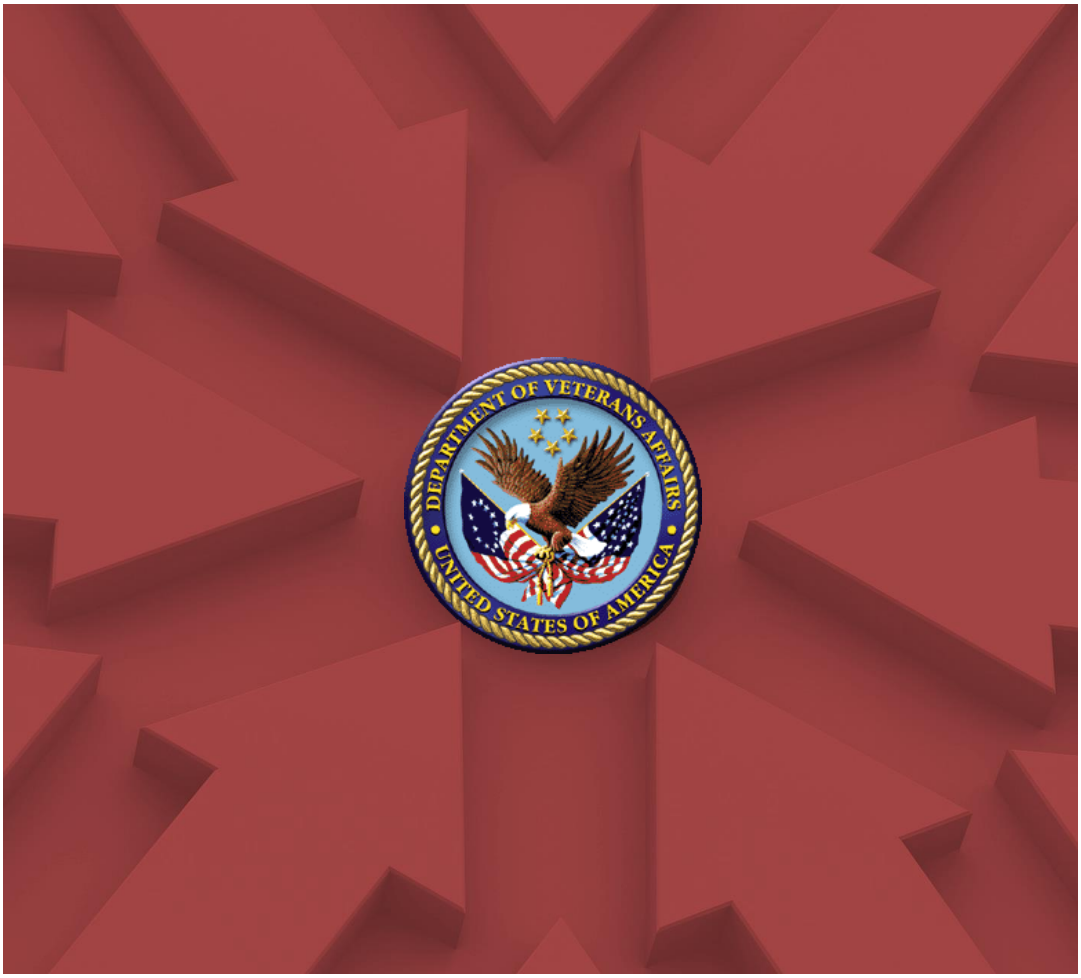

Psychology Internship Training

VABoston

HEALTHCARE SYSTEM

HELLO

VA Boston has a very long history of training predoctoral psychology interns – dating back to 1950 when the Jamaica Plain Campus first opened its doors. It is with great pride and excitement that today – some *70 years and approximately 1275 interns* later – we are accepting applications for our 2022 – 2023 Internship Training Class!

The purpose of this brochure is to provide applicants with an overview of the internship's training goals and objectives, resources, and policies and procedures for admission.

TRAINING GROUP

SITE TRAINING COORDINATORS

Jamaica Plain Campus
Scott Litwack, Ph.D.

Brockton & West Roxbury Campuses
Julie Weismoore, Ph.D.

ROTATION TRAINING COORDINATORS

Addictions and Co-Occurring Disorders
Molly Below, Ph.D.
Jamaica Plain Campus

Behavioral Medicine
DeAnna Mori, Ph.D.
Jamaica Plain Campus

Center for Returning Veterans
Jill Scott, Ph.D.
Jamaica Plain Campus

General Mental Health
Amy Lawrence, Ph.D.
Jamaica Plain Campus
Shimrit Black, Ph.D.
Brockton Campus

Geropsychology
Patricia Bamonti, Ph.D., ABPP
Brockton & Jamaica Plain Campuses

Primary Care Behavioral Health
Nora Keenan, Ph.D.
Brockton & Jamaica Plain Campuses

Neuropsychology
Laura Grande, Ph.D., ABPP/cn
Jamaica Plain & West Roxbury Campuses

PTSD Clinical Team
Scott Litwack, Ph.D.
Jamaica Plain Campus

Rehabilitation Psychology
Melissa Amick, Ph.D.
West Roxbury & Brockton Campuses

Substance Abuse Spectrum of Treatment
Lisa Myers, Ph.D.
Brockton Campus

Trauma and Addictions Recovery
Julie Klunk-Gillis, Ph.D.
Brockton Campus

Women's Trauma Recovery Team
Eve Davison, Ph.D.
Jamaica Plain Campus

EXECUTIVE

Jennifer Vasterling, Ph.D.
Chief of Psychology
VA Boston Healthcare System
Chair, Executive Committee
VA Boston Psychology Training Programs

Risa Weisberg, Ph.D.
Assistant Chief of Psychology
Director
Internship Training Program

ADMINISTRATIVE GROUP

Director of Admissions
Stephen R. Lancey, Ph.D.

Diversity Committee Co-Chairs
Colleen Sloan, Ph.D.
Scott Litwack, Ph.D.

Curriculum Coordinator
David Topor, Ph.D.

Research Coordinator
Karen Mitchell, Ph.D.

Administrative Officer
TBD

Program Support Team
Tai Antione, J.D., M.P.H.
Neysa Wright, M.Ed.

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Welcome to the VA Boston Healthcare System Psychology Internship Training Program!

The internship consists of a cooperative arrangement among our three major training facilities at the ***VA Boston Healthcare System*** - Jamaica Plain Campus, Brockton Campus, and West Roxbury Campus.

Our internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship is accredited by the American Psychological Association (APA). Our next Site Visit is scheduled for 2023. In 1998, the internship became one of the first training programs admitted to membership by the Academy of Psychological Clinical Science (APCS).

The twelve-month, full time, internship year starts with Orientation beginning on:

Monday August 1, 2022

and ends on

Friday July 28, 2023.

American Psychological Association

Association of Psychology Postdoctoral and Internship Centers

Academy of Psychological Clinical Science

Boston University School of Medicine

Our Medical School Affiliates

Harvard Medical School

Brief Introduction

The VA Boston Healthcare System Psychology Internship Training Program is a yearlong training program located among the campuses of the VA Boston Healthcare System. The internship is **accredited** by the Commission on Accreditation of the American Psychological Association. The internship is a member of the Association of Psychology Postdoctoral and Internship Centers (**APPIC**) and is one of twelve (12) internship members of the Academy of Psychological Clinical Science (**APCS**).

The internship seeks candidates from APA accredited, Canadian Psychological Association (CPA) accredited programs in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Our training program provides a wide variety of opportunities to work with veterans in three different VA campuses, as well as potentially children and adolescents in a non-VA externship setting (Boston University's Center for Anxiety and Related Disorders (**CARD**)).

Rotation Structure

Interns will train in two area of emphasis: a "Primary" (Match 8-month), as well as a "Secondary" (4-month), which is selected to assure a sufficient breadth of experience for our interns. Because each area of emphasis has a distinct APPIC match (program) number, the results of the Match assure interns their assignment to a specific 8-month area. Assignments to the four-month area, selection of research mentors, and the opportunities for adjunctive training experiences (ATE) and supervisors, are guided by our interns' other interests and training needs, which are discussed in detail after the Match results are known. All interns have complementary training experiences, including: ATE, which may involve work in a different clinic or with a different population than those found within the intern's two major clinical areas; scholarly inquiry / research activities; and a weekly seminar series. Depending upon their interests and qualifications, interns also may arrange to do a research externship, which would expand opportunities and available time for scholarly inquiry activities.

Areas of Emphasis

For 2021 – 2022, intern training takes place within the following twelve (12) areas of emphasis, spread across three VA Medical Center campuses. Potentially, an additional unique training opportunity exists within an externship program offered through the Boston University Center for Anxiety Related Disorders (**CARD**).

- Addictions and Co-Occurring Disorders at Jamaica Plain
- Behavioral Medicine at Jamaica Plain
- Center for Returning Veterans at Jamaica Plain
- General Mental Health at Jamaica Plain
- Geropsychology at Brockton
- Neuropsychology at Jamaica Plain and West Roxbury
- Primary Care Behavioral Health at Jamaica Plain and Brockton
- PTSD Clinical Team at Jamaica Plain
- Rehabilitation Psychology at West Roxbury and Brockton
- Substance Use Disorders – Spectrum of Treatment at Brockton
- Trauma and Addictions Recovery at Brockton
- Women's Trauma and Recovery Team at Jamaica Plain

Application

- Minimum Number of AAPI Hours: 400 (combined Intervention and Assessment hours)
- Minimum Number of Years of Graduate Training Required: 3
- **Application Due Date: Monday, November 1, 2021 11:59 PM**

Candidates should identify up to two (2) rotations in their cover letter as potential Primary, "Match" areas; in effect, this constitutes a request for their application to be reviewed by those two specific potential Primary, 8-month rotations.

