. Fellows receive supervision from a minimum of two licensed psychologists during the training year, one of whom is identified as the "primary" mentor. A minimum of 2.5 hours of supervision (individual supervision comprising at least two hours) is required throughout the training year.

Other Structured Learning Activities: Fellows participate in a minimum of 1.5 additional hours of other structured learning activities, including program-wide and track specific didactics, team meetings, rounds, and case conferences. On average, Fellows participate in approximately 2 – 4 hours of other structured learning activities.

Scholarly Mentorship: Fellows will spend approximately 4-10 hours per week in activities of scholarly inquiry (including empirical research and/or program development/evaluation). This may increase for Year 2 Neuropsychology Fellows, but would not exceed 14 hours per week. To maintain this protected time for research for Neuropsychology Fellows, the Fellow will need to have documented goals and monitoring of time by a designated research mentor. Fellows 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. Fellows are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate. Additionally, Fellows present their research progress during Fellowship wide didactics towards the end of their training year

Organization of the Fellowship

All Fellows in the Clinical Psychology Training Program are supported from September 1, 2016 through August 31, 2017. Newly admitted Fellows in the Neuropsychology Training Program are supported from September 1, 2016 through August 31, 2018. The organization of the Fellowship Program provides Fellows access to different populations and an opportunity to assume a variety of roles. The Fellowship includes clinical, research, and educational components, described below.

Didactic Seminars

All Fellows attend a biweekly seminar chaired by David Topor, Ph.D., Curriculum Coordinator. Here, we develop a sense of professional community and peer support during the Fellowship training year. Topics are scheduled based on a Needs Assessment completed by Fellows at the start of their training year. Speakers are invited to present didactics on professional development issues, leadership, ethics, supervision, diversity and ethnicity, and professional identity. Several didactics that are directed at teaching specific evidenced based psychotherapy are shared with clinical psychology interns, as indicated below by an asterisk.

Below is the schedule of didactics from the prior training year:

Presenter	**Topic**
Amy Silberbogen, Ph.D.	Review of First Week/Questions, etc.
Justin Hill, Ph.D.	Military Culture: Implications for Treatment
Kristin Zimmerman, Pharm.D. and Pharmacy Students	Psychopharmacology: Dirty Drugs
David Topor, Ph.D. and Chris AhnAllen, Ph.D.	Developing Your Supervisory Style
Colleen Sloan, Ph.D.	Enhancing Competency in LGBT Healthcare
Eve Davison, Ph.D.	VA's Evidence Based Therapy Program
John Bradley, MD	Assessment and Management of Patients at Risk for Suicide (2013) - VA/DoD Clinical Practice Guidelines
Laura Grande, Ph.D., ABPP/cn and Amy Silberbogen, Ph.D.	Giving and Receiving Feedback
Chris AhnAllen, Ph.D.	Diversity Colloquium/LGBT and Aging
Jeffrey Knight, Ph.D.	Career Development
Scott Litwack, Ph.D. and Kevin Brailey, Ph.D.	Returning Veterans
Colleen Sloan, Ph.D.	Enhancing Competency in LGBT Healthcare II

Alexandra McDonald, Ph.D.	Conjoint Cognitive Behavioral Therapy for PTSD/Conjoint Therapy
Margret Bell, Ph.D.	Doing Policy Related Work as a Psychologist: VA's MST Support Team and Other Adventures
Glenn Trezza, Ph.D.	Private Practice
Justin Hill, Ph.D.	Imposter Issues in Being a Supervisor
Sari Chait, Ph.D. (optional)	Motivational Interviewing
Amy Silberbogen, Ph.D.	Program Evaluation
Elizabeth Mulligan, Ph.D., ABPP, Marika Solhan, Ph.D., and Rebecca Norris, Ph.D.	Licensing
Two Day CBT-I Training	CBT for Insomnia
Justin Hill, Ph.D. (optional)	ACT for Depression
Justin Hill, Ph.D. (optional)	ACT for Depression II
Alexandra McDonald, Ph.D.	Conjoint Cognitive Behavioral Therapy for PTSD/Conjoint Therapy II
Aida Cajdric-Vrhovac, Ph.D. and Lisa Myers, Psy.D.	Dual Diagnosis/PTSD
Justin Hill, Ph.D. and Melissa Ming Foynes, Ph.D.	Termination Issues in Psychotherapy
Monica Roy, Ph.D. and Chris Skidmore, Ph.D.	Clinical Program Development
Amy Silberbogen, Ph.D. and APA accredited Fellows	Research presentations
David Topor, Ph.D. and APA accredited Fellows	Research presentations
Elizabeth Mulligan, Ph.D., ABPP, Molly Below, Ph.D., and Louis Chow, Ph.D.	Transitions to Professional Practice

In addition to program wide didactics, many elective seminars are announced throughout the training year. Additionally, Fellows are invited to attend the one hour bimonthly Research Fellows' seminar series developed by Suzanne Pineles, Ph.D. (e.g., Grant Mechanisms, Understanding VA Funding, Transitioning out of the Role of a Fellow).

Finally, Fellows are expected to attend the Psychology Service's annual Psychology Education Day (a training day for staff and trainees geared toward particular themes). Recent themes for past Training Days included positive psychology, DSM-V, ethics, mentorship and supervision issues, multicultural issues in clinical treatment, patient advocacy, and returning veterans.

Additionally, each track has developed training experiences that are intended to focus on gaining knowledge and skills in emerging areas of specialization. These training experiences include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, Fellows across the different specialty areas are given the opportunity to attend various seminars conducted in other tracks, grand rounds, departmental symposia, etc.

THE CLINICAL PSYCHOLOGY TRAINING PROGRAM

Under the auspices of the Psychology Service of the VA Boston Healthcare System, the VA Boston Psychology Postdoctoral Fellowship offers postdoctoral training in two separate areas: 1. the substantive traditional practice area of Clinical Psychology, and 2. the specialty practice area of Clinical Neuropsychology. Within the General Clinical Psychology postdoctoral program, opportunities are available for training in nine areas of emphasis. These include: Behavioral Medicine, Dual Diagnosis, General Mental Health, Geropsychology, Interprofessional Mental Health, LGBT Health Care, Posttraumatic Stress Disorder, Post-Deployment Readjustment, and Substance Abuse Treatment. We describe each track below:

BEHAVIORAL MEDICINE

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Location: VA Boston Healthcare System
Jamaica Plain and Brockton Campuses

Overview: The Behavioral Medicine Program provides a broad range of services to medical populations throughout the VA Boston Healthcare System, including outpatient mental health, primary care, and specialty medical clinics. In addition to participating in specific groups and clinics, postdoctoral Fellows work with individual patients on a broad range of behavioral medicine issues, often in the context of interprofessional teams. Treatment is 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 less structured, longer-term treatment. The Fellows will be primarily based on the Jamaica Plain Campus, but may spend one to two days per week off-site.

Number of Fellows: One to two full-time Fellows are admitted each year**.**

Length of Training: One year.

Goals: The broad goal for Behavioral Medicine training at the fellowship level is for the Fellow to gain advanced competence in those skills that will allow him or her to function as an independent psychologist at the conclusion of the training year, with expertise in Behavioral Medicine. To reach this goal, the Fellows will be immersed in an array of clinical experiences that will allow for further development of assessment, case conceptualization and treatment planning, psychotherapy (individual, group, couples), and consultation/liaison, with a medically compromised patient population and/or those seeking healthy lifestyle changes. Specific clinical settings and opportunities are described in detail below. In addition to direct clinical work, Fellows will have the opportunity to develop professional skills, particularly as they relate to diversity, ethics, and legal issues, and will devote time to scholarly inquiry activities.

Additionally, training is provided in several areas that most psychology trainees have little exposure to prior to the fellowship year. First, to develop program management and administrative skills, the Fellows will receive training in and be responsible for managing the Behavioral Medicine consult service during their training year. This involves managing clinic patient flow, assessment and triage, ongoing consultation with medical providers, and assignment of patients to more junior trainees. The Fellows will also have an immersive supervision experience, having the opportunity to supervise more junior trainees (*i.e.,* an intern or practicum student). The Fellows will receive support through supervision of supervision as they begin to develop and fine-tune their supervisory style. Finally, the Fellows will be given the opportunity to engage in program development activities based on facility need. In the past several years, Fellows have been critical in developing services in cardiology and pulmonary clinics, as well as a sleep management program.

The Fellows will collaborate with the Track Coordinator and their primary supervisors to devise a training plan that is based on the intersection of the Fellows' training goals and needs, previous experience, and existing rotations. We describe the clinical training experiences below and provide indication of which activities are considered core components and which activities are elective. Fellows will have the opportunity to rotate through many of the available experiences throughout the training year; core components will be negotiated at the start of the training year.

<u>Core Clinical Components:</u>

Primary Care Clinics:

Primary Care Mental Health Integration (PCMHI): PCMHI offers co-located, immediate, and collaborative care for veterans who would benefit from brief assessment and interventions to address a broad range of mental health conditions within Primary Care. Communication and liaison with the Primary Care team is essential; the Fellows will develop proficiency in providing consultation to primary care staff on mental health issues, including risk management.

Health Promotion Disease Prevention (HPDP): The Fellows may also have opportunities to conduct HPDP work in Primary Care. Opportunities may include participating in shared medical appointments (SMAs) for chronic health conditions (e.g., diabetes) through collaboration with interdisciplinary providers (e.g., pharmacists, nutritionists, nurses), providing brief motivational interviewing and health coaching interventions to patients (e.g., weight management, smoking cessation), and/or providing coaching to staff on their use of patient-centered communication skills in their interventions with patients.

Specialty Medical Clinics:

End Stage Renal Disease Program: One of the Fellows will serve as the primary liaison with the multidisciplinary treatment team and Behavioral Medicine, though both Fellows will see patients on the renal dialysis unit. Issues addressed with this population include adherence to treatment and dietary restrictions, needle phobias and other anxiety reactions, death and dying, coping with a chronic illness, quality of life, family issues, and affective disorders.

Behavioral Medicine Sleep Medicine Program: The Fellows will have an opportunity to provide services for individuals who are suffering from insomnia and other sleep difficulties. Fellows will learn how to conduct a focused sleep interview, run a sleep education group, and provide cognitive-behavioral therapy for insomnia through their work in this program.

Psychosocial Oncology: This experience will expose Fellows to the clinical, teaching, and interprofessional role of a psychologist in psychosocial oncology. The Fellows will have the opportunity to provide individual psychotherapy to patients with cancer within the Geriatric Mental Health Clinic at the Brockton Campus. Involvement in the ENT Tumor Board and/or the Cancer Committee may be optional. Interested students can participate in psychosocial oncology research with Jennifer Moye, Ph.D., ABPP and colleagues.

Cardiac Rehabilitation Program: The Cardiac Rehabilitation Program is an interdisciplinary program that 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 the program is to improve the patients' daily functioning through exercise, education and cognitive-behavioral interventions. Fellows have an opportunity to conduct a psychoeducational group that is run in conjunction with the larger interdisciplinary rehab program. There is also a Cardiac Support Group for patients who could benefit from the support of other patients with similar cardiac issues.

Pre-Treatment Evaluations:

Transplant Program: The Fellows will 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 (including kidney, liver, heart, lung, and bone marrow). The comprehensive evaluation includes psychometric testing and a structured interview.

Transgender Program: The Fellows will have the opportunity to conduct pre-treatment evaluations for transgender veterans who are seeking cross-sex hormone treatment or gender reassignment surgery. Responsibilities include: conducting standardized interviews to assess eligibility and readiness for treatment, preparing detailed reports, providing behavioral recommendations for enhancing readiness for treatment, and attending interdisciplinary transgender team meetings.

Bariatric Surgery Program: Working closely with the interdisciplinary treatment team, one Fellow will have the opportunity to provide comprehensive evaluations of patients being considered for bariatric surgery to determine their psychological appropriateness for the procedure. There are also opportunities to provide short-term treatment to assist patients in making the necessary lifestyle changes both pre- and post-surgery, conduct post-surgical evaluations to assess mental status and adjustment following surgery, co-lead a monthly Bariatric Support Group, and participate in a monthly interdisciplinary treatment team meeting.

Elective Components:

MOVE! Weight Management Program: The MOVE! Weight Management Program offers multidisciplinary groups co-led by the Behavioral Medicine and Nutrition Programs. 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. Fellows involved in this program will gain experience working in a multidisciplinary setting and conducting cognitive-behavioral interventions to facilitate weight loss and health promotion.

Andrology Clinic: The Andrology Clinic is an outpatient sexual dysfunction assessment and treatment service. The Fellows will have the opportunity to complete comprehensive assessments of sexual functioning and deliver problem-focused sex therapy for veterans and their significant others.

Smoking Cessation Program: The Fellows may have the opportunity to provide smoking cessation services working in collaboration with other psychology staff and with pharmacy staff. Smoking cessation services offered incorporate support, motivational enhancement, and cognitive-behavioral strategies.

Psychology Pain Management Clinic: Fellows will work alongside pain medicine physicians and nurse practitioners, neurologists, and complementary medicine providers (e.g., acupuncture), in addition to other interdisciplinary providers (e.g., nurses, pharmacists, addiction psychiatry) to provide patient-centered care to veterans with chronic pain. The Fellows are actively involved in conducting comprehensive pain assessments, presenting patients at multidisciplinary rounds, and providing short-term, individually based cognitive-behavioral therapy for chronic pain management.

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 learning 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 conditions and treatments with the goal of enhancing their quality of life.

Teaching Methods: There are several methods that are used to train the Behavioral Medicine Fellows, and they include:

Didactics: The Behavioral Medicine Program has a weekly team meeting where didactics are regularly provided. These team meetings are also used to discuss clinical cases, research interests, and current issues in behavioral medicine. Each specialty clinic in which the Fellows participate begins with didactic training specific to the clinic setting, with the goal of providing specialized training in a range of content areas. There is also a bi-weekly research meeting on Behavioral Medicine where research training is provided on a range of relevant topics. The Fellows have the opportunity to participate in several multidisciplinary treatment team meetings where they are able to learn about chronic conditions from professionals from different disciplines (e.g., physicians, nutritionists, social workers, pharmacists, nurses).

