Greetings!

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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. 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.

This brochure describes the training opportunities available in the Clinical Psychology Program. Within the Clinical Psychology Training Program, we offer training in seven major areas of study (“tracks”) and will recruit 12 full-time Fellows:

1. Addiction Recovery (previously Dual Diagnosis and Addictions and Co-Occurring Disorders)
2. Behavioral Medicine
3. Geropsychology
4. Interprofessional General Mental Health
5. Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Care
6. Post-Deployment Readjustment and Trauma Related Disorders
7. Posttraumatic Stress Disorders (PTSD)

Within the Clinical Neuropsychology Training Program, we offer training in Neuropsychology with the opportunity to specialize based on training needs and professional goals. We will recruit two full-time Fellows in the Clinical Neuropsychology Program. For additional information, please download the Neuropsychology Training Brochure located on the Fellowship homepage.

Both Training Programs exist within the overarching structure of the Fellowship Program and are independently accredited by APA. Our next Site Visit will be in 2022.

We are glad you are considering VA Boston for your postdoctoral training experience! Postdoctoral training has shifted considerably over the years; the purpose of postdoctoral training, as currently conceptualized, is to gain advanced competency development in either a specific focus area or major area of study (i.e., VA Boston’s “Tracks” within our accredited Clinical Psychology program) or in a recognized specialty area of practice (i.e., VA Boston’s accredited Clinical Neuropsychology program). While enrollment in an accredited postdoctoral training program is not a requirement, we strongly believe that formal training does offer many benefits. These include building confidence and professional identity, developing advanced competence across all domains of practice within a focus or specialty area of practice, and facilitating short- and long-term career goals, including licensure and board certification. APPIC’s journal, Training and Education in Professional Psychology, recently published a special edition on postdoctoral training. We include a link here to an article (by Dr. Silberbogen and colleagues) that reviews the purpose of postdoctoral training in the sequence of training, and outlines considerations when making decisions about postdoctoral training:

IMPACT OF COVID-19 ON TRAINING

The COVID-19 pandemic has had an unprecedented impact on all aspects of personal and professional life, requiring flexibility, adaptability, and ingenuity. The VA Boston Psychology Postdoctoral Training Program has been successful throughout the pandemic in remaining steadfast in our commitment to providing high-quality clinical care for Veterans and high-quality training to our psychology trainees. Our psychology staff and trainees pivoted quickly in March 2020 to telecare and telesupervision, and supported our trainees in navigating all aspects of providing telecare, including learning new platforms, providing psychotherapy and assessments remotely, setting up home environments to facilitate privacy and functionality, addressing personal challenges (e.g., shared work spaces with partners, child care, long-distance from loved ones) and facilitating community and connection. Dr. Silberbogen routinely met with the class of postdoctoral Fellows to ensure transparency, to address questions, and to problem solve barriers. Despite the number of uncertainties that COVID-19 has brought, our value of providing outstanding training and our skill in implementing this value has been constant.

The clinical experiences listed within this brochure are current, and all training experiences are anticipated to be available during the 2021-2022 training year. At the time of this writing (9/2020), most of our postdoctoral Fellows are working from home 100% of the time and providing clinical care to Veterans via telehealth platforms [e.g., Veteran Video Connect (VVC), Microsoft Teams, or telephone]. There are a few exceptions: Addiction Recovery Fellows are providing in-person care to residential patients a few days per week; and Geropsychology Fellows are engaging in home visits as part of the home-based primary care program. In these cases, safety procedures consistent with CDC and local facility guidelines are maintained, including mandatory screening upon presenting at the hospital, mandatory masking and PPE requirements, social distancing, cleaning protocols, and hand washing.

Clinical supervision remains consistent with APA accreditation guidelines (minimum of 2.0 hours per week). Supervisors meet with their trainees virtually by a number of video-based platforms (WebEx, Microsoft Teams). In the rare cases of in-person clinical supervision, CDC and local guidelines regarding mask-wearing are maintained. All didactics and team meetings are also offered remotely. Given some of the challenges of working remotely, we work to ensure our current class of Fellows is feeling connected with the broader psychology community; community building will remain a high priority.

It remains unclear whether the 2021-2022 Fellowship class will work primarily remotely, primarily in-person, or some combination of the two. We imagine and hope that as time goes on, we will gradually transition to more in-person services, but certainly cannot predict to know if and when that will happen. We look forward to describing our modifications during our virtual interviews and to address any concerns/and or questions regarding our COVID-19 modifications. VA Boston is confident in its ability to provide high quality training and mentorship to promote the professional development of our Fellows, despite the challenges brought on by COVID-19.

Please note that references to “direct”, “face-to-face” or “in-person” clinical care or supervision, are also inclusive of remote and virtual care during the COVID-19 pandemic. In addition, we have retained references to campus-based locations in this brochure so that applicants are informed of where they would be located, if/when we transition out of telecare.
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 assessment methods 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. For the ways in which VA Boston attends to and addresses individual “lived” differences in our trainees and patients, please see our “Diversity and Inclusion” section. This section describes additional program and service wide resources.

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.

**ORIENTATION TO THE FELLOWSHIP**

All Fellows in the Clinical Psychology Training Program are supported from Sunday, August 15, 2021 through Saturday, August 12, 2022. The Orientation to the Fellowship begins on Monday, August 16, 2021. 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.

**TEACHING METHODS**

**Supervised Service Delivery** in direct contact with service recipients. Fellows in the Clinical Psychology program 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, and delivery of patient care is secondary to the educational mission of the training. 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 approximately 75% of a Fellows’ training.

**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 per week (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:** While the primary focus of the Fellowship training program is the development of clinical skills, Fellows engage in an array of clinical research and other scholarly inquiry opportunities. All Fellows will select a research mentor who will supervise these activities, and the broad scholarly inquiry experience is overseen by the Research Experiences Coordinator, Karen Mitchell, Ph.D. Fellows are expected to have a minimum of four (4) hours of protected time within their regular schedules to be devoted to research and scholarly activities. These four hours are seen as a base; Fellows on some Tracks may be able to avail themselves of research opportunities beyond these dedicated hours (up to
10 hours per week) through discussion with their supervisors and research mentor. Please see Track specific descriptions for additional information. Fellows may collaborate with faculty on ongoing research or a program evaluation project, participate in research lab meetings and other team collaborations, or design and implement an independent research project under the mentorship of a faculty member. Activities may include reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry, and data analysis, as well as developing posters or presentations, and manuscript presentation. 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.

**Didactic Seminars:**

All Fellows attend a biweekly seminar chaired by David Topor, Ph.D., Curriculum Coordinator. During didactics, 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. 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.

In addition to program wide didactics, many elective seminars are announced throughout the training year. Risa Weisberg, Ph.D., and Suzanne Pineles, Ph.D., coordinate a weekly Grant Writing Seminar 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 interprofessional training, positive psychology, DSM-V, ethics, mentorship and supervision issues, multicultural issues in clinical treatment, patient advocacy, and returning veterans.

Additionally, each clinical program 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 programs, grand rounds, departmental symposia, etc.

**Non-evaluative Mentor:**

Each Fellow also has the assistance of an Fellowship Advisor, a non-evaluative faculty mentor and resource, who may be selected by the Fellow based upon specific career interests or other factors (e.g., related to experiences in balancing career and family; past academic or other career experiences). The advisor assists in the overall coordination of the Fellow’s training experience throughout the fellowship.
THE FELLOWSHIP TRAINING PROGRAMS OF VA BOSTON

CLINICAL PSYCHOLOGY TRAINING PROGRAM

The Clinical Psychology Training Program is independently accredited by APA but functions within the structure and administration of the VA Boston Psychology Postdoctoral Fellowship Program. Amy Silberbogen, Ph.D., ABPP is the Director of the Clinical Psychology Postdoctoral Fellowship Program. Within this program, opportunities are available for training in nine focus areas. These include: Addiction Recovery, Behavioral Medicine, Geropsychology, Interprofessional General Mental Health, LGBT Health Care, Posttraumatic Stress Disorder, and Post-Deployment Readjustment.

Program Aim

The overarching AIM of our program is to provide advanced clinical training and educational opportunities in order that Fellows develop the full range of skills required for independent functioning as a clinical psychologist in a broad range of roles and settings, including clinical services, research, and education.

Our program is grounded in the scientist-practitioner model and endorses the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by hands on clinical work. Consequently, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge and involvement in research that advances patient care. We believe that graduating Fellows should be able to provide competent assessment and appropriate interventions, consultation, and supervision in their area(s) of focus, as well as exhibit behavior that is consistent with professional standards. As a part of developing a healthy professional identity, Fellows are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development.

Graduating Fellows also possess the requisite skills to bring research and clinical literatures to bear on their applied work, and to communicate their own scholarly endeavors and interests to other mental health practitioners. While individual Fellows may ultimately develop careers that emphasize one
aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work of scientists will be clinically relevant.

The structure of the VA Boston Psychology Fellowship Program fosters development across nine profession-wide competencies that are critical to 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 area of focus. Below are the competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative.

Core Competencies:

1. **Science and Practice:** Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including host institution), regional, or national level. 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.

2. **Ethical and Legal Standards:** Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence in accordance with the APA Ethical Principles of Psychologists and Code of Conduct and relevant laws, regulations, rules, policies, standards, and guidelines. Ethical and legal issues will arise in all areas of training, including confidentiality, legal obligation to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit. Fellows receive supervision and didactic training related to these issues and learn to recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and to conduct themselves in an ethical manner in all professional activities.

3. **Individual and Cultural Diversity:** Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. 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.
4. **Professional Values and Attitudes:** Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one’s personal and professional functioning, and engage in activities to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an increasing ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training year. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist".

5. **Communication and Interpersonal Skills:** Communication and interpersonal skills are the foundations of education, training, and practice in health service psychology. Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows will also be able to produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated, timely, appropriately reflective of the needs of the anticipated audience, and demonstrate a thorough grasp of professional language and concepts.

6. **Assessment:** Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical psychology. Fellows will develop competence in diagnostic interviewing, and will 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 (including consideration of relevant diversity characteristics of the patient) required for a particular track, 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. Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.

7. **Intervention:** Fellows will develop advanced 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. Fellows will demonstrate competence with the types of therapies required for a given track. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision making. Fellows are also expected to develop
appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.

8. **Supervision**: Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice. Though Fellows will, in the vast majority of cases, have the opportunity to provide supervision to a more junior psychology trainee. The Fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them. The Fellows will receive close supervision and didactics on developing this formative skill.

9. **Consultation and Interprofessional Skills**: Fellows will develop advanced competence in the intentional collaboration of professionals in health service psychology with other individuals or groups. Fellows receive supervised experiential learning and didactics in these areas and will demonstrate skill in understanding the role of a psychologist and communicating and collaborating with other providers. This may be demonstrated by, for example, contributing to team meetings or case presentations through the communication of important information about patients, co-treatment, consulting directly with patients’ other providers (either effectively seeking consultation or offering consultation/teaching), being sensitive to and responding appropriately to the needs of other team members, and using skills as a psychologist to facilitate team functioning.
Fellowship Graduation Ceremony – July 29, 2020

Top Row – Amy Silerbogen, Ph.D., ABPP (Fellowship Director), Laura Grande, Ph.D., ABPP/cn (Neuropsychology Program Director), Chelsea Shotwell-Tabke, Ph.D., Jim Scholl, Ph.D., Justine Swanson, Psy.D., Nick Morrison, Ph.D.

Second Row – Michael Kruepke, Ph.D., Amanda Brunette, Ph.D., Youngsuk Kim, Ph.D., Jung Jang, Ph.D., Stephanie Grossman, Ph.D.

Third Row – Southey Saul, Ph.D., Rachel Weiskittle, Ph.D., Ginger Mills, Psy.D., Norah Hass, Ph.D., Elizabeth Craun, Ph.D.

Bottom Row – Leigh Colvin, Ph.D., Peter Ward, Ph.D.
Addiction Recovery Track

The Clinical Psychology Program offers an Addiction Recovery Track that involves significant training in the treatment of substance use disorders. This track offers two Fellowship positions for the 2020-2021 training year at VA Boston Healthcare System (VA BHS). Both Fellowship positions offer Fellows the opportunity to gain a comprehensive understanding of assessment and treatment approaches for individuals with alcohol and drug problems and co-occurring psychiatric disorders (e.g. PTSD, affective disorders, anxiety disorders, and personality disorders) and co-occurring psychosocial issues (e.g. medical comorbidities, homelessness, legal issues). The Fellows will work in both residential and outpatient settings and learn to conduct comprehensive assessments and provide evidence-based, CBT-oriented group and individual therapy with veterans with SUDs. The Fellows are trained to provide supervision to junior trainees and involved in program development and performance improvement activities and in clinical research. **Fellow 1** will be located at the Brockton campus of VABHS and **Fellow 2** will be located at the Jamaica Plain campus; Fellows 1 and 2 will work with the residential and outpatient teams located at their respective campuses. We describe these two positions in detail below and also provide a comparison table to highlight differences as well as overlapping training experiences. By applying to the Addiction Recovery Track you will have the opportunity to be considered for, and interview with, both positions. Please indicate on your cover letter whether you would like to be considered for the **Fellow 1** position, **Fellow 2** position, or **both Fellow** positions. Applicants commonly express interest in interviewing for both positions and are encouraged to apply for both.

**Who Do We Serve?** Veterans who seek treatment for their substance use at both campuses present with great diversity in their substance use histories, including use of alcohol, oral opiates and heroin, marijuana, stimulants, 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 behavioral disorders, including gambling, sex addictions, compulsive overspending, etc. The majority of the Veterans in programs at VA BHS also have co-occurring psychiatric conditions such as PTSD, anxiety disorders, depression, and personality disorders and are struggling with significant social problems. Of note, a history of trauma (with or without a PTSD diagnosis) is prevalent in our patient population and includes index events like childhood physical or sexual abuse, military sexual trauma, combat exposure, violence, and traumatic loss. Veterans present with diversity in age, gender, race and ethnicity, sexual orientation, sexual identity, gender identity, branch and military era and experiences, socioeconomic status, educational level, marital status, religion, spirituality, disability status, and living situation. Many of our Veterans are homeless, unemployed, and struggling with medical comorbidities, legal problems, interpersonal stressors, etc.
While there are many similar training experiences in both positions, there are also some differences. We have outlined these similarities and differences in the table below.

**TABLE 2**  
Comparison of Experiences in Addiction Recovery Track

<table>
<thead>
<tr>
<th></th>
<th>Fellow 1</th>
<th>Fellow 2</th>
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<tbody>
<tr>
<td><strong>Campus</strong></td>
<td>Brockton (BR)</td>
<td>Jamaica Plan (JP)</td>
</tr>
<tr>
<td><strong>Outpatient versus Residential</strong></td>
<td>50% vs 50%</td>
<td>20% vs 80%*</td>
</tr>
</tbody>
</table>
| **Settings**                     | Outpatient Alcohol and Drug Treatment (ADTP)  
• Homeless Domiciliary  
• Intensive Outpatient ADTP  
• Behavioral Couples Therapy  
• Outpatient PTSD  
• Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)  
• Outpatient Alcohol and Drug Treatment (ADTP) |  |
| **Opportunity to Supervise**     | 1 Psychology Intern               | 1 psychology practicum student (up to 4 therapy cases) |
| **Group Psychotherapy**          | Two groups per week               | Four groups per week (6 hours total) * |
| **Individual Psychotherapy**     | 4 - 6 cases/week:  
• To be determined based on the Fellow’s interests and needs;  
• Split between Domiciliary and Outpatient | 4 cases per week*  
• Split between residential and outpatient |
| **Assessment**                   | 1 per week in Domiciliary  
1 per week in Outpatient ADTP | 1 per week in SARRTP  
1 per month in Outpatient ADTP |
| **Research**                     | At least 4 hours per week         | At least 4 hours per week              |

* Amount of time spent conducting individual and group therapy are minimums and may change as a function of the elective training opportunity selected by the JP Fellow (see track description for details). The JP Fellow’s involvement in outpatient versus residential settings may also change slightly, based on the elective selected within the JP rotation.
Fellow 1: Addiction Recovery; Brockton Campus

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Psychology Service (116B)
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Telephone: (774) 826-1489

Email: Judith.Bayog@va.gov

Location: VA Boston Healthcare System
Brockton Campus

OVERVIEW
The aim of Fellow position at the Brockton campus is to provide the Fellow with specialized training to prepare for professional success in an addiction-specialist role within a mental health treatment setting. 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). The training program will be tailored to the Fellow’s needs and preferences and equip the Fellow with measurement-based care and expertise in and program evaluation and program development skills. The Fellow also may choose to become a certified provider in Behavioral Couples Therapy (BCT), and/or Cognitive Processing Therapy (CPT) or gain experience in Prolonged Exposure (PE) for PTSD. The Fellow will be trained in Motivational Enhancement Therapy (MET) and apply it to 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 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 and treatment for co-occurring posttraumatic stress and substance use disorders.