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 Internship 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 workspaces with partners, childcare, long-distance from loved ones) and facilitating community and connection. Dr. Weisberg routinely meets with the class of interns 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 2022-2023 training year. At the time of this writing (9/2021), most of our interns are on-site 2-5 days per week, in line with their clinical settings, and teleworking the remaining days. Our interns are instructed to follow safety procedures consistent with CDC and local facility guidelines, including mandatory screening upon presenting at the medical centers, mandatory masking and PPE requirements, social distancing, cleaning protocols, and hand washing.

Clinical supervision remains consistent with APA accreditation guidelines (minimum of 4.0 hours per week). Supervisors meet with their trainees either in person or virtually by a number of video-based platforms (WebEx, Microsoft Teams). Currently, didactics and team meetings are offered remotely. Given some of the challenges of working remotely, we work to ensure our current class of interns is feeling connected with the broader psychology community; community building will remain a high priority.

We anticipate that the 2022-2023 Fellows will continue to engage in some hybrid mix of remote and in-person work, consistent with the demands and requirements of their specific clinical placements. 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 interns, 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, for in-person services.

Commitment to Diversity and Inclusion

We have a strong commitment to providing high-quality training in culturally-informed clinical care, to attracting interns from diverse backgrounds, and to creating an inclusive and welcoming training culture. Our patient population is diverse and interns will have opportunities to work with veterans with diverse identities, including veterans of Color and LGBTQ+ veterans. Applications are welcomed 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 lives 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 **cover letter.***

- **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 and nearly 100 providers attended the team's first formal meeting in August 2020, where we presented a didactic on responding to racist and 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 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. As of this writing, Harvard is actively forming a selection committee (including VABHS staff) for the Director position, as the most recently appointed lead has taken a new role outside of Harvard.

Training Objective and Aim

In modern health care, the roles available to psychologists are broader than ever before. As such, internship training must continue to prepare interns for the important competencies of assessment, behavior change and psychotherapy but must also provide experience and training in an array of health service psychology competencies that include clinical research, consultation, supervision, administration and management, leadership, program development and outcome evaluation. Within our internship, trainees will find a milieu that it is suffused with attention to issues of diversity; to ethical and legal standards; to development of professional values, attitudes, and behaviors; to a focus on personal growth and development; and to the transformation of graduate student to psychologist.

By the end of the internship year, interns can expect to have developed and refined their skills in psychological assessment and evaluation, as well as in a variety of treatment modalities, including group and individual psychotherapy. Interns will learn to effectively communicate their observations and opinions in interprofessional settings, and polish interpersonal skills needed to work effectively with patients and other professionals. Interns will be able to generalize these skills to other settings, problems, and populations. Interns can also expect to further develop their knowledge of, and sensitivity to, the cultural, ethical and legal issues that impact on psychological practice. We expect interns to demonstrate a commitment to evidence-based practice that integrates the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. Interns will thus be provided with opportunities to continue to develop their empirical skills, whether as a creator or a consumer of research and/or program evaluation data. Finally, interns can expect to develop a more accurate understanding of their own strengths and limitations, and to become more confident in deciding when to act independently, and when to seek consultation. The enhancement of general skills is emphasized in the VA Boston

internship. However, in the context of these broad and general training experiences, the development of greater expertise and specialist skills also is permitted and encouraged.

The **primary aim** of the VA Boston Internship Program, then, is to prepare for successful admission to competitive postdoctoral or entry-level professional positions, particularly in VA Medical Centers, academic medical centers, or academic departments of psychology.

Philosophy and Model of Training

A guiding principle in all aspects of service delivery and clinical research within the internship is respect and human dignity for our clients. We emphasize patients' rights, self-determination and the right to choose, including the patient's right to adequate medical, psychological, educational, recreational and other community services, the patient's right to family participation in treatment, and delivery of care with the utmost privacy in the least restrictive environment. We honor cultural, ethnic, sexual orientation and gender differences in our patients and deliver services accordingly.

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. As a consequence, 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 interns 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, interns are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development. Graduating interns 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 interns 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 VA Boston Psychology Internship Training Program model for training entails four broad, core components. **TRAINING IS:**

1. **INDIVIDUALIZED, GRADUATED, AND PRIMARY:** Training is individualized, such that we aim to build professional identify and responsibility through involvement in the training process. In other words, we ask that interns collaborate with their faculty mentors and supervisors to develop a training plan that meets their specific training and career goals based on a needs assessment and discussions with faculty. Training is structured around those specific goals and increases in complexity and responsibility over the course of the training year. Service delivery 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 / EVIDENCE-BASED MODEL:** We employ and model a ***scientist-practitioner / clinical scientist, evidence-based*** approach to professional psychology, wherein empirically supported knowledge informs psychological assessment and intervention, and wherein questions arising from clinical practice drives research endeavors. Training involves empirically supported treatments and ensures that interns utilize critical thinking skills to develop their own clinical research ideas. 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.

The VA Boston Internship is a member in the Academy of Psychological Clinical Science (APCS). APCS is an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology. Our program is one of 12 internships in the United States and Canada judged to have met the membership criteria of demonstrating strong commitments to, and an established record of, successful clinical science training.

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

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

Due Process/Grievance Procedure Policies

At the beginning of the training year, all interns are given a copy of our Due Process policy contained within the Orientation Manual.

This document provides interns and staff a definition of problematic behavior and impairment, a listing of possible sanctions and an explicit discussion of the due process procedures. Included are important considerations in the remediation of problems or impairment. Also at the beginning of the training year, all interns are given a copy of our grievance procedures policy. This document provides guidelines to assist interns who wish to file complaints against staff members. It also explains the process if a supervisor has a concern regarding a student that does not fall under the inadequate performance (*i.e.,* Due Process). These policies are available, in advance, by request.

Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2010), APA described what a program can reasonably expect of students in training regarding personal disclosure. The VA Boston Psychology Internship Training Program does not require interns to disclose personal information in the context of their training, unless the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a trainee whose personal problems are preventing them from performing professional activities competently or whose problems are posing a threat to the trainee or others.

Structure of the Training Program

Core Competencies / Goals

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

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

1. Research

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

During their graduate training in psychology (prior to internship), doctoral interns should have already obtained a general background in research methodology, design and applied statistics, APA *Ethical Principles* pertaining to research on human subjects, as well as the fundamentals of evaluating and writing research reports. Thus, the internship's scholarly inquiry / clinical research competency, constitutes an opportunity to demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local institution, regional, or national level.

2. Ethical and Legal Standards

Almost all interns have had formal instruction in ethics as part of their graduate training and act in accordance with the APA *Ethical Principles of Psychologists* and *Code of Conduct*. They come to internship ready to see how ethical concerns and issues are addressed routinely by the practicing professional psychologist. In a large, active and complex healthcare delivery system, interns become aware of relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. Actual ethical issues may arise in all phases of training. These may include a broad range of issues such as confidentiality, legal obligations to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit. Interns 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

The Intern's development of competence in Individual and Cultural Diversity is promoted through a combination of clinical training and supervisory experiences, required didactics and conferences, discussion

in case conferences, case conceptualization meetings, seminar series, and multicultural workshops. Through individual and/or group supervision, supervisors are committed to discussing cultural and individual differences (at the patient, family, or team level) that may arise in the various treatment settings in supervision sessions or live supervision in the context of team meetings or consultation; these may involve discussion of conflicts/tensions that arise from diversity issues and/or direct interventions to enhance clinical care and/or team functioning. All supervisors have attended multicultural supervision workshops at VA Boston. Supervisors can also participate in the national VA Psychology Training Council Multicultural discussion forum, in which multiculturally-relevant readings are disseminated to a listserv, and discussion may ensue. There are several opportunities for both supervisors and interns to attend multicultural trainings and workshops offered through our medical school affiliates.

As a result, each intern is expected to demonstrate sensitivity and competence in providing psychological services to individuals with diverse backgrounds, for example, different ethnic backgrounds, religion, country of birth, gender, gender identity, social class, age, sexual orientation, disability and health status, the unique experiences of veterans, as well as other individual differences. Interns are expected to demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision / consultation, and service. Interns will demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with their own. Interns will demonstrate a continued willingness to explore one's own cultural background and how these influences one's personal attitudes, beliefs, and biases.

4. Professional Values and Attitudes

The development of competence in Professional Values and Attitudes is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, required didactics and conferences, discussion in case conferences and seminar series, and team meetings. Internship is a ***transformative*** process. Interns 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. Interns are expected to demonstrate these values as they also engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Interns are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Interns 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.

5. Communication and Interpersonal Skills

The development of competence in Communication and Interpersonal Skills is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, didactics and conferences, discussion in case conferences and seminar series, and team meetings. The Communication and interpersonal skills are foundations of education, training, and practice in health service psychology. Interns are expected to develop and maintain effective relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Interns 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

The development of competence in Assessment is promoted through a combination of clinical training and supervisory experiences, required didactics and conferences, discussion in case conferences, and case conceptualization meetings. Functional skills in assessment, diagnosis, and intervention are critical to the professional practice of clinical psychology. Interns should be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Interns will receive training on the selection and application of assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and will collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interns are expected to interpret 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. By the completion of the internship, each intern should have a working proficiency in basic assessment areas, a beginning proficiency in the area of specialization, and the ability to recognize when professional supervision or referral should be sought.

7. Intervention

The development of competence in Intervention is promoted through a combination of clinical training and supervisory experiences, required didactics and conferences, discussion in case conferences, and case conceptualization meetings. Psychologists perform a wide variety of therapies. Each intern is required to demonstrate competence with the types of therapies required for a given rotation. As with assessment, interns should demonstrate a working proficiency in basic areas of therapeutic intervention, a beginning proficiency in their area of specialization, and the ability to recognize when professional supervision or consultation should be sought or a referral should be made. Interns are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns will demonstrate the ability to apply the relevant research literature to clinical decision making. develop appropriate evidence-based case conceptualizations and treatment plans, communicate effectively with patients, family members, and other care providers to implement and coordinate treatment, and demonstrate effective lethality assessment (e.g., suicide assessment, violence risk assessment) and know the appropriate actions to take for the safety of patients and others at risk of harm..