Supervision: Dr. DeAnna Mori is the Director of the Behavioral Medicine Program and provides leadership for the postdoctoral training program in Behavioral Medicine. Each Fellow will have a primary supervisor who will oversee their training experience, and they will also work with staff psychologists and professionals from other disciplines who serve as supervisors and consultants to the program. The other licensed psychologists who may supervise the Fellows include: Amy Silberbogen, Ph.D., Sarah Bankoff, Ph.D., Sari Chait, Ph.D., Kristin Gregor, Ph.D., Jennifer Moye, Ph.D., ABPP, Stephen Lancey, Ph.D., Diana Higgins, Ph.D., John Otis, Ph.D., and Risa Weisberg, Ph.D.

The Fellows will receive both individual and group supervision, and clinical, career development and research issues are addressed in supervision. The Fellows will also learn how to supervise other trainees under the guidance of clinical staff. In addition, the fellows will have opportunities to work closely with professionals from other disciplines with different areas of expertise.

Fellows have opportunities to directly observe licensed staff psychologists in practice. For example, Fellows will watch licensed psychologists conduct various evaluations (e.g., pre-treatment, pre-surgical, pain, andrology) or engage in other clinical or professional activities, and senior staff may co-lead a group with the Fellows.

Research and Program Development: Involvement in behavioral health research is an integral part of the Fellows' training. Most of the supervisors on Behavioral Medicine are actively involved in clinical research, and are investigators on currently or recently funded protocols. The Fellows will be encouraged to identify research activities that will expand their current skill set and are expected to devote four hours per week to research. There are a wide range of opportunities available to the Fellows that include: grant writing, running studies, data analysis, preparing papers and presentations, interfacing with the local IRB board, etc. Areas of ongoing research include: telehealth, oncology, diabetes, hepatitis C, exercise and healthy lifestyle promotion, PTSD and comorbid chronic medical conditions, medical adherence, pain, health literacy, and mindfulness.

Fellows also participate in program development activities during their training year. Areas of development are determined by the needs of the veterans served at VA Boston, and by Fellows interest and expertise. In addition, the clinical programs in Behavioral Medicine are continuously updated to incorporate new evidence-based practices and to adapt to changing needs and patient preferences. Fellows often lead these ongoing development efforts that keep our clinical programs current and running smoothly.

General Mental Health

Track Coordinator: **Justin Hill, Ph.D.**
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Boston, MA 02130-4893
Telephone: (857) 364-5836

Email: justin.hill2@va.gov

Location: VA Boston Healthcare System
Jamaica Plain Campus (4 days)
Brockton Campus (1 day)

Overview: The Postdoctoral Fellow will deliver services through several clinics affiliated with the General Mental Health (GMH) Program, including GMH clinics at the Brockton (BR) and Jamaica Plain (JP) Campuses. Within Jamaica Plain are the following clinics: Mood and Anxiety Disorders Clinic (MADC), Urgent Care Clinic (UCC), and Primary Care Behavioral Health Clinic (PCBH). These clinics provide services to large numbers of veterans (e.g., GMH receives over 800 referrals per year); PCBH serves a population of approximately 6000 primary care patients at each campus, over 40% of whom are thought to be in need of mental health services [Hankins et al., 1999]). The Fellow will train four days per week in the GMH/MDC/UCC clinics and one day per week in the PCBH clinic.

Number of Fellows: One full-time Fellow is admitted each year.

Length of Training: One year.

Goals: Training will foster the development of assessment, treatment, and consultation skills. The Fellowship position is structured to enhance communication across specialty mental health services, primary care, and urgent care. The Fellow will develop skill as a liaison between these services to coordinate care, identify and manage patients at high risk for suicide or other violence, and reduce stigma associated with mental health treatment. The Fellow will gain experience in administrative oversight of a mental health clinic, supervision, program development, evaluation of outcomes, and clinical research.

> ***General Mental Health and Mood and Anxiety Disorders Clinics:*** Through the GMHC and MADC, the Fellow will gain experience in evaluating and treating a wide variety of Axis I mental health disorders. 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 MADC emphasizes differential diagnosis of mood and anxiety disorders, and evidence-based treatment of these disorders. It is the primary referral clinic for veterans struggling with significant depressive, manic, or anxiety symptoms. The Fellow will complete diagnostic and suicide risk assessments. Assessments include structured clinical interviews (e.g. SCID) and standardized self-report measures. Treatments are primarily evidence-based (e.g., cognitive-behavioral, acceptance based approaches) and involve both individual and group modalities. Supervisors: Shimrit Black, Ph.D.; William Bowe, Ph.D.; Justin Hill, Ph.D.; Lois Krawczyk, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Shannon McNeill, Ph.D..

Urgent Care Clinic: The Fellow will conduct evaluations in the Urgent Care Clinic, providing a unique opportunity for training in risk assessment and stabilization of acute psychiatric crises. This experience will provide the Fellow with 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). While in the UCC, the Fellow will gain additional experience in consultation, as well as navigation of complex systems issues (e.g., coordinating voluntary or involuntary hospitalization, mandatory reporting, etc.) Supervisor: Phillip Kleespies, Ph.D., ABPP.

Integrated Primary Care Behavioral Health: The PCBH clinic offers co-located, immediate, collaborative mental healthcare within the primary care context. The Fellow will receive training in psychological assessment and brief treatment of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, substance use disorders). Evaluation and treatment in the PCBH is necessarily brief, with a focus on identifying key issues of concern to the primary care patient. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out short-term, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement). Mental health care is integrated into existing primary care treatment, and thus communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on mental health issues and management of suicide risk. Supervisor: Kristin Gregor, Ph.D.

Teaching Methods: Fellows will receive training using multiple modalities, including individual and group supervision, didactic trainings (clinic-specific and fellowship-wide), case conferences, and rounds. Live supervision is provided in the UCC. The Fellow will participate in multidisciplinary GMH/MADC and PCBH team meetings that include psychologists, psychiatrists, social workers, clinical nurse specialists, primary care providers, and other trainees (e.g., psychology interns, practicum students, and psychiatry residents). The Fellow will be trained in supervision with the opportunity to provide individual supervision to two psychology interns.

Supervision: Dr. Justin Hill serves as the Track Coordinator for this fellowship training program. Dr. Hill is also the Director of the Jamaica Plain GMHC and Director of the VABHS GMH Internship

Training rotation. Additional track supervisors include Drs. Shimrit Black, Ph.D.; William Bowe, Ph.D.; Lois Krawczyk, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Shannon McNeill, Ph.D.

Melanie Vielhauer, Ph.D. is the General Mental Health Section Chief across all campuses, with key supervisory and administrative roles in VABHS's psychology internship and fellowship programs. Barbara Kamholz, Ph.D., ABPP is the Associate Director of VABHS Outpatient Mental Health Services, a member of the ATC ABCT, Workshop Committee Chair for ABCT, and the VABHS Site Director for the Boston University School of Medicine's Psychiatry Residency CBT training rotation. Dr. Stephen Lancey has over three decades of supervisory experience and serves as the VA Boston Psychology Training Program Director of Admissions for its APA-accredited Clinical Fellowship, Clinical Neuropsychology Fellowship, and Internship Training Programs. Dr. Shimrit Black is a staff psychologist in the Brockton GMHC. She has participated in supervision and training of practicum, intern and postdoctoral fellows for the past three years. Dr. William Bowe completed his training in the Anxiety Disorders Center at the Institute of Living in Hartford Hospital and is the newest member of our team. Dr. Lois Krawczyk is a staff psychologist at the Brockton campus working in the VA National Bipolar Disorder Telehealth Program. She has participated in supervision and training of interns and postdoctoral fellows for the past 20+ years across three different VAs. Dr. Amy Lawrence is a staff psychologist in the Jamaica Plain GMHC. She completed her internship in the GMHC and served as a clinical research fellow at VA Boston. Dr. Shannon McNeill is a staff psychologist at the Brockton GMHC and provides supervision for trainees at the Brockton location.

The Fellow will work closely with staff psychologists in GMH/MAD and PCBH Clinics and meet weekly for individual supervision. GMH/MAD and PCBH teams meet regularly (e.g., weekly or biweekly) to discuss clinical cases, administrative issues, and current issues in mental health care. Fellows receive both individual and group supervision during which clinical, career development and research issues are addressed.

Research: The fellow 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. The fellow is encouraged to identify research activities that would expand his/her 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. Additional research opportunities are available across the VA Boston healthcare system with investigators outside of the GMH rotation as well.

GEROPSYCHOLOGY

Track Coordinator: **ELIZABETH MULLIGAN, PH.D., ABPP**
Geriatric Mental Health Clinic, 3-5-C
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Email: elizabeth.mulligan@va.gov

Location: VA Boston Healthcare System
Primarily Brockton campus

Overview: The program aims to train Fellows for specialized practice in Geropsychology by becoming independently practicing psychologists with expertise in assessment, intervention, consultation, and research with older adults, their families, and related care systems. Geropsychology is a relatively new specialty area within professional psychology. Our program is designed to be consistent with the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA, 2013), the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009), and the fellowship requirements for Board Certification in Professional Geropsychology via the American Board of Professional Psychology (ABPP).

Number of Fellows: Two full-time fellows are admitted each year**.**

Length of Training: One year.

Goals: The goal of the Geropsychology Postdoctoral Fellowship track is to produce independently functioning professional psychologists who achieve a proficient level of competence in the majority of attitude, knowledge and skill competency areas deemed important for Geropsychology practice by experts in the field. The Geropsychology program embraces the four core components of the fellowship's postdoctoral training model (nurturing unique personal attributes of each fellow; modeling a scientist-practitioner model of training; providing a range of training settings to allow both breadth and depth of training; and encouraging fellows to develop confidence in collaborating and consulting with other disciplines in multidisciplinary and interdisciplinary care environments). Further, Geropsychology training emphasizes: the diversity of experience of older adults; the complex ethical dilemmas that can arise in geriatric care; the importance of advocacy for clients' needs; and the consolidation of the fellow's professional identity as a geropsychologist.

Training objectives include development of clinical competencies in the following areas:

- Psychodiagnostic interviews and differential diagnosis with older adults with complex medical, psychiatric, cognitive, and social comorbidities;
- Cognitive evaluations and recommendations to teams;
- Evaluations of decision making and other functional capacities;
- Psychotherapy with older adults in individual, group, couple, and family modalities;
- Collaboration with multi- and interdisciplinary health care teams;
- Collaboration with psychiatrists in psychopharmacological interventions;
- Consultation and staff education on psychological/behavioral issues;
- Comprehension, application, and dissemination of clinical geropsychology research base;
- Geropsychology program development, evaluation, and/or research;
- Supervision of junior trainees working with older adults;
- Administration/leadership in clinical, didactic, and/or research team settings.

Clinical Settings: The amount of time spent weekly in each setting is determined by an initial assessment of the trainee's learning needs and professional interests. Typically, fellows work with supervisors to design a program that includes clinical experience in each of the four primary settings described below, with Home Based Primary Care (HBPC) as a "mini-rotation" and some flexibility based on goals and training needs. Typically, trainees work in two of the four primary settings at any given time and gain experience in each setting throughout the year.

Geriatric Mental Health Outpatient Clinic: Based at the Brockton campus, this outpatient clinic provides assessment, psychotherapy (individual, group, and family), case management, and psychopharmacology services to older veterans with a wide range of medical and psychological/psychiatric difficulties. The Fellows provide intake evaluation and psychotherapy services, often collaborating with primary care, social work, dementia care coordination, psychiatry, and community providers. Fellows may lead or co-lead psychotherapy groups including but not limited to: transdiagnostic support groups, guided autobiography, memory education, and coping with caregiving, dementia, bereavement, insomnia, cancer, and chronic pain. Fellows are also encouraged to initiate new groups. Additionally, fellows have the opportunity to supervise predoctoral interns in this setting.
Clinical Supervisors: Jennifer Moye, Ph.D., ABPP and Elizabeth Mulligan, Ph.D., ABPP

Geriatric Neuropsychology: Based at the Brockton campus, the fellow completes neuropsychological and capacity assessments of older adults, mostly those referred through the Geriatric Research Education and Clinical Center (GRECC) and to the general neuropsychology clinic. Typical referral questions include differential diagnosis of dementia, assessment of severity of impairment for neurodegenerative disorders of aging and their precursors (e.g., MCI, dementia), differentiation of dementia versus psychiatric or substance related factors, and assessment of cognition in the context of multiple medical comorbidities. The fellow provides relevant feedback and recommendations to the team, veteran, and family. As geropsychology trainees, emphasis is placed upon understanding and interpretation of historical

neuropsychological reports and medical history and symptoms in relation to neurologic disease, ability to assess symptoms and reported complaints and their relationship to neuropsychological DSM-5 disorders in the elderly, development of clear decision making strategies for diagnosis in older adults, delivery of patient centered feedback, and application of relevant strategies to optimize cognition among older adults.
Clinical Supervisor: Deepa Acharya, Ph.D., ABPP/cn

Inpatient Neuropsychology: Based at the Brockton campus, four inpatient mental health units (two acute and two chronic) serve many veterans over the age of 60. Consulting to the interdisciplinary teams on the four units, the Fellow primarily provides neuropsychological assessment and evaluations of decision-making capacity (e.g., safety to return home to independent living or to make a specific medical care decision) to mostly older veterans with psychiatric disorders and veterans with neurological disorders accompanied by secondary psychiatric symptoms. Typical referral questions are similar to those seen in geriatric neuropsychology (above) but occur in the context of more acute clinical symptomatology and an inpatient setting, occasionally at bedside. Other training opportunities include feedback, family consultations, and risk assessments.
Clinical Supervisor: Scott Fish, Ph.D.