GOALS
The primary goal of this training year is to gain specialized expertise in applying evidence-based treatments for SUD and co-occurring mental health problems in Veterans. Previous Fellows have obtained employment in VA, academia, community mental health, private hospital settings, and individual/group private practice. The Fellow can elect to gain training in Motivational Interviewing, MET, CBT-SUD, Cognitive-Behavioral Relapse Prevention, Contingency Management, Mindfulness-Based Relapse Prevention, Acceptance and Commitment Therapy, Cognitive Processing Therapy, and Prolonged Exposure. The Fellow will provide psychotherapy for Veterans with opioid use disorders (OUD) that receive evidence-based medication-assisted treatment. They also will have opportunities to participate in the OUD team meeting and learn state of the art evaluation and treatment. Additionally,
the Fellow will learn skills in assessment, consultation, provision of clinical supervision, program evaluation and development. Opportunities also are available to learn about telebehavioral health and to participate in the delivery of this service. Overall, approximately 75% of the Fellow’s time will be spent in clinical care and associated activities. Approximately 10 to 15% of the trainee’s time will be 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 ADTP **Outpatient Clinic** will be:

- Evidence based individual psychotherapy with emphasis on CBT-SUD, MET, MI, ACT, & DBT
- Group psychotherapy
- Comprehensive assessment

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 SUD;
- Provide evidence-based group and individual therapy for individuals with SUD;
- Deliver evidence-based treatment for a range of co-occurring psychiatric disorders with a focus on PTSD and mood disorders;
- Demonstrate an awareness of and increase skill in program evaluation and development.
- Provide consultation for treatment providers outside of mental health on patients with dual disorders.

**Teaching Methods**

In addition to the didactics offered to trainees across all rotations, three venues exist to impart knowledge and promote professional development in the evaluation and treatment of SUD and co-occurring disorders. The first venue, the Addiction Journal Club, is a monthly meeting of interdisciplinary faculty, interns, and Fellows that focuses on maintaining the scientist–practitioner model by keeping current with empirical and theoretical advances for clinical practice. The second venue, the SUD Forum, meets monthly, provides semi-structured didactics as well as the opportunity for a free exchange of ideas related to SUD treatment. The third venue is the PTSD/SUD Clinical Forum that is open to all trainees and faculty from the SUD and PTSD clinics in Brockton. The primary focus of this
A semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUD, and the forum provides the opportunity for informal case presentation. Individualized supervision will be provided by psychologists in the outpatient ADTP and PTSD clinics as well as the residential program. 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 Veterans with SUD and/or co-occurring disorders, and have experience collaborating and consulting across clinics to ensure the best possible care for Veterans and foster the Fellow’s professional development. Additionally, all supervisors have expertise in delivering telebehavioral health.

**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, CBT-SUD, and CPT provider. She also is trained in BCT, ACT and MI. Dr. Bayog is committed to delivering measurement-based individual and group treatments as well as increasing access to care via telebehavioral health. She also leads the SUD Forum.

*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. He is a VA-certified ACT for Depression provider and was a consultant and supervisor for MET providers. He is trained in CBT-SUD and DBT and provides Contingency Management, 12-Step Facilitation and Mindfulness-Based Relapse Prevention. His interests include mindfulness-based treatments and meditation practices. He also leads the Addictions Journal Club.

*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. Dr. Klunk-Gillis is a certified CPT and PE trainer and provider.

*Noam Lindenboim, Ph.D.* Dr. Lindenboim is a Staff Psychologist, Chief of the Homeless Domiciliary (REACH), and Instructor in Psychology at Harvard Medical School. Dr. Lindenboim is a certified DBT-SUD and DBT provider.

*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. Dr. Rounsaville is trained in BCT and also is a certified CBT-SUD provider.

Supervision is available from *Kevin Clancy, Ph.D.* for trainees who decide to participate in the couple’s therapy component of this training rotation. Dr. Clancy manages the Counseling for Alcoholics’ Marriages (CALM) Project at VA Boston, Brockton Division, and he is Instructor of Psychology at Harvard Medical School.
The Fellow may receive training or supervision from Justin Enggasser, Ph.D., depending on the Fellow’s individualized training plan. 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.

DIVERSITY FOCUS

The Brockton campus of the Addiction Treatment Fellowship track of the VA Boston Psychology Postdoctoral Fellowship Program provides the Fellow with experience in an outpatient Alcohol and Drug Treatment Program (ADTP) and a Mental Health Residential Rehabilitation Treatment Program for homeless Veterans (Domiciliary). In both programs, Veterans also present with diversity in diagnoses (e.g., TBI and other co-occurring mental health issues), as well as in the progression and trajectory of their substance use disorder and drugs of choice. All of these diverse factors are assessed during the initial screenings and intake evaluations. Clinicians and trainees integrate the information obtained through clinical interviews, medical record reviews, assessment measures, and behavioral observations. They also communicate with the interdisciplinary team members and, if available, the Veteran’s family members to learn more about how best to proceed with treatment planning. Being aware of diversity factors is essential in forming hypotheses about the origin of the Veteran’s presenting problems and what is maintaining them. The case conceptualization process is vital in providing individualized care that is tailored to the specific needs of the Veteran. Our trainees are provided with a plethora of opportunities to enhance cultural sensitivity and ways to accommodate the Veteran’s unique needs. They are provided with ample individual supervision. They also attend clinical staff meetings where the interdisciplinary team is available to engage in case discussion. Additionally, there is a SUD Forum and a PTSD/SUD Forum that meets once a month. Topics have included stigma in substance abuse, homelessness, gender differences, etc. There also is an Addictions Journal Club that meets once a month. Clinicians and Fellows take turns presenting articles and are asked how the article addressed diversity and inclusion.

RESEARCH

Dr. Justin Enggasser has several ongoing projects and is available as a research mentor for Fellows interested in SUD related research. Dr. Enggasser is involved primarily in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Current research opportunities with Dr. Enggasser include involvement in ongoing research efforts focused on developing and evaluating Web and mobile phone-based interventions for Veterans with problem drinking and trauma symptoms. Specific activities connected with these projects can vary depending on a trainee’s interest and goals, as well as the status of the project at the time the trainee is available.

The postdoctoral Fellow will increase their awareness and understanding of program development and program evaluation skills. If interested, there will be the opportunity to create and facilitate a group and/or assist a supervisor in improving aspects of program care.
There are also opportunities for working on a research project examining outcomes of treatment of opioid use disorder in the ADTP Outpatient Clinic. Dr. Daniel Rounsaville is conducting a study looking at factors predicting the clinical outcomes in the ADTP Outpatient Clinic with Veteran prescribed buprenorphine over the course of three years examining predictors including treatment participation, concurrent non-opioid use, and comorbid diagnoses. Former trainees have created their own therapy modality or protocols, and some have chosen to implement the Unified Protocol.
Fellow 2: Addiction Recovery; Jamaica Plain Campus

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**Location:** VA Boston Healthcare System
Jamaica Plain Campus

**OVERVIEW**

The Addictions Recovery Track at the VA Boston Healthcare System - Jamaica Plain campus involves work in the Substance Abuse Residential Rehabilitation Program (SARRTP) and outpatient Alcohol and Drug Treatment Program (ADTP). As a key member of a multidisciplinary treatment team, the Fellow has a high level of input into clinical decision making and is considered a treatment team leader for 1/3 of the Veterans admitted to the SARRTP. Veterans served in our clinics are diverse on many dimensions, including race, ethnicity, age, cultural background, religion, socio-economic background, education, and branch of military service. While the SARRTP is a male-only residential program, women veterans are served in our outpatient ADTP clinic. The Fellows are also trained to provide supervision to junior trainees (pre-doctoral and Masters level practicum students) in a comprehensive supervision-of-supervision model.

The supervisory staff for the rotation presents with a wide variety of interests and a number of personal diversity dimensions. 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, including offering a Substance Abuse Treatment Diversity Discussion group for all substance abuse staff and trainees at the Jamaica Plain campus.

In addition to providing specialized training in evidence-based approaches to alcohol and drug problems including motivational enhancement, cognitive-behavioral relapse prevention techniques, and behavioral self-control strategies, the Fellow has the opportunity to choose and elective training opportunity with co-occurring diagnosis which is described in detail later in the position description. Briefly, training is available in Seeking Safety, Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Mindfulness techniques, and Dialectical Behavior Therapy (DBT).
Who Are We? Four licensed clinical psychologists participate in Fellowship training. The SARRTP and ADTP staff members are a multidisciplinary team from psychology, psychiatry, social work, and nursing. The Fellow has clinical responsibilities and is part of the treatment team in both SARRTP and ADTP. 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, and teacher.

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

• Conduct a comprehensive assessment related to substance use, psychiatric issues, and risk;
• Provide group and individual (both short- and long-term) therapy for individuals with substance use disorders in various levels of care;
• Provide treatment for co-occurring psychiatric disorders in individuals with a SUD;
• Provide consultation for treatment providers in multidisciplinary settings;
• Provide clinical supervision to junior trainees;
• Have an advanced awareness of, and skill level with, working with diverse clients and diversity issues in all aspects of clinical care and research;
• Have enhanced skills in developing and conducting research;
• Have a greater understanding of and greater skill at program management and development;
• 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. 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 substance use. Treatment of SUDs in this setting may be abstinence-based or may take a harm-reduction approach. Often, individual therapy through ADTP also focuses on the treatment of co-occurring conditions related to the veteran’s substance use, like PTSD.

Training Components
Fellows on this rotation will gain experience in the following activities:

• Group Psychotherapy: The Fellow will serve as a senior co-leader with a practicum student in a cognitive-behavioral, empirically-supported, Relapse Prevention (RP) group, which meets three
times per week for 6-7 patients in the SARRTP. The Fellow also co-facilitates a DBT-based Mindfulness group in the SARRTP, with the rotation’s predoctoral intern. Each of these groups meets for an hour and a half, resulting in 6 hours of group per week. Additional opportunities to participate in group therapy are based upon the Fellow’s selection of a Co-occurring Disorders elective training opportunity within the rotation (see below).

- **Individual Therapy:** The Fellow will conduct individual therapy with veterans receiving treatment in SARRTP and ADTP. Individual psychotherapy may target substance use via relapse prevention or harm reduction approaches and may include motivational enhancement. Individual therapy also frequent focuses on the treatment of co-occurring conditions (e.g. PTSD, emotion regulation deficits, etc.). Individual therapy may include delivery of empirically-based psychotherapies such as CPT, Seeking Safety, DBT, ACT, or MET.

- **Consultation:** The Fellow is an active participant in the SARRTP consultation/liaison team. Fellows complete comprehensive screening assessments to determine eligibility for SARRTP and provide treatment recommendations based on these assessments to the veteran, to referring clinicians, and to the full Consultation and Admissions Team. The Fellow completes one consultation screening assessment per week. This 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.

**PROGRAM MANAGEMENT, DEVELOPMENT, AND EVALUATION**

The Fellow also has opportunities to apprentice in clinical program management, under the supervision of licensed staff as part of the Fellow’s program management and development training. The Fellow may work on developing new groups for the SARRTP with the opportunity to develop program evaluations of these new groups. Fellows have assisted with developing outcome measures for both the SARRTP and the ADTP, which has helped to inform clinical services provided in these settings.

- **Teaching:** The Fellow delivers at least one didactic presentation for the SATP team (SARRTP and ADTP) during the training year. The Fellow also has the opportunity to provide lectures for Psychology Practicum Students, often on professional development topics.

- **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 participates in weekly group “supervision of supervision” with the predoctoral intern and with a licensed SATP psychologist. 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 in the oversight of clinical documentation. The Fellow also learns about how to write formal evaluations and deliver feedback to supervisees.

- **Staff Meetings:** The Fellow is considered an integral member of the SARRTP and ADTP multidisciplinary team. 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 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 majority of training in assessment occurs via the eligibility screenings conducted for the SARRTP as part of the Consultation Liaison Team. The Fellow will also complete outpatient assessments with veterans coming into the ADTP and may be asked to complete additional, formal assessment batteries, often on current SARRTP patients, on an as needed basis. Often the focus of these assessments is diagnostic clarification and may include personality assessment, structured clinical interviewing for PTSD, or other symptom inventories. Training in risk assessment is also provided on this rotation.

- **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 SUDs; review of medications used to treat craving and psychiatric conditions in SUD patients; lethality assessment and suicide prevention; issues of diversity among substance-using veterans; neuropsychological correlates of substance use; and special topics, such as sex addiction, designer drugs, and toxicology screening.

**ELECTIVE TRAINING OPPORTUNITIES IN CO-OCCURRING CONDITIONS**

In addition to the above training components, Fellows in Addictions and Co-Occurring Disorders can personalize their training with additional experiences focused on the treatment of specific co-occurring conditions. The Fellow will have approximately 4-5 hours devoted to his or her chosen elective. The Fellow may select from one of the four electives below, or submit a proposal for training in another co-occurring condition common to a SUD population. Some examples of possible electives include:

- **Behavioral Medicine:** Individual cases, program development, staff and patient consultation, and/or psychoeducational groups.

  The behavioral medicine elective focuses on working with substance using veterans around medical concerns in the context of maintaining recovery. In this elective, the Fellow would provide individual psychotherapy to 3-4 veterans who present with both substance use and medical issues. The Fellow could also provide consultation to other SUD trainees and staff regarding how best to manage medical problems from a behavioral perspective. As an alternative to 3-4 individual cases, the Fellow could develop a psychoeducational group around a specific medical issue that may affect veterans with SUD (e.g., HIV prevention, medication adherence, diabetes management, treatment and management of hepatitis, pain management...
strategies, etc.), and conduct program evaluation around the benefits of these groups. Finally, the Fellow would have the opportunity to work with our pre-existing “Substance Use and the Body” group in the SARRTP, to develop more programming for veterans about the medical effects of using substances.

• **Dialectical Behavior Therapy:** Individual therapy cases and DBT Consultation Team.

  The DBT elective focuses on providing full-model, adherent DBT to veterans with SUDs who struggle with emotional and behavioral dysregulation and may benefit from the skills and structure provided by DBT. No prior experience in DBT is required for participation in this elective. The Fellow would receive training in assessment and conceptualization related to personality pathology and affect instability, as well as the comorbidity between personality disorders, SUDs, and related difficulties (e.g. trauma). The Fellow would also carry 2 individual DBT cases. Finally, the Fellow would participate in the VA Boston DBT Consultation Team. The Consultation Team consists of trainees and staff from multiple VA Boston clinics and meets weekly to provide didactics and case consultation, in order for team members to provide adherent DBT. By the end of the Fellowship with this elective, the Fellow would have advanced proficiency in the theory, coping skills, and therapeutic strategies utilized in DBT, with an SUD population.

• **Motivation/MET:** CBT-SUD Group and individual MI/MET cases.

  The Motivation/MET elective focuses specifically on working with the most ambivalent of our outpatient clients with the goal of helping them to implement change. In this elective, the Fellow would co-facilitate a weekly hour-long Early Sobriety group for individuals who are early in sobriety, struggling with changing their substance use, or pursuing a non-abstinence change plan. This group is designed to provide support for members and help veterans find motivation for making and sustaining changes to their substance use. This elective also includes delivery of individual motivational enhancement therapy (MET) to veterans ambivalent about change (approximately 2-3 cases). MET training will involve development of Motivational Interviewing skills and skill in delivery of structured substance use feedback.

• **PTSD/SUD Treatment:** PTSD-focused individual therapy cases and/or Trauma Coping Skills Group, program development, and psychological assessment cases.