8. Supervision

The development of competence in Supervision is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, and required didactics and conferences. On selected rotations, direct experience providing "supervision-like" clinical consultation to practicum students while receiving supervision on this "supervision" from a licensed psychologist who has responsibility for the case. The specific involvement of each intern in consultation / supervision activities varies somewhat according to his/her rotation. The intern is expected to demonstrate understanding of basic supervision concepts and principles, and the developmental process of clinical supervision, and to begin to develop a philosophy or model of supervision. The intern is expected to also demonstrate understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. And finally, if supervising, to demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them.

9. Consultation and Interprofessional / Interdisciplinary Skills

The development of competence in Consultation and Interprofessional/Interdisciplinary Skills is promoted through a combination of clinical training and supervisory experiences, professional role modeling by program leadership, primary supervisors and other supervisors, required didactics and conferences, discussion in case conferences and seminar series, and team meetings. The training program assumes that interns will have had little, if any, prior experience in the role of a professional consultant. Therefore, the

training objectives here are directed toward grounding interns in the basic principles and "how to" aspects of consultation. Interns will demonstrate effective professional functioning in responding to consultation referrals from other providers or colleagues, understand the structure of treatment teams and the roles of providers from other disciplines, contribute to and collaborate effectively with treatment teams of which they are a member, provide constructive consultation to colleagues, and understand systems issues pertaining to clinical practice.

The Training Program

The Psychology Internship Training Program provides and emphasizes:

- **Supervised Service Delivery -** Interns receive supervised training in direct contact with service recipients. Interns will spend a minimum of 25% (10 hours) of their week engaged in direct, face-to-face clinical care. At present, all clinical care is delivered electronically. In accordance with APA, APPIC, and VA Office of Academic Affiliations guidelines, "face-to-face" is extended to include video telehealth. As appropriate for training, face-to-face patient encounters are but one component of service delivery. In addition, there are numerous activities that the intern will engage in that are in support of face-to-face clinical care. The combination of face-to-face clinical care and all supportive clinical functions (e.g., consultation with other providers, report writing, medical record review, supervision, and provision of supervision) will comprise approximately 75% of an interns' training.

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

    - All interns receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face-to-face supervision by a licensed psychologist. The additional two or more hours per week may involve individual or small group (i.e., 2 or 3 trainees) supervision. As was noted with direct service, supervision is currently conducted via video (preferred) or by telephone (rarely except for highly unusual situations.)

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

- **Adjunctive Training Experiences -** VA Boston interns are expected to pursue training with specific client populations or in particular treatment methods / evidence-based treatments through adjunctive training experiences (ATE). ATEs serve to broaden the experiences that interns receive on their 8- and 4- month rotations and thus, focus on a distinct area of clinical training.

- **Non-Evaluative Mentor -** Each intern selects a Non-Evaluative Mentor (NEM) from among faculty members, who will serve as a year-long mentor for the trainee. The NEM may represent an area of particular clinical or research interest for the trainee, or may be a psychologist whose background or other qualities (e.g., ability to speak to balancing career and family life, including being a parent or caring for ill/elderly family members) is of relevance. The NEM may be linked to the trainee's training experiences but cannot be a direct supervisor or evaluator of the trainee. The NEM provides counsel and is meant to assist the trainee in the overall coordination of their training experiences throughout the year. Examples of areas that might be discussed during meetings could include issues related to professional development, identity

development, career trajectory/choices, work/life balance, and postdoctoral applications/decision making, among others.

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

- **Research Activity -** Interns receive 4 hours of protected time per week for scholarly inquiry activities (including empirical research and/or program development / evaluation). At times, interns may be able to negotiate for up to 8 hours of protected research time, or may choose to spend additional hours, on their own time. Interns may collaborate with faculty on ongoing research, collaborate with faculty on a program evaluation project, or design and implement an independent research project under the mentoring of a faculty member. Interns are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate.

Instruction – Didactics

A wide range of educational offerings are provided via:

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

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

- **Psychology Diversity and Inclusion Colloquium -** This series is offered on a quarterly basis for psychology staff and trainees as a forum for presentation of topics associated with aspects of diversity as applied to clinical and supervisory settings as well as clinical research in mental health. Speakers include both national and local experts on these topics. The primary aim is to increase attention to diversity factors across these domains, and the series has been providing education to attendees since 2012. Topics have included multicultural considerations in neuropsychology, microaggressions in clinical practice, race and PTSD, aging in the LGBTQ+ community, research methods to understand and reduce mental health care disparities, complexities of disability and challenge of inclusion, and CBT with culturally diverse populations. Annually, two of these talks are embedded within the Core Curriculum for interns.

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

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

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

The following rotations are available as both eight- and four-month experiences:

Jamaica Plain Campus

- Addictions and Co-Occurring Disorders
- Behavioral Medicine
- Center for Returning Veterans
- General Mental Health
- Neuropsychology
- Posttraumatic Stress Disorder Clinical Team
- Women's Stress Disorders Treatment Team

Brockton Campus / West Roxbury Campus:

- Geropsychology
- Primary Care Behavioral Health
- Rehabilitation Psychology (mostly located on the West Roxbury Campus)
- Serious Mental Illness (anticipated as a four-month rotation only)
- Substance Use Disorder Spectrum of Treatment
- Trauma and Addictions

In addition to these twelve major clinical rotations being offered for 2022-2023, VA Boston interns potentially have access to the following Child and Adolescent Fear and Anxiety Treatment Program clinical externship opportunity:

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

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

Addictions & Co-Occurring Disorders
Jamaica Plain Campus

Rotation Coordinator: **MOLLY BELOW, PH.D.**
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-4440
Email: maureen.below@va.gov

Number of Interns: 1

Overview

The Addictions and Co-Occurring Disorders rotation on the Jamaica Plain campus of the VA Boston Healthcare System offers a combination of experiences in both residential and outpatient treatment settings. We serve veterans with substance use disorders and a wide range of co-occurring psychiatric conditions including posttraumatic stress disorder (PTSD), mood and anxiety disorders, and personality disorders. The primary goal of this rotation is to provide interns with a comprehensive training experience in evidence-based approaches to assessment and treatment for veterans with substance use disorders and common co-morbid conditions. Offering ongoing care across a spectrum of treatment settings is a key component of our treatment and training missions.

- **Who Do We Serve?** The Jamaica Plain campus of the VA Boston Healthcare system is located in an urban setting and serves a very diverse patient population. The veterans in our programs have a range of substance use problems (including but not limited to alcohol, opioids, cocaine, and designer drugs), other behavioral problems (such as tobacco use disorders and gambling), co-occurring psychiatric conditions (such as PTSD, personality disorder, or depression), and significant social problems such as homelessness and unemployment. They range in age from early 20s to 80s. They present with an intersection of diversity characteristics in terms of veteran status, cultural background, sexual orientation, gender identity, religious/spiritual backgrounds, and socio-economic status. Their histories often include childhood as well as military traumas associated with substance use.

- **Who Are We?** Our staff includes a multidisciplinary team from psychology, psychiatry, social work, and nursing. Psychologists in our clinics serve integral roles on our teams engage in a variety of activities, including research, management, trainee and staff supervision, in addition to provision of clinical services. This allows for mentorship with psychologists in a range of professional roles our trainees may wish to explore. The intern is part of the treatment team in both the residential and outpatient programs while on the rotation.

Learning Objectives

The learning objectives of the Addictions and Co-Occurring Disorders rotation:

- Learn how to assess substance use and co-occurring conditions and develop a comprehensive treatment plan to address multiple concerns.
- Learn how to assess veterans at various stages of readiness to change and in treatment and make decisions about appropriate levels of care.

- Learn how to conduct evidence-based group therapy for substance use disorders.
- Learn how to conduct evidence-based individual psychotherapy for veterans with common co-occurring problems including PTSD, personality disorders, anxiety, mood disorders or grief.
- Learn how to work as part of a multidisciplinary team.
- Learn how to include diversity issues in developing treatment plans for veterans.
- Learn how to conduct research and program evaluation that reflects the current issues confronting veterans with substance use disorders.
- Learn to supervise clinical trainees by providing individual case consultation to psychology practicum students under the direction of a licensed psychologist.

▶ **Length of Rotation:** The opportunities described above are available for interns working in the Primary (eight-month Match) or secondary (four-month rotation). Eight-month interns will be exposed to a wider array of individual cases, many of which are appropriate for long-term intervention on an outpatient basis, and will have more opportunities for program development.
Our rotation is ideal for interns who want to develop a career in the addiction field that may include clinical program management, program evaluation/research, and/or clinical supervision of trainees. Many of our former trainees have gone on to clinical and research careers in the VA and tenure-track academic positions.

Clinical Experience

The Addictions and Co-Occurring Disorders rotation training program offers immersion in two treatment teams- residential and outpatient- that function within an academically oriented training environment. In this setting, interns have the opportunity to work with a range of professionals on these teams- psychologists, psychiatrists, social workers, LPNs, rehab techs, vocational rehabilitation specialists. The intern also has the opportunity to interact with a clinical postdoctoral fellow, master's or doctoral level practicum students, and sometimes research postdoctoral fellows. These experiences provide opportunity for significant professional development as the intern learns and begins to fulfil the role of psychologist on these dynamic teams.

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

- **Group Therapy:** Interns on this rotation conduct five therapy groups per week in the residential setting, serving as a co-leader either with other staff or postdoctoral fellows. Relapse Prevention, which serves as the cornerstone of SARRTP treatment, meets three times per week. Other groups that have been run by the SATP intern are Seeking Safety or Dialectical Behavior Therapy skills.