Community Living Center (CLC): Based at the Brockton campus, the Community Living Center is a four-unit, ~100 bed inpatient facility that includes an active 60 bed sub-acute rehabilitation service, long term care, hospice and palliative care, and a caregiver respite program. The facility serves a broad mix of mostly elderly, medically frail, and psychiatrically and/or cognitively impaired residents. The Fellow has the opportunity to work with interdisciplinary teams in both long-term care and rehabilitation settings, and provides assessment, therapy, consultation, and staff education services. Fellows also provide supervision to predoctoral interns rotating in this setting. Opportunities for specialized work in hospice and palliative care are available.
Clinical Supervisor: Kate Hinrichs, Ph.D., ABPP

Home Based Primary Care (HBPC): Based at both the Brockton and Jamaica Plain campuses, this interdisciplinary team provides patient-centered assessment and treatment to chronically ill veterans and their caregivers. The goal of the program is to improve access to care and reduce health disparities for vulnerable veterans. The HBPC Psychologist plays a key role on the integrated health care team. This population has complex care needs, allowing Fellows to consolidate skills learned in other settings. This rotation is tailored to the Fellow's preferences and training goals, with an emphasis on capacity assessment, interdisciplinary consultation, and in-home interventions.
Clinical Supervisors: Michelle Mlinac, Psy.D., ABPP, Margaret Murphy, Psy.D., ABPP

Teaching Methods: Fellows develop advanced skills in professional Geropsychology through closely supervised and increasingly autonomous clinical practice across a continuum of geriatric care in assessment, intervention, consultation, and research/program evaluation.

Required Didactics:

- Geropsychology seminar - One hour weekly;
- Geriatric Capacity/ Neuropsychology rounds – One hour monthly;
- Individual supervision - Approximately 2-3 hours per week across rotations;
- Group supervision for CLC and Geriatric Mental Health – Approximately 1-2 hours per week across rotations;
- Team meetings for clinical rotations - Varies by rotation, at least 1 hour per week.

Available/Optional Didactics:

- Psychiatry Grand Rounds – One hour monthly;
- Neurobehavioral Rounds – Two hours monthly;
- Neurology Memory Disorders Case Conference – One hour weekly;
- Epilepsy Seminar – One hour weekly;
- Neuroimaging Journal Club – One hour per month;
- Neuropsychology and Neuroimaging Lecture Series – Two hours monthly;
- Multiple educational offerings at affiliated institutions.

Supervision: Time in each setting includes at least one hour of individual supervision weekly and, in the Community Living Center and Geriatric Mental Health Clinic rotations, an additional hour of group supervision weekly. In outpatient group supervision, fellows join other geropsychology trainees (e.g. interns) and faculty members in discussing cases and reviewing videotapes of therapy sessions.

Research and/or Program Development: Fellows typically spend approximately one day per week devoted to research, writing, and/or program development or program evaluation activities. As part of the initial training discussion, Fellows define research/program evaluation goals for the year and choose a faculty advisor for these activities. Our goal is to provide a research training experience that supports the trainee's goals. 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, and develop data-based answers. Within our Geropsychology program, we engage in clinically applied research and program evaluation focusing on improving the quality of care for older patients with complex comorbidities. Our projects range from large-scale grant funded research to small-scale evaluation of clinical interventions. We also engage in research to improve the quality of our training.

Research Interests:

- Cancer survivorship (depression, worry, cognition, pain, fatigue, growth, coping);
- Decision making capacity assessment;
- Program evaluation for outpatient group psychotherapy program (e.g., Bereavement, Autobiography, CBT for Insomnia, Chronic Pain);
- Program evaluation for Community Living Center (e.g., Culture Transformation Initiative, Behavior Management Teams, Dementia Care, Hospice and Palliative Care, Caregiver Respite Program);

- Geropsychology training;
- Mental health integration in Home Based Primary Care;
- Caregiving;
- Chronic illness and end-of-life care planning;
- Adapting evidence-based practice to fit the needs of the homebound chronically ill veteran.

Possible Research Activities

- Analyzing pre-post data from our time-limited group therapy program in the outpatient clinic and writing up the results for a presentation or a paper;
- Developing and evaluating a group therapy protocol;
- Developing and evaluating educational programs for staff;
- Collaborating with faculty on review articles or book chapters when available;
- Helping to write a telephone group protocol for adult children caring for a parent with dementia;
- Helping to develop an educational outreach to local nursing homes to improve their care of veterans with comorbid PTSD and dementia;
- Participating in an interdisciplinary pilot project on care planning for veterans with chronic illness;
- Analyzing and writing up archival data for presentations or papers from:
    - Cancer Survivorship data set;
    - Yoga data set;
    - VA National Patient Diagnosis and Health Care Utilization databases.

Interprofessional Mental Health Care

Track Coordinator: **Justin Hill, Ph.D.**
Psychology Service (116B)
150 South Huntington Ave.
Boston, MA 02130-4893
Telephone: (857) 364-5836

Email: justin.hill2@va.gov

Location: VA Boston Healthcare System
Brockton Campus (3 days)
Jamaica Plain Campus (2 days)

Overview: The Postdoctoral Fellow will receive training through several clinics affiliated with the VABHS General Mental Health (GMH) Program, including the GMH clinics at the Brockton (BR) and Jamaica Plain (JP) Campuses and the Mood and Anxiety Disorders Clinic (MADC) at the JP campus. The Postdoctoral Fellow will devote three days per week to the GMH clinic in BR and two days per week to the GMH and MADC clinics in JP. The BR and JP GMH clinics are key entry points into mental health (MH) services for many patients in VABHS, and provide evidence-based evaluation, psychotherapy, case management, and psychopharmacology for a range of mental health difficulties, as well as treatment referrals to mental health specialty clinics. Both clinics are organized into interprofessional treatment teams, including psychologists, psychiatrists, nurses, social workers, and health technicians. The GMH clinic treatment model emphasizes Veteran-centered interprofessional collaborative practice to enhance quality of care, treatment outcomes, and patient safety. The Fellow's training will take place within the context of these existing interprofessional treatment teams, which house training programs in psychology (interns and fellows), psychiatry, social work, and nursing. Thus, these clinics offer opportunities for formal and informal interprofessional education through peer-to-peer interactions with residents from the Boston University School of Medicine and Harvard South Shore Psychiatry Residency Programs, as well as local social work and nursing students.

Number of Fellows: One full-time Fellow is admitted each year.

Length of Training: One year.

Goals: Fellowship training is designed to build competency in the six core (APA) clinical competencies as well as four key interprofessional competency domains: interprofessional communication, interprofessional teamwork, understanding roles and responsibilities within an interprofessional treatment team, and knowledge of values/ethics as they relate to interprofessional collaborative practice.

These educational objectives will be met through a combination of experiential and didactic learning. Clinical training will focus on development of existing assessment, treatment, and consultation skills. The Fellow will gain experience in supervision, program development, evaluation of outcomes, and the conduct of clinically applied research.

Interprofessional Training: The Fellow's training includes consistent involvement in interprofessional collaborative clinical practice, interprofessional educational experiences alongside psychiatry and social work trainees, and didactic learning. This training will focus on the following elements:

> ***Interprofessional Collaborative Practice:*** The Fellow will be trained to provide evidence-based psychotherapy within both interprofessional GMH clinic teams. The Fellow will co-treat Veterans with other providers and will develop skills in interprofessional communication, shared decision-making, assessment, and treatment coordination. The goal of this experiential learning is to enhance understanding of the process and skills necessary for successful interprofessional collaborative practice. The Fellow will provide group and individual psychotherapy to patients with a range of mental health difficulties, using approaches such as: CBT, acceptance- and exposure-based treatments, as well as problem-solving and skills building interventions. The Fellow will be trained in Supervision with the opportunity to provide individual supervision to two psychology interns. The Fellow also will develop skills in interprofessional evaluation and assessment. The Fellow will attend regular interprofessional team meetings in the BR and JP clinics. These meetings will model interprofessional teamwork, and demonstrate distinct perspectives and the language needed for effective interprofessional communication, case conceptualization, and clinical practice.
>
> ***Interprofessional Education:*** The Fellow will participate in several interprofessional educational activities in conjunction with the Boston University School of Medicine psychiatry training program. The Fellow will co-lead evidence-based group psychotherapies along with psychiatry residents and social work interns throughout the training year. In addition, the Fellow will participate in a recurring interprofessional case conceptualization meeting facilitated by an interprofessional staff team and attended by GMH clinic trainees of all disciplines. This will be a forum in which to discuss complex interprofessional case conceptualization, collaborative practice, and team-based care. It will also promote understanding of both the common competencies required for interprofessional practice as well as discipline-specific training.

Teaching Methods: Fellows will receive training using multiple modalities, including individual and group supervision, didactic trainings (clinic- and track-specific and Fellowship-wide), case conferences, rounds, and applied peer-to-peer interprofessional educational experiences.

Supervision: Dr. Justin Hill serves as the Track Coordinator for this fellowship training program. Dr. Hill is also the Director of the Jamaica Plain GMHC and Director of the VABHS GMH Internship Training rotation. Additional track supervisors include Drs. Shimrit Black, William Bowe, Barbara Kamholz, Lois Krawczyk, Stephen Lancey, Amy Lawrence, Shannon McNeill, and Melanie Vielhauer. Melanie Vielhauer,

Ph.D. is the VABHS General Mental Health Section Chief, with key supervisory and administrative roles in VABHS's psychology internship and fellowship programs. Barbara Kamholz, Ph.D., ABPP is the Associate Director of VABHS Outpatient Mental Health Services, a member of the ATC ABCT, Workshop Committee Chair for ABCT, and the VABHS Site Director for the BUSM Psychiatry Residency CBT training rotation. Stephen Lancey, Ph.D. has over three decades of supervisory experience and serves as the Director of Admissions for its APA-accredited Clinical Fellowship, Clinical Neuropsychology Fellowship, and Internship Training Programs. Shimrit Black, Ph.D. is a staff psychologist in the Brockton GMHC. She has participated in supervision and training of practicum, intern and postdoctoral fellows for the past three years. William Bowe, Ph.D. completed his training in the Anxiety Disorders Center at the Institute of Living in Hartford Hospital and is the newest member of our team. Lois Krawczyk, Ph.D. is a staff psychologist at the Brockton campus working in the VA National Bipolar Disorder Telehealth Program. She has participated in supervision and training of interns and postdoctoral fellows for the past 20+ years across three different VAs. Amy Lawrence, Ph.D. is a staff psychologist in the Jamaica Plain GMHC. She completed her internship in the GMHC and served as a clinical research fellow at VA Boston. Shannon McNeill, Ph.D. is a staff psychologist at the Brockton GMHC and provides supervision for trainees at the Brockton location.

Beyond these core psychology faculty, the Fellow will routinely collaborate with psychiatrists and social workers within each GMHC, receiving supplementary interprofessional training in case conceptualization, assessment, treatment planning, and care coordination.

Research: The Fellow 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. Specifically within GMH, Dr. Barbara Kamholz is actively involved in program development and evaluation regarding CBT training, including CBT training for psychiatry residents. Additional research opportunities are available across the VA Boston Healthcare System with investigators outside of the Interprofessional Track as well.

Lesbian, Gay, Bisexual, and Transgender Health Care

Track Coordinator: **Colleen Sloan, Ph.D.**
Psychology Service (116B)
150 South Huntington Avenue
Boston, MA 02130
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Email: colleen.sloan2@va.gov

Location: VA Boston Healthcare System
Brockton (primary) and Jamaica Plain Campuses

Overview: VA Boston Healthcare System is pleased to announce an opportunity in our APA-accredited clinical psychology fellowship program for a Postdoctoral Fellowship with a focus on Lesbian-Gay-Bisexual-Transgender (LGBT) Health Care for Veterans. This is a clinical position, primarily located on the Brockton campus of VA Boston within multiple mental health clinics, building a caseload and a program with a focus on LGBT issues. At least one day per week will be spent at the Jamaica Plain campus. This time could include involvement in national policy development and implementation, as well as local educational initiatives, program development, adjunct clinical experiences, and research activities. Since this is the fourth year of this fellowship, the Fellow will be encouraged to contribute to the ongoing development of the fellowship program locally as well as learning about national policy and procedure changes for LGBT Veterans.

The Fellow will work at the Brockton campus three days per week, in a large outpatient building which includes a PTSD Clinical Team (PCT), a Center for Returning Veterans (CRV) clinic, a General Mental Health (GMH) clinic, and an Alcohol and Drug Treatment Program (ADTP). These clinics have very high referral rates, as well as a large number of returning veterans and there will be an effort to focus the Fellow's clinical caseload on LGBT Veterans. Although the fellowship is managed by and coordinated through the PTSD Clinic, cases and experiences will be drawn from all clinics as well as residential programs, to ensure an adequate LGBT focus. The Fellow will be expected to deliver services to male, female and transgender Veterans, with opportunities to deliver individual and group interventions, and to gain training as appropriate in such areas as readiness evaluations for cross-sex hormone therapy, Cognitive Processing Therapy and/or Prolonged Exposure for treatment of PTSD, treatment for substance use disorders, and cognitive behavioral therapy for identity concerns as well as other foci. Depending on prior experience and training needs, there may also be an opportunity to participate in an externship at Fenway Health, which is a national leader in community-based LGBT healthcare.

One day per week, the Fellow will be located at the Jamaica Plain campus of VA Boston. The Fellow will work with Jillian Shipherd, Ph.D., VA Central Office LGBT Program Coordinator to learn about national policy development and implementation regarding LGBT issues. Additionally, the Fellow will work with Dr. Colleen Sloan to learn more about the provision of clinical services specific to LGBT healthcare in the VA. Dr. Shipherd and Dr. Sloan will also guide educational initiatives, program development and research activities of the Fellow. In addition, the Fellow will participate in the monthly Interdisciplinary Transgender Treatment Team (ITTT), a local administrative and consultative meeting to coordinate transgender care. The Fellow will also work closely with Behavioral Medicine regarding assessments for psychological readiness for cross sex hormones as well as other interventions.

Overall, 75% of time will be spent in clinical care and associated activities (individual, group, and possibly, assessments, as well as documentation and supervision), with roughly 20% time reserved for policy and program development and evaluation, and opportunities for involvement in research.

Number of Fellows: One full-time Fellow will be admitted each year**.**

Length of Training: One year

Goals: Fellowship training is designed to build competency in the six core (APA) clinical competencies as well as an emphasis on LGBT issues. Educational objectives will be met through a combination of experiential and didactic learning. Clinical training will focus on the development of existing assessment, treatment, and consultation skills. The Fellow will gain experience in program development, evaluation of outcomes, and the conduct of clinically applied research.