  Approximately 75-85% of Veterans treated in the ADTP and SARRTP report a history of experiencing trauma and note that their substance use is often related to the sequelae of trauma. This elective focuses on the treatment of veterans who receive treatment in the SARRTP and ADTP for their substance use and have a history of both military and non-military related trauma. In this elective, the Fellow will complete diagnostic assessments of PTSD (e.g. CAPS-5, PCL-5, MMPI) and can choose the following options: 1) carrying a caseload of 3-4 individual therapy cases of Veterans who have been diagnosed with PTSD and a SUD, or 2) co-facilitate the SARRTP Seeking Safety group and carry an individual caseload of 2 cases. The focus
of individual therapy will be to provide psychoeducation to Veterans about PTSD and the relationship between SUD and PTSD, to provide emotion regulation skills training, and to provide exposure-based treatment for PTSD. Treatments may include CPT, PE, Written Exposure Therapy, Adaptive Disclosure, or other empirically-supported treatments. If the Fellow chooses to co-facilitate the SARRTP Seeking Safety group with the SATP intern, he or she will conduct one to two screenings per week for the group and conduct the weekly 90-minute group. There is the opportunity to teach about this topic in the Substance Abuse didactic series and for program development to help to enhance the treatment of PTSD and SUD in the clinics.

**SUPERVISION**

The Fellow in the JP VA Substance Abuse Treatment Program receives at least four hours of supervision per week. Current clinical supervisors in this rotation are as follows:

- **Monica Roy, Ph.D.**, the Addictions Fellowship Track Coordinator, 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 the Mindfulness/DBT skills 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, and motivational interviewing. Her research includes investigating the effectiveness of technology based interventions for addictions and PTSD.

- **Glenn R. Trezza, Ph.D.**, is an internship alumnus of the rotation. 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: health psychology, HIV clinical work and research, substance use triage in emergency settings, grief/bereavement, sexual orientation and gender identity issues, recovery from childhood sexual abuse, club/designer drug use, sexual addiction, and diversity issues.

- **Molly Below, Ph.D.** also completed internship and Fellowship training in substance abuse in JP. She then worked in the Center for Integrated Residential Care for Addictions (CIRCA program) and the REACH homeless Domiciliary on the Brockton campus before returning to JP as an outpatient staff psychologist. Dr. Below assists in directing the VA Boston DBT consultation team and is an investigator on VA-funded clinical research. Dr. Below supervises Fellows’ group and individual work and has acted as a research mentor. She treats a wide range of co-occurring disorders with particular interest in sequelae of trauma and affective and personality disorders. She focuses on cognitive and behavioral theory and interventions, motivational and mindfulness-based approaches, and interpersonal and therapeutic processes.
• **Deborah J. Brief, Ph.D.,** is a member of the leadership of Mental Health Service in VA Boston Healthcare System (VA BHS), and serves as Director of Residential and Rehabilitation Services in VA BHS. She is also the Director of a two-year Interprofessional Advanced Addiction Fellowship. Previously she served as a Program Manager for both residential and outpatient substance abuse treatment programs in VABHS and was the coordinator of substance abuse training experiences for interns and Fellows at the Boston site. An accomplished researcher, Dr. Brief has served as a co-principal investigator and co-investigator on several VA and extramural research grants and has presented and published articles on substance use and on addiction’s interface with PTSD. She is currently investigating the effectiveness of technology-based interventions for addictions and 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 psychotherapy cases.

**DIVERSITY FOCUS**

The Addictions Recovery Fellowship, Jamaica Plain campus clinical Fellow trains within the SARRTP and ADTP where diversity issues are attended to regularly in training practicum students, doctoral interns, and postdoctoral Fellows in group and individual psychotherapy, assessment, and research with veterans’ addiction issues and comorbid disorders. Supervisors create a collaborative space in which to discuss diversity as it relates to providing care, and regularly model consideration of diversity dynamics in conceptualizing cases and constructing intervention strategies and treatment plans. Trainees participate in intake interviewing for SARRTP (residential) and postdocs participate in intake interviewing for both the SARRTP and ADTP (outpatient) substance use treatment programs. In addition, trainees present their cases in weekly consultation and liaison team meetings. These meetings are designed to evaluate appropriateness of fit with programs but also to address matters of diversity that might arise while in treatment, and strategies for meeting the needs of patients from diverse backgrounds. The supervision and “supervision of supervision” experience in this track affords trainees unique opportunities to navigate topics of diversity as supervisors of masters-level and doctoral students. This experience allows trainees opportunity to develop their own style for incorporating topics of diversity within supervision and within their supervisee’s clinical care and allows for examination of the interaction of the student supervisor’s, the student supervisee’s, and the supervisee’s clients’ diversity dynamics and how these influence case conceptualization, psychotherapy process/response to empirically-supported treatment, and psychotherapy outcome. The track’s staff includes several of the founding members of the Psychology Service’s Diversity and Inclusion Committee and consists of an interdisciplinary team from diverse backgrounds. The SATP offers monthly didactic seminars that factor in diversity issues in presenting topics relevant to the assessment and treatment of substance-using patients. A Substance Abuse Treatment Program Diversity Discussion group is offered once a month with substance abuse treatment staff from the SARRTP, ADTP, and the methadone clinic. This provides the opportunity to learn about providing culturally competent care for Veterans with substance use disorders at different levels of care and to receive and provide consultation to colleagues from various disciplines. In addition, in 2020, a Substance Use Treatment Diversity Discussion Group was developed. This group consists of staff and trainees from different disciplines who work in all of the substance abuse treatment programs at the Jamaica Plain campus including SARRTP, ADTP, the
methadone clinic, and the addiction psychiatry training program. The goal of this group is to provide a place for case consultation related to diversity factors as well as building cultural competence when treating Veterans seeking substance use treatment through different modalities of learning (e.g. didactics, reading and discussing journal articles).

**RESEARCH**

Fellows participate in 4 hours of research activities per week. Some current opportunities for Fellows include working on: program evaluation projects related to patient outcomes in residential and outpatient settings; developing and evaluating web and mobile based interventions for Veterans with alcohol problems and PTSD symptoms; working on outcome data related to the management of borderline personality features and PTSD symptoms in women with addiction issues; developing and testing diversity education programming for SATP patients and staff; and examining the effect of a clinical intervention on treatment follow-through amongst veterans completing detox. Fellows may take part in: grant writing and submission; web- and app-design; literature reviews; article and chapter writing; and/or program evaluation or performance improvement projects.
Behavioral Medicine

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

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

OVERVIEW

Training within the Behavioral Medicine Program aims to prepare Fellows for specialized practice in Health Psychology by ensuring advanced skills in assessment, intervention, consultation, and research with medically compromised patients and those seeking to change health behaviors. Fellows will have the opportunity to develop these skills in many contexts (including outpatient mental health, primary care, and specialty medical clinics) and will have flexibility in developing their training year to meet their training goals. There is an overarching emphasis on providing patient centered care that is sensitive and culturally competent, reducing health disparities and promoting health for all populations, including those who are marginalized. Our program is designed to be consistent with postdoctoral requirements for Board Certification in Clinical Health Psychology via the American Board of Professional Psychology (ABPP). The Behavioral Medicine Program at VA Boston is also proud to be a program member of the Council of Clinical Health Psychology Training Programs (CCHPTP) which promotes the advancement of education and training within the field of Clinical Health Psychology, demonstrating our commitment to the highest standards within the field.

GOALS

The goal of the Behavioral Medicine Fellowship Track is to train Clinical Psychologists who meet advanced practice competencies in Clinical Health Psychology and who can function effectively as a professional Clinical Health Psychologist in a broad range of settings, including clinical services, research, and education. To reach this goal, the Fellows will select an array of clinical settings where they have interest to refine their skills in psychotherapy (individual, group, and couples), assessment, case conceptualization, treatment planning, culturally sensitive care, administration, and interdisciplinary consultation/liaison. In addition to clinical training, Fellows will have the opportunity to develop skills in
research, program development, program evaluation, and supervision, and gain knowledge and sensitivity around multicultural, ethical, and legal issues. The training opportunities available in each of these domains are discussed below in detail.

**Clinical Settings**

Behavioral Medicine clinical training is offered across a number of settings through VA Boston. Treatment is geared toward helping Veterans cope effectively with major medical illnesses and invasive treatments, assisting Veterans to change health compromising behaviors, encouraging treatment adherence, behaviorally managing chronic conditions, and enhancing overall quality of life. Treatment is evidence-based, and much of the clinical care on Behavioral Medicine is short-term, problem-focused, and based on a biopsychosocial framework, although there is also the opportunity to do less structured, longer-term treatment. Fellows will have opportunities to become proficient in the use of cognitive behavioral therapies (CBT), acceptance and commitment therapy (ACT), motivational interviewing (MI) and health coaching strategies. Of note, clinical care across all programming is offered within a culturally diverse and medically complex patient population, and Fellows will work with Veterans representing various service eras, ages, identities, and socioeconomic backgrounds. The majority of clinical programming is at the Jamaica Plain Campus, unless otherwise specified below.

The Fellows will collaborate with DeAnna Mori, Ph.D., the Track Coordinator, and their primary supervisors to devise an individualized training plan that is based on the intersection of the Fellows’ training goals and needs, professional interests, and available clinical experiences through the Behavioral Medicine program. Below, we describe the clinical experiences that are available to both Fellows throughout the training year. Of note, participation in each of these activities ranges from a few hours up to a full day per week, allowing Fellows to gain experience in a range of activities at once. In addition, Fellows have the option to complete a six-month or full year rotation within the areas listed below (except for the Assessment and Treatment Clinic, which spans the year), and can select additional elective clinical opportunities. In this way, Fellows have the flexibility to continue to achieve breadth of training, while also developing greater specialization within areas of interest. Fellows have significant input on developing their training experiences throughout the training year. Once Fellows demonstrate an appropriate level of competence in a clinical setting, there are often opportunities to supervise other trainees in these areas.

*Both Fellows will have the opportunity to participate in the following clinical settings:*

**Assessment and Treatment Clinic:** Fellows gain advanced skills in conducting comprehensive, biopsychosocial assessments and intakes, case conceptualization, formulation of treatment recommendations, and individual therapy within this clinic for the full training year. In this clinic, Fellows provide short term, evidence-based treatment for patients referred to the Behavioral Medicine Service from across the hospital system. Treatment in this clinic is geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment adherence, and enhancing overall quality of life. Although referrals are broad and varied in focus, common presenting diagnoses include: insomnia, cancer, vision difficulties, tinnitus and other hearing difficulties, diabetes, cardiac conditions, obesity, tobacco use, endocrine disorders,
pulmonary conditions, chronic fatigue, and gastrointestinal conditions. Education and skill development specific to interdisciplinary collaboration and consultation are a central focus in this clinic and cornerstones to providing high quality care. Opportunities for supervising a practicum student or clinical psychology intern exist through this clinic, as well. **Supervisors:** All Behavioral Medicine Staff

**Integrated Primary Care Behavioral Health (PCBH):** The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. The Fellow will receive training in a full range of duties and responsibilities typical of primary care behavioral health providers. These include brief psychosocial assessment, consultation and liaison with primary care providers, triage and/or brief treatment of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, chronic pain, insomnia, adjustment to chronic illness, poor control of chronic disease, poor adherence to treatment regimen or suggested lifestyle modifications, substance use disorders). Evaluation and treatment in PCBH are necessarily brief, with a focus on identifying key issues of concern to the primary care patient and on improving functioning, rather than on symptom remission. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement) for brief mental health and behavioral medicine treatment. Therapies offered in PCBH include brief versions of CBT-I, CBT-CP, CBT for sexual dysfunction, PE for Primary Care, as well as CBT, ACT, and DBT-informed interventions for other MH conditions. Communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and management of risk. Fellows may also have the opportunity to conduct joint visits or shared medical appointments with medical staff or residents. The Fellow will work in the clinic for a half day at the Brockton site. **Supervisors:** Kristin Gregor, Ph.D.; Nora Keenan, Ph.D.; Tessa Lundquist, Ph.D.; Sarah Weintraub, Ph.D.; Risa Weisberg, Ph.D.

**End Stage Renal Disease Program:** The Fellows will have the opportunity to serve as liaisons from Behavioral Medicine to the Renal Service and Hemodialysis Unit. Issues addressed with the renal 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. The model of care in this program is consistent with a consultation liaison approach where care is typically delivered at bedside, while patients are receiving dialysis. This unique experience of working in the context of a critical care unit allows Fellows to learn how to deliver care alongside medical care providers. As the primary liaison from Behavioral Medicine on an interdisciplinary treatment team with members from social work, nutrition, nursing and medicine, Fellows attend the monthly team meetings where they directly contribute to the individualized treatment plans of all dialysis patients. There is also an opportunity to carry out and evaluate an Innovation Project that was recently awarded to Behavioral Medicine. With funding through this project, dialysis patients are provided with IPads which are used to engage patients in renal education programs. The IPads are also used to enhance the overall patient experience while they are receiving an invasive and chronic treatment, with the goal of improving treatment adherence and overall quality of life. **Supervisor:** DeAnna Mori, Ph.D.
**Behavioral Sleep Program:** The Fellows will have an opportunity to provide services for individuals who are suffering from insomnia and other sleep difficulties, including sleep apnea and circadian rhythm sleep disorders. Fellows will learn how to conduct a focused sleep assessment, co-lead a sleep education group, provide cognitive-behavioral therapy for insomnia and address CPAP adherence. Former Fellows have taken advantage of opportunities to shadow sleep medicine doctors, as well as technicians in the sleep lab. There is also the opportunity to supervise other trainees as they lead the sleep group, or in conducting sleep assessments and individual cognitive behavioral treatment. **Supervisor:** DeAnna Mori, Ph.D.

**Cardiac and Pulmonary Rehabilitation Programs:** The Cardiac and Pulmonary Rehabilitation Programs are both interdisciplinary programs that provide services to patients who need physical, psychological, social, and nutritional rehabilitation due to disabilities resulting from cardiac disease (e.g., MI, angina, coronary artery bypass graft, or congestive heart failure) or pulmonary disease (e.g., COPD, emphysema, cystic fibrosis, etc.). The goal of both programs is to improve the patients’ daily functioning through exercise, education and cognitive-behavioral interventions. Fellows have an opportunity to co-lead groups that are part of a larger interdisciplinary rehabilitation program, including cardiologists / pulmonologists, nutritionists, physician’s assistants, respiratory therapists, occupational therapists, and exercise physiologists. In addition to honing group co-leadership skills and delivering CBT interventions, Fellows will learn skills in navigating delivery of services within a non-traditional setting (in an exercise room), “selling” mental health services to treatment naïve patients, and interacting effectively with a host of busy disciplines. There are ample opportunities for interprofessional collaboration and interactions, including shadowing the other disciplines who provide care to the patients. Depending on interest and experience in this area, some past Fellows have supervised interns who co-lead these groups. **Supervisor:** Amy Silberbogen, Ph.D., ABPP

**Pre-Treatment Evaluations:**
Fellows will conduct biopsychosocial pre-treatment assessments. Most of the assessments conducted are for the transplant, transgender and bariatric surgery programs, but requests for other types of pre-surgical or pre-treatment evaluations are also received. A team-based approach is used in this clinic, with a staff member conducting the first evaluation and designated trainees taking the lead thereafter, typically with a supervisor and other team members present. We believe that this training model maximizes opportunities to gain experience and build competence in conducting these evaluations. These evaluations are designed to assess appropriateness or readiness for a treatment or surgery and recommendations are made to enhance outcomes. Please see descriptions below for more information specific to each evaluation.

**Transplant Program:** The Fellows will have the opportunity to evaluate patients who are being considered for all solid-organ (kidney, liver, heart, lung) and stem-cell/bone marrow transplantation. The comprehensive evaluation includes psychometric testing, a semi-structured interview, communication with other providers, and a thorough chart review. The purpose of these evaluations is to determine the candidates’ psychological readiness for
transplantation by evaluating motivation for transplantation, how well informed they are about the process, their history of medical adherence and likelihood of being adherent with the transplant protocol, and their psychological stability to undergo a major medical intervention. There are also opportunities to evaluate living donors and family members who have been identified as transplant caregivers. Fellows gain knowledge about the medical aspects and process of organ transplantation and become familiar with the National VA Guidelines for Transplantation. Fellows learn how to write a comprehensive yet focused report that is used by medical providers to make treatment decisions. In this vein, Fellows learn how to distill the information they have obtained to make very clear and behavioral recommendations that are achievable for each patient. The ethical implications of writing a report and making recommendations that have significant life or death implications for patients is a theme that is discussed regularly. There are many rich opportunities for interdisciplinary communication and collaboration when conducting these evaluations. In addition, neuropsychological testing is a component of these evaluations, and Fellows have opportunities to collaborate with the Neuropsychology team. As Fellows build confidence in their advanced skills in conducting evaluations and writing comprehensive reports, they have the opportunity to supervise evaluations led by Interns. **Supervisors:** Michelle Kovacs, Ph.D., and DeAnna Mori, Ph.D.