- **Individual Therapy:** The intern conducts individual therapy with veterans who may be treated in the SARRTP or through the outpatient clinic. Individual therapy may focus on the treatment of co-occurring conditions such as PTSD, depression, or personality disorder. Other areas of concern may include grief, sexual orientation or gender identity questions, sexual problems, medical concerns, relationship problems, or managing life stressors. Empirically-Based Psychotherapies that are delivered in individual psychotherapy by the intern often include Cognitive Behavioral Therapy, Motivational Interviewing, Motivational Enhancement Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Interpersonal Therapy.

- **Consultation:** The intern is an integral member of the SARRTP consultation team, which manages referrals to the program. This training component offers the opportunity to interact with inpatient psychiatry, medicine, other substance abuse treatment programs at VA Boston, or the legal system. Interns complete comprehensive screening assessments for admission to the program, and provide treatment recommendations based on these assessments, feedback to veterans and referring clinicians, and to the SARRTP team.

- **Staff Meetings:** The intern is considered an integral part of the residential team and attends the SARRTP staff rounds, treatment planning meetings with veterans and other team members, and the consultation team meeting. Interns have opportunities to present their work with veterans on a regular basis at the team meetings, to collaborate with other providers on the team, and learn about the roles of different disciplines in residential treatment.

- **Outpatient Treatment:** The outpatient Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for veterans of all genders who are motivated to work on making changes in their substance use or related experiences. The intern spends approximately 10% of their time working in the ADTP.
  - **Intakes, Assessments, and Staff Meetings:** The intern will have the opportunity to conduct psychodiagnostic testing and comprehensive biopsychosocial assessments with veterans in outpatient care, often to clarify co-morbid diagnoses. Interns conduct approximately one outpatient intake assessment per month and have the opportunity to present these cases in our outpatient staff meeting, participate in treatment planning for these cases, and provide case consultation to others. Interns receive training in risk assessment and mental status evaluations They also learn to evaluate signs and symptoms of substance use intoxication, withdrawal, and overdose.
  - **Individual Therapy:** Interns will follow 3-4 individual therapy cases at any one time during the rotation. Cases may include Veterans who are in various stages of motivation to change, and with a variety of co-morbidities. In the ADTP setting, interns have the opportunity to learn both abstinence-based and harm reduction models of treatment.

Instruction

Interns attend monthly Substance Use didactic seminars with the staff and the program's other trainees. Topics of the seminars vary from year to year, and have included presentations about empirically supported treatments for PTSD in veterans with substance use issues; medications used to treat craving and psychiatric conditions in substance use patients; lethality assessment and suicide prevention; diversity among substance-using veterans; neuropsychological correlates of substance use; designer drugs, DBT for substance use; managing medical issues in the context of substance use; and trainee and staff member research projects. In fall 2020, our rotation will also begin monthly diversity discussions. These meeting will entail a blend of didactics on key topics and emerging literature with consultation around diversity-related issues we face in our clinical work and other professional settings.

Our intern and other trainees participate in Relapse Prevention training, which will provide a thorough introduction to our residential Relapse Prevention manual, as well as orientation to the unique role Relapse Prevention group leaders play in our residential program. Formal didactics in motivational interviewing are also provided as part of training for ADTP's motivational enhancement therapy (MET) protocol. MET supervision also includes assignment of related readings and role playing, as needed.

Interns may also engage in supervised reading of book chapters, journal articles, and other monographs to add to their knowledge base and conceptual abilities in working with our patient population. These readings may be recommended in individual supervision or when attending the optional monthly Addictions Journal Club. Interns also have the opportunity to develop their own teaching skills, by presenting alone and/or co-presenting with staff and with other senior trainees in rotation didactic seminars.

Supervision

Supervision for both group therapy and individual therapy is provided by licensed staff psychologists (please see "Supervision Team" section below for more information regarding rotation supervisors). In addition, interns receive

supervision / oversight from senior co-facilitators, and in consultation team meetings, staff meetings, and treatment team meetings.

- **"Supervision of Supervision":** A unique opportunity offered by this rotation is its "supervision of supervision" component. Interns will provide clinical case consultation / "supervision" to a practicum level psychology trainee on three to four individual therapy cases, under the supervision of a licensed psychologist. On a weekly basis, the intern meets with a licensed psychologist to receive supervision about their work as "supervisors" to the practicum students.

- **The Supervision Team:** Interns receive at least four hours of individual and group supervision per week. Though precise activities supervised by each faculty member vary from year to year, current supervisors in the JP SATP include:
  - **Monica Roy, Ph.D.** - Program Manager of SARRTP and ADTP. Dr. Roy provides one hour of supervision for Relapse Prevention and individual psychotherapy cases combined, and a half hour of supervision for SARRTP screenings. In addition, Dr. Roy serves as a member of the intern's Relapse Prevention treatment team and provides in vivo supervision in weekly team meetings.
  - **Maureen C. "Molly" Below, Ph.D.** - Acting Program Manager of the Women's Transitional Residence Program and ADTP Staff Psychologist. Dr. Below provides one hour of supervision for outpatient individual psychotherapy to the intern. Dr. Below also provides monthly supervision of outpatient intake assessments to the intern and postdoctoral fellow, and an hour of supervision of supervision to the intern and postdoctoral fellow, who each supervise 2-3 individual psychotherapy cases seen by our practicum students.
  - **Anne Banducci, Ph.**D. – Staff Psychologist in ADTP, VA Boston Military Sexual Trauma (MST) Coordinator. Dr. Banducci, who is a Motivational Interviewing (MI) consultant for the national VA MI roll-out, conducts Motivational Enhancement Therapy (MET) training and an hour of MET supervision to the intern and practicum students.
  - **Deborah J. Brief, Ph.D.** - Director of Residential and Rehabilitation Services at VA Boston. Dr. Brief does not currently provide clinical supervision for our interns. However, she often provides mentorship and research supervision.

4–Month Rotation Description

Our 4-month interns fulfill roles very similar to those played by our 8-month interns. They also co-facilitate Relapse Prevention group, develop SUD assessment skills by conducting outpatient and residential screenings, and carry an outpatient SUD caseload delivering EBTs for SUD, including MET. The primary difference between our 8- and 4-month rotations is twofold. First, due to the shorter time on the rotation, our 4-month interns tend to conduct more focused motivational or change-oriented treatment for SUD. Second, as our practicum students often complete their rotations with us in the spring, the 4-month intern typically does not have a role in supervision of junior trainees. The supervision-of-supervision component of training on our rotation is therefore not a usual part of the 4-month training experience.

Research

All psychologists affiliated with this rotation have strong research backgrounds and an ongoing interest and involvement in empirical research focused on individuals with substance use disorders. Interns are encouraged to integrate current research literature and knowledge into their clinical work, while also continuing to contribute to the empirical study of substance use and related clinical issues and treatments. While on the rotation, interns have an opportunity to complete program evaluation and performance improvement research our clinics, research a topic of interest, write a review article for publication, and/or collaborate with researchers outside of our rotation. Interns who have remained at our site for postdoctoral fellowship have been able to develop longer-term data projects that

require more than four to eight months to complete. Several of our interns have gone on to further research training as part of our interprofessional addiction fellowship.

Rotation supervisors have research interests in the following areas: treatments for substance use disorders and co-occurring PTSD and substance use disorders; application of unique technologies to deliver evidence-based treatment to veterans; intervention to facilitate entry into treatment after detoxification; personality variables including impulsivity, as they relate to substance use disorders and PTSD; issues of diversity and inclusion; cohort-specific issues in substance using veteran populations; and risk reduction for individuals living with HIV. Drs. Brief and Roy are part of an ongoing research team that has developed a web-based intervention and mobile application for Veterans with problem drinking and PTSD symptoms. Drs. Brief and Below have been involved with a multi-site randomized controlled trial examining an intervention designed to boost treatment follow-through after detoxification.

- **Examples of Scholarly Inquiry Opportunities:** Interns on the rotation have the opportunity to get involved in a number of scholarly and research opportunities. Examples of past or possible scholarly inquiry projects include:
  - **Program Development and Evaluation:** Interns on the rotation have the opportunity to be involved in the development of materials for our psychoeducational groups, to contribute to the creation of new treatment groups and evaluate their impact, and get involved in ongoing evaluation activities of our treatment programming.
  - **Secondary analysis** of existing datasets, including from VA randomized controlled trials, for presentation and publication. Students have worked with faculty from a number of teams, including SARRTP, ADTP, and Behavioral Sciences Division and Women's Health Sciences Division of the National Center for PTSD.
  - **Independent scholarship** including systematic review and publication
  - Involvement with the **Psychology Diversity Committee**, including independent project development, data collection, analysis, write up, and presentation (e.g. development of strategies to improve inclusive staff/trainee hiring practices, clinical services; satisfaction surveys for patients from diverse backgrounds; develop educational materials to promote diversity among specialty MH clinics)
  - Other opportunities include contributing to clinical trial research, developing research protocols, conducting qualitative interviews, and implementing technology into care (Web, mobile interventions) with researchers within or outside our rotation.

Selected recent publications from our **staff** (highlighted):

Banducci, A. N., Mahoney, C. T., & Street, A. E. (in press). Military sexual trauma. In C. H. Warner & C. Castro (Eds.), Veteran and Military Mental Health: The Psychiatrist's Role. Washington, DC: *American Psychiatric Association, Publishing.*

Fondren, A., **Banducci, A. N.,** Cox, R., & Contractor, A. A. (in press). Processing of Positive Memories Technique (PPMT) among clients reporting traumatic experiences: A case series. *Clinical Case Studies.*

Woodhead, E.L., **Brief, D**., **Below, M**., & Timko, C. (2021). Health outcomes among detoxification patients: the role of chronic pain. *Applied Psychology of Health and Well Being* (online ahead of print). DOI: 10.1111/aphw.12279.