As this is the fourth year of LGBT Fellowships within the VA, an effort will be made to coordinate the educational programming nationally. A core curriculum will be developed and every effort will be made to coordinate the activities of the LGBT Fellows across sites. In this way, the Fellow will have opportunities to connect with peers in these positions at other sites. The goal is that cohorts of LGBT Fellows will be poised to take on positions within the VA and become a force multiplier in changing the VA Healthcare System's culture to be inclusive of LGBT Veteran needs.

Supervision: Dr. Colleen Sloan serves as the Track Coordinator and primary supervisor for this fellowship track. Dr. Sloan is a Staff Psychologist within the Women's Stress Disorder Treatment Team, with key supervisory roles in VABHS's psychology internship and fellowship programs. She is also the chair of the Interdisciplinary Transgender Treatment Team (ITTT), co-chair of the Psychology Service Diversity and Inclusion Committee, and has extensive background and training in LGBT healthcare. Clinical supervision through the Brockton PTSD Clinic will be provided by Julie Klunk Gillis, Ph.D., and Julie Weismoore, Ph.D. Dr. Klunk Gillis is the Clinical Director of the PCT on the Brockton campus, and also works with returning veterans within the CRV. A main focus of her graduate training was in issues of culturally competent and sensitive mental health care and research. Dr. Weismoore is a Staff Psychologist in the role of SUD/PTSD specialist on the Brockton campus. Issues of diversity, including sexual orientation, gender, race/ethnicity, and social class, were an emphasis during her clinical and

research training and are a continued area of interest. Additional adjunctive supervision may be provided by Chris AhnAllen, Ph.D., who is the section leader (diversity) of the Curriculum Committee within the VA Boston Healthcare System Psychology Internship; provides coursework on multiculturalism; member the ITTT; and has been a co-PI of a CEMRRAT2 grant from the Office of Ethnic Minority Affairs within the American Psychological Association to support faculty and trainee development in cultural competence.

Adjunctive Supervisors on the JP campus: As mentioned, Jillian Shipherd, Ph.D., is one of two Directors for the LGBT Program of Patient Care Services at VA Central Office and the former chair of the VA Boston ITTT. Dr. Shipherd can provide the Fellow with clinical supervision, career development guidance and training. Additionally, she will guide program development and research activities of the Fellow. DeAnna Mori, Ph.D., is Director of the Behavioral Medicine program and a member of the ITTT. Eve Davison, Ph.D., is Director of the Women's Stress Disorders Treatment Team (WSDTT). Chris Skidmore, Ph.D. has interests in research, teaching, and clinical work with LGBT civilians and Veterans, and more broadly in diversity issues in psychology training. Glenn R. Trezza, Ph.D., Substance Abuse Treatment Program, served as the MH director of the HIV program at VA Boston for 15 years, and remains a diversity advocate within VA. He has been lecturing and supervising about LGBT issues professionally for many years.

The Fellow will meet weekly for individual supervision with staff psychologists in the PTSD and other clinics. Fellows receive both individual and group supervision during which clinical, career development and research issues are addressed.

Research and Program Development: The Fellow will receive a minimum of four and a maximum of eight hours of protected research time, based on Fellow interests and experience, although additional time may be spent in program development. To the extent that data is available, the Fellow may have an opportunity to get involved with research projects and/or conduct secondary data analyses for presentation and/or publication.

Post-Deployment Readjustment

Track Coordinator: **Erin Scott Daly, Ph.D.**
Center for Returning Veterans (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130
Telephone: (857) 364-2472

Email: erin.daly@va.gov

Location: VA Boston Healthcare System
Jamaica Plain Campus

Overview: Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) veterans are a growing segment of the VA population as veterans from this era continue to present for care for the first time. This one-year clinical postdoctoral fellowship is designed to train psychologists to provide specialized clinical services for returning combat veterans with a range of post-deployment readjustment concerns, including alcohol and drug use problems due to the prevalence of these issues in this population. Training and supervision will include consideration of developmental factors relevant to treating this younger veteran population, assessment of psychological difficulties and substance use problems in the context of comorbid chronic pain and medical problems, as well as life phase readjustment challenges. The Fellow will primarily receive clinical training in the Center for Returning Veterans (CRV) and will complete a minor rotation in the Substance Abuse Treatment Program (SATP) at the Jamaica Plain campus of the VA Boston Healthcare System. The Fellow will also receive training in the supervision of psychology trainees and have the opportunity to work closely with junior trainees. The Fellow will have the opportunity to participate in program evaluation, clinical research, and teaching in topic areas of interest.

Number of Fellows: One full-time Fellow per year**.**

Length of Training: One year.

Goals: The Fellow will gain proficiency in the assessment of the full range of readjustment, mental health, and substance use concerns present in returning combat veterans. In addition, the Fellow will receive specialized training in evidence-based treatments for PTSD (e.g., Cognitive Processing Therapy), co-occurring substance use disorders and PTSD (e.g., Seeking Safety), and a range of post-deployment clinical concerns (e.g., Dialectical Behavior Therapy for emotion dysregulation, CBT for depression and anxiety disorders, mindfulness based relapse prevention for alcohol and drug use). The Fellow will also receive training in group interventions with returning veterans and/or veterans struggling with

substance abuse. The Fellow will have a diverse set of experiences to ensure that he/she develops skills in both individual and group-based treatment.

Being part of interdisciplinary teams in multiple outpatient settings (*i.e.,* CRV and SATP) will provide the Fellow with opportunities to effectively give and receive consultation in rich learning environments. The Fellow will receive intensive training in the provision of supervision and will have the opportunity to participate in supervision of more junior trainees with close oversight from a licensed psychologist.

At the completion of their fellowship, Fellows will be able to:

- Conduct a comprehensive assessment of the range of post-deployment mental health concerns, including PTSD and alcohol and drug use;
- Provide evidence-based treatment for a range of post-deployment mental health conditions, including PTSD.
- Provide evidence-based treatment for returning veterans with a range of alcohol and drug problems in individual and/or group formats.

Clinical Settings: Trainees will receive their clinical training in the Center for Returning Veterans (CRV) and the Substance Abuse Treatment Program (SATP) at the Jamaica Plain campus.

Teaching Methods:

Didactics: The Fellow will also participate in didactic training through: a) the CRV's monthly didactic seminar series (past topics have included military culture, risk assessment and management, clinician self-care, mindfulness) ; b) the National Center for PTSD (NC-PTSD)'s workshops including trainings on Cognitive Processing Therapy, Prolonged Exposure, PTSD assessment (CAPS5), Military Sexual Trauma.

Training will also involve active engagement with multiple interdisciplinary teams and will include interaction with numerous staff and trainees from psychology, social work, psychiatry, and other disciplines); the SATP's monthly didactic series (past topics have included medications used to treat craving and psychiatric conditions in substance use patients; issues of diversity among substance-using veterans; neuropsychological correlates of substance use).

Supervision: Supervision will be provided individually and in a group format with faculty from the CRV and SATP. The Fellow will have an opportunity to learn how to supervise other trainees under the guidance of licensed clinical staff. Specialized readings are provided to supplement a Fellow's training depending on his or her interests and needs. Supervision is directed by Erin Scott Daly, Ph.D., the Fellowship's Track Coordinator and PTSD Section Co-Chief. Additional supervision is provided by Kevin Brailey, Ph.D., CRV Staff Psychologist; Scott Litwack, Ph.D., CRV Staff Psychologist in the CRV and PTSD/SUD specialist; Jill Panuzio Scott, Ph.D., CRV Clinic Director; Maureen Below, Ph.D. SATP Staff Psychologist; Deborah Brief, Ph.D., Director of VA Boston's Residential and Rehabilitation Services; Monica Roy, Ph.D., SATP Program Manager; Marika

Solhan, Ph.D., Program Manager of the Women's Transitional Residence Program; and Glenn Trezza, Ph.D., SATP Staff Psychologist.

Research and/or Program Development: The Fellow will have opportunities to engage in program evaluation, performance improvement activities, and/or clinical research. The Fellow's primary supervisors will assist the Fellow in connecting with projects and opportunities most closely aligned with their professional interests. These activities will be mentored by an appropriate staff member either within CRV or SATP or by an outside staff member (e.g., within the National Center for PTSD) with matching interests to the Fellow. Recent Fellow research projects have included writing a review paper, working on a focus group project related to the experience of military sexual trauma and analysis of decision making from existing data collected in a web-based study with returning veterans. Fellow program evaluation efforts have focused on redesigning an existing mindfulness group for a residential substance abuse program and analyzing data collected from veterans completing CRV intakes to create a better understanding of the clinic's treatment-seeking population. However, the Fellow is welcome to pursue topics outside of the primary focus of the fellowship based on their interests and professional goals.

Posttraumatic Stress Disorder

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Location: VA Boston Healthcare System
Jamaica Plain Campus

Overview: The goal of the PTSD Fellowship is to train clinicians in all aspects of the assessment and treatment of trauma. This one-year, multifaceted training experience is designed to integrate various approaches to PTSD treatment and to the treatment of other trauma-related and comorbid disorders. Clinical training is conducted within two VA Boston clinical programs affiliated with the National Center for PTSD on the Jamaica Plain campus: the PTSD Clinical Team (PCT), which is affiliated with the Behavioral Sciences Division (BSD), and the Women's Stress Disorder Treatment Team (WSDTT), which is affiliated with the Women's Health Sciences Division (WHSD). PTSD Fellows gain intensive experience working with both female and male Veterans, and are exposed to a variety of evidence-based therapies and modalities including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Dialectical Behavior Therapy (DBT), Seeking Safety, acceptance- and mindfulness-based therapies, and several psychoeducational, skills-based, and process groups. Fellows conduct both in-depth diagnostic assessments and briefer intake interviews, and learn how to incorporate assessment information into treatment planning. In addition to the direct provision of clinical services, Fellows serve as members of interdisciplinary treatment teams that collaborate with, and provide consultation to, other mental health and medical care providers in order to address the high rates of medical comorbidities among

trauma survivors. We have found this collaborative and consultative model to be highly effective in coordinating the care of complex clinical cases, and believe that it constitutes a best-practice model of care that is becoming an integral part of the future of VA healthcare. Fellows have the opportunity to provide clinical supervision to less advanced trainees in either the PCT or WSDTT during their fellowship year, and to receive supervision of that supervision. As well, Fellows are afforded the opportunity to collaborate on innovative research in the field, and are allotted four hours per week as protected research time to work within either of the two National Center for PTSD divisions.

Number of Fellows: Two full-time Fellows are admitted each year.

Length of Training: One year.

Goals: The goal of the PTSD fellowship is to provide an intensive clinical training year treating a diverse population of multiply traumatized male and female Veterans with wide-ranging stressor experiences and symptomatic presentations. Both PTSD Fellows divide their time between the PCT and WSDTT. The primary responsibility of clinical fellows in the PCT will be the provision of PTSD-related clinical services to male veterans. In addition to learning specific techniques and protocols for evidence-based treatments, Fellows are also provided supervision on the ideographic conceptualization of cases and prioritization of treatment targets. The primary responsibility of Fellows in WSDTT will be the provision of clinical services to female veterans with PTSD and other trauma-related disorders, and consultation to other treatment providers. WSDTT and PCT patients present with a range of comorbid mental health and medical disorders as well as PTSD. The clinical services Fellows will provide to veterans include:

- Comprehensive psychological assessments;
- Brief, problem-focused intake assessments and consultations;
- Short-term interventions and psychotherapy (individual and group);
- Longer-term psychotherapy (individual and group).

By the end of the training year, Fellows will have gained mastery of multi-method comprehensive psychological evaluation and treatment of lifespan trauma, sexual trauma, war-zone trauma, PTSD, and comorbid psychopathology.

Teaching Methods: Clinical Fellows will be assigned primary supervisors within both the PCT and WSDTT, with one being a designated mentor responsible for the overall coordination of the Fellow's training experience. Both primary supervisors will collaborate in developing the training experiences to meet the specific needs of each fellow, and will provide clinical supervision. Fellows will work with at least one additional clinical supervisor within each program, including group co-therapists. In addition to supervision of clinical cases, supervision will also be provided on methods of effective consultation within a medical center. Clinical consultation with other faculty is also readily available, both formally through regular clinical team meetings and informally. In addition to individual supervision, Fellows will also attend weekly group consultation for Cognitive Processing Therapy for PTSD and weekly DBT consultation team meetings.

Didactics: PTSD fellows participate in the following National Center for PTSD didactics at the start of the training year:

- Overview of intake/assessment process;
- PTSD and Substance Abuse;
- Prolonged Exposure (PE) for PTSD;
- 2-day training in Cognitive Processing Therapy (CPT) for PTSD;
- Clinical issues related to PTSD assessment;
- Use of the Clinician-Administered PTSD Scale (CAPS-5);
- Introduction to Dialectical Behavior Therapy (DBT);
- Personality and personality disorder assessment;
- Military Sexual Trauma;
- Intimate Partner Violence;
- Obtaining patient "buy in" for trauma-focused treatment;
- DBT as framework for self-care: Observing personal limits;
- Military culture.

Research and Program Development/Evaluation: Fellows typically spend four hours per week devoted to research and to program development or program evaluation activities. Early in the training year Fellows will begin to define research goals in collaboration with their major supervisor, and will establish a connection with a faculty advisor to help guide these efforts during the year. Fellows have a wealth of opportunities from which to choose, given that there are more than 20 active researchers across two divisions of the National Center for PTSD located at VA Boston Healthcare. With this diversity of available mentorship, Fellows are able to find support for their specific training goals. There are also opportunities for collaboration on clinic-based program evaluation and development. Program evaluation/development projects have in the recent past included analyzing variables related to completion or dropout from trauma-focused individual psychotherapy; a needs assessment related to parenting issues; symptomatic changes in skills group interventions; redesign of the intake process; and design of orientation materials for trainees.

RESEARCH STAFF INTEREST AREAS:

Dr. Margret Bell's research focuses on victim, community, and systemic responses to interpersonal trauma and violence against women. An overarching goal is to use knowledge about the aftereffects of trauma and context of victims' lives to inform the development of effective, victim-sensitive intervention programs and policies.