**Transgender Program:** The Fellows will have the opportunity to conduct pre-treatment evaluations for transgender Veterans who are seeking gender affirming hormone treatment or surgery. The care provided is consistent with the standard of care recommended by the World Professional Association for Transgender Health (WPATH). Considerable attention is given to the importance of providing culturally competent care to this population of individuals who have well documented health and healthcare disparities. Fellows will learn to conduct standardized interviews to ensure that the candidates are well informed and adequately prepared for treatment. A detailed report is prepared with behavioral recommendations focused on enhancing readiness, removing barriers to care, and increasing the likelihood of positive outcomes. These reports are typically prepared for the medical providers who deliver transgender care (e.g., endocrinology, surgery), so Fellows learn how to write a mental health report that is helpful for other providers. There is also the opportunity to participate in interdisciplinary transgender team meetings with providers from mental health, endocrinology, primary care, social work and speech therapy. By participating with this very active team, Fellows will have many opportunities to provide LGBT education to other staff members, and participate in outreach events. **Supervisors:** Michelle Kovacs, Ph.D., and DeAnna Mori, Ph.D.

**Bariatric Surgery Program (West Roxbury Campus):** Working closely with the interdisciplinary bariatric surgery team (i.e., surgeons, nurse practitioner, and dietitian), the Fellows will have the opportunity to conduct comprehensive evaluations of patients being considered for bariatric surgery to determine their psychological appropriateness for the procedure. Based on these evaluations, Fellows will formulate tailored recommendations to the treatment team about patients’ suitability for surgery and provide specific behavior changes that will be necessary pre- and post-surgery to maximize success. The Fellows will also have opportunities to provide short-
term treatment to assist patients in making the necessary lifestyle changes both pre- and post-
surgery, conduct brief post-surgical assessments to evaluate mental status and adjustment
following surgery, co-lead Bariatric Support Groups, and participate in interdisciplinary
treatment team meetings. **Supervisor:** Sarah Leone, Ph.D., ABPP

**Psychology Pain Management Clinic (Brockton Campus):** Fellows will be involved in all aspects
of the Psychology Pain Management Clinic, including assisting with consult management,
comprehensive assessment, and intervention (group and individual). Interventions center
around short-term Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), based on the
national Evidence Based Practice (EBP) for Chronic Pain, with additional opportunities to infuse
acceptance-based techniques. Fellows will learn advanced skills in delivering interventions that
address the impact of pain on quality of life across various domains (e.g. emotional, physical,
social), and enhance coping skills for managing chronic pain (e.g. taking an active approach to
pain, engaging in healthy lifestyle behaviors, adapting to limitations while remaining engaged in
valued activities). Opportunities for interdisciplinary collaboration are abundant, as this clinic
receives consults from disciplines including Primary Care, PT, Social Work and Mental Health
(among others). Fellows will also have the unique opportunity to assist with organizing
Interdisciplinary Pain Panel sessions (e.g. Pharmacy, Nutrition, PT, Neuropsychology), which are
offered to Veterans who attend the CBT-CP Group. Finally, there are opportunities for program
development and supervision of trainees (Psychology Interns) in this clinic. **Supervisor:** Michelle
Kovacs, Ph.D.

**Fellows may elect to participate in the following clinics/groups/programs:**

**MOVE! Weight Management Program:** MOVE! is a national weight management program
developed by VA to facilitate the development of self-management skills for Veterans diagnosed
with obesity or Veterans who are overweight with high-risk comorbidities. The VA Boston
MOVE! Program is an interdisciplinary program that offers ongoing psychoeducation and self-
management groups co-led by Behavioral Medicine staff and primary care dietitians. Fellows
can participate in the structured, evidence-based, 16-week weight management group and/or
the less structured, ongoing weight maintenance group (MOVE! Alumni Group) for Veterans
who have completed the 16-week program. In both settings, Fellows will develop skills in
offering psychoeducation specific to healthy eating and lifestyle change, self-management skills
to support weight loss and healthy living more generally, as well as health coaching and
motivational interviewing within a group context. Fellows involved in this program will gain
experience conducting cognitive-behavioral interventions to facilitate weight loss and health
promotion within an interdisciplinary environment, and there are many opportunities for
clinician coaching, interdisciplinary consultation, program development and evaluation, and
supervision of junior colleagues in this clinic. **Supervisor[s]:** Sarah Leone, Ph.D., ABPP, Morgan
McGillcuddy, Ph.D., Rebecca Ametrano, Ph.D.
**Healthy Living and Whole Health Programs – Administration and Education Experience:** This experience will be tailored to the Fellow’s interest and include opportunities to participate in non-clinical activities related to education and program coordination. These opportunities include serving as co-instructor for the Lifestyle Medicine Training Program and collaborating with team members across the healthcare system regarding Whole Health implementation and skill application. There may be opportunities to facilitate and assist with the coordination of trainings and presentations in the areas of Motivational Interviewing and Whole Health as well as the provision of follow-up clinician coaching and/or joint medical visits. Fellows may assist with Whole Health documentation and education tracking efforts, developing and/or updating Whole Health and Healthy Living programmatic materials, participating in outreach events (e.g., Great American Smokeout, VA2K Challenge, Whole Health Fairs), and serving as a member of a Whole Health committee. **Supervisor:** Morgan McGillicuddy, Ph.D.

**Sexual Health Clinic:** Fellows who elect to participate in the Sexual Health Clinic will have the opportunity to receive unique and specialized training within sexual health, an important area of functioning that is often neglected within mental health and medical settings. Fellows will receive education and training regarding sexual difficulties that impact male and female Veterans, as well as important considerations in talking with patients about such a personal topic. Fellows will learn to conduct a biopsychosocial intake with Veterans referred for difficulties with sexual functioning (through observing the supervisor and, subsequently, being observed), and develop skills in case conceptualization, and formulation of treatment recommendations. Interdisciplinary interactions may include consultation with endocrinology, urology, physical therapy, and/or primary care. Fellows may also pick up sex therapy cases (individual and/or couples) to provide cognitive-behavioral treatment to address the presenting difficulty. Past Fellows have participated in didactic training for medical residents about sexual functioning. There may be opportunities to supervise more junior trainees, depending on interest and experience. **Supervisor:** Amy Silberbogen, Ph.D., ABPP

**Tobacco Cessation Program:** The Fellows may have the opportunity to provide tobacco cessation services in a group format, working in collaboration with other psychology staff and with pharmacy staff. The Tobacco Cessation Program utilizes an evidence-based (e.g. cognitive behavioral, motivational enhancement), interdisciplinary approach to helping Veterans develop personalized SMART goals and quit plans, manage triggers and corresponding urges to use tobacco products, and develop strategies for relapse prevention. The format of the group is unique, blending a drop-in group format (to facilitate immediate access to Tobacco Cessation services) with a core curriculum of evidence-based topics. Providers from Pharmacy are involved in every session and also lead one group topic per month; accordingly, trainees become well-versed in pharmacological interventions for tobacco cessation. There are opportunities for program development and supervision of trainees (Psychology Interns and/or Practicum students) in this program. **Supervisor:** Michelle Kovacs, Ph.D.
Healthy Coping and Wellness Groups: The Behavioral Medicine Program runs three different groups that are designed to promote adaptive coping in the context of chronic illness and/or stress. Fellows may co-lead these groups with more junior trainees, and/or staff (in the case of the Medical Issues Group). In each of these groups, co-leaders learn group management skills and best practices as it pertains to co-leadership. Importantly, Fellows typically provide supervision to more junior trainees in either the Stress Management Group or the Coping with Health Conditions Group (under the supervision of licensed psychologist, Amy Silberbogen, Ph.D., ABPP). This is a rich opportunity to gain experience providing group supervision. See below for additional information regarding Supervision of Supervision training.

The following groups are conducted regularly:

**Stress Management Group:** The Stress Management Group is a twelve-week manualized group for individuals interested in learning stress management skills. Co-leaders learn skills in providing cognitive-behavioral and ACT based stress management and relaxation techniques to patients with a variety of medical and mental health difficulties. **Supervisor:** Amy Silberbogen, Ph.D., ABPP

**Coping with Health Conditions Group:** The Coping with Health Conditions Group is a ten-week manualized 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. Co-leaders learn skills in providing cognitive-behavioral treatment in the context of medical illness to patients with a variety of chronic illnesses. **Supervisor:** Amy Silberbogen, Ph.D., ABPP

**Medical Issues Group:** This is an educational/support group for individuals with major medical issues who have typically gone through other Behavioral Medicine programming and are interested in longer term treatment. The focus of this ongoing group is to learn to live a high-quality life, despite having medical issues. Although less structured than the other groups, a topic is covered each week that focuses on helping individuals find adaptive ways to cope with their medical conditions and treatments with the goal of enhancing their quality of life. Fellows can develop and deliver curriculum that is tailored to the group’s interests and needs, and also have opportunities to interact with and learn from a broad range of professionals from other services that come as guest speakers to the group. **Supervisor:** DeAnna Mori, Ph.D.

**Program Administration**

The Fellows have the opportunity to be the “face” of Behavioral Medicine by managing the Behavioral Medicine consult service during their training year. The aim of this opportunity is to provide Fellows with experience in administering a Behavioral Medicine service so they have a greater understanding of how such a program fits within a larger healthcare system. With training and supervision (often “on the
fly” as consults come in, in addition to regularly scheduled meetings), Fellows gain administrative skills and competencies in managing clinic patient flow, providing assessment and triage, consulting with referring parties from all disciplines, and assigning patients to staff and other trainees. They also learn about compliance with local and national performance measures and documentation requirements. These skills are essential for anyone interested in developing and/or leading behavioral medicine programming in the future.

In addition, there are opportunities to participate in both local and national health promotion disease prevention activities, which are highlighted in the Health Promotion Disease Prevention section described above.

The team of supervisors includes Rebecca Ametrano, Ph.D., Michelle Kovacs, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D., DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP.

**DEVELOPMENT OF SUPERVISORY SKILLS**

The Fellows will develop competency in providing supervision to more junior trainees (under the supervision of licensed psychologists) during the course of their Fellowship year. Fellows will have the opportunity to learn how to be a supervisor across many different contexts (group treatment, individual treatment, and assessment/intakes) with different levels of trainees (practicum students and clinical psychology interns), and is inclusive of medical documentation (e.g., note and report writing, administrative follow through). Supervision of supervision consists of active review of the APA Guidelines for Clinical Supervision in Health Service Psychology, and application of these guidelines within their supervisory relationships with more junior trainees. Fellows actively participate in supervision of supervision, reviewing topics such as managing the imposter syndrome, maintaining boundaries, managing trainees with competence or behavioral difficulties, incorporating diversity, and providing feedback, among others. A licensed psychologist will periodically observe Fellows as they provide supervision to more junior trainees throughout the course of the year. This rich supervisory experience will leave Fellows prepared to take on supervisory roles upon program completion. Supervisors include: Sarah Leone, Ph.D., ABPP, DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP

**STAFF TRAINING**

Fellows can engage in various training and teaching activities, including teaching psychology trainees and interdisciplinary medical center staff. For example, Fellows regularly facilitate Behavioral Medicine didactics through the educational series offered to our predoctoral interns and practicum students. In the past, Fellows have presented on a range of topics that include: Cognitive Behavioral Therapy for Insomnia, Weight Management, Stress Management and Mindfulness Training. Fellows have also assisted supervisors with various local, accredited trainings developed by the National Center for Health Promotion and Disease Prevention, such as Motivational Interviewing and TEACH for Success trainings. There may also be opportunities to attend local trainings in personal health planning and Whole Health, which is VA’s new system of healthcare that ensures Veterans receive proactive, patient-driven, and personalized services at VA. In fact, VA Boston was recently selected as the VISN 1 Flagship Site for implementation of the Whole Health system, and many of the primary supervisors in Behavioral
Medicine conduct staff training on this topic. Therefore, Fellows will have the unique opportunity to develop professional skills within the context of this new model of care, while also supporting other staff in the development of their own, related skills. In addition, Fellows will have the opportunity to present on behavioral health topics during various staff meetings across medical clinics.

Supervisors include Rebecca Ametrano, Ph.D., Michelle Kovacs, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D., DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP

**TEACHING METHODS**

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

**Team Meetings**: Fellows have the opportunity to participate in multiple team meetings throughout the training year.

**Behavioral Medicine Team Meeting (weekly)**: The Behavioral Medicine Team Meeting is a venue for discussing clinical cases, ethical issues, research progress, and current/cutting-edge issues in behavioral medicine. Diversity issues are routinely integrated into our team meeting, and we reserve at least one meeting each month to focus on diversity. Recent discussions and article reviews within our diversity series have included: addressing racism and intolerance in the context of treatment, sexism within the VA, and providing culturally sensitive transgender care. Fellows facilitate this Team Meeting, taking an active role in organizing and planning the agenda for the meeting during the week by soliciting areas of need from the rest of the team. Fellows are also invited to present on topics based on their interest and expertise.

**Specialty Clinic Team Meetings**: As indicated in many of the clinical program descriptions above, Fellows have the opportunity to participate in several treatment team meetings with staff from various disciplines. During these meetings, Fellows will learn about chronic conditions from professionals across disciplines (e.g., physicians, dietitians, social workers, pharmacists, nurses), develop interdisciplinary treatment plans, learn about practice issues relevant to staff in these clinics, conduct presentations, and learn to work effectively on teams with multiple disciplines.

**Didactic Instruction**: *Didactic instruction is interwoven into the Fellowship year in multiple ways.* The Behavioral Medicine Program has a weekly team meeting, which incorporates didactics on various topics germane to functioning as a clinical health psychologist, particularly at the start of the year as trainees are learning more about programming and interventions with our patient population. We also invite internal guest speakers throughout the year to provide education to the team about their areas of expertise (e.g., tinnitus management, suicide prevention, implications of the legalization of marijuana). Because the Fellows provide clinical services and consultation in various specialty clinics, they also participate in relevant didactic trainings at the beginning of their experience within each of those clinics.
Behavioral Medicine Seminar Series: To enhance education and training, the Behavioral Medicine Team has developed a Seminar Series in which local and visiting experts will present their research and or clinical expertise to faculty and trainees at VA Boston. There may be opportunities for Fellows to participate in the development of the schedule.

Supervision: Dr. DeAnna Mori is the Director of the Behavioral Medicine Program and provides leadership for the postdoctoral training program in Behavioral Medicine as the Track Coordinator. Each Fellow will be assigned a primary supervisor who will oversee their training experience, while also being supervised by other psychologists for each clinical activity they are involved in. In addition, the Fellows will have opportunities to work closely with professionals from other disciplines with different areas of expertise, which facilitates mutual learning and mentorship. The Fellows will receive both individual and group supervision throughout the year, and clinical, career development and research issues are key components of the supervision experience in Behavioral Medicine.

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, sexual health) or engage in other clinical or professional activities, and senior staff may co-lead a group with the Fellows.

Supervisors: Rebecca Ametrano, Ph.D., Michelle Kovacs, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D., DeAnna Mori, Ph.D., and Amy Silberbogen, Ph.D., ABPP

DIVERSITY FOCUS

Within the Behavioral Medicine Program, we work with a wide range of clinical populations who present for treatment with complex medical comorbidities and/or disabilities. We are uniquely poised to consider health factors and the ways in which illness impacts functioning, psychological health, access to medical care, ability to work, relationships, quality of life, and many other factors. We consider Veteran status and era to be a diversity variable and ensure that early training opportunities include education about these factors. The majority of our patient population is also economically disadvantaged, and we regularly discuss how this impacts everyday functioning and health behaviors. Race, race-based discrimination and equity in healthcare (access, health outcomes, etc.) are important themes that are addressed during our team meetings, as well as during supervision. We also offer specific training opportunities with marginalized communities, including developing cultural competence in delivering care to transgender Veterans. Within the realm of training and educational opportunities, we hold monthly discussions during our team meetings in which we focus on cases or topics that highlight issues of diversity. Within supervision, we foster an open and accepting supervisory experience to encourage trainees to explore and discuss case conceptualizations that are inclusive of diversity issues. We also routinely address and encourage sensitivity to differences between ourselves and our patients, and encourage trainees to use the Veterans’ lens, taking a patient-centered approach to assessment and treatment. Finally, our staff and trainees routinely facilitate trainings and clinician coaching throughout the medical center that incorporates diversity variables and evidence-based guidelines with the goal of
helping clinicians to develop cultural competence and ameliorate health disparities among various groups.