Banducci, A. N. (2021). Prolonged exposure therapy in the time of COVID19: Modifying PTSD treatment for a military sexual trauma survivor who contracted COVID19 mid-treatment. *Clinical Case Studies 20(4)* 331-348.

Contractor, A. A., Caldas, S. V., **Banducci, A. N.,** & Armour, C. (2021). A pilot study examining roles of cognitions and affect between positive memory processing and posttraumatic stress disorder symptom severity. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Livingston, N. A., Ameral, V., **Banducci, A. N.,** & Weisberg, R. B. (2021). Unprecedented need and recommendations for harnessing data to guide future policy and practice for opioid use disorder treatment following COVID-19. *Journal of Substance Abuse Treatment*, *122*, 108222.

Contractor, A. A., **Banducci, A. N.,** & Weiss, N. H. (2021). Critical considerations for the positive memory-posttraumatic stress disorder model. *Clinical Psychology & Psychotherapy.*

Banducci, A. N., Weiss, N. H. (2020). Caring for patients with posttraumatic stress and substance use disorders during the COVID19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*. *12*(S1), S113.

Woodhead, E. L., **Brief, D**., **Below, M**., & Timko, C. (2020). Participation in 12-step programs and drug use among older adults with cannabis use disorder: 6-month outcomes. *Journal of Drug Issues, 51*(1), 38-49. doi: 10.1177/0022042620957013.

Banducci, A. N., Contractor, A. A., Weiss, N. H., & Dranger, P. (2020). Do positive memory characteristics relate to reckless behaviours? an exploratory study in a treatment-seeking traumatised sample. *Memory*, *28*(7), 950-956.

Contractor, A. A., **Banducci, A. N.,** Jin, L., Keegan, F., & Weiss, N. H. (2020). Effects of processing positive memories on posttrauma mental health: A preliminary study in a non-clinical student sample. *Journal of Behavior Therapy and Experimental Psychiatry,* 66(101516). doi:10.1016/j.jbtep.2019.101516.

Contractor, A. A., Caldas, S. V., Dolan, M., **Banducci, A. N.,** Jin, L. (2020). Exploratory examination of clinician perspectives on positive memories and PTSD interventions. *Counselling and Psychotherapy Research*. *20*(1), 92-105. doi: 10.1002/capr.12267

Banducci, A. N., Weiss, N. H., Lebeaut, A., & Lyons, R. (2020). SIG spotlight: Trauma and substance use disorders [Blog post]. Retrieved from https://istss.org/public-resources/trauma-blog/2020- july/sig-spotlight-trauma-and-substance-use-disorders

Timko, C., **Below, M.,** Vittorio, L., Taylor, E., Chang, G., Lash, S., Festin, FED, & **Brief, D.** (2019). Randomized controlled trial of enhanced telephone monitoring with detoxification patients: 3- and 6-month outcomes. *Journal of Substance Abuse Treatment, 99*, 24-31. doi: 10.1016/j.jsat.2018.12.008.

Banducci, A. N., McCaughey, V., Gradus, J., Street, A. (2019). The associations between deployment experiences, PTSD, and alcohol use among male and female veterans. *Addictive Behaviors. 98, 106032.* doi: 10.1016/j.addbeh.2019.106032.

Contractor, A. A., **Banducci, A. N.,** Dolan, M., Keegan, F., & Weiss, N. H. (2019). Relation of positive memory recall count and accessibility with posttrauma mental health*. Memory, 27, 1130-1143.* doi: 10.1080/09658211.2019.1628994

Skidmore, W. C. & **Roy, M.** (2017). Male Veterans' recovery from sexual assault and harassment during military service. In R. B. Gartner (Ed.), *Healing Sexually Betrayed Men and Boys: Treatment for Sexual Abuse Assault, and Trauma* (pp. 66-90). New York: Routledge.

Behavioral Medicine
Jamaica Plain Campus

Rotation Coordinator: **DEANNA MORI, PH.D.**
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue Boston, MA 02130

Telephone: (857) 364-4121
Email: deanna.mori@va.gov

Number of Interns: 2

Overview

The Behavioral Medicine rotation provides interns with experiences to develop competencies consistent with the professional practice of health psychology. Behavioral Medicine, as a primary (8-month) rotation, provides excellent preparation for those interns seeking a career in behavioral medicine. Interns will develop the necessary skills to work effectively with diverse medical populations and those seeking to change health behaviors. They will also learn evidence-based behavioral medicine interventions and assessments, and develop consultation skills in interfacing with other disciplines, both in one-to-one and team contexts. Throughout the rotation, interns will refine their skills in case conceptualization, treatment planning, and administration. Interns develop these skills through their participation in an array of clinical settings (e.g. outpatient mental health, primary care, specialty medical clinics) that are described below and include both face-to-face modalities, as well as telehealth. 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. In addition to clinical training, interns will have the opportunity to develop skills in research, program development, program evaluation, and supervision of practicum students. The training opportunities available in each of these domains are discussed below in detail.

Moreover, interns will develop a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life, and a sophisticated appreciation for the complex interrelationship between biopsychosocial factors and health. They will learn to work effectively in the context of an academic medical center setting with professionals from other disciplines. The Behavioral Medicine Program at VA Boston is 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.
The daily activities of the Behavioral Medicine interns are similar to that of a staff psychologist embedded in an outpatient mental health clinic with a health psychology focus. Thus, Behavioral Medicine interns will develop the skills necessary to function professionally as a Clinical Health Psychologist. The training objectives for this rotation include the following:

- **Assessment**: Interns will develop skills in conducting comprehensive, biopsychosocial, and scientifically-informed assessments and intakes for different medical populations within the general Behavioral Medicine Clinic. They will also conduct evaluations for pre-surgical and pre-treatment candidates, chronic pain, and sexual dysfunction. As part of the assessment process, interns will learn to conduct a medical record review, choose measures that will assist in case conceptualization, and turn to the literature to understand the

specific issues that arise with specific disease processes. Interns will develop strong case conceptualization skills, integrating all data gleaned from the assessment process, and will formulate targeted treatment recommendations that will result in a well written report.

- **Intervention:** Interns will develop skills in conducting short-term, evidence-based, individual, couples, and group psychotherapy with Veterans with a broad range of medical conditions and those seeking to change health behaviors. The primary orientation is cognitive behavioral (CBT) with acceptance and commitment (ACT) approaches often utilized as well. The intern will learn to develop and carry out evidence-based behavioral medicine treatment plans focused on coping 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.
- **Interdisciplinary Collaboration:** Interns will develop proficiency in understanding the critical role of interdisciplinary consultation in an outpatient medical center and will develop consultation and liaison skills throughout the healthcare system. Interns will also develop expertise and confidence in presenting cases at team meetings.
- **Supervision Skills:** Interns will develop supervisory skills within a Behavioral Medicine context. Specifically, interns will have the opportunity to work alongside and co-lead groups with more junior psychology trainees. These experiences allow for opportunities in leadership, modeling, and mentorship of those trainees.
- **Professional Development:** Interns will enhance their competency in the area of professional development and growth, including understanding and appreciating ethical, legal, and cultural issues related to both clinical and scientific activities, particularly as they relate to patients with chronic medical conditions (e.g., ethical issues related to compliance and treatment decisions, appreciating the unique needs of patients with medical illness).
- **Research:** Interns will develop competency in conducting various aspects of Behavioral Medicine research through involvement in an array of clinical research programs and program evaluation opportunities. More information can be found in the research section below.

Clinical Experience

Below is an overview of clinical programs that our Major Rotation Behavioral Medicine interns participate in (though there are additional experiences that may be negotiated, such as participation in the Bariatrics Clinic).

- **Assessment and Treatment Clinic:** Interns gain advanced skills in conducting comprehensive, biopsychosocial assessments and intakes, case conceptualization, formulation of treatment recommendations, and individual therapy within this clinic. In this clinic, interns provide short term, evidence-based treatment for patients referred to the Behavioral Medicine Program 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 varying in focus, common presenting issues seen in this clinic include adjustment to as well as prevention and management of the following conditions: 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. Opportunities for providing instruction and modeling how to conduct intakes with practicum students may exist in this clinic as well.

  SUPERVISORS: ALL BEHAVIORAL MEDICINE STAFF MEMBERS

- **End Stage Renal Disease Program:** The interns will have the opportunity to see patients within the Renal Service and Hemodialysis Unit. Issues addressed with this population include adherence to treatment and dietary restrictions, needle phobias and other anxiety reactions, death and dying, coping with a chronic

illness, quality of life, family issues, and affective disorders. 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 interns to learn how to deliver care alongside medical care providers. Interns have the opportunity to attend the monthly team meetings where they can directly contribute to the individualized treatment plans of 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 them in both educational and entertainment programs. The goal is to make the experience of undergoing an invasive and chronic procedure more acceptable with the hope of improving treatment adherence and overall quality of life.

SUPERVISOR: DEANNA MORI, PH.D.

- **Behavioral Sleep Program**: The interns will have an opportunity to provide services for individuals who are suffering from insomnia and other sleep difficulties, including sleep apnea and narcolepsy. Interns 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. Interns have also taken advantage of opportunities to shadow sleep medicine doctors and technicians in the sleep lab.

  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. Interns 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, Interns 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.

  SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP

- **Pre-Treatment Evaluations:**

  Interns will conduct biopsychosocial pre-treatment assessments. Most of the assessments conducted are for the Transplant, Transgender and Bariatric Surgery Programs, but other types of pre-surgical or pre-treatment evaluations are sometimes conducted. 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 structure maximizes opportunities to gain experience with these evaluations. In general, the goal of these evaluations is to determine appropriateness or readiness for a treatment or surgery and to make recommendations that are designed to enhance outcomes. Please see descriptions below for more information specific to each evaluation.