Dr. Eve Davison's research lies in the area of trauma and aging, and along with Ron Spiro, Ph.D., she co-directs the Stress, Health, and Aging Research Program (SHARP). SHARP conducts work with several longitudinal datasets on military Veterans, and is also conducting a series of studies into late-onset stress symptomatology in aging veterans.

Dr. Melissa Ming Foynes' primary area of research focuses on understanding how multiple dimensions of diversity and experiences of discrimination influence trauma-related difficulties and the recovery process.

Dr. Tara Galovski's research primarily centers around the development of interventions designed to treat PTSD and clinical correlates with a specific emphasis on gender differences in treatment outcomes.

Dr. Jaimie Gradus is interested in the epidemiology of suicide and suicidal behavior, and more specifically the association between trauma, PTSD and suicide at the population level.

Dr. Jasmeet Hayes is involved in investigating the neural correlates of trauma memories, emotion regulation, and the effect of posttraumatic stress and traumatic brain injury on cognitive processes.

Dr. Kate Iverson's research focuses on the identification of, and counseling for, women who have experienced intimate partner violence, and in understanding the healthcare needs of individuals who experience interpersonal violence more broadly.

Dr. Sandra Japuntich's research interests focus on tobacco cessation treatments for special populations including those with mental illness.

Dr. Danny Kaloupek's areas of interest include research application of psychophysiological measurement and study of the health-related impact of traumatic stress.

Dr. Terry Keane is actively involved in the development of innovative treatments for trauma and related conditions and in the assessment of trauma and PTSD.

Dr. Matthew King's research interests focus on the classification and structure of psychopathology, and in quantitative methodology areas including machine learning, prediction models, and measurement and assessment.

Dr. Brian Marx is an expert in behavior therapy, PTSD assessment, and the effects of trauma. He has several ongoing studies funded by the VA and the Department of Defense in which trainees can be involved.

Dr. Mark Miller's research is focused on the structure of PTSD comorbidity and the influence of personality and genetics on the etiology and expression of post-traumatic psychopathology.

Dr. Karen Mitchell's primary research interests are PTSD, eating disorders, obesity, and psychiatric genetics.

Dr. Barbara Niles' research interests include the use of mindfulness meditation and other alternative therapies in PTSD treatment, promotion of wellness behaviors in Veterans generally and those with PTSD specifically, the longitudinal course and the dynamic interplay of symptoms in chronic PTSD, and group treatment for PTSD.

Dr. Suzanne Pineles' research focuses on the psychophysiology and neurobiology of PTSD, with an emphasis on the influence of sex-related hormones on these measures.

Dr. Ann Rasmussen's research focuses on gender differences in the neurobiology of PTSD, and has expanded the view of neuroendocrine factors and interactions involved in the pathophysiology of PTSD.

Dr. Naomi Samimi Sadeh's research examines etiological heterogeneity in PTSD, externalizing disorders, and personality pathology related to variation in genetic vulnerability, cognitive-affective processes, and neurobiological abnormalities.

Dr. Jennifer Schuster Wachen's research interests include evaluation of treatment interventions for PTSD and comorbid conditions, risk and resilience factors for PTSD and posttraumatic growth, and the relationship between trauma and physical health outcomes.

Dr. Jillian Shipherd is interested in the interface between physical and mental health following trauma and cognitive features of trauma recovery. In addition, she is working with VA Central Office of Patient Care Services on issues related to reducing disparities in health care access and quality for lesbian, gay, bisexual and transgender (LGBT) Veterans.

Dr. Denise Sloan's research interests include emotion in psychopathology, the use of narrative exposure as a treatment for trauma victims, including efficacy of narrative exposure and underlying mechanisms of the intervention. She is also examining psychosocial interventions (e.g., group CBT) for PTSD and investigates PTSD treatment dropout and factors that moderate PTSD treatment outcome.

Dr. Brian Smith's program of research involves examining the social context of health-related behaviors, mechanisms, and outcomes, and he 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.

Dr. Amy Street's primary area of research is the psychological correlates and consequences of interpersonal victimization, including sexual harassment, sexual assault and intimate partner violence. Secondary research interests involves understanding gender differences in response to trauma exposure and examining the role that earlier traumatic experiences play in increasing an individual's risk for or influencing an individual's response to later traumatic experiences.

Dr. Casey Taft's research focuses on understanding the impact of trauma on military families and developing interventions to prevent and treat intimate partner violence.

Dr. Dawne Vogt's primary research interests are in deployment-related risk and resilience, stressors unique to women in the military, and stigma and other barriers to mental health treatment.

Dr. Erika Wolf has particular interest and expertise in the use of multivariate data analytic techniques (*i.e.,* structural equation modeling, factor analysis, latent class analysis) to improve the measurement of psychological phenomena and has applied this analytic approach to the study of psychiatry comorbidity, including PTSD-Axis II comorbidity and dissociative symptomatology.

Please note that the Clinical Psychology Program provides training in two tracks that involve significant training in substance use/abuse. We describe these two tracks in detail below, but also provide a comparison table to highlight differences as well as overlapping training experiences. Please note that you can apply to these two tracks without first consulting with the Training Director (please see application instructions for more information).

Comparison of Substance Use Related Fellowship Tracks

	Substance Abuse Treatment Program	**Dual Diagnosis**
Campus	Jamaica Plan (JP)	Brockton (BR)
Outpatient versus Residential	20% vs 80%	50% vs 50%
Settings	• Substance abuse residential treatment • Outpatient Alcohol and Drug Treatment (ADTP)	• Outpatient Alcohol and Drug Treatment (ADTP) • Intensive Outpatient ADTP • Outpatient PTSD • Homeless Domiciliary
Opportunity to supervise	1 psychology practicum student (up to 4 therapy cases)	1 psychology predoctoral intern
Group Psychotherapy	Six groups/week	Three groups/week
Individual Psychotherapy	4-6 cases/week • split between residential and outpatient	10 cases/week: • 4 in REACH • 4 in BR ADTP • 2 in PTSD
Assessment	• 1-2 per week in residential • as needed for outpatient ADTP	• 1 per week in Domiciliary • 1 per week in Outpatient ADTP
Research	At least 4 hours per week	At least 4 hours per week

Dual Diagnosis

Track Coordinator: **Judith Bayog, Ph.D.**
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Location: VA Boston Healthcare System, Brockton Campus

Overview: The Postdoctoral Fellow will develop specialized skills in the assessment and treatment of individuals with co-occurring substance use and psychiatric disorders, including posttraumatic stress disorder (PTSD), other anxiety disorders, and mood disorders. The Fellow will participate in training experiences in an outpatient Alcohol and Drug Treatment Program (ADTP) and a Mental Health Residential Rehabilitation Treatment Program for homeless veterans (Domiciliary). Adjunctive training experiences can also be arranged through the Outpatient PTSD Clinic if this meets the Fellow's training interests. These diverse settings provide an excellent opportunity for developing specialized skills in assessment and treatment of dual disorders, as well as program development in this area. The Fellow will be trained in Motivational Enhancement Therapy (MET) and treat Veterans that present in the earlier stages of treatment. In addition, the Fellow will serve as a critical member of interdisciplinary teams in both the outpatient clinic(s) and residential programs, and will oversee the care of Veterans with clinically complex needs. There are opportunities for research collaboration related to psychological interventions offered through state of the art technologies, negative affect and cravings, and treatment for co-occurring posttraumatic stress disorder and substance use. The Fellow will work with both male and female veterans of all ages, including a growing cohort of returning veterans.

Number of Fellows: One full-time Fellow is admitted each year**.**

Length of Training: One year.

Goals: The primary goal of this training year is to gain specialized expertise in applying evidence-based treatments for alcohol and/or drug problems and common co-occurring mental health problems in veterans. The fellow will receive training in Motivational Interviewing, MET, and the delivery of cognitive-behavioral Relapse Prevention, Acceptance and Commitment therapy, Cognitive Processing Therapy, and Prolonged Exposure. The Fellow also will provide therapy for veterans with opioid use disorders that receive evidence-based medical assistance in conjunction with psychotherapy. There are also opportunities to gain training in behavioral couples/family therapy for addictions. Additional skills developed will be assessment, consultation, provision of clinical supervision, and program development.

Overall, approximately 75% of the Fellow's time will be spent in clinical care and associated activities. Ten to 15% of the trainee's time is reserved for program development and evaluation, and involvement in research. The remaining time is spent in educational activities.

The primary activities of the fellow in the outpatient clinics will be:

- Comprehensive assessment;
- Evidence based individual psychotherapy;
- Group psychotherapy

The primary activities of the fellow in the residential program will be:

- Providing group therapy;
- Delivering brief individual therapies;
- Consultation.

Other training activities include:

- Program evaluation and performance improvement activities ;
- Clinical research.
- Provision of clinical supervision.
- Rotation-specific didactic series

At the completion of their fellowship, fellows will be able to:

- Conduct a comprehensive assessment with patients in treatment for alcohol and/or drug use problems;
- Provide evidence-based group and individual therapy for individuals with alcohol and/or drug problems;
- Provide evidence-based treatment for a range of co-occurring psychiatric disorders with a focus on PTSD and mood disorders;
- Provide consultation for treatment providers outside of mental health on patients with dual disorders.

Teaching Methods: Supervision will be provided by psychologists in the outpatient ADTP and PTSD clinics as well as the residential programs. Fellows will receive training using multiple modalities, including individual and group supervision, didactic trainings (clinic- and track-specific and Fellowship-wide), case conferences, and journal club. The Fellow will also meet with the clinical staff in interdisciplinary meetings in both the outpatient and residential settings. Specialized readings are provided to supplement a Fellow's training depending on his or her interests and needs. Clinical work, career development, and research issues are addressed during 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 Fellow's experience.

Primary supervisors include:

- **Judith Bayog, Ph.D.** Dr. Bayog is the Program Director of the Brockton ADTP Outpatient Clinic and Assistant Clinical Professor of Psychology in the Department of Psychiatry at Harvard Medical School. She is a certified MET and CPT provider.
- **Travis Cook, Ph.D.** Dr. Cook is the Clinical Director of the Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT) on the Brockton Campus of the of the VA Boston Healthcare System. He is an Assistant Professor of Psychiatry at Boston University School of Medicine.
- **Justin Enggasser, Ph.D.** Dr. Enggasser is Section Chief of Substance Abuse Treatment Services at VA Boston Healthcare. He is an Assistant Professor of Psychiatry at Boston University School of Medicine and Lecturer in Psychology at Harvard Medical School. He will provide supervision, as needed.
- **Julie Klunk Gillis, Ph.D.** Dr. Klunk Gillis is the Clinical Director of the Brockton outpatient PTSD clinic, Staff Psychologist in the Center for Returning Veterans, and Instructor at Boston University School of Medicine.
- **Noam Lindenboim, Ph.D.** Dr. Lindenboim is a Staff Psychologist, Chief of the Homeless Domiciliary (REACH), and Instructor in Psychology at Harvard Medical School.
- **Daniel Rounsaville, Ph.D.**-Dr. Rounsaville is a Staff Psychologist in the Alcohol and Drug Treatment Program (ADTP) and Instructor in the Department of Psychiatry at Harvard Medical School.

Supervision may also be available from **Timothy O'Farrell, Ph.D., ABPP** for trainees who participate in the couple's therapy component of this training rotation. Dr. O'Farrell is the Director of Project CALM at VA Boston HCS and Professor of Psychology at Harvard Medical School.

Research: 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.

Dr. Justin Enggasser has several ongoing projects including research focused on developing new treatment models and methods of treatment delivery for individuals with substance use disorders and PTSD. He is currently involved with clinical trials evaluating: 1) efficacy of a 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. Opportunities for research connected with these projects will vary depending on a trainee's interest and goals, as well as the status of the project at the time the trainee is available.

Dr. Timothy O'Farrell, a leading researcher in *Behavioral Couples Therapy* (BCT) for substance use disorders 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. Fellows are provided the opportunity to join ongoing projects or initiate small-scale projects with existing databases.

Substance Abuse Treatment Program

Track Coordinator: **Glenn R. Trezza, Ph.D.**
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Location: VA Boston Healthcare System
Jamaica Plain Campus

Number of Fellows: One full-time Fellow is admitted each year.

Length of Training: One year.

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 one-year clinical postdoctoral Fellowship year in the SATP is designed to provide Fellows with a comprehensive understanding of assessment and treatment approaches for individuals with alcohol and drug problems as well as with co-occurring psychiatric disorders, such as post-traumatic stress disorder (PTSD), affective disorders, anxiety disorders, and personality disorders. The Fellow will work in both residential and outpatient settings and learn to conduct comprehensive assessments, and to provide consultation and to provide empirically-supported, cognitive-behaviorally-oriented group and individual therapy with substance using veterans. In many ways, the Fellowship is considered an apprenticeship in learning to manage a residential and outpatient substance abuse treatment program. The Fellow is trained to provide supervision to junior trainees, is involved in program development and performance improvement activities, and is involved in clinical research. Working as part of a multidisciplinary treatment team, the Fellow has a high level of input to clinical decision making. Ideally, the Fellow will develop confidence as a group psychotherapist and will learn how to be a capable and informed clinical supervisor. The supervisory staff for the rotation presents with a wide variety of interests and with a number of personal diversity dimensions, and the rotation places a strong emphasis on attention to diversity dynamics in terms of conceptualization of cases, clinical assessment and treatment, and program development and research. The SATP provides specialized training in evidence-based approaches to alcohol and drug problems including motivational enhancement, cognitive-behavioral relapse prevention techniques, and behavioral self-control strategies. Training is also provided in a wide range of therapies for co-occurring disorders including

Seeking Safety, Cognitive Processing Therapy, Acceptance and Commitment Therapy (ACT), Mindfulness techniques, and Dialectical Behavior Therapy.

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. Veterans served in our clinics 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-American backgrounds. The veterans treated in the program represent a variety of religious and spiritual backgrounds, and a number 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.

Our veteran patients use many different substances including cocaine, heroin, marijuana and alcohol, oral opiate pain medications, anxiolytic/sedative medications, inhalants, and various generations of designer drugs. 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.