**Research**

Involvement in behavioral health research is an integral part of the Fellows’ training. There are many opportunities to participate in research and program evaluation projects related to behavioral medicine, both within and outside of the Behavioral Medicine Service. When Fellows arrive to VA Boston, they will receive a comprehensive list of existing projects and research opportunities available across the medical center. 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 this endeavor. Of note, this four-hour block is protected in their schedules, and is considered when planning the Fellows’ clinical activities throughout the year. Fellows may choose to participate in projects led by Behavioral Medicine core supervisors, but are welcome to work with investigators outside of the Behavioral Medicine Clinic, as well. Examples of ongoing research include funded Tai Chi and whole health projects (PI: Dr. Mori). Dr. Silberbogen is also actively involved in educational and training research, and there may be opportunities available to participate in this unique research area.

Recent graduated Fellows have been involved in the following research projects:

- Program evaluation of the Pulmonary Rehabilitation Program, including analyzing pre- and post-rehabilitation data. The Fellow plans on submitting findings to a conference and/or journal. (Silberbogen)
- Development of a national survey to assess current practices in internship didactics; data has been presented at three conferences and has been accepted for publication. (Silberbogen)
- Development of a manuscript focused on talking with patients about sexual functioning and health. (Silberbogen)
- Development and submission of several small VA grants. A recent example is a VA Innovation Grant that was obtained by Fellows to purchase iPads for dialysis patients to improve their overall satisfaction and adherence to dialysis treatments, and enhance their quality of life. (Mori)
- With support from Research Administration, Fellows developed a training program for research assistants to address participant perpetrated harassment. Fellows have also been involved in presenting program evaluation data from this training program in manuscripts and at National conferences. (Mori)
- Involvement in the Tai Chi studies by running groups, conducting smaller pilot studies, presenting data at National conferences and in publications. (Mori)
- Program evaluation of the Medical Issues Group using qualitative methods. The results of this evaluation are currently being written up for publication by a Fellow. (Mori & Kovacs.)
Geropsychology

Track Coordinator: Patricia M. Bamonti, Ph.D., ABPP

Geriatric Mental Health Clinic, 3-5-C
940 Belmont Street
Brockton, MA 02301
Telephone: (774) 826-3725

Email: Patricia.Bamonti@va.gov

Location: VA Boston Healthcare System
Brockton Campus

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

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. 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). Our Geropsychology training program won the Excellence in Geropsychology Training Award given by the Council of Professional Geropsychology Training Programs in both 2017 and 2018.

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. Many prior Fellows have had extensive geropsychology training in graduate school and internship, while others have come from backgrounds in behavioral medicine, integrated care, or neuropsychology and solidify their professional aging-focused identities while on Fellowship. 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:

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

**Clinical Settings**

Geropsychology training is offered across seven possible rotations. The amount of time spent weekly in each setting is determined by an initial assessment of the trainee’s learning needs, professional interests, and supervisor availability. Fellows work with the track coordinator to design a program that includes training in three major competency areas (i.e., intervention, assessment, and consultation), with the possibility of a continuity experience (i.e., a geropsychology rotation/experience that spans across the entire year of training). Trainees complete no less than three rotations during the year, and it is recommended that they work in no more than three settings at a time. All Fellows are required to complete a major rotation in Outpatient Geriatric Mental Health for a minimum of 6 months or a minor rotation for 12 months.

Note: ** indicates primary Geropsychology rotations than can be chosen as a continuity experience.

**Geriatric Mental Health Outpatient Clinic:** Based at the Brockton campus, this outpatient clinic provides psychodiagnostic assessment, psychotherapy (individual and group) and psychopharmacology services to older Veterans with a wide range of medical, neurological, and psychological/psychiatric comorbidities. Collaborative, interdisciplinary care is emphasized. Fellows attend a weekly interdisciplinary team meeting and often collaborate with primary care, social work, dementia care coordination, psychiatry, and specialty providers. Fellows complete at least one psychodiagnostic intake assessment each month. Fellows lead or co-lead a support group and a time-limited psychotherapy group. The clinic has three general ongoing support groups, an ongoing cancer support group, and a variety of time-limited groups that are offered...
Each season. Examples of time-limited groups that have been offered in the clinic are acceptance and commitment therapy, bereavement, aging and memory, cognitive behavioral therapy for insomnia, PTSD and aging, healthy communication, mindfulness, and guided autobiography. Fellows are also encouraged to develop and/or implement new groups. Additionally, Fellows may supervise predoctoral interns and occasionally have the opportunity to supervise a psychology practicum student. Supervisors: Patricia Bamonti, Ph.D., ABPP, Kadija Williams, Ph.D., Jennifer Moye, Ph.D., ABPP

**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 older, medically frail, and psychologically and/or cognitively impaired residents. In this setting, the mental health team (psychology and psychiatry) operates as a consult-liaison service, responding to consults in the CLC. The Fellow has the opportunity to work with interdisciplinary teams in both long-term care and rehabilitation settings providing assessment (cognitive and capacity), intervention, consultation, behavior management, and staff education services. Fellows with a particular interest in hospice and palliative care may elect to participate in a focused rotation in the inpatient hospice and palliative care unit. In this role, the Fellow would serve as the primary Mental Health consultant to the unit, attending weekly team meetings and providing a range of services to Veterans and their families, including support, psychoeducation, therapy, assessment, and behavior management. In the CLC, Fellows may gain experience providing clinical supervision to predoctoral interns in the CLC and engage in administrative opportunities managing the CLC consult point. **Supervisor:** Kelly O’Malley, Ph.D.

**Home Based Primary Care (HBPC):** Based at both the Brockton and Jamaica Plain campuses, these interdisciplinary teams provide patient-centered assessment and treatment to home-bound Veterans and their caregivers. The goal of the program is to improve access to care and reduce health disparities for Veterans with chronic end-stage medical conditions such as heart failure, COPD, and neurocognitive disorders. 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. The HBPC rotation is tailored to the Fellow’s preferences and training goals, with an emphasis on in-home interventions, interdisciplinary consultation, and capacity assessment. Interventions provided may include brief individual psychotherapy (e.g., Problem Solving Therapy), caregiver education and skills training, and telephone/virtual groups for patients and caregivers. Fellows participate in weekly interdisciplinary team meetings, presenting cases and collaborating on patient-centered care plans. **Supervisors:** Michelle Mlinac, Psy.D., ABPP and Tara McBride Afonso, Psy.D.

**PTSD and Aging:** Based within the Outpatient Geriatric Mental Health (Brockton campus) and the PTSD Clinic (Jamaica Plain campus), this minor rotation provides specialty training in the treatment of PTSD in older adults and related processes (Late Adulthood Trauma Re-engagement). Fellows receive training in the delivery of Cognitive Processing Therapy (CPT) with
older adults and group psychotherapy for Veterans with PTSD symptoms. As part of this experience, Fellows must commit to attending the two-day CPT workshop held in the fall and attend weekly CPT case consultation. Two completed CPT cases are required to receive official certification in CPT. However, successful graduation is not dependent on completing certification. Fellows who select to rotate in this setting will carry a caseload of two individual cases and co-lead at least one group focused on PTSD and late life (e.g., PTSD and Aging group). **Supervisors:** Anica Pless Kaiser, Ph.D. and Jennifer Moye, Ph.D., ABPP.

**Palliative Care:** This rotation involves serving the Brockton Outpatient Palliative Care Clinics and the Brockton Palliative Care Consult Team (PCCT). In this role, Fellows operate from a team perspective and serve as the primary Mental Health consultant to the PCCT, attend Palliative Care clinic visits jointly with the Nurse Practitioner, and provide a range of outpatient psychotherapy services to Veterans followed by the Palliative Medicine team. Fellows will assist with goals of care conversations, provide consultation on mental health conditions that affect one’s ability to manage their life-limiting illnesses, provide consultation to teams related to the management of serious illnesses, and will provide outpatient psychotherapy to Veteran’s with life-limiting illnesses. **Supervisor:** Kate Hinrichs, Ph.D., ABPP.

**Geriatrics Clinic:** The Geriatrics Clinic is an outpatient specialty clinic focused on providing care for Veterans as they age, working with Primary Care and other subspecialists to maximize Veteran independence and managing medical conditions associated with aging. The interdisciplinary team in the Geriatrics Clinic includes geriatric-trained physicians, nurse practitioner, social work, Neuropsychology/Geropsychology, and pharmacy. Geropsychology Fellows function as members of the interdisciplinary team within the Geriatrics Clinic located at the Brockton campus. They attend team huddle at the beginning of the clinic day and are available throughout the one half-day clinic for consultation, brief cognitive and/or psychological assessments (e.g., MoCA, mood assessment), provision of recommendations focused on maximizing cognition, health, and mood for the Veteran, and providing caregiver support as appropriate. Geropsychology Fellows also complete, as clinically indicated, longer targeted cognitive assessments with associated documentation. **Supervisor:** Colleen Jackson, Ph.D., ABPP/cn

**Geriatric Outpatient Neuropsychology:** Based at the Brockton campus with optional didactics at the Jamaica Plain campus, the Fellow completes outpatient neuropsychological assessments of mostly older adults and provides feedback to Veterans and their families. 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 illness, substance related factors, or other modifiable factors affecting cognition, and assessment of cognition in the context of multiple medical comorbidities. Emphasis is placed upon understanding and interpreting relevant medical history, symptoms in relation to neurologic disease, assessing cognitive symptoms 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. **Supervisors:** Deepa Acharya, Ph.D., ABPP/cn; Colleen Jackson, Ph.D., ABPP/cn

**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:**

- Geriatric Mental Health Seminar (one hour weekly);
- Individual Supervision (required 2 hours per week across rotations);
- Group supervision for one hour weekly in the Geriatric Mental Health Clinic;
- Team Meetings (varies by rotation).

**AVAILABLE/OPTIONAL DIDACTICS:**

- Decision Making Capacity and Ethical Issues in Aging archived webinar (one hour monthly);
- VA Multi-Site Geropsychology Seminar (one hour weekly);
- Care for Patients with Complex Problems (CP)2: Promising Practices (one hour monthly)
- Psychiatry Grand Rounds (one hour monthly);
- ACT (Acceptance and Commitment Therapy) Lecture Series Webinar (one hour monthly);
- ACT Group Consultation (two hours 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 weekly);
- Multiple educational offerings at affiliated institutions.

**SUPERVISION**

Fellows receive both individual and group supervision throughout the year. The length of individual supervision meetings in each setting is congruent with the number of clinical hours each week. For example, if a Fellow is in a setting for 8 hours per week, he or she would receive approximately 30 minutes of weekly individual supervision; whereas, a Fellow who is in a setting for more than 8 hours per week would receive at least 60 minutes of weekly individual supervision. Fellows participate in an additional hour of group supervision per setting when rotating in the Geriatric Mental Health Clinic.

Training in the provision of supervision is an important part of professional development. Fellows supervise at least one psychology intern during the training year. Occasionally, there are opportunities to supervise a practicum student, social work student, or nurse practitioner resident. Fellows receive
supervision of supervision throughout the training year as they learn about supervisory issues and refine their supervision skills.

**Leadership and Professional Service**

Service to the field of Geropsychology is an important part of professional development. Our Geropsychology supervisors have held and currently hold leadership positions across a number of organizations, including but not limited to APA’s Committee on Aging, Council of Professional Geropsychology Training Programs (CoPGTP), Society for Clinical Geropsychology (APA Division 12, Section 2), Psychologists in Long Term Care (PLTC), The American Board of Geropsychology, the Aging Committee of the Society for the Psychology of Sexual Orientation and Gender Diversity (APA Division 44), and the Gerontological Society of America, as well as editor of *Clinical Gerontologist*. Fellowship is an important period of transition in one’s professional identity, and our faculty is uniquely positioned to offer mentorship on professional development in leadership and service to the field of Geropsychology. Our Fellows have served as student representatives for CoPGTP and PLTC during their Fellowship year.

**Diversity Focus**

Across Geropsychology rotations, clinicians and trainees operate from a lifespan perspective in which the Veteran’s range of life experiences are taken into consideration when conceptualizing presenting problems. Older adults are the most heterogeneous population due to a wide range of factors related to life experiences and other factors of diversity (e.g., disability, SES, race/ethnicity, religion). Thus, we attend to the intersection of diversity variables (i.e., age and other diversity factors) in our clinical work and research endeavors. Within the Geropsychology track, diversity variables are formally addressed in initial intake sessions for psychotherapy, as well as in other formal assessments (e.g. cognitive testing or capacity evaluations). Our trainees are presented with many opportunities to learn to adapt interventions and assessments to match their patient’s unique needs and are provided supervision on such. There are several special diversity topics (in addition to age) that are covered in the weekly Geriatric Mental Health Seminar Series (e.g. LGBT Aging, adjusting testing norms for diversity-related factors, assessing functional abilities, disability in aging). Further, there are frequently opportunities in Geropsychology for trainees to address specific diversity factors in teaching (via presentations in weekly seminar) and research (via research or writing collaborations with supervisors, or on mentored individual projects). Addressing and deepening our understanding of intersectionality, ageism, and issues of social justice, is an essential component to comprehensive Geropsychology training and is a highly valued aspect of the VA Boston Geropsychology training program.

**Research and/or Program Development**

Fellows typically spend up to 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, program evaluation and quality
improvement focused on improving the quality of care for older patients with complex comorbidities, and research in geriatric education. 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 program.

**RESEARCH INTERESTS:**

- Decision making capacity assessment and decision making for older adults who lack surrogates;
- Ethical issues in interdisciplinary care (e.g., boundaries within disciplines, complex clinical cases, autonomy/beneficence ethical dilemmas within the caregiver/patient dyad);
- Program evaluation for Geriatric Mental Health Clinic psychotherapy program (e.g., Bereavement, Autobiography, CBT for Insomnia, ACT, Mindfulness, etc.);
- Program evaluation for Community Living Center (e.g., Culture Transformation Initiative, Behavior Management Teams, Dementia Care, Hospice and Palliative Care);
- Palliative care/chronic illness and end-of-life care planning;
- Adjustment and coping with chronic illness and disability;
- Geropsychology training and geriatric education;
- LGBTQ+ aging;
- Mental health integration in Home Based Primary Care;
- Caregiving and caregiver interventions;
- Measurement/scale development (e.g., caregiver stress, mindfulness, values, acceptance, etc.);
- Third-wave, mindfulness-based therapies for treatment in late life;
- Cognitive assessment in Primary Care.

**POSSIBLE RESEARCH ACTIVITIES:**

- Co-write book chapters or review articles when available;
- Write a case study;
- Analyze existing data and write up results for a presentation or paper;
- Collect and analyze pre- post-data from our time-limited group therapy program in the Geriatric Mental Health Clinic and write up the results for a presentation or a paper;
- Develop and evaluate a group therapy protocol;
- Develop and evaluate new educational programs for staff in HBPC (e.g., behavioral medicine interventions, suicide prevention);
- Develop and evaluate initiatives/programs in the Community Living Center;
- Assist with evaluating the implementation of Whole Health strategies in HBPC;
- Co-coordinate annual GRECC conference and evaluate outcomes;
- Participate in monthly editorial team calls for a journal and assist with evaluating the process;
- Participate in the development of an outcome measure of psychological flexibility;
- Conduct focus groups and analyze qualitative data on resiliency and coping with chronic illness;
• Participate in an interdisciplinary pilot project on care planning for Veterans with chronic illness in the Community Living Center;
• Participate in a multi-site mindfulness-based caregiver intervention study (serve as an interventionist, participate in weekly research meetings, and/or analyze data and write up results for a presentation or paper);
• Participate in a multi-site ACT Group intervention study (serve as an interventionist, participate in monthly research meetings, and/or analyze data and write up results for a presentation or paper);
• Analyze existing neuropsychological or capacity data from Inpatient Mental Health medical records for write-up;
• Assist with survey of clinicians, attorneys, guardians, and geriatricians about decision making for “unbefriended adults”;
• Assist with needs assessment and curricula planning for VISN wide geriatric education;
• Participate in educational survey research of Geropsychology training;
• Participate in educational survey research of training in quality improvement;
• Assist with a needs assessment of improving access to behavioral interventions for insomnia in the Geriatrics Clinic;
• Participate in Office of Rural Health funded research, interviews, and educational resource development focused on late life and end of life PTSD

SELECTED PUBLICATIONS:

Selected publications from the past four years (asterisks denote current or past trainees and bolding denotes geropsychology faculty):

PTSD & Aging:


**Capacity and Functional Assessments:**


**Education and Training:**


**LGBT and Aging:**


**Long-term care, rehabilitation, and palliative care:**


**Cancer survivorship:**


Mental health:
Interprofessional General Mental Health

Track Coordinator:  WILLIAM BOWE, PH.D.
Psychology Service (116B)
150 South Huntington Ave.
Boston, MA 02130-4893
Telephone: (857) 364-6245

Email:  william.bowe@va.gov

Location:  VA Boston Healthcare System
Jamaica Plain Campus

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

Length of Training:  One year.