  - ***Transplant Program:*** The interns 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. Interns gain knowledge about the

medical aspects and process of organ transplantation and become familiar with the National VA Guidelines for Transplantation. Interns learn how to write a comprehensive yet focused report that is used by medical providers to make treatment decisions. In this vein, Interns 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. VA Boston has recently become a Lung Transplant center, in collaboration with Brigham and Women's Hospital, and trainees may have the unique opportunity to attend weekly interdisciplinary listing meetings in conjunction with this program. In addition, neuropsychological testing is a component of these evaluations, and Interns have opportunities to collaborate with the Neuropsychology team.

SUPERVISORS: MICHELLE KOVACS, PH.D. AND DEANNA MORI, PH.D.

- ***Transgender Program:*** The Interns 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 with well documented health and healthcare disparities. Interns 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, Interns will have opportunities to provide LGBT education to other staff members and participate in tabling and other outreach events.

  SUPERVISORS: MICHELLE KOVACS, PH.D. AND DEANNA MORI, PH.D.

- ***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 trainees and primary care dietitians. Interns can participate in the structured, evidence-based, 16-week weight management group. Interns 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. Interns 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 mentorship of junior colleagues in this clinic.

  SUPERVISOR: REBECCA AMETRANO, PH.D. AND SARAH BANKOFF LEONE, PH.D., ABPP

- ***Sexual Health Clinic:*** Interns 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. Interns 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 private area of life. Interns 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 providers, and/or primary care. Interns may also pick up

sex therapy cases (individual and/or couples) to provide cognitive-behavioral treatment to address the presenting difficulty.

SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP

- ***Tobacco Cessation Program:*** The interns may have the opportunity to provide tobacco cessation services in a group format, working in collaboration with other psychology staff and at times, 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. Interns may have opportunities to collaborate and interface with providers from Pharmacy and therefore trainees become well-versed in pharmacological interventions for tobacco cessation.

  SUPERVISOR: MICHELLE KOVACS, PH.D.

- ***Healthy Coping and Wellness Groups:*** The Behavioral Medicine Program runs three different cognitive-behavioral groups that are designed to promote adaptive coping in the context of chronic illness and/or stress. Interns may co-lead these groups with each other, practicum students, 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

  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 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 that the other groups, topics are prepared each week to reinforce evidence-based treatment approaches. Interns develop and deliver curriculum that is tailored to the group's interests and needs and have opportunities to interact with and learn from a broad range of professionals from other services who attend the group as guest speakers.

    SUPERVISOR: DEANNA MORI, PH.D.

- ***Psychology Pain Management Clinic:*** This program is embedded in the VABHS Pain Clinic, an interdisciplinary pain medicine clinic that includes interventional pain medicine physicians (and fellows), pain neurology, pain psychology, nursing staff, acupuncture, and related professionals. Trainees will be actively involved in conducting comprehensive pain assessments for a variety of painful conditions, with a particular focus on musculoskeletal conditions and headache. Trainees will also provide short-term, individual, evidence-based cognitive-behavioral therapies for these painful conditions. Opportunities to participate in the VABHS Interdisciplinary Pain Clinic, which provides consultative services for challenging

patients with chronic pain, are also offered. Opportunities for observation will be available in the newly created interdisciplinary Opioid Reassessment Clinic and in biofeedback for chronic pain are also offered.

SUPERVISOR: DIANA HIGGINS, PH.D.

- ***Diabetes Shared Medical Appointment (SMA):*** There may be opportunities for interns to participate in a Diabetes SMA during the course of the training year. SMAs are medical visits in which a group of patients meets in a group format with multiple providers from different disciplines (e.g., psychology, nutrition, pharmacy, medicine), including a prescribing provider. This innovative approach to healthcare brings patients with similar needs together, while receiving intervention from all disciplines involved. The Diabetes SMA is currently a six-session group run by psychology, nutrition, and pharmacy, focused on improving patients' diabetes self-management. Interns training in this setting would have the opportunity to intervene directly with behavioral health skills, as well as learn how to facilitate these interprofessional interventions.

  SUPERVISOR: SARAH BANKOFF LEONE, PH.D., ABPP

Instruction

The Behavioral Medicine supervisors incorporate a developmental model of supervision when working with interns and collaboratively evaluate the interns' previous experience across content areas to inform instruction. Regardless of expertise level, all interns will have access to a multitude of evidence-based assessment materials, treatment manuals, and medically-focused educational information intended to further develop skills and competencies. Supervisors spend considerable time in supervision discussing the nuanced clinical considerations specific to working with various medical populations within the Veteran population with a focus on improving cultural competence and reducing health disparities. Relevant intervention and assessment strategies are reviewed using various instructional methods. For example, interns have the opportunity to observe staff psychologists conduct intakes and assessments, and are then, in turn, observed themselves. To address the shift towards providing Veterans with the option of receiving care using telehealth modalities, supervision and training is provided on how to use these approaches safely and effectively. Interns are provided with feedback that will assist in further skill development in a supportive and constructive manner. Staff psychologists may also co-lead groups with interns or observe groups, affording further opportunities for feedback.

Behavioral Medicine also maintains a weekly team meeting where didactics are presented on relevant topics, clinical case presentations are facilitated by staff and trainees, and research and other current issues in Behavioral Medicine are discussed. Diversity issues are routinely integrated into our Friday morning 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 racially insensitive comments by patients in the context of treatment, sexism within the VA, and transgender care. We routinely invite content experts from across the healthcare system to facilitate discussions (e.g., suicide prevention coordinator, transgender treatment team, tinnitus program clinician). 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. In addition, Behavioral Medicine interns are invited to join monthly local and/or national educational calls within the areas of primary care, health promotion/disease prevention, tobacco cessation, whole health practice, and mental health. Finally, there are a variety of Behavioral Medicine seminars that are offered to all interns throughout the training program as a part of the weekly didactic series. Topic areas that have been presented in the past include: weight related disorders, whole health, motivational interviewing, pain management, sexual disorders, CBT for insomnia, telehealth interventions, cardiac rehabilitation, smoking cessation, etc.

Supervision

Each Intern in Behavioral Medicine will meet for weekly, 60-minute, individual supervision sessions with a staff psychologist who serves as a primary advisor and supervisor. The Primary Supervisor offers supervision for patients seen through the Assessment and Treatment Clinic, offers professional development and mentorship, and has a birds-eye view on the interns' entire experience within Behavioral Medicine. Interns will also receive supervision for each additional clinic, group, or activity in which they participate (e.g. interns in the Smoking Cessation group will

meet with the lead psychologist for that program for 30 minutes each week). As a result, interns are offered the opportunity to work closely with a number of professionals in their particular areas of expertise, averaging approximately four to five supervision hours per week. The primary theoretical orientation of staff on the Behavioral Medicine team is Cognitive Behavioral, and Acceptance and Commitment Therapy (ACT) approaches are often integrated as well. Moreover, evidence-based frameworks guide assessment, intervention, consultation, and provision of supervision. The Behavioral Medicine team utilizes a developmental, junior colleague model of supervision. In addition to weekly individualized supervision, a number of services on the Behavioral Medicine rotation include a live supervision component (e.g. conducting assessments as part of a team with staff present; co-leading groups and sessions with supervisors).

Secondary (Four Month) Rotation

Interns with a secondary focus in Behavioral Medicine (those who complete a four-month rotation) will also obtain significant experience with medical and health-related issues, and this training can serve as an excellent complement to other primary rotation experiences. This rotation addresses all the training objectives described above, with the possible exception of the research competency as interns will have established that experience earlier in their training year. All of the clinical training opportunities that are described above are offered, though interns will only be able to participate in about half of the activities over the course of four months. Previous experience in behavioral medicine is not required for the four-month rotation, but a strong interest in learning to address health related issues and behaviors in different patient populations/clinical settings is desirable.

Research

interns will have exposure to working in programs that follow a scientist/practitioner model. Interns will meet their research competency requirements through collaborating with staff on ongoing empirical research, and/or through program development and evaluation work. Trainees have opportunities to present their work from these collaborations at local, national and international conferences, as well as in peer-reviewed journals. Currently and recently funded projects include: Novel Treatments for Veterans for Gulf War Illness, Tai Chi Mind-Body Exercise for Posttraumatic Stress Disorder in Military Populations, Telehealth Intervention to Promote Exercise for Diabetes, Promoting Physical Activity in Overweight and Obese Veterans, and Treatment of Posttraumatic Headache. In addition, there are several other research projects in various stages of development. There are opportunities to work with faculty outside of the Behavioral Medicine team, as well.

Selected recent publications from our **staff** (highlighted). Former trainees are marked with an *:

Ametrano, R. M., Constantino, M. J., & Nalven, T. (2017). The influence of expectancy persuasion techniques on socially anxious analogue patients' treatment beliefs and therapeutic actions. *International Journal of Cognitive Therapy, 10,* 187-205.

Goodwin, C.L.,* Driver, J.A., Shipherd, J.C., Yeterian, J.D.*, & **Mori, D.L**. (2021). *Fallen between the cracks: Protecting research-staff from participant-perpetrated harassment.* Journal of Empirical Research on Human Research Ethics. Advanced online publication. https://doi.org/10.1177/15562646211028010

Heapy AA, **Higgins DM**, Driscoll M, LaChappelle KM, Goulet JL, Czlapinski RA, Buta E, Piette JD, Krein SL, Kerns RD. Interactive voice response-based self-management for chronic back pain: The COPES non-inferiority randomized trial; *JAMA Internal Medicine,* 2017;177(6):765-773. doi: 10.1001/jamainternmed.2017.0223

Heapy AA, Driscoll MA, Buta E, LaChappelle KM, Edmond S, Krein SL, Piette JD, Mattocks K, Murphy JL, DeBar L, MacLean RR, Ankawi B, Kawecki T, Martino S, Wagner T, **Higgins DM**. Co-Operative Pain Education and Self-management (COPES) Expanding Treatment for Real-world Access (ExTRA): Pragmatic trial protocol, *Pain Med*, 2020;21(12 Suppl 2):S21-S28. doi: 10.1093/pm/pnaa365.