Who Are We? The staff of the SATP includes a multidisciplinary staff from psychology, psychiatry, social work, and nursing. The Fellow has clinical responsibilities and is part of the treatment team in both the residential treatment program and the outpatient clinic while on the rotation. Under our supervised apprentice model, licensed doctoral staff model various roles common for staff psychologists and encourage Fellows to take on such roles themselves. These roles include those of clinician, researcher, manager, supervisor, teacher, etc. Our track is also ideal for Fellows who see themselves wanting 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.

Goals: The Fellow will learn how to assess the full range of alcohol and drug problems for veterans in various stages of their recovery and levels of motivation. In addition, the Fellow will learn to work with veterans of all ages and from culturally, spiritually, and socioeconomically diverse backgrounds, from all branches of the US Armed Forces and from various theatres of war and of peacetime service. The veterans' diagnoses include problem drinking, and alcohol and/or drug abuse and dependence. The Fellow will provide clinical services to male veterans in the Substance Abuse Residential Rehabilitation Program (SARRTP) and to both male and female veterans in the Outpatient Alcohol and Drug Treatment Program (ADTP).

Outcome Goals: At the completion of their Fellowship, Fellows will be able to:

- Conduct a comprehensive assessment of veterans in treatment for alcohol and/or drug use problems;
- Provide group and individual (both short- and long-term) therapy for individuals with alcohol and drug problems for veterans in various levels of their care;
- Provide treatment for co-occurring psychiatric disorders in individuals with an alcohol and/or drug problem;
- Provide consultation for treatment providers in multidisciplinary settings on problems related to alcohol and drug problems;
- Provide clinical supervision to more junior trainees treating a wide variety of patients with a large number of psychiatric and substance use diagnoses;
- Have an advanced awareness of, and skill level with, working with diverse clients and diversity issues in assessment, group and individual psychotherapy, and clinical research and program development;
- Have enhanced skills in developing and conducting research related to substance use issues and related psychiatric comorbidities;
- Have a greater understanding of and greater skill at program management and development with treatment programs for substance using individuals;
- Interact effectively with a multidisciplinary clinical treatment team.

Training Settings:

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, Fellows have the opportunity to strengthen their skills in assessment, group and individual therapy, and consultation. The SARRTP is an abstinence-based residential treatment setting, and patients focus on group interventions to help make significant changes in their lives.

Outpatient Treatment: The 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 alcohol and/or drug use. Working in this setting allows the Fellow to work with veterans on both abstaining from substance use as well as working on harm-reduction strategies involving moderate drinking. ADTP clients are involved in group and/or individual therapy.

Training Opportunities:

Group Psychotherapy: The Fellow will serve as a senior co-leader in a cognitive-behavioral, empirically-supported, Relapse Prevention group for patients on the SARRTP. They will co-facilitate the group three mornings per week. This group is co-facilitated with a junior trainee. The Fellow serves as a senior clinician for the veterans and attends a weekly Treatment Team meeting, and work with the Treatment Team's Discharge Planner on identifying and coordinating appropriate and effective discharge plans for our veterans in the group. In addition, the Fellow

has the opportunity once a week to co-facilitate a Mindfulness/Dialectical Behavior Therapy skills group for veterans, and also has the opportunity to develop a Cognitive-Behavioral Therapy group that they would then co-lead twice per week.

Individual Therapy: The Fellow will conduct individual therapy with veterans who are treated in the SARRTP and with veterans receiving outpatient care through the ADTP. Often individual therapy focuses on helping veterans manage symptoms of depression, PTSD, other anxiety problems, or address motivational concerns that may impact substance use. Individual therapy may include Cognitive Processing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and interpersonal therapy. Other issues that may be addressed in individual therapy include: addressing grief/bereavement; struggling with sexual orientation definition, sexual addiction problems, or gender identity questions; managing medical comorbidities; working through relationship issues; and addressing anxieties about financial and/or vocational concerns, particularly as these affect recovery.

Consultation: The Fellow is an active participant in the SARRTP consultation/liaison team. The consultation/liaison team training 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. Fellows complete comprehensive screening assessments for admission to the program and provide treatment recommendations based on these assessments to the veteran, to referring clinicians, and to the full Consultation and Admissions Team.

Program Management, Development, and Evaluation: The Fellow also has the opportunity, if interested, to apprentice in learning how to organize and manage the team under the supervision of licensed staff as part of the Fellow's program management and development training. The Fellow also works on developing new groups for the SARRTP and has the opportunity to develop program evaluations of these new groups. Recent Fellows have developed SARRTP groups on CBT, and on Sleep Hygiene. The Fellow also has assisted with developing outcome measures for both the SARRTP and the ADTP, which has helped to inform clinical services provided in these settings.

DBT Consultation Group: Fellows in the Substance Abuse Treatment Program at the JP campus have the opportunity to become regular participants in the DBT Consultation Group (one of whose facilitators is JP SA faculty member Marika Solhan Ph.D.), to get expert feedback on the management of complex personality and PTSD cases for whom DBT interventions are being used.

Teaching: The Fellow in the SATP at the JP campus has the opportunity to develop didactic presentations for the SATP team (SARRTP and ADTP). The Fellow also has the opportunity to provide lectures for Psychology Practicum Students (often on professional development topics) and of the Predoctoral Psychology Internship Class (on topics of mutual interest.)

***Supervision Training*:** The Fellow will assist in the supervision of a practicum level psychology trainee on two to four individual therapy cases under the direction and oversight supervision of a licensed psychologist. The Fellow will meet with the SATP's predoctoral intern and a licensed SATP psychologist on a weekly basis for supervision of assisting with clinical supervision. This component of the rotation provides the chance to learn skills to be able to supervise trainees. Fellows assist in review of student therapist audiotapes, and assist students to learn to write appropriate case notes, assessment summaries, treatment plans, and final case summaries. The Fellow also learns about how to write formal evaluations of supervisees for the practicum student's masters or doctoral training program.

Staff Meetings: Frequent staff meetings provide an opportunity for a high level of Fellow involvement in treatment planning, which may include consultation with other services in the hospital and in development of appropriate aftercare plans. The Fellow regularly presents in team meetings on the patients that they are following and in doing so learn how to relay information to the interdisciplinary treatment team to facilitate treatment progress. Fellows participate in SARRTP treatment team meetings, SARRTP weekly rounds, and weekly outpatient ADTP staff meetings.

Assessment: The Fellow conducts psychological assessment batteries while on the rotation, often evaluating patients' psychiatric comorbidities, and sometimes doing additional testing, e.g., to determine/solidify a patient's apparent PTSD diagnosis, to do some initial screening to assess need for more detailed neuropsychological batteries, and to assess for and then intervene in patient's presentation of high risk self/other lethality concerns. The Fellow is trained to do safety plans and suicide and homicide risk evaluations for patients with substance use histories who present with risk of harm to self and/or others. Some of the measures frequently used in evaluating our clients include: The MMPI-2, the Personality Assessment Inventory (PAI), the PTSD Check List, the Beck Depression and Beck Anxiety Inventories and Beck Hopelessness Scales, the Clinician-Administered PTSD Scale (CAPS), and various substance use motivation and self-efficacy measures, in addition to other anxiety scales.

Didactics: The Fellow attends 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 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, and medical issues in the context of a substance use presentation.

Research: 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, issues of diversity and

inclusion, cohort-specific issues in substance using veteran populations, and risk reduction for individuals living with HIV. While on the rotation, if a Fellow wishes to work with our faculty on research, she or he will 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.

Examples of Current Research Opportunities: Fellows 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. In recent years, Dr. Trezza, who focusses on book chapter, journal articles and educational presentations, has mentored students on manuscripts and presentations on topics including substance use's relation to diverse cultural experience, and on the design and implementation of behavioral HIV research. Depending on Fellow interest, and on the status of various projects being conducted, the Fellow 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.

Supervision: The Fellow in the JP VA Substance Abuse Treatment Program will be provided individual supervision by the major rotation supervisor and at least two other doctoral psychologists from the JP SATP. Altogether, the Postdoctoral Fellow receives at least four hours of supervision, and often more. The Fellow is also expected to participate in the program's rounds and clinical team meetings. Current clinical supervisors in the JP SATP include Glenn R. Trezza, Ph.D. (Fellowship track coordinator), Monica Roy, Ph.D., Marika B. Solhan, Ph.D., and Deborah J. Brief, Ph.D.

Glenn R. Trezza, Ph.D., the Substance Abuse Fellowship coordinator is an internship alumnus of the rotation, and has been at the VA for 24 years. In addition to his substance abuse work, he also has a background in health psychology, doing HIV clinical, research, program development, education, and training work. Dr. Trezza has published chapters and articles about substance use triage, and has much experience in emergency room settings working with substance use and psychiatric patients in crisis. His clinical supervision focusses on integrating cognitive-behavioral group and individual psychotherapy practice with attention to process issues and interpersonal psychotherapy, and on developing training psychologists' professional identities. On the rotation, Dr. Trezza supervises the Fellow's consultation experiences, is the primary supervisor of

supervision training for the Fellow, and supervises a number of the Fellow's individual SARRTP and ADTP psychotherapy and assessment cases. Some of his other clinical and training interests include: grief/ bereavement, sexual orientation and gender identity issues, recovery from childhood sexual abuse, club/designer drug use, sexual addiction, and diversity issues (both among veterans and among professional psychologists and trainees

Monica Roy, Ph.D., is an alumna of the SATP's internship and Fellowship training programs, and is the Program Manager of the SARRTP and of the JP ADTP. Dr. Roy supervises the Fellow's Relapse Prevention group and Cognitive-Behavioral Therapy Group. Dr. Roy has often also been a supervisor of the Fellow's SARRTP and JP ADTP individual psychotherapy and assessment cases. Her clinical supervision incorporates a focus on both cognitive-behavioral therapies as well as attention to process issues and interpersonal psychotherapy. Other training interests include working with veterans with trauma and personality disorders.

Marika B. Solhan, Ph.D., is also an alumna of internship and Fellowship training in substance use at the JP campus of VA Boston. The program manager of the TRUST House women's transitional residence, Dr. Solhan supervises the Fellow's Mindfulness/DBT Skills groups on SARRTP, and has also supervised a number of trainees on individual psychotherapy cases. She also assists in directing the VA Boston Dialectical Behavior Therapy (DBT) consultation team. Dr. Solhan's supervision style emphasizes cognitive and behavioral theory, with additional emphasis on therapeutic process and the influence of personality traits on psychopathology and treatment. She has particular interests in personality disorders, DBT, mindfulness-based interventions, trauma, assessment, and women's issues.

Deborah J. Brief, Ph.D., for many years the Program Manager of SARRTP and JP ADTP, has in more recent years been a senior manager in the Mental Health Service, serving as Assistant Chief of Staff for Residential Treatment Programs in VA Boston. An accomplished researcher, Dr. Brief has served as a principal investigator and co-principal investigator on a number of VA and extramural research grants, and has published many articles on substance use and on addiction's interface with comorbid psychopathology, especially PTSD. Dr. Brief has served as a research mentor for a number of our rotation's Fellows as well as a clinical supervisor for the Fellow's individual SARRTP and JP ADTP psychotherapy cases.

THE CLINICAL NEUROPSYCHOLOGY TRAINING PROGRAM

The Neuropsychology Training Program is independently accredited by APA but functions within the structure and administration of the VA Boston Psychology Postdoctoral Fellowship program. Nikki Stricker, Ph.D., ABPP/cn is the Neuropsychology Training Coordinator. Susan McGlynn, Ph.D., ABPP/cn and Laura Grande, Ph.D., ABPP/cn are Track Co-Coordinators of the Neuropsychology Fellowship.

NEUROPSYCHOLOGY

Track Co-Coordinators: **SUSAN MCGLYNN, PH.D., ABPP/CN**
Board Certified in Clinical Neuropsychology
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Track Co-Coordinators: **LAURA GRANDE, PH.D., ABPP/CN**
Board Certified in Clinical Neuropsychology
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Email: Laura.Grande@va.gov

Location: VA Boston Healthcare System
Jamaica Plain, Brockton, and West Roxbury Campuses

Length of Training: Two years.

Overview: The mission of the training program is to prepare Fellows to function as independent clinician-scientists in the field of neuropsychology. Fellows will demonstrate a highly-developed level of competence in the specialty of clinical neuropsychology. This Fellowship 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. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology,* 1998, *13*, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA), and meets requirements for board certification, as specified by the American Board of Clinical Neuropsychology.

The Fellow will learn to translate referral questions into testable hypotheses that can be addressed on the basis of objective data and information gathered from the interview. Fellows 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, thus 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, Fellows 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. Fellows 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 evidenced-based psychoeducational interventions, as appropriate.

Goals: Postdoctoral education and training is designed to provide clinical, didactic, and academic training that will result in an advanced level of competence in the specialty of clinical neuropsychology, as well as the education and training necessary for independent practice in this specialty area.

Postdoctoral education and training is designed to be consistent with the Fellowship's training mission and guidelines delineated in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. These seven core domains are: assessment, intervention, consultation, supervision, research and inquiry, consumer protection and professional development.

At the completion of the Fellowship, Fellows are expected to demonstrate the following:

- Development of advanced skill in the neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
- Development of advanced understanding of brain-behavior relationships;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment;
- A formal evaluation of competency in Criteria 1 through 3;
- Fulfillment of eligibility for state or provincial licensure or certification for the independent practice of psychology;
- Fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology.

Teaching Methods: The Fellow will be affiliated with the Neuropsychological Consult Service, the Polytrauma Network Site, the Geriatric Research, Education, and Clinical Center (GRECC; at West Roxbury), and the inpatient service through Physical Medicine and Rehabilitation (at West Roxbury). The Fellow may also be associated with the Neurology Memory Disorders Clinic, Neurology Seizure Clinic, and inpatient psychiatry (at Brockton). The fellow typically completes 2-3 neuropsychological evaluations per week across various clinics (as described below). Fellows will gain experience with supervision of more junior trainees (practicum students, interns) under faculty supervision. Fellows also complete individual and group psychotherapy during fellowship, the frequency and intensity of which may vary depending upon prior training experiences. Psychological interventions will also include feedback about assessment results and education for the patient and families.