OVERVIEW

The Interprofessional General Mental Health track is offering two Fellowship positions for the 2021 – 2022 training year through the Boston VA Healthcare System (VABHS).  Fellow 1 will spend four days per week at the Jamaica Plain campus and one day per week at the Brockton campus.  Fellow 2 will spend three days per week at the Brockton campus and two days per week at the Jamaica Plain campus.  As described in more detail below, the responsibilities and learning experiences of both Fellows significantly overlap.  Please refer to Table 1 at the end of this track description for a summary of the similarities and differences between the two positions.  Please indicate on your cover letter whether you would like to be considered for the Fellow 1 position, Fellow 2 position, or both Fellow positions.  Applicants commonly express interest in both positions and are encouraged to apply for both.

The Postdoctoral Fellows will deliver services and receive training through the General Mental Health clinics (GMHCs) at the Brockton (BR) and Jamaica Plain (JP) campuses.  The BR and JP GMHCs are key entry points into mental health (MH) services for many patients in VABHS (e.g., GMHCs receive over 800 referrals per year), 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 Fellows will also train in Primary Care Behavioral Health (PCBH) clinics.  Fellow 1 will spend two half-days per week in PCBH at the JP campus, while Fellow 2 will spend one half-day each week in PCBH at the BR campus.  Through the various clinics, Fellows will gain substantial experience functioning as part of interprofessional teams comprised of psychologists, psychiatrists, nurses, social workers, physicians, and health technicians.
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 and primary care. The Fellows will develop skills as liaisons 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 Fellows will also gain experience in supervision, program development, and clinical research. Additionally, opportunities may be available to gain experience with administrative projects associated with running and managing a mental health clinic.

- **GENERAL MENTAL HEALTH CLINICS (MOOD AND ANXIETY DISORDERS SUBSPECIALTY):** Through the GMHCs, Fellows will gain experience in evaluating and treating a broad array of mental health disorders. A primary focus of the GMHCs 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 and medical comorbidities that are not best treated in a specialty clinic).

The GMHCs also subspecialize in differential diagnosis of mood and anxiety disorders and are the primary recipients of referrals for veterans struggling with significant depressive, manic, or anxiety symptoms. Fellows will complete diagnostic and suicide risk assessments, including 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. Historically, Fellows have learned and implemented various evidence-based psychotherapies such as Acceptance and Commitment Therapy (ACT) for depression, Cognitive-behavioral Therapy (CBT) for depression, CBT for insomnia, exposure and response prevention for obsessive compulsive disorder, and cognitive-behavioral and exposure approaches to treating panic disorder, generalized anxiety disorder, and social anxiety disorder. Given the complex and multifaceted presentations in the clinics, the track heavily emphasizes using cognitive-behavioral and acceptance-based approaches flexibly, with attention to targeting transdiagnostic processes maintaining psychopathology.

Fellows will also develop expertise co-leading several evidence-based group psychotherapies and providing clinical supervision in the GMHCs. Both Fellows will have the opportunity to co-lead a transdiagnostic Anger Management Group with a GMH intern at the JP campus, and will co-lead together a transdiagnostic ACT Group at the BR campus. Additionally, both Fellows will have the opportunity to work closely with staff and other trainees co-leading other groups such as the Dialectical Behavior Therapy Group, CBT for Depression Group and transdiagnostic, exposure-based Anxiety Management Group. These experiences will be determined by a combination of the Fellows’ training interests, goals, and demand for these clinical services. As an additional training experience, Fellows will supervise individual therapy cases of each of the interns and will receive weekly supervision of their supervision.
The Fellowship emphasizes an interprofessional and collaborative approach to education and clinical practice. Fellows 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. Fellows 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.

**Fellow 1** will spend three days per week in the GMHC at the JP campus, and one day per week in the GMHC at the BR campus. **Fellow 2** will spend two days per week in the GMHC at the JP campus, and two and a half days per week in the GMHC at the BR campus. **Supervisors**: Shimrit Black, Ph.D.; William Bowe, Ph.D.; Claire Burgess, Ph.D.; Diana Fitek, Ph.D.; Hannah King, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Joseph Meyer, Ph.D.; Elizabeth Ryan, Ph.D.; Melanie Vielhauer, Ph.D.; Sarah Weintraub, Ph.D.

- **INTEGRATED PRIMARY CARE BEHAVIORAL HEALTH**: The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. The Fellow will receive training in a full range of duties and responsibilities typical of primary care behavioral health providers. These include brief psychosocial assessment, consultation and liaison with primary care providers, triage and/or brief treatment of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, chronic pain, insomnia, adjustment to chronic illness, poor control of chronic disease, poor adherence to treatment regime or suggested lifestyle modifications, substance use disorders). Evaluation and treatment in PCBH are necessarily brief, with a focus on identifying key issues of concern to the primary care patient and on improving functioning, rather than on symptom remission. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement). Communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and management of risk. Fellows may also have the opportunity to conduct joint visits with medical staff or residents.

**Fellow 1** will spend two half-days per week in the PCBH clinic at the Jamaica Plain campus. **Fellow 2** will spend one half-day per week in the PCBH clinic at the Brockton campus. **Supervisors**: Kristin Gregor, Ph.D.; Nora Keenan, Ph.D.; Tessa Lundquist, Ph.D.; Sarah Weintraub, Ph.D.; Risa Weisberg, Ph.D.

- **ADDITIONAL INTERPROFESSIONAL TREATMENT AND EDUCATION (PSYCHIATRY RESIDENTS, SOCIAL WORK INTERNS, AND GENERAL MENTAL HEALTH TREATMENT TEAMS)**: Fellows will participate in several interprofessional and educational activities in conjunction with the Harvard South Shore (HSS) psychiatry residency training program, graduate social work training programs in the Boston
area, and GMHCs at JP and BR. Depending on their training interests, Fellows may have the opportunity to co-lead an evidence-based, group psychotherapy with social work interns. In these roles, Fellows will provide direct supervision to the interns and receive supervision of their supervision from a staff psychologist. Administratively, Fellows will also gain experience interacting with professionals from diverse disciplines and departments (e.g., primary care) as Fellows actively manage all consult referrals placed for the group.

Fellows will also participate in recurring, interprofessional case conceptualization meetings at both the JP and BR campuses facilitated by an interprofessional staff team. GMHC trainees of all disciplines attend these meetings, which serve as forums to discuss complex, interprofessional case conceptualization, collaborative practice, and team-based care. Meetings will also promote understanding of the common competencies required for interprofessional practice as well as discipline-specific training. Other topics commonly discussed include systems issues within the VA, ethical issues/dilemmas, termination issues, diversity issues, culturally sensitive treatment/assessment, psychotherapy process, and effective communication across VA clinics, departments, and campuses.

Fellows will have the opportunity to develop and facilitate case conceptualization meetings at the JP campus. Additionally, Fellows will have the opportunity to create and facilitate CBT, DBT, or ACT skill labs and other didactic topics relevant to the practice of psychology within the context of weekly GMHC team meetings. Alternatively, Fellows might elect to create and co-lead an internship training didactic with a GMHC staff psychologist. The degree of involvement in facilitating these kinds activities can be negotiated based on Fellows’ training goals and interests.

**Supervisors:** Amy Lawrence, Ph.D.; Shimrit Black, Ph.D.; William Bowe; Ph.D.

**Teaching Methods**
Fellows will receive training through multiple modalities, including individual and group supervision, didactic trainings (clinic-specific and Fellowship-wide), case conferences, and rounds. Fellows will participate in multidisciplinary GMHC and PCBH team meetings that include psychologists, psychiatrists, social workers, clinical nurse specialists, primary care providers, and other trainees (i.e., psychology interns, practicum students, social work interns, and psychiatry residents). Fellows will be trained in supervision concurrently as they provide individual supervision to two psychology interns.

**Supervision**
Fellows will work closely with staff psychologists in the various clinics and meet weekly for individual supervision. Clinic 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.

Dr. William Bowe, Ph.D., is a staff psychologist and clinical supervisor in the GMH and Women’s Trauma Recovery Team clinics and serves as the Track Coordinator for the Interprofessional General Mental
The Interprofessional General Mental Health track, including the Mood and Anxiety Disorder Clinic and Primary Care Behavioral Health, serve a diverse population of veterans. GMH patients include men and women of varying ages, life experiences, and types of military service. They present with a range of psychological concerns and individual strengths, and vary in terms of race, ethnicity, gender identity, class, culture, sexuality, ability, and medical comorbidity. While working in GMH, trainees are challenged to provide patient-centered, evidence-based assessment and treatment that address
intrapsychic and macro-level contributions to emotional distress and wellbeing, including issues of inclusion/exclusion and identity. At intake, each veteran is asked (i.e., via questionnaire) about gender identity, race, ethnicity, religion, and socioeconomic status (work status, sources of financial support). The clinic has also worked to standardize intake interviews across clinicians to ensure that potentially important and relevant cultural and identity issues are uniformly broached with every patient and sensitively discussed as relevant. The semi-structured approach affords flexibility to assess and discuss potential idiographic differences in symptom presentations as they relate to culture. The language in which assessments and therapy are conducted may be adapted to the needs of the veteran.

An important aspect of training is discussing all the aforementioned factors during supervision in the service of striving to provide culturally sensitive assessment and treatment planning. Issues of diversity are regularly addressed in supervision (of individual, couples, and group case), and interprofessional case conceptualization and team meetings. Trainees attend an assessment training, which addresses issues of diversity at the beginning of the track. Diversity and cultural sensitivity are regularly addressed in case conceptualization meetings at JP and Brockton. Interprofessional team meetings at JP and BR also provide a venue at which to discuss cases, and these discussions frequently involve issues of diversity.

RESEARCH
At the beginning of the training year, Fellows will have an opportunity to learn about current research projects taking place across the VA to inform their selection of a research mentor. Fellows may collaborate with staff throughout VABHS on any number of funded clinical research projects, which will provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Fellows are encouraged to identify research activities that would expand their current skill sets. Past Fellows have also pursued the option within the GMHCs of analyzing treatment outcome data from GMHC groups collected over several years. There may be opportunities to assist with preparation of a manuscript based on these analyses. The GMHCs are also pursuing a number of program development and evaluation projects within the clinic, and opportunities may exist for the Fellows to become involved with these processes.

(See Table 1 below)
## Table 1

Breakdown of Major Training Components by Fellow

<table>
<thead>
<tr>
<th>Training Experience</th>
<th>Fellow 1</th>
<th>Fellow 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMH Clinic-Jamaica Plain (JP) Campus</td>
<td>3 days per week</td>
<td>2 days per week</td>
</tr>
<tr>
<td>GMH Clinic-Brockton (BR) Campus</td>
<td>1 day per week</td>
<td>2.5 days per week</td>
</tr>
<tr>
<td>Primary Care Behavioral Health</td>
<td>1 day per week at JP</td>
<td>.5 days per week at BR</td>
</tr>
<tr>
<td>Anger Group co-leader*</td>
<td>Yes – At least 1 round</td>
<td>Yes – At least 1 round</td>
</tr>
<tr>
<td>ACT Group co-leader</td>
<td>Yes – Full year</td>
<td>Yes – Full year</td>
</tr>
<tr>
<td>Other Groups</td>
<td>Yes – Varies</td>
<td>Yes – Varies</td>
</tr>
<tr>
<td>Supervision of two GMH interns</td>
<td>Yes – Full Year</td>
<td>Yes – Full Year</td>
</tr>
<tr>
<td>JP Case Conceptualization Meeting</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>BR Case Conceptualization Meeting</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Please indicate on your cover letter whether you would like to be considered for the Fellow 1 position, Fellow 2 position, or both Fellow positions. Applicants commonly express interest in both positions and are encouraged to apply for both.
Lesbian, Gay, Bisexual, Transgender Health Care

Track Coordinator: **COLLEEN SLOAN, PH.D.**  
Psychology Service (116B)  
150 South Huntington Avenue  
Boston, MA 02130  
Telephone: (857) 364-5983

Email: [colleen.sloan2@va.gov](mailto:colleen.sloan2@va.gov)

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

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

**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 Healthcare for Veterans with Lesbian-Gay-Bisexual-Transgender (LGBT) and related identities. This is a clinical position, primarily located at the Brockton campus of VA Boston within multiple mental health clinics, building a caseload and a program with a focus on sexual and gender minority health 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 and training initiatives, program development, and adjunct clinical experiences, as well as administrative and research activities. Given the evolving nature of LGBT health in VA, the Fellow will be encouraged to contribute to the ongoing development of the Fellowship track locally, and will learn about national policy and procedure changes for Veterans with LGBT and related identities.

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 is a strong effort to focus the Fellow’s clinical caseload in working with Veterans who have LGBT and related identities. Although the Fellow will spend the majority of their time in the PTSD Clinic, cases and experiences will be drawn from all clinics as well as residential programs, to ensure an adequate focus on sexual and gender minority health. The Fellow will be expected to deliver services to transgender and gender-diverse Veterans as well as cisgender sexual minority Veterans, with opportunities to deliver individual and group interventions (e.g., Seeking Safety, Acceptance and Commitment Therapy, and DBT Skills training). The Fellow will gain training in such areas as readiness evaluations for gender transition interventions,
Cognitive Processing Therapy and per or Prolonged Exposure for PTSD, treatment for substance use disorders, and cognitive behavioral therapy for identity concerns and per or minority stress. There may also be opportunities to develop and per or co-lead group therapy interventions targeting minority stress for sexual and gender minority Veterans or DBT skills training for transgender and gender-diverse Veterans. Program evaluation opportunities may also be part of these experiences. The Fellow will be involved in supervision training for a psychology predoctoral intern. 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 LGBTQIA+ healthcare. The rotation at Fenway has been part of the Fellowship track experience since its first year in 2013. Previous Fellows have been involved in various clinical research trials, in which they have received comprehensive training in the provision of evidence-based approaches working with highly marginalized populations.

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., Director for the LGBT Health Program of Patient Care Services at VA Central Office, to learn about national policy development and implementation and education 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 meetings as part of the Interdisciplinary Transgender Treatment Team (ITTT), a local clinical, administrative, and consultative team to coordinate care for transgender and gender-diverse Veterans. The Fellow will also work closely with the Behavioral Medicine program regarding assessments of readiness and consent for hormone therapy and 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 25% time reserved for consult management, policy and program development and evaluation, and opportunities for involvement in research.

**GOALS**

Training will facilitate the development of assessment, treatment, and consultation skills, particularly within the area of sexual and gender minority health. Fellows gain training and experience in the development of these skillsets within a variety of mental health and interdisciplinary clinics. The Fellow will gain experience in learning effective ways of adapting evidence-based approaches and treatments to meet the needs of sexual and gender minority veterans in both group and individual modalities. The Fellow will serve in a critical role managing referrals to VA Boston’s Interdisciplinary Transgender Treatment Team, in which they will develop skills as a liaison between various services that provide medically necessary treatments for gender dysphoria and related distress (e.g., behavioral medicine, endocrinology, mental health, speech therapy). Relatedly, Fellows develop skills in the dissemination of education of training related to sexual and gender minority health, for which opportunities exist both locally and nationally. Additionally, the Fellow will develop skills that promote their own visibility as an important local resource. The Fellow will also gain experience in supervision, program development, research, and importantly advocacy and outreach.


**FACULTY & STAFF**

**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 Trauma Recovery 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), a LGBT Veteran Care Coordinator for VA Boston, and co-chair of the Psychology Service Diversity and Inclusion Committee. Additionally, Dr. Sloan has ongoing involvement in both local and national educational and training initiatives in sexual and gender minority health. 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 per PTSD specialist on the Brockton campus. Issues of diversity, including sexual orientation, gender, race per ethnicity, and social class, were an emphasis during her clinical and research training and are a continued area of interest.