Higgins DM, Martin AM, Baker DG, Vasterling JJ, Risbrough V. The relationship between chronic pain and neurocognitive function: A systematic review; *Clin J Pain,* 2018; 34(3):262-275. doi:10.1097/AJP.0000000000000536.

Higgins DM, LaChappelle K, Serowik KL, Lee A, Driscoll MA, Heapy AA. Predictors of engagement in a non-pharmacological intervention for chronic back pain; *Pain Medicine, 2018;* 19(Suppl 1): S76–S83. https://doi.org/10.1093/pm/pny077.

Higgins DM, Buta E, Williams DA, Halat A, Bair MJ, Heapy AA, Krein SL, Rajeevan H, Rosen MI, Kerns RD. Internet-based pain self-management for veterans: Feasibility and preliminary efficacy of the Pain EASE program, *Pain Pract,* 2020; 20(4):357-370. doi: 10.1111/papr.12861.

Higgins DM, Heapy AA, Buta E, LaChappelle KL, Serowik K, Czlapinski R, Kerns RD. A randomized controlled trial of cognitive behavioral therapy compared with diabetes education for diabetic peripheral neuropathic pain, *J Health Psychol,* (in press).

Solar C,* MacLean RR, Halat AM, Williams DA, Krein SL, Bair MJ, Rajeevan H, Heapy AA, Kerns RD, **Higgins DM**. Predictors of engagement in an internet-based cognitive behavioral therapy program for veterans with chronic low back pain, *Translational Behav Med*, (in press).

Kovacs, M.A., Palmer, A.M, Correa, J.B. & Brandon, T.H. (2018). Smoking by young women with restrained eating following a food prime in the context of an alternative distractor. *Experimental and Clinical Psychopharmacology, 26, 2,* 186-194.

Mori, DL, Sloan, C., Flynn, H.W., & Burgess, C.* (2020). Transgender Health. In L. Cohen (Ed.), Wiley Encyclopedia of Health *Psychology*. Hoboken, NJ: John Wiley and Sons.

Mori, DL, Smidt, K.,* Brown, L. G.*, Pless Kaiser, A., Weinstein, E. S., & Niles, B. L. (2019). Acceptability of a wellness group program for Veterans with symptoms of PTSD. *Global Advances in Health and Medicine, 8*, 1-5. doi:10.1177/2164956119867048

Niles, B.L., **Mori, D.L.**, Polizzi, C., Pless Kaiser, A.. Weinstein, E. S., Gershkovich, M., & Wang, C. (2018). Systematic review of randomized trials of mind-body interventions for PTSD. Journal of Clinical Psychology**,** 20, 1-24. doi.org/10.1002/jclp.22634.

Niles, B.L., Williston, S. K.*, & **Mori, D.L**. (2020). Mindfulness Approaches to Treating Complex PTSD. In C. Courtois & J. D. Ford (Eds.), *Treating Complex Traumatic Stress Disorders 2nd Edition*. New York, NY: Guilford Press.

Reese Akcakaya, R. L*. and **Mori, DeAnna L**. (2020). The Assessment of Readiness and Consent for Hormone Therapy: A Semi-Structured Interview for use with Transgender and Gender Nonconforming Individuals. Psychosomatics.Advanced online publication. https://doi.org/10.1016/j.psym.2020.02.008

Reid, K. F., Bannuru, R. R., Wang, W., **Mori, DL,** & Niles, B. L. (2019). The effects of tai chi mind-body approach on the mechanisms of Gulf War Illness: an umbrella review. *Integrative Medicine Research, 8*, 167-172. https://doi.org/10.1016/j.imr.2019.05.003

Scioli-Salter ER, Smith BN, McSheffrey S, Bair MJ, Sillice M, Driscoll M, **Higgins DM**, Allsup K, Amalathas A, Gerber MR. Self-efficacy for adoption and maintenance of exercise among fibromyalgia patients: A Pilot Study; *Am J Lifestyle Med*, 2017; doi: 0.1177/1559827617745264.

Silberbogen, AK, Aosved, A. C., Cross, W. F., Cox, D. R., & Felleman, B. I. (2018). Postdoctoral training in health service psychology: Current perspectives in an evolving profession. *Training and Education in Professional Psychology, 12,* 66-73. http://dx.doi.org/10.1037/tep0000182

Silberbogen, A. K., Self, M., and Aosved, A. (in press). Advanced Competency Development in Health Service Psychology Postdoctoral Training: Principles and Defining Characteristics for Program Design. *Training and Education in Professional Psychology.*

Self, M., Aosved, A., & **Silberbogen, A. K.** (2021), Postdoctoral Training: Preparation for Professional Practice. In N. Kaslow and A. Ponce (Eds.) *Comprehensive Clinical Psychology, Second Edition – Volume on Professional Issues.*

Wan, E.S., Kantorowski, A., Homsy, D., Kadri, R., Richardson, C.R., **Mori, D.,** Moy, M.L. (2018). Self-Reported Task-Oriented Physical Activity: A Comparison with Objective Daily Step Count in COPD. *Respiratory Medicine, 140,* 63-70. DOI: 10.1016/j.rmed.2018.05.012

Williston, S. K.*, Grossman, D., **Mori, D.L** & Niles, B.L. (2020). Mindfulness Interventions in the Treatment of Posttraumatic Stress Disorder. Professional Psychology Research and Practice. Advance online publication. doi.org/10.1037/pro0000363

Zuckerman, S.,* Weisberg, R., **Silberbogen, AK**, & Topor, D. (2019). A national survey on didactic curricula in psychology internship training programs. *Training and Education in Professional Psychology*. http://dx.doi.org/10.1037/tep0000279

Center for Returning Veterans
Jamaica Plain Campus

Rotation Coordinator: **JILL SCOTT, PH.D.**
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-2892
Email: jillian.scott@va.gov

Number of Interns: 1

Overview

The Center for Returning Veterans (CRV) is a mental health clinic within the Trauma Recovery section at VA Boston. The CRV was established in 2005 to respond to the unique mental health needs of the growing population of post-9/11 combat veterans adjusting to life after deployment. This group of veterans often presents with concerns that are significantly different from other era veterans, particularly with regard to the salient developmental, identity, and readjustment issues that often are present in addition to combat-related psychopathology. Other critical considerations that are distinctive to this population include addressing 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/stages with therapeutic interventions, and addressing both combat and other military stressors (e.g., discrimination, military sexual trauma, interpersonal challenges with leadership and peers) that may impact the veteran.

The core of the intern's clinical training will involve the provision of mental health services within the CRV at the Jamaica Plain campus. Adjunctive individual and/or group therapy experiences in other clinics (e.g., PTSD Clinical Team) are often also part of the rotation. The CRV team includes licensed clinical psychologists and clinical social workers, psychiatrists, and trainees (e.g., practicum students, psychology and social work interns, psychology postdoctoral fellows, psychiatry residents/fellows). The CRV's mission is accomplished through assessment, provision of individual and group therapy, and referral to adjunctive services as indicated. The intern's training will focus on developing expertise in responding to the full range of returning veterans' post-deployment concerns, including the treatment of PTSD and sub-diagnostic PTSD symptomatology, as well as mood, anxiety, substance use, and adjustment disorders. CRV interns also develop competency in understanding military culture and addressing the unique developmental/identity considerations as experienced by OEF/OIF/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 intern will develop an expertise in working with post-9/11 veterans, while learning generalist assessment and treatment skills to address the wide range of presenting clinical concerns in this population.

Although the majority of veterans seen in the CRV are men, women veterans are also regularly seen when readjustment concerns are primary. Veterans vary with regard to age (ranging from early 20s to late 60s, though the majority are in their 20s and 30s), race, ethnicity, religion, economic background, sexual orientation, gender identity, military branch, military rank, and current military status.

Clinical Experience

The CRV intern will receive extensive training in the assessment and individual/group treatment of returning veterans experiencing a broad range of deployment-related difficulties. As mentioned above, the presenting problems of the CRV patient population are highly varied and include, but are not limited to, adjustment disorders, PTSD, anxiety disorders, depressive disorders, and substance use disorders, as well as interpersonal, anger, and cognitive difficulties. The core clinical training provided in this rotation places special emphasis on treatment of these disorders, given their prevalence in the CRV population.

Another central aspect of clinical work in the CRV is to engage in early intervention with the goal of preventing disorders from shifting into a chronic course. Whenever possible, clinical interventions are provided when symptoms are at a lower intensity level, without many of the more intense psychosocial sequelae that may occur as symptoms become more chronic (e.g., loss of relationships, long-term substance abuse). The aim of treatment is to help veterans move forward on a positive trajectory for readjustment. Clinical experiences in this rotation also focus on addressing identity and development within therapy. A large portion of patients seen within CRV are younger adults who have transitioned into adulthood in the context of military service; thus, they are facing complex life changes as they make sense of their military experiences and work to establish their post-military life. Clinical work within CRV, regardless of diagnosis, therefore often includes facilitating the development of a sense of identity, purpose, and meaning as the veteran transitions to life after deployment.

The CRV patient population is diverse; therefore, the specific therapeutic methods taught and utilized within CRV are equally varied, focusing on a wide range of presenting complaints and incorporating multiple therapeutic approaches and theoretical orientations, where indicated, and well as interdisciplinary collaboration/consultation with other hospital-based teams (e.g. polytrauma, OEF/OIF/OND case management program). Training will emphasize the flexible use of empirically supported treatments grounded in a strong evidence-based practice framework and take into account personal- and population-based characteristics, as well as identified barriers to care (e.g., stigma, marginalization). Interventions utilized are largely cognitive-behavioral and include psychoeducation, motivational interviewing, behavioral activation, cognitive therapy, mindfulness and acceptance-based interventions, as well as trauma-focused therapy (e.g. Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy). Group therapy experiences vary based on interns' interests and group availability. In recent years, interns have facilitated groups within the PTSD, General Mental Health, Substance Abuse, and Behavioral Medicine clinics.