The first year of the Fellowship program will focus on general training in advanced skills needed for professional practice in Clinical Neuropsychology. In the second year, the Fellow will have the opportunity to work with faculty to develop a training plan that best fits their training needs, and may request additional training within an area of focus or specialty clinic. This may include a focus in research, polytrauma, geriatric neuropsychology, supervision of more junior trainees, or program development/evaluation. Fellows will work with a variety of neuropsychology supervisors during the course of their fellowship. Currently 10 neuropsychology faculty contribute to supervision. The fellows' primary supervisor will be a Track Co-Coordinator of the neuropsychology fellowship.

This fellowship provides experience in a number of clinical settings, allowing the Fellow 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, Fellows will be involved in the clinical interview, test administration, data scoring, report writing, patient feedback, and multidisciplinary team consultation/collaboration. Fellows will provide clinical services within most of the settings described below, though duration of time dedicated to each service is not equal. Fellows are primarily at the Jamaica Plain Campus, although a day per week is frequently spent at West Roxbury and occasional travel to Brockton may be required.

Neuropsychology Consult Service (NCS): *Jamaica Plain campus.* Fellows serve as consultants and provide assessments as part of the neuropsychology consult service at VA Boston Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include traumatic brain injury, dementia, epilepsy/seizure, ADHD, stroke, and cognitive dysfunction secondary to a medical or psychiatric condition. The fellow may also elect to focus on capacity referrals when available. 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. Opportunities for neuropsychology-specific group interventions are typically through this clinic and include psychoeducational/cognitive rehabilitation interventions. Current groups include Memory and Aging, ADHD, and Seizure Support Group.

Geriatric Research Education and Clinical Center (GRECC) Clinic: *West Roxbury campus.* The fellow 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.

Polytrauma Clinic: *Jamaica Plain campus.* 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. Postdoctoral Fellows 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.

Inpatient: *West Roxbury and Brockton campuses* of the VA Boston Health 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. Fellows will complete 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 Fellow is frequently required to work very efficiently to provide in-person feedback to the medical team. Fellows may also elect to complete inpatient evaluations in the severe mental illness unit (Brockton); these evaluations often include issues of differential diagnosis and capacity. Fellows choosing this option will need a vehicle or would be encouraged to carpool, as the shuttle schedule will not provide sufficient time for this setting (whereas West Roxbury can be reached by VA Shuttle.)

Didactics: In addition to participation in the biweekly general seminar attended by all Fellows, neuropsychology offers a number of specialty specific didactics. Well-known local and visiting scholars present at the neuropsychology and neuroimaging lecture series. The monthly neuropsychology professional development series focuses on preparation for board certification, supervision of practicum students and interns, and other topics selected by fellows to promote professional development within neuropsychology. During Year 2, Fellows help to organize the weekly in-house neuropsychology seminar series, which includes presentations by clinical neuropsychology supervisors and research staff, VA neurologists, and neuropsychology fellows and interns.

Required:

- Neuropsychology Seminar Series – Approximately one to two hours per week;
- Neurobehavioral Rounds – Approximately two hours per month;
- Neuropsychology & Neuroimaging Lecture Series – Two hours per month;
- Neuropsychology Professional Development Series – One hour per month;
- Neurology Memory Disorders Case Conference – One hour per week for 2-6 months;
- Epilepsy Conference – One hour per week for 2-4 months.

Optional:

- Neuroimaging Journal Club – One hour per month;
- Geriatric Capacity and Neuropsychological Assessment Educational Series – One hour per month (Brockton);
- Geriatric Medicine Update – Three days per year;
- Boston University Behavioral Neuroscience Program – Three hours per week;
- Behavioral Neuroscience Seminar Series – One hour per month;
- Memory Disorders Research Center Rounds – One hour per month.

Research: Fellows have an abundance of funded projects (10 grants currently) from which to choose that represent diverse aspects of research relevant to neuropsychology (e.g., PTSD, TBI, aging and cerebrovascular risk factors, MCI, memory disorders, delirium, test development). 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 multi-project research centers: VA Center of Excellence - Translational Research Center for TBI and Stress Disorders (TRACTS), Geriatric Neuropsychology Laboratory, Neuropsychology of PTSD Laboratory, Memory Disorders Research Center

(MDRC) and the VA Boston Healthcare System Neuroimaging Center. Ongoing research programs provide Fellows with diverse research experiences (e.g., manuscript preparation, invited chapters, participation in weekly lab meetings/research discussions, one-on-one research mentoring, journal peer reviews, archival data analysis, study design, and grant preparation).

During Year 1, under faculty mentorship, Fellows identify a research project and develop a tailored research plan outlining the specifics and expectations of the fellow's study role. Fellows typically spend 4 hours per week devoted to research activities during the first year of Fellowship. During the second year, more time (up to 14 hours for those choosing a research focus) may be dedicated to research activities. Year 2 requires a tailored/approved research plan that may be a continuation or expansion of the Year 1 project, or a new project. A research product (e.g., grant proposal, submitted manuscript, poster/paper presentation) is to be completed by the conclusion of Year 2 by all Fellows regardless of whether they select a research focus.

Review and Remediation Procedures

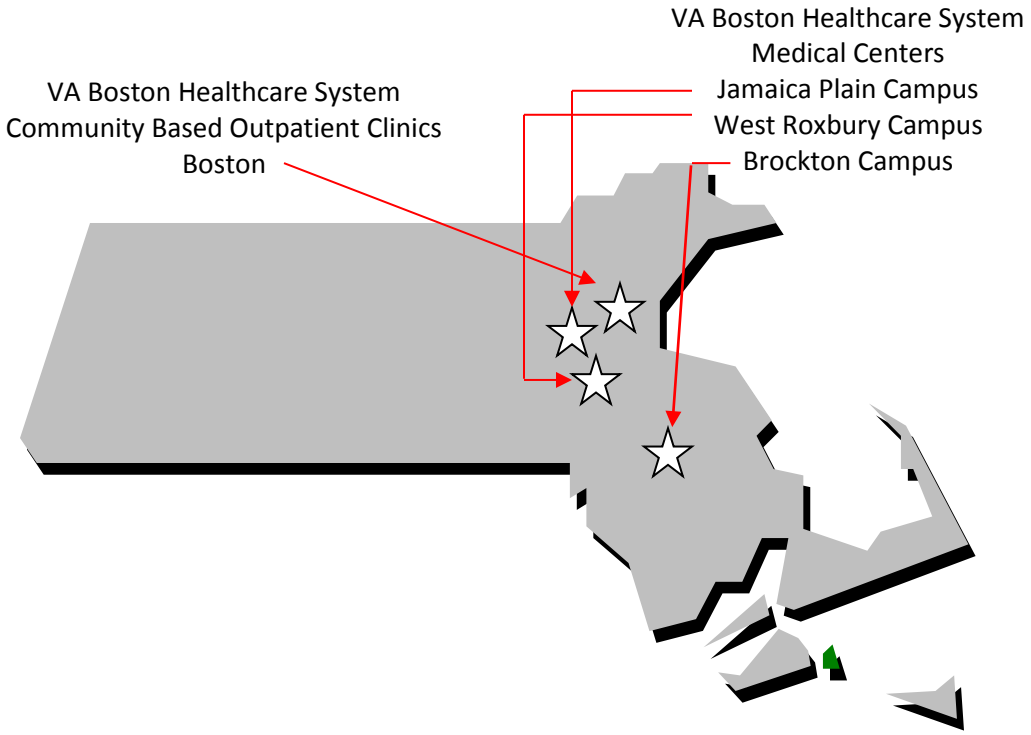
Evaluation Methods

Postdoctoral Fellows receive a formal written evaluation of their progress by their primary supervisor four times per year. Fellows provide written evaluations of their supervisors on a semi-annual basis. Additionally, each Fellow meets with the Training Director twice per year to provide feedback on their experience thus far. Evaluation methods are explained in detail in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival.

Due Process Policy

In the event of a grievance around the evaluation process, the Fellowship Program has a due process policy that outlines both remediation procedures and procedures for Fellows to follow if they have a concern about the review process. The Due Process Policy is incorporated within "Remediation Procedures" that are detailed in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival.

Training Environment



The VA Boston Healthcare System encompasses eight campuses within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain campus, located in Boston's Longwood Medical Community; the West Roxbury campus, located on the Dedham line; and the

Brockton campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, five Community Based Outpatient Clinics (CBOCs) located in Framingham, Lowell, Quincy, Dorchester, and Causeway Street (Boston) make up the VA Boston Healthcare System (VA BHCS).

Jamaica Plain Campus

The Jamaica Plain Campus offers state-of-the-art ambulatory care and primary care services. The Ambulatory Care Center serves as a hub for tertiary ambulatory services. This center's specialized services include state-of-the-art audiology services, ambulatory day surgery, CAT scanning, MRI, specialized aphasia treatment, an eye center providing argon laser therapy of retino-vascular diseases, CO2 and YAG laser treatment of cancer and Argon and YAG laser treatment of eye diseases, and vitrectomy. A model Veterans Industries/Transitional Living program for patients with Substance Abuse problems has recently been accredited by the Committee for Accreditation of Rehabilitation Facilities (CARF). Medical services located at this campus also include substance abuse, nuclear medicine, and a Center for Excellence for oncology/hematology, which includes high voltage radiation therapy/linear accelerator. Two National Centers for Posttraumatic Stress Disorder (also named Centers for Excellence) include the Behavioral Science Division and the Women's Health Sciences Division. Additional programs available at Jamaica Plain are a Comprehensive Women's Health Center and mammography, an Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn program, a Polytrauma Center, and many other special programs to meet gender specific needs as well as other special needs of veterans due to environmental causes such as radiation, Persian Gulf, or Agent Orange exposure. Finally, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/OIF Veterans.

West Roxbury Campus

The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Health care System and the other VA medical centers in the region. Recently named a Center for Excellence in Cardiac Surgery this facility offers cardiac catheterization, CCU, and a renowned Open Heart Surgery Program. The West Roxbury campus also has a nationally recognized acute Spinal Cord Injury program, and is one of few VA facilities that have a CARF-accredited acute medical rehabilitation program and spinal cord injury program, supported by a swimming pool that is located in the hospital proper. This campus supports an interventional cardiology program with electrophysiology. In addition, West Roxbury serves as the referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as, vascular surgery, specialized general and cancer related surgery, orthopedics, hand and joint replacement surgery, neurosurgery, plastic surgery, and urology. The spinal cord injury program operates within a "hub and spokes" model for the Northeast VA region to provide consistent care excellence. West Roxbury maintains a 24-hour emergency department.

Brockton Campus

The Brockton Campus offers veterans a wide range of health care options including comprehensive primary care, outpatient mental health services (including specialized geriatric mental health, PTSD, substance abuse, and psychosocial rehabilitation services), inpatient psychiatry (including acute, transitional, and intensive substance abuse care), and long term care. Long term care services include the Community Living Center (nursing home and rehabilitation care) and a chronic Spinal Cord Injury (SCI) unit. A Center for Excellence in Health Care for Homeless Veterans, this campus houses a 60 bed Domiciliary for Homeless Veterans. Also available in Brockton is an inpatient psychiatric unit for women, one of only four such units available in the entire VA system. This unit, in conjunction with an outpatient Women's Health Center, offers women veterans a complete spectrum of health care services. Both the Homeless Veterans program and the Women's Program are regional referral centers for veterans throughout New England. The Chronic Spinal Cord Injury Unit offers specialized programs and respite care for veterans with spinal cord injuries and disabilities. The Community Living Center similarly offers respite care programs to veterans throughout New England.

Support Services

There are a wide variety of support services available to the Fellow. The Medical Center's excellent Medical Library has branches in two of the campuses. In addition to extensive journal and reference collections, the library provides the capacity for computer generated literature searches and is able to obtain materials from regional university libraries, the Harvard Medical School Library and other VA Medical Centers. The Medical Library is also able to locate and borrow video training materials.

The Fellow has access to personal computers at all three Divisions.

If needed, childcare is available at the Tyke Site at the Brockton Division and Small World at the Jamaica Plain Division. These are nondiscriminatory, nonprofit, on-site childcare facilities licensed to serve children between the ages of 3 months to 6 years of age.

Research Activities

Research is an integral part of the overall VA Boston Healthcare System's mission and plays a key role in enhancing the healthcare services provided to our veteran population. The total Research and Development Program for the three campuses, Brockton, West Roxbury and Jamaica Plain, is one of the largest and most active in the VA system. In recent years, total intramural VA funding has been in the range of $15 million. Extramural research funding from other federal agencies, such as NIH and DOD, private proprietary companies, voluntary agencies and foundations have added another $10 – 12 million per year. As a referral center for neuro-psychiatric disorders, the Brockton campus has major research efforts in the neurophysiology of mental illnesses, problems in alcoholism and sleep problems associated with many mental disorders. The research interests at the West Roxbury campus, as the acute tertiary care division, spans several fields, with a strong focus on gastrointestinal disorders, cardiology and cardiovascular diseases, hematology, pulmonary medicine, urology, neurology, and

spinal cord injury. At the Jamaica Plain campus in conjunction with the Boston Outpatient Clinic, there are significant research projects on substance abuse, hemostasis, aphasia, language and memory disorders, PTSD, and infectious diseases, among others. Investigators at both the Brockton campus and the Jamaica Plain campus have been participating in a major VA cooperative studies trial on the National Health Survey of Persian Gulf War Veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center, the Normative Aging Study, the Dental Longitudinal Study, NIDA/VA Medication Development Center, and two National Centers for PTSD. As mentioned above, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/OIF Veterans. There are also several programs in the area of Rehabilitation Research and Development and Health Services Research and Development, with the VA's HSR&D Management Decision and Research Center, located at the Jamaica Plain Campus.

Statement of Nondiscrimination

The VA Boston Psychology Postdoctoral Fellowship 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.