**Adjunctive Supervisors on the JP campus:** As mentioned, **Jillian Shipherd, Ph.D.** is one of two Directors for the LGBT Health 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 research mentoring. 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. Dr. Mori provides training and oversees readiness evaluations for medical transition interventions. **Eve Davison, Ph.D.**, is Director of the Women’s Trauma Recovery Team (WTRT). **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. Both Drs. Davison and Trezza are members of VA Boston’s Psychology Diversity and Inclusion Committee.

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.

**DIVERSITY FOCUS**

The LGBT health track emphasizes training in diversity, particularly related to sexual and gender minority Veteran health. Fellows receive training in the administration of initial assessments of gender dysphoria and collaboratively engage in readiness evaluations. During initial assessments with Veterans seeking services for gender transition, Fellows obtain information regarding various aspects of identity such as race, ethnicity, SES, housing status, and ability status, and discuss how these intersect with sexual and gender identities, as well as gender dysphoria, if indicated. Fellows also provide evidence-based interventions to sexual and gender minority Veterans treating a variety of mental health problems, including gender dysphoria and other identity-related concerns. In particular, Fellows utilize CBT interventions to treat gender dysphoria. The ways in which these interventions are adapted is collaborative in nature. Fellows participate in national calls with eight other LGBT health Fellows that
focus on education and training specific to sexual health, gender diversity, and health disparities and they also have opportunities to conduct related trainings locally to junior trainees and VA staff. The Fellow also gains experience in supporting the LGBT Veteran Care Coordinators at VA Boston. These roles are administrative and are appointed by VA Boston’s Medical Director. In this way, the Fellow is viewed as a local leader in sexual and gender minority mental health.

**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 per or conduct secondary data analyses for presentation and per or publication. Opportunities may also exist to develop and disseminate clinical services for sexual and gender minority stress.

**OUTREACH**

The Fellow will lead and participate in LGBT outreach events, both within the VA Boston facilities and within the broader Boston community throughout the year. VA recognizes several LGBT observances, such as Transgender Awareness Month, Transgender Day of Remembrance, and LGBT Pride month. These serve as opportunities to raise awareness and provide education, and the Fellow is actively involved in these endeavors. There may also be additional and unique opportunities that arise each year, including involvement with VA Boston’s Public Affairs office.
Trauma Recovery Fellowship Tracks

The VA Boston Psychology Postdoctoral Fellowship Program offers two tracks that provide advanced training in evidence-based assessment and treatment of PTSD and other trauma-related disorders: the Post-Deployment Readjustment and Trauma-Related Disorders track (one Fellow) and the Posttraumatic Stress Disorder track (two Fellows). Fellows in both tracks gain specialized knowledge and experience in clinical care focused on recovery from traumatic experiences; however, each track has slightly different emphases with regard to population, trauma type, and most commonly used evidence-based psychotherapies.

Post-Deployment Readjustment and Trauma-Related Disorders

Track Coordinator: JILL SCOTT, PH.D.
Center for Returning Veterans (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130
Telephone: (857) 364-2892

Email: jillian.scott@va.gov

Location: VA Boston Healthcare System
Jamaica Plain Campus

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

OVERVIEW
Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF per OIF per OND) are a rapidly growing segment of the VA population. The mental health needs of the post-9/11 combat veteran population are often significantly different from other era veterans, as they frequently present with salient developmental, identity, and readjustment issues that interact with combat-related psychopathology to influence individual presenting problems. Other critical considerations that are distinct to this population include challenges involved in working with veterans who may have ongoing military commitments or who have recently separated from the military, building motivation for change when veterans present with ambivalence about engaging in mental health care, balancing complex life transitions per stages with therapeutic intervention, and addressing
both combat and other military stressors (e.g., discrimination, military sexual trauma, interpersonal challenges with leadership and peers) simultaneously.

This one-year clinical postdoctoral Fellowship is designed to train psychologists to provide specialized clinical services for post-9/11 combat veterans with a range of post-deployment readjustment concerns, particularly trauma-related disorders. Training and supervision will focus on developing expertise in responding to the full range of veterans’ post-deployment concerns, including the treatment of PTSD and sub-diagnostic PTSD symptomatology, as well as mood, anxiety, substance use, and adjustment disorders. Fellows also develop competency in understanding military culture and addressing the unique developmental per identity considerations as experienced by OEF per OIF per OND veterans, including the influence of life stages, values, and personal characteristics (e.g., race, ethnicity, country of origin, sexual orientation, gender identity) on veterans’ military experiences. Therefore, the Fellow will develop an expertise in working with OEF per OIF per OND veterans, while learning generalist assessment and treatment skills to address the wide range of presenting clinical concerns in this population. Fellows in this track also receive training in the supervision of psychology trainees and have the opportunity to work closely with junior trainees. Participation in clinical research, program evaluation, and per or teaching are an essential part of the Fellowship experience as well.

**GOALS**

The Fellow will gain proficiency in the assessment of the full range of readjustment and trauma- and stressor-related concerns present in post-9/11 combat veterans. In addition, the Fellow will receive specialized training in evidence-based treatments for PTSD (e.g., Cognitive Processing Therapy, Prolonged Exposure) and other deployment-related psychopathology and readjustment concerns as indicated (e.g., CBT for depression and anxiety disorders, mindfulness-based relapse prevention for substance use, individual DBT skills training, acceptance-based behavioral therapies, many others as indicated). The Fellow will also receive training in group interventions and per or other areas of specific training interest to the Fellow; these experiences are customized based on the specific Fellow’s interests. Fellows have a diverse set of experiences to ensure that they develop skills in both individual and group-based treatment for a variety of clinical presentations common to post-9/11 combat veterans.

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

- Conduct comprehensive assessments of the range of post-deployment mental health concerns, including PTSD, as well as mood, anxiety, adjustment, and substance use disorders.
- Provide evidence-based treatment for a range of post-deployment mental health conditions, including PTSD, as well as mood, anxiety, adjustment, and substance use disorders.
- Confidently collaborate with other healthcare providers as part of interdisciplinary teams and one-one-one consultations.
- Demonstrate competence with the provision of clinical supervision to junior trainees.
- Describe and feel confident in their identity as a scientist-practitioner specializing in post-deployment readjustment and trauma recovery.
**CLINICAL SETTING**

The Fellow’s clinical training is primarily housed within the Center for Returning Veterans (CRV) and is supplemented with training experiences in other VA Boston clinics, customized to meet each Fellow’s unique training interests and goals. In recent years, Fellows have had adjunctive involvements with the PTSD Clinical Team, the General Mental Health Clinic, Behavioral Medicine, the Substance Abuse Treatment Program, and Primary Care Behavioral Health. For research experiences, Fellows typically team up with clinical researchers throughout the medical center, most often in the National Center for PTSD.

**DIDACTICS**

In addition to Fellowship-wide didactics, Fellows in this track also participate in formal didactic training through:

- The CRV’s didactic and case conference series, which allows for in-depth discussion of track-specific clinical issues and cases. This one-hour meeting is held twice a month and involves presentations from both staff and trainees on topics of relevance to CRV’s population (past topics have included military culture, case conceptualization, allyship for psychotherapists, psychotherapy termination, among others), as well as case presentations designed to generate discussion related to challenging clinical cases.
- The Trauma Recovery Section per National Center for PTSD didactic series, which include trainings on Cognitive Processing Therapy (2-day workshop), Prolonged Exposure, Written Exposure Therapy, PTSD assessment (CAPS5), Military Sexual Trauma, and Intimate Partner Violence.

Training will also involve active engagement in the CRV’s weekly interdisciplinary team meeting attended by psychologists, psychiatrists, social workers, and a broad range of trainees (e.g., clinical and clinical research psychology postdoctoral Fellows, psychology and social work interns, psychology practicum students, psychiatry residents per Fellows). These team meetings address clinical administration issues, as well as clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination and delivery. The Fellow is a vital member of this team and will have the opportunity to both receive consultation from and provide feedback to other team members. In addition to these formal opportunities, Fellows are encouraged to interact frequently with other clinical staff providing services to shared veterans throughout the medical center. These interdisciplinary interactions most frequently occur with primary care physicians and nurse practitioners, social work and nurse case managers in a variety of settings, and other mental health providers on different clinical teams.

**SUPERVISION**

Fellows have the opportunity to interact closely with all of the licensed clinical psychologists within the Center for Returning Veterans: Dr. Kevin Brailey, Dr. Erin Scott Daly, Dr. Jill Panuzio Scott, and Dr. Sarah Krill Williston. Specifically, the Fellow will have two individual psychotherapy supervisors (a minimum of one hour per week each), with one supervisor designated as primary (i.e., overseeing the Fellow’s
overall experience). In addition, the Fellow will participate in weekly small group supervision (two trainees; one licensed clinical psychologist) focused on intake per diagnostic assessment. Finally, Fellows will receive weekly supervision for each of their group therapy experiences, the nature of which depends on the specific group. Specialized readings or other supporting activities are provided to supplement a Fellow’s training depending on his or her interests and needs. All supervisors on this track employ a developmental approach to clinical supervision, tailored to the Fellow’s individual strengths and growth areas. We view supervision as a collaborative process and aim to foster confidence and appropriate levels of independence in our work with the Fellow.

As noted above, the Post-Deployment Readjustment and Trauma-Related Disorders track also offers training in the delivery of clinical supervision. Specifically, the Fellow has the opportunity to supervise a predoctoral clinical psychology intern on 1-2 clinical cases. Fellows will receive supervision of these supervisory experiences from one of the CRV staff psychologists.

**DIVERSITY FOCUS**

The CRV is often veterans’ first interaction with mental health; as such, saliency of military-related diversity factors, in addition to more traditional diversity factors and the intersectionality of these (e.g. 28-year-old, male, heterosexual, Haitian-American, Marine Corp veteran with two deployments to Afghanistan), is central to this population. Military-related diversity factors attended to include branch of military, active vs guard per reserve, level of combat exposure, rank and status, length of time in service, number and location of deployments, etc. Traditional diversity factors attended to include racial and ethnic background, religion, gender, sexual orientation, age, disability status, etc. Also highly relevant are key factors surrounding this transitional period that may present various challenges for veterans. For example, veterans seen in CRV vary in level of stable housing, social support, presenting problem, substance use, cognitive functioning, and employment. Stigma around mental health diagnoses may also be present and addressed. These factors are all assessed at intake via both self-report as well as semi-structured psychosocial interview, and are often important to case conceptualization and collaborative development of interventions. Trainees are provided with training and supervision regarding adapting conceptualizations and interventions based on the intersection of identity and diversity factors of each patient. Additionally, the impact of our clinicians’ diversity factors on the process of case conceptualization, assessment, and therapy are regularly discussed in supervision, as well as in therapy with our patients. Factors such as perceived age and race per ethnicity, gender, and military status all can impact the interaction between therapists and veterans, and trainees are encouraged to discuss this potential impact, as well as decisions about if, when, and how to address them directly with patients. Importantly, many veterans treated in CRV have had (and continue to have) experiences with identity-based marginalization and discrimination. Clinicians directly address these, as well as the way they may influence mental health symptom experience and expression, in treatment and supervision. There are several specific diversity topics that are commonly presented in the CRV didactics seminar (e.g. religion and spirituality, diversity related to military branches, ranks, and conflicts), and we aim to incorporate the impact of diversity factors into all CRV case conference and didactic presentations.
RESEARCH AND PROGRAM DEVELOPMENT
The Fellow will have opportunities to engage in clinical research, program evaluation, and performance improvement activities tailored to their interests and goals. 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, more often, by an outside staff member (e.g., within the NCPTSD) with complementary interests to the Fellow. Recent Fellow research per program development projects have covered a wide range of topics including military sexual trauma, web-based interventions for substance use among post-9/11 veterans, trauma memories, self-injurious behavior, and mindfulness groups for residential substance abuse programming.
Posttraumatic Stress Disorder

Track Co-Coordinators: LAUREL BROWN, PH.D.
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EVE DAVISON, PH.D.
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eve.davison@va.gov

Location: VA Boston Healthcare System
Jamaica Plain Campus

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

OVERVIEW

The PTSD Fellowship track trains clinicians in all aspects of the treatment and assessment of trauma-related problems. 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 VA National Center for PTSD on the Jamaica Plain campus: the PTSD Clinical Team (PCT), which is affiliated with the Behavioral Science Division (BSD), and the Women’s Trauma Recovery Team (WTRT), which is affiliated with the Women’s Health Sciences Division (WHSD).

In a typical week, PTSD Fellows spend 50% of their clinical time working with Veterans served in PCT and 50% working with Veterans served in WTRT. The Veterans seen in these two programs are diverse on all sociodemographic characteristics and have served in the military during both peacetime and wartime,
with increasing numbers having served in the recent conflicts (approximately 50% of new PCT referrals and 35% of new WTRT referrals served in Iraq and Afghanistan). Traumas range from military combat to military sexual trauma, childhood traumas, accidents and interpersonal violence. Veterans present with PTSD and other trauma-related issues as well as with comorbid diagnoses including substance use disorders, depression, borderline personality disorder, and many others.

Both our clinics provide trauma recovery services, including evaluation, stabilization, skills, exposure, integration per process and maintenance. PTSD Fellows are exposed to a variety of evidence-based therapies and modalities, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET), Dialectical Behavior Therapy (DBT), the Dialectical Behavior Therapy Prolonged Exposure Integrated Protocol (DBT PE), Narrative Exposure Therapy, Adaptive Disclosure, Skills Training in Affective and Interpersonal Regulation (STAIR), Seeking Safety, motivational interviewing, acceptance- and mindfulness-based approaches, and several psychoeducational, skills-based, and process groups. Fellows also 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 psychiatric and medical comorbidities among trauma survivors. As part of their training in DBT, Fellows also join VA Boston’s DBT consultation team.

Fellows have the opportunity to provide clinical supervision to less advanced trainees in either the PCT or WTRT 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.

Fellows who have graduated from the program have gone on to varied successful careers such as VA staff positions across the country; positions working with Veterans in other settings; university counseling centers; university faculty positions; administration, policy and training positions; private practice; and research positions.

**GOALS**

The goal of the PTSD Fellowship is to provide an intensive clinical training year treating a diverse population of multiply-traumatized Veterans with wide-ranging stressor experiences, sociodemographic characteristics, service eras, and clinical presentations, who present with a range of comorbid mental health and medical disorders as well as PTSD. Both PTSD Fellows divide their time evenly between the PCT and WTRT. The primary responsibility of clinical Fellows in the PCT is the provision of PTSD-related clinical services to male Veterans. The primary responsibility of Fellows in WTRT is the provision of trauma-related clinical services (e.g., trauma-focused therapies, full model DBT) to female Veterans with PTSD and other trauma-related disorders, and consultation to other treatment providers. Trans-Veterans, as well as Veterans who identify as non-binary, gender fluid, or other gender identities, are provided the choice of receiving care within the program in which they feel most comfortable. 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 clinical services Fellows provide to Veterans include:

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

PTSD Fellows are each assigned primary supervisor within both the PCT and WTRT, with one supervisor being a designated mentor responsible for the overall coordination of the Fellow's training experience. Both primary supervisors collaborate in developing the training experiences to meet the specific needs and goals of each Fellow and provide clinical supervision. Fellows work with at least one additional clinical supervisor within each program, including an assessment supervisor in PCT and often group co-therapists in both programs. Supervision is also 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 more informally. In addition to supervision and team meetings in PCT and WTRT, Fellows attend CPT group consultation and per or PE group consultation, DBT consultation team, and interdisciplinary consultation meetings with medical staff in Women’s Health. Fellows also have the option of attending VA Boston’s Mental Health Multicultural Consultation Team meetings.

**Didactics**

PTSD Fellows participate in the following National Center for PTSD trainings and didactics at the start of the training year:

• Two-day workshop in Cognitive Processing Therapy (CPT) for PTSD
• Prolonged Exposure (PE) for PTSD
• Dialectical Behavior Therapy (DBT) didactic series
• Written Exposure Therapy (WET)
• Intakes per assessments in PCT and WTRT
• Use of the Clinician-Administered PTSD Scale (CAPS-5)
• Clinical issues in PTSD assessment
• Personality and personality disorder assessment
DIVERSITY FOCUS

WTRT and PCT serve Veterans who represent diversity across all dimensions, including race, ethnicity, country of origin, first language, age, ability, era of service, religion, sexual orientation, gender identity and gender expression. Issues related to diversity and inclusion are attended to at all levels of training and clinical services. During Fellowship orientation, the demographics of our programs’ clientele are discussed, and reading material on diverse populations is assigned (e.g., integrating cognitive behavioral and culturally competent practice; ethnoracial diversity in posttraumatic stress; working with sexual and gender minority veterans; impact of serving under Don’t Ask Don’t Tell). The NCPTSD also offers multiple didactics that incorporate discussion of diversity issues. Clinicians endeavor to foster an environment of transparency and mutual respect, acknowledging Veterans as the foremost experts on themselves and welcoming ongoing conversation about their perceptions of the impact and relevance identity has on their care. Fellows are supported and encouraged to explore and capture aspects of diversity most salient to their patients and to incorporate these into intake, assessment, and therapeutic processes. All Veterans are asked at intake about their treatment preferences and, when applicable, their past experiences in therapy: their preference for male vs. female clinicians, therapist-patient matches that have been more versus less effective in past courses of therapy, etc. Clinicians supplement structured diagnostic interviewing such as the SCID with interviews such as APA’s Cultural Formulation Interview. More generally, we strive to be sensitive to cultural and contextual factors that impact reporting of symptoms, descriptions of subjective distress, and manifestation of symptoms, and we often incorporate more flexible assessment approaches such as the Structured Interview for DSM-IV Personality (SIDP). Diversity is considered throughout all case conceptualization and treatment planning discussions with Veterans and in supervision meetings. For example, exploration of identity factors during intakes and throughout therapy allows for incorporation of this information into symptom conceptualization and subsequent treatment planning (e.g., consideration of internalized negative beliefs secondary to racism, the intersection of these beliefs with PTSD, and ways our trauma-focused protocols can acknowledge and sensitively address these beliefs). Veterans are asked about anticipated barriers to treatment engagement, and Fellows are supported in collaboratively troubleshooting these barriers (e.g., financial concerns, child care, homelessness). Throughout the course of treatment, Veterans’ experiences with discrimination, marginalization, and minority stress – and the ways these experiences may interact with trauma-related symptoms – are explored and addressed. Clinicians are sensitive to potential stigma around mental health diagnoses and mental health treatment. Conversations regarding diversity issues and adaptation of therapeutic approaches take place during interdisciplinary team meetings and supervision, as well as at VA Boston’s Mental Health Multicultural Consultation Team meetings.
Fellows typically spend four hours each week devoted to research and to program development or program evaluation activities. Early in the training year Fellows begin to define research goals in collaboration with their major supervisor and establish a connection with a faculty advisor to help guide these efforts throughout the year. Fellows have a wealth of opportunities from which to choose, given that there are more than twenty-five active researchers across two divisions of the National Center for PTSD located at VA Boston. 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 per development projects have in the recent past included analyzing variables related to completion or dropout from trauma-focused individual psychotherapy; the development and evaluation of a minority stress and empowerment group for Veterans; the development and evaluation of a nightmare re scripting group; 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.
Fellowship Graduation Ceremony – July 29, 2020

Top Row – Amy Silberbogen, Ph.D., ABPP (Fellowship Director), Laura, Grande, Ph.D., ABPP/cn (Neuropsychology Program Director), Chelsea Shotwell-Tabke, Ph.D., Jim Scholl, Ph.D., Justine Swanson, Psy.D., Nick Morrison, Ph.D.

Second Row – Michael Kruepke, Ph.D., Amanda Brunette, Ph.D., Youngsuk Kim, Ph.D., Jung Jang, Ph.D., Stephanie Grossman, Ph.D.

Third Row – Southey Saul, Ph.D., Rachel Weiskittle, Ph.D., Ginger Mills, Psy.D., Norah Hass, Ph.D., Elizabeth Craun, Ph.D.

Bottom Row – Leigh Colvin, Ph.D., Peter Ward, Ph.D.
**Program Wide Review and Remediation Procedures**

**Evaluation Methods**
Postdoctoral Fellows receive a formal written evaluation of their progress by their primary supervisor at a minimum of three times per year. Fellows provide written evaluations of their supervisors on a semi-annual basis. Additionally, each Fellow meets with the Training Director a minimum of three times per year to provide feedback on their experience. 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.
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 per 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 per hematology, which includes high voltage radiation therapy per 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 per Operation Iraqi Freedom per 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 per OIF Veterans.

**West Roxbury Campus**

The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Healthcare 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.

**Diversity and Inclusion**

In 2020, VA Boston’s Psychology Training Programs selected Juliette McClendon, Ph.D. to fill a new position, as the Diversity and Inclusion Coordinator. In this role, Dr. McClendon addresses diversity and equity in many meaningful ways, including supporting trainees from historically underrepresented
backgrounds, developing and contributing to the programmatic didactic series, and addressing recruitment and retention of diverse applicants.

**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.

**Mental Health Multicultural Consultation Team**
The Psychology Service Committee on Diversity and Inclusion began developing the Multicultural Consultation Team in Fall 2019 in an effort to provide a dedicated space for peer-led education and consultation on best practices for honoring and responding to diverse identities of Veterans in clinical care. We consulted with similar teams at peer institutions and conducted a needs assessment among the broader Mental Health Service at VA Boston in Spring 2020. This initial assessment revealed tremendous interest and support for such a team. Nearly 100 providers attended the team’s first formal meeting in August 2020, where we presented a didactic on responding to racist intolerant statements in clinical settings. Monthly meetings will include both smaller gatherings for case consultation and large meetings for additional didactic presentations. The team’s mission and values statements are below. Trainees have played an important role in the development of this team. We welcome all trainees in our collective efforts to grow as clinicians and provide responsive, affirming mental health care.

**Mission**
To support providers' efforts to give mental health care that meaningfully acknowledges and responds to the diverse backgrounds and identities of all VA Boston patients.

**Values**
- We are all lifelong learners in this domain – we must both support and challenge each other in order to enhance our multicultural competence.
• Diversity is a multifaceted construct, and intersectionality of diverse identities must always be considered.
• As mental health providers, we are in a unique position to combat inequality and oppression by providing culturally competent services to those with diverse identities, as well as addressing discriminatory beliefs expressed by our patients.
• In order to most effectively serve the needs of diverse patients, we must attend to our own identities, assumptions and biases, as well as their interaction with those we are working with.

ALANAS
VA Boston training programs have a formal relationship with the Harvard Medical School Department of Psychiatry’s ALANAS Mentoring Program for African-American, Latinx, Asian, Native American or those who identify with a sexual or gender minority group (ALANAS). The ALANAS program is led by Treniece Lewis Harris, Ph.D. 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. Harris’ contact information is included:

Treniece Lewis Harris, Ph.D.
Chairperson, Department of Psychiatry Diversity Council
Assistant Professor of Psychology in the Department of Psychiatry
Harvard Medical School per Cambridge Health Alliance
1493 Cambridge Street Cambridge, MA 02139
(617) 665-2414 voicemail (617) 665-1973 fax
tharris@challiance.org

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 per 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 per 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.

**LIVING ENVIRONMENT / COST OF LIVING**

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.

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 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.

We do understand that housing costs in or near Boston are quite high and that this is a significant consideration when applying to or considering a training year in the Boston area, particularly given the trainee salary. However, we do have trainees who make it work every year through various means. This includes choosing to live in neighborhoods that are relatively less costly (e.g., Allston per Brighton, Medford, Quincy) and per or finding a roommate(s). Trainees who have moved here on their own frequently live with roommates and have found this is a great way to cut costs and make friends in the area. It may also be possible to share an apartment with other incoming trainee(s) moving to the area from another location. Other trainees have received help from partners per spouses and per or family or used personal savings. It is also very easy to navigate Boston without a car given the extensive MBTA system (particularly for JP based trainees), which allows you to save on insurance and gas. All of our trainees who use public transportation to commute to and from work are eligible for the federal transit benefit program, which subsidizes the cost of purchasing an MBTA pass often up to the full cost of commuting. Finally, our facility offers on-site parking at all our locations at no extra charge. We understand that cost of living is a significant factor in determining where to complete a training year, and we are happy to answer questions and per or discuss this further with you during the interview day. Additionally, our trainees are more than happy to discuss their experiences living in Boston on a trainee salary.

**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 (August 15 through August 12).
- The Postdoctoral Fellowship requires that Clinical Psychology Fellows must complete 2080 training hours annually.
- The current stipend for a first-year postdoctoral Fellow is **$51,257** before taxes.
- Fellows are eligible for health insurance at a reduced cost.
- No funds are available for relocation.
- It is anticipated that Fellows will receive trainee 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. Trainees are eligible for the transit benefit, as well.
• 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. Our next Site Visit will be in 2022.

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

E-mail: apaaccred@apa.org  
Web: [www.apa.org per ed per accreditation](http://www.apa.org)

**ELIGIBILITY**

**ELIGIBILITY REQUIREMENTS FOR CLINICAL FELLOWSHIP PROGRAM**

1. All information about VA eligibility requirements is available at:  
   [http://www.psychologytraining.va.gov/per eligibility.asp](http://www.psychologytraining.va.gov/per eligibility.asp)

2. **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.

3. Have received a Doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science Program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.

4. Have completed an internship program accredited by the APA or CPA. The only exception regarding accreditation is for those who complete a new VA internship that is not yet accredited.

5. 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.

6. Fellows are subject to fingerprinting and background checks. Appointment decisions are contingent on passing these screens.

7. VA conducts drug screening exams on randomly selected personnel as well as new employees. 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. Please be advised: Although the recreational and medical use of marijuana is legal in Massachusetts and some other states, it is not legal at federal facilities. Thus, we cannot employ anyone who tests positive for marijuana.

**APPLICATION PROCESS**

The VA Boston Healthcare System, in which our training program resides, is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

We have a strong commitment to providing high-quality training in culturally-informed clinical care, to attracting Fellows from diverse backgrounds, and to creating an inclusive and welcoming training culture. Our patient population is diverse, and Fellows will have opportunities to work with Veterans with diverse identities, including Veterans of Color and LGBTQ+ veterans. Applications are welcome from candidates committed to culturally-responsive care. We also welcome applications from candidates from diverse backgrounds, including those traditionally underrepresented in psychology. If you would like to let us know more about your lived and/or professional experience related to diversity and culturally-informed care, we encourage you to include a brief sentence or two about this in your personal statement.

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

- Breadth and quality of prior general clinical or counseling training;
- Quality of experience in the specific focus area to which the applicant applies;
- Quality of experience with a diverse patient population and provision of care from a culturally competent framework;
- 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.
In keeping with our program orientation, we strongly prefer applicants from university based graduate programs that have a scientist-practitioner or clinical scientist orientation.

Applications are reviewed for eligibility after all materials are received. Applications are distributed to coordinators of each Track (e.g., PTSD) where they are reviewed and evaluated by supervising faculty. Virtual interviews are offered to select candidates (see additional information below).

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

**APPLICATION MATERIALS**

*Application materials are due by midnight EST on Tuesday, December 15th.* 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 Clinical Neuropsychology. Please be sure to apply to the Clinical Psychology Program if you are applying for: Behavioral Medicine, Addiction Recovery, LGBT Healthcare, Interprofessional General Mental Health, Geropsychology, Post Deployment Readjustment and Trauma-Related Disorders, and PTSD. If you are applying for a position within Neuropsychology, please access the Clinical Neuropsychology portal. If you are applying to both programs, you will apply through both portals and be charged two application fees.

Please read and follow instructions carefully and prepare the following:

1. A personal statement, containing the following information:
   - The history of your interest;
   - Any relevant educational, clinical, and per or research experiences;
   - A description of how you integrate diversity and culture in your clinical practice, scholarly efforts, or other professional domains.
   - A self-assessment of your training needs and goals for the Fellowship;
   - A statement of your career goals.

   Please note that if you are applying to multiple Tracks within the Clinical Program, your personal statement should address the below elements for each track reflecting the content areas to which you are applying. If you are applying to either the Addiction Recovery or Interprofessional General Mental Health Track, please indicate your interest in applying to the Fellow 1 position, Fellow 2 position, or both positions.

2. A detailed Curriculum Vita.

3. An official transcript of graduate work. We do not require transcripts from your undergraduate school. Please work to ensure that your official transcripts are mailed directly from your graduate program to APPA CAS with enough time that your application is complete by the deadline.
4. Three letters of recommendation - one from a faculty member familiar with your graduate school performance and at least one from a primary clinical supervisor during the doctoral internship.

We encourage applicants to be selective and thoughtful when considering submitting applications to multiple Tracks.

Please contact Track Coordinators with specific questions about training in a particular content area.

**Virtual Interview Days**

Given the economic burden of traveling, we have always offered virtual interviews at VA Boston and have routinely extended offers to postdoctoral applicants who have chosen to do remote interviews. However, in accordance with APPIC recommendations for recruitment during the COVID-19 pandemic, and due to our concern for the health and safety of our applicants, trainees, and staff, we will only offer virtual interview options for the 2021-2022 recruitment season. No on-site interviews will be offered or permitted, to ensure a level playing field and to reduce pressure that applicants might experience. We are currently developing our virtual interview day process, which will include an overview of our training model and program, a presentation by our Psychology Diversity and Inclusion Committee, individual interviews with supervisors, and a meeting with current and past postdoctoral Fellows. We also hope to develop some video content to help you get to know us better, and that you can review either in advance of interviews or following interviews.

At this point, we are planning on the following dates (see below) to offer as remote interviews. Given the uncertainties associated with planning FULLY virtual interview days (this will be a first!) and the broad uncertainties associated with COVID, there is the possibility that we would shift one or more days. However, applicants who are invited for interviews will be given two weeks’ notice prior to committing to a virtual interview day. Additionally, we will be attending to time zones and offering interview times that accommodate our West Coast and Hawaii applicants. Again, additional information will be provided regarding scheduling directly to applicants invited for interviews.

Planned virtual interview dates (subject to change with notice to applicants selected for interviews):

- Thursday, January 21, 2021
- Monday, January 25, 2021
- Wednesday, January 27, 2021
- Friday, January 29, 2021
- Monday, February 1, 2021

**Process**

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period.
VA Boston follows APPIC’s guidelines for postdoctoral recruitment and will be initiating making offers starting on February 22nd at 10 AM EST:
Please take the time to review these guidelines. Applicants can hold an offer for two hours. If you have an offer in hand from another site prior to February 22nd and your first choice is VA Boston, please contact Dr. Silberbogen as soon as possible. VA Boston can make a reciprocal offer if you are also our first choice. 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.

Please be in contact with Dr. Silberbogen at any point during the review process if you have questions about your status or have an offer from another program. 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.

**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.

**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”, including graduate school approval of your dissertation.

  - 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, 2021. 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, 2021, we will also accept documentation from your Department Chair or Dissertation Advisor confirming your defense date prior to the Fellowship program start date.

  - 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 the Fellowship start date. 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. OAA policy is 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 August 2021 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.

- **Acceptance of a position is BINDING:** Per APPIC guidelines, acceptance of a postdoctoral position is considered a binding professional commitment. It is expected that if you accept a postdoctoral position, you will no longer be pursuing other employment or training opportunities. There are very few circumstances which would release you from this binding agreement, given the significant consequences for programs, other applicants, and yourself.

Please contact Amy Silberbogen, Ph.D., ABPP, (Amy.Silberbogen@va.gov) if you have any questions about postdoctoral training at VA Boston. We would be happy to hear from you!

**First Post-Fellowship Positions**

2016-2019

(n=27)
CURRENT POSTDOCTORAL FELLOWS
CLINICAL FELLOWSHIP PROGRAM

Belel Ait Oumeziane, Ph.D.
Purdue University
Dual Diagnosis Track

Amanda Weber, Ph.D.
Boston College
Interprofessional General Mental Health Track

Julia Boyle, Psy.D.
Philadelphia College of Osteopathic Medicine
Geropsychology Track

Katlyn Welch, Ph.D.
Palo Alto University
PostDeployment Readjustment

Koriann Cox, Ph.D.
Northeastern University
Addictions and Co-Occurring Disorders Track

Natalie Wilver, Ph.D.
Florida State University
Behavioral Medicine Track

Mary Ellis, Psy.D.
Wright State University
PTSD Track

Cindy Woolverton, Ph.D.
University of Arizona
Geropsychology Track

Paige Hildreth, Psy.D.
LaSalle University
Behavioral Medicine Track

Jana Wozniak, Ph.D.
Seattle Pacific University
Interprofessional General Mental Health Track

Christine Serpe, Ph.D.
University of Missouri – Kansas City
PTSD Track