VA Boston Psychology Service Committee on Diversity and Inclusion

The VA Boston Psychology Service Committee on Diversity and Inclusion was developed in 2006 by staff and trainees devoted to increased focus on diversity and inclusion. The mission of this committee is to promote sensitivity toward, and respect for, all individuals from diverse backgrounds in the VA Boston Psychology Service by pursuing the following activities: provide a voice for all departmental trainees, staff, and faculty; promote professional growth opportunities for research and clinical practice; promote the expansion of the psychology service to include more diverse members; provide a forum to discuss diversity and inclusion; advocate for expanding the focus on diversity and inclusion; and provide educational resources and opportunities related to diversity and inclusion. The committee is involved with multiple projects related to this mission, and the involvement of trainees is valued highly since they provide a unique perspective on training. The committee meets monthly via teleconference so that staff and trainees from all campuses can attend. For more information, please contact the current committee co-Chairs, Colleen Sloan, Ph.D. and Scott Litwack, Ph.D. at colleen.sloan2@va.gov and scott.litwack@va.gov.

ALANA

VA Boston training programs have a formal relationship with the Harvard Medical School Department of Psychiatry's African-American, Latino, Asian, and Native American (ALANA) Peer Mentoring Program.

The ALANA program is led by Jessica Henderson Daniel, Ph.D., ABPP and involves psychology trainees from all of the Harvard training sites in the Boston area. Participation in the program is voluntary and provides a unique opportunity for persons of color to meet for personal and professional growth. Dr. Henderson Daniel's contact information is included:

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Director, Psychology Training Program
Department of Psychiatry - Fegan 8
Children's Hospital
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Boston, MA 02115
617-355-6734
Jessica.daniel@childrens.harvard.edu

Living Environment

The nature of the Greater Boston area and the location of the different Medical Centers provide the Fellow the opportunity to choose from a variety of settings. The West Roxbury and Jamaica Plain divisions, several miles apart from one another, are within the city of Boston. The Brockton division is south of Boston along Route 24. The city of Providence, located less than an hour's drive, is accessible via major highways from either division. There is a shuttle service between the three Divisions that operates throughout the working day. It is possible for the Fellow to live in or close to Boston and be part of an urban lifestyle; housing costs in or near Boston are quite high. Moving out from Boston, the Fellow will have more affordable housing and a choice of city, small town, or rural settings.

No matter which setting the Fellow chooses, the cultural, educational, and recreational activities of Boston and New England are easily accessible. Boston, known for its arts, history, and educational institutions, is little more than a half-hour from Brockton by car at non-peak hours. There are also many forms of public transportation available into the city. The commuter rail makes it is easy to get in and out of Boston to see a play, visit a museum, or experience the flavor of the city's diverse ethnic groups. The New England region is attractive, varied and readily accessible by car. The Berkshires, Cape Cod, Rhode Island, southern Maine, New Hampshire, and Vermont are all easily visited as day trips. A trip to the beach, the mountains, Gillette Stadium (New England Revolution and New England Patriots), Fenway Park (Boston Red Sox), the TD Garden (Boston Celtics and Boston Bruins), or Boston's many museums offers the Fellow an opportunity for a change of pace while staying close to home.

The Fellowship year often means relocation not only for the Fellow but also for a partner. A wide range of educational opportunities are available at the many colleges and universities in the Greater Boston area, including Harvard University, Boston University, M.I.T., College of the Holy Cross, Boston College, Northeastern University, Clark University, Brown University, University of Rhode Island, and University of Massachusetts Boston. In addition to full-time study at the main campuses, there are many satellite, evening or part-time programs available. The job market is relatively good for significant others who may be looking for employment during the Fellowship year.

Hours, Stipend, and Benefits

- All Fellows receive a full stipend – no Fellow is accepted on a Without Compensation (WOC) status.
- All Fellows are admitted into the full-time training programs (September 1 through August 31).
- The Postdoctoral Fellowship requires that Clinical Psychology Fellows must complete 2080 training hours annually; Clinical Neuropsychology Fellows must complete 4160 hours over the course of their two years of training.
- The stipend for a first year postdoctoral fellow is **$46,176** before taxes. The stipend for a second year postdoctoral fellow is **$48,672**.
- Fellows are eligible for health insurance at a reduced cost.
- No funds are available for relocation.
- It is anticipated that Fellows will receive faculty appointments at *Boston University School of Medicine* and at *Harvard Medical School* during the training year.
- Benefits include 10 paid holidays, 13 days of annual leave (vacation) and, if needed, 13 days of sick leave. Finally, Fellows are given up to 64 hours of paid educational leave to attend conferences, major professional meetings, and symposia. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12.
- The Federal Tort Claims Act applies to Fellows regarding the practice of psychological services and their own personal injuries that occur while on the job at the VA.

APA Accreditation

Both training programs of the VA Boston Psychology Postdoctoral Fellowship Training Program are accredited by APA, having received their accreditation in 2009. Our most recent site visit was conducted in September 2015. 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 1st Street NE
Washington, DC 20002
Phone: (202) 336-5979
Web: www.apa.org/ed/accreditation

Eligibility

Eligibility Requirements for all Programs

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Additional Eligibility Criteria Postdoctoral Fellowship

Postdoctoral fellowship applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

1. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology by 8/31/2016. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
2. Have completed an internship program accredited by the APA Commission on Accreditation by 8/31/2016. The only exception regarding accreditation is for those who complete a new VA internship that is not yet accredited.

Application Procedures

As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability, or other minority status.

The VA Boston Psychology Postdoctoral Fellowship Program evaluates the following criteria when selecting applicants:

- Breadth and quality of prior general clinical or counseling training;

- Quality of experience in the specific area of emphasis to which the applicant applies;
- Quality and scope of research productivity;
- Evidence of personal maturity and accomplishments;
- A clear, thoughtful, and meaningful writing style in application materials;
- Goodness of fit between the applicant's professional goals and program training objectives;
- Strength of letters of recommendation.

Applications are reviewed for eligibility after all materials are received. Applications are distributed to coordinators of each area of emphasis (e.g., PTSD) where they are reviewed and evaluated by supervising faculty in the emphasis area. Telephone or in-person interviews are offered to **select candidates**. We prefer in-person interviews, so that you can tour the site, meet face-to-face with prospective supervisors, learn about the program from current fellows, and experience Boston. However, we do understand that in-person interviews may be too costly or difficult to arrange with short notice; this may be especially true for those traveling from afar or for those who already have knowledge of VA Boston through internship interviews. We can certainly arrange for telephone or video interviews for anyone who is unable to schedule an in-person interview. Each year we conduct telephone interviews, and we have accepted Fellows who have interviewed with us over the telephone.

We are excited to announce that, for the first time, we will be organizing formal Interview Days for all applicants who visit us in-person. We hope that the additional structure will allow for increased communication and orientation about our program and relieve some of the anxiety that many applicants experience. In addition to a general orientation/question and answer session, you will also hear a presentation by our Diversity Committee, meet with current fellows, and interview with multiple faculty. We hope to be able to make some aspects of the formal interview day open to those who are limited to phone interviews (*i.e.,* viewing a video of the orientation, calling into a question and answer session with Dr. Silberbogen, etc.). Interview Days are tentatively scheduled as follows, with three days taking place at the Jamaica Plain Campus, and two days at the Brockton Campus (additional details on scheduling/arranging interviews will be provided to those who are offered an interview):

- Friday, January 22, 2016
- Friday, January 29
- Monday, February 1
- Friday, February 5
- Monday, February 8

Applicants are extended offers based on their written application materials and interview presentation.

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period. Applicants are welcome to contact Amy Silberbogen, Ph.D. (amy.silberbogen@va.gov) at any time for updates. Additionally, please inform her as soon as possible if you receive an offer from another training program and are interested in your status at VA Boston. **We**

encourage you to be in contact; unlike internship recruitment (where expressing interest or asking for information about status is disallowed), we would like for you to inquire about your status so that you have all the information you need in order to make a decision about the next step in your professional career (even if you are not 100% certain that you want to come to our training site). We see these as inquiries, not as "invoking the UNDr".

APPIC Guidelines: While VA Boston follows many of APPIC's guidelines for postdoctoral recruitment (*i.e.,* remote interview formats, a minimum of two weeks notice to schedule interviews), we will be initiating making offers starting on **February 29th** (http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines). Of course, if you have an offer in hand from another site prior to this date, please be in touch with us to discuss if you are interested in your status at VA Boston. Applicants will be allowed to hold their offer for **up to 48 hours** (two business days). Please be in contact with Dr. Silberbogen at any point during the review process if you have questions about your status.

Application materials are due by midnight on December 14th. All applications must be submitted via APPA CAS, except under unusual circumstances and with consultation from Dr. Silberbogen. VA Boston has two portals through APPA CAS: one in Clinical Psychology and one in Neuropsychology. Please be sure to apply to the Clinical Psychology Program if you are applying for: Behavioral Medicine, Dual Diagnosis, LGBT Healthcare, Interprofessional, General Mental Health, Geropsychology, Post Deployment Readjustment, PTSD, and the Substance Abuse Treatment Program. If you are applying for a position within Neuropsychology, please access the Clinical Neuropsychology portal. If you are applying to both programs (*i.e.,* an interest in Geropsychology and Neuropsychology), you will apply through both portals and be charged two application fees.

Please read and follow instructions carefully and prepare the following:

1. **A statement of interest: If you are applying to more than one track, you must submit a separate statement of interest for *each* track.** Please upload your Personal Statement under Documents – "Personal Statement". If you are submitting more than one personal statement, submit additional statements under the "Other Documents" option. The statement of interest should contain the following information:
    - The history of your interest;
    - Any relevant educational, clinical, and/or research experiences;
    - A self-assessment of your training needs and goals for the fellowship;
    - A statement of your career goals.
2. **Postdoctoral Fellowship Information Form** – Please upload under the "Other Document" option. Available on-line at http://www.boston.va.gov/psychologytraining/fellowship.asp
3. **A detailed Curriculum Vita.**
4. **Transcript of graduate work.**

5. **Three letters of recommendation** - one from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during the pre-doctoral internship.
6. ****** Neuropsychology applicants only ****** need to submit two de-identified neuropsychological assessments. These should be uploaded under the Document Section. Please make sure that the report is de-identified according to HIPAA standards: http://www.irb.cornell.edu/documents/HIPAA%20Identifiers.pdf

Application Submission Procedure:

- All materials should be uploaded to the APPA CAS system.

We encourage applicants to be selective and thoughtful when considering submitting applications to multiple areas of emphasis. **If you are considering applying to three or more tracks, please be in touch with Dr. Silberbogen *prior* to the application deadline.** As indicated above, if you do submit an application for more than one program or area of emphasis**, you should submit a separate statement of interest for each track.**

Please contact Track Coordinators with specific questions about training they provide. Names and email-addresses of faculty can be found on the page immediately following the cover and on the table below.

Applicants are welcome to contact the Fellowship Director to discuss any issue of relevance at any point during the application process. Please contact Dr. Amy Silberbogen at amy.silberbogen@va.gov or by phone at **(857) 364-4707.** We understand that accepting a fellowship is a significant decision in one's professional development and will make every effort to support applicants in making decisions about their candidacy at VA Boston. We will notify applicants when they are no longer under consideration or when **all positions they have applied to have been filled**. Applicants should feel free to be in contact with Dr. Silberbogen if they have questions about their candidacy or are negotiating fellowship/job offers with different deadlines.

For Clinical Neuropsychology applicants:

We do not participate in the APPCN match. An offer will be made to the qualified candidate when he or she has been identified.

IF AN OFFER IS EXTENDED:

Doctoral Degree Requirement: All offers of acceptance for a postdoctoral position within the VA Boston Psychology Postdoctoral Fellowship Program are strictly contingent upon applicants having completed all requirements (clinical, academic, and administrative) for the doctoral degree. In other words, you cannot start a Postdoctoral Fellowship if you are not "postdoctoral".

If an offer is extended, you will be informed that you must provide evidence that you have completed all academic requirements no later than July 1, 2016. This can take the form of a copy of the diploma or a written attestation of such from your University Department Chair. If you have not defended your dissertation by July 1, 2016, we will also accept documentation from your Department Chair or Dissertation Advisor confirming your defense date prior to August 31, 2016.

If you have not completed all your requirements by July 1, you may request an extension. If, at the end of the extension you have not received the doctoral degree, or if the Fellowship does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process may be re-opened and you may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.

One exception to this policy is in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between July 1 and August 31st. In such case, an extension will be granted.

Fellows have raised the issue of a graduation date that occurs after the start of the Fellowship year. Our policy has been that the completion of all academic (including university acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Fellowship. In other words, it is fine if your graduation date occurs after September 1, 2016 as long as you can provide documentation that you have completed all academic, clinical, and administrative responsibilities. The fellow is responsible for looking into how this intersects with state specific licensing board regulations.

Please review the following table for contact information.

Clinical Psychology Training Program	
Track Name	Questions? Contact:
Geropsychology	Elizabeth Mulligan, Ph.D., ABPP elizabeth.mulligan@va.gov
PTSD	Steve Quinn, Ph.D. steve.quinn@va.gov Eve Davison, Ph.D. eve.davison@va.gov
Substance Abuse	Glenn Trezza, Ph.D. glenn.trezza@va.gov
Dual Diagnosis	Judith Bayog, Ph.D. judith.bayog@va.gov
LGBT Health Care	Colleen Sloan, Ph.D. Colleen.Sloan2@va.gov
General Mental Health and Interprofessional Mental Health Care	Justin Hill, Ph.D. Justin.hill2@va.gov
Behavioral Medicine	DeAnna Mori, Ph.D. deanna.mori@va.gov
Post-Deployment Readjustment	Erin Scott Daly, Ph.D. erin.daly@va.gov

Neuropsychology Training Program	
Track Name	Questions? Contact:
Neuropsychology	Susan McGlynn, Ph.D., ABPP susan.mcglynn@va.gov Laura Grande, Ph.D., ABPP laura.grande@va.gov

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.

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.

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.

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.

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.

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).

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 T. 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.

Barbara W. Kamholz, Ph.D., ABPP Dr. 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 **T**ranslational **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.

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.

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.

Suzanne Pineles, Ph.D. Dr. Pineles is a clinical psychologist in the Women's Health Sciences Division of the National Center for PTSD (NC-PTSD-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.

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.

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

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.

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.

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.

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.

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.