Overall, training focuses on developing skills related to flexibly applying empirically supported treatments taking into account patient preferences, diversity considerations, and clinician expertise. Clinical work will also emphasize the development and maintenance of the therapeutic relationship as well as non-specific therapeutic factors that are critical to treatment engagement with previously deployed veterans. Finally, assessment training activities will incorporate diagnostic evaluation and history-taking, administration and interpretation of empirically-tested psychometric instruments, as well as opportunities for more extensive semi-structured clinical interviewing as clinically indicated. These assessment procedures are conducted in the context of identifying and facilitating the most appropriate interventions and treatment plan.

Direct clinical training activities within the rotation include: 1) one weekly intake assessment focused on psychosocial/diagnostic assessment and treatment planning; 2) individual therapy, involving cases with a variety of presenting problems (estimated caseload of eight-ten veterans in total); and 3) group therapy (estimated one-three groups).

Instruction

The CRV hosts a weekly interdisciplinary team meeting attended by psychologists, psychiatrists, social workers, and a broad range of trainees (e.g., clinical and clinical research psychology postdoctoral fellows, psychology and social

work interns, psychology practicum students, psychiatry residents/fellows). These team meetings address clinical administration issues, as well as clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination. The intern is a vital member of this team and will have the opportunity to both receive and provide feedback to other team members.

The CRV also holds a didactic and case conference series to allow for a more in-depth discussion of clinical issues and specific cases. This one-hour meeting is held three times a month and involves staff presentations (e.g., taking a military history, therapy termination), trainee clinical/research presentations (on topics of the trainee's choosing), and case conferences designed to elicit feedback on challenging clinical cases. In addition, we hold a monthly discussion group focused on diversity and allyship within the field of psychology (e.g., responding to microaggressions) as part of our commitment to growing as culturally informed practitioners and professionals.
In addition to these formalized opportunities, the intern will be encouraged to interact frequently with other providers related to the veterans they serve. These interdisciplinary interactions are likely to occur with primary care physicians, social workers and nurse case managers, and other mental health providers.

Supervision

The CRV intern will be assigned to two individual psychotherapy supervisors (one hour per week each), with one supervisor designated as primary (i.e., overseeing the trainee's overall internship experience while on the rotation). Each of these supervisors is a licensed independent psychologist. The primary supervisors within the CRV are Dr. Kevin Brailey, Dr. Erin Scott Daly, Dr. Jill Panuzio Scott, and Dr. Sarah Krill Williston. The intern may also receive adjunctive supervision from CRV's psychology postdoctoral fellow on one-two cases (with the fellow also receiving supervision from a LIP). In addition, the intern will participate in weekly small group supervision (typically two trainees) focused on intake/diagnostic assessment. Finally, interns will receive weekly supervision for each of their group therapy experiences, the nature of which depends on the specific group.

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

Secondary (Four-Month) Rotation Description

For interns completing a four-month rotation in CRV, the experience is very similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made with the maximum length of therapy in mind. Group experiences may vary slightly, depending on available opportunities. Further, depending on our practicum student's training timeline, the four-month intern may have the opportunity to provide direct clinical supervision of a psychology student.

Research

The level of intern involvement in scholarly inquiry activities will vary based on interest and training needs. Interns may choose to participate in an ongoing clinical research study or assist with clinic program evaluation. Engagement in scholarly inquiry will be facilitated by the intern's primary supervisor. Most often, CRV interns choose scholarly inquiry opportunities outside of the clinic that align with their interests.

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

several projects focused on previously deployed combat veterans (please see the PTSD Clinical Team and Women's Trauma Recovery Team rotation descriptions for further details).

- **Program Evaluation:** The Center for Returning Veterans currently performs program evaluation by assessing patients at their intake assessment using psychometrically-validated self-report assessments. The primary purpose of this information is to better understand the CRV patient population and identify areas for further quality improvement in clinical services. Based on interest, the interns have the opportunity to collaborate with staff psychologists in collecting, organizing, and analyzing program evaluation data. Trainees also have the opportunity to work with staff psychologists to suggest changes to current methods and measures of program evaluation within the CRV. Involvement in program evaluation within CRV facilitates the development of skills in using effectiveness data to inform clinical practice as well as program adaptation.

Selected recent publications from our **staff** (highlighted)

Brailey, K., Mills, M. A., Marx, B. P., Proctor, S. P., Seal, K. H., Spiro, A., III, Ulloa, E. W., & Vasterling, J. J. (2018). Prospective examination of early associations of Iraq war zone deployment, combat severity, and posttraumatic stress disorder with new incident medical diagnoses. *Journal of Traumatic Stress, 31*, 102-113.

LaMotte, A. D., Taft, C. T., Weatherill, R. P., **Scott, J. P.,** & Eckhardt, C. I. (2016). Posttraumatic stress disorder symptoms, traumatic reminders, and partner aggressive tendencies among veterans. *Journal of Family Violence, 31,* 461-466.

Williston, S.K., Bramande, E., Iverson, Katherine M., Vogt, Dawne, S., & Fox, A. (2019). Mental health literacy, stigma and perceived need for care among women veterans. *Psychiatric Services*, *1*;71(2):144-150.

Williston, S.K., Kruepke, M., Grossman, D., Litwack, S., & Niles, B. (in press) Exploring Modifications to Individual Trauma-Focused PTSD Treatments in a Routine Care Setting: An Examination of Medical Records at a Veterans Health Administration PTSD Clinic. *Cognitive and Behavioral Practice*.

Williston, S. K., Martinez, J., Graham, J. R., & Abdullah, T. (2019). Barriers to care among students who identify as people of color: Examining the roles of mental health beliefs and racial and ethnic discrimination. *International Journal of Social Psychiatry, 65,* 458–467.

Williston, S. K., Roemer, L., & Vogt, D.S. (2019). Cultural and service correlates of mental health beliefs among post-9/11 veterans. *International Journal of Social Psychiatry, 65,* 313-320.

Williston S. K. & Vogt D.S.. (2021) Mental health literacy in veterans: What do U.S. military veterans know about PTSD and its treatment? *Psychological Services;10*, 1037.

General Mental Health
Jamaica Plain & Brockton Campuses

AMY LAWRENCE, PH.D.
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-4344
Email: amy.lawrence@va.gov

SHIMRIT BLACK, PH.D.
Psychology Service (116B)
VA Boston Healthcare System
940 Belmont Street
Brockton, MA 02301

Telephone: (774) 826-3714
Email: shimrit.black@va.gov

Training Locations:
Jamaica Plain Campus – 4 days
Brockton Campus – 1 day

Number of Interns: 2

Overview

The General Mental Health rotation provides a balance of general and specialty training in multiple outpatient programs, including the General Mental Health Clinics (GMHC) at Jamaica Plain and Brockton, the Mood and Anxiety Disorders Clinic (MADC) at Jamaica Plain and the Primary Care Behavioral Health Clinic (PCBH) at Jamaica Plain. GMH interns provide assessment and individual and group psychotherapy to a diverse population of men and women, ranging in age from 18 to 90, representing a variety of races, ethnicities, sexual orientations, gender identities, family structures, religions, and socioeconomic backgrounds. GMH interns work with veterans with a variety of mental health conditions, ranging from bereavement and adjustment issues to severe and persistent mental illness. Interns learn to assess complex patients, flexibly deliver evidence-based treatments, and collaborate with other professions and disciplines. GMH interns engage in program evaluation or assist with ongoing research studies during their four hours per week of protected time for scholarly inquiry.

Training Objectives

The activities of GMH interns are similar to those of a staff psychologist in GMH. Training objectives include developing competency in:

- In-depth **diagnostic** and **risk assessment** and report writing.
- **Case conceptualization** skills for patients with a variety of complex presentations and diverse backgrounds.
- Evidence-based **individual** and **group psychotherapy** for a wide range of presenting problems.
- **Interprofessional collaboration** with GMH's staff (psychiatrists, social workers, clinical nurse specialists, suicide prevention coordinators, case managers, and psychologists) and other trainees (psychology postdoctoral fellows, social work interns, and psychiatry residents). Exposure to diverse staff with a variety of training backgrounds and supervisory styles allows interns to hone their own professional identities.
- Consideration of **ethical and legal, issues** related to clinical and scientific activities.
- Consideration of individual **cultural** and **identity** factors in assessment, treatment planning, and provision of care.
- **Research** or program evaluation within GMH or in collaboration with researchers throughout the VA Boston system.
- **Supervisory skills**, through consultation with practicum students (when available), and with other trainees (social work interns and psychiatry residents) informally and in case conceptualization meetings.

Clinical Experience

The General Mental Health rotation includes the training opportunities described below. Additional options may be available as programs evolve. Note, one GMH intern will be trained in PCBH and the other trained in couples therapy services.

- **General Mental Health Clinic:** The primary focus of the GMHC is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment. The GMHC also houses the Mood and Anxiety Disorders Clinic (MADC). The MADC provides evidence-based, state-of-the-art evaluation, psychotherapy (individual and group), and psychiatric services for mood and anxiety disorders. Treatment in both the GMHC and MADC is geared toward reducing symptoms and distress, strengthening coping skills, and improving psychosocial functioning and quality of life. Theoretical approaches include cognitive-behavioral, behavioral, acceptance-based, interpersonal, psychodynamic, and systems, with a strong emphasis on evidence-based practice. Psychometrically validated assessments are used to evaluate treatment response. Interns carry a caseload of individual therapy patients at the Jamaica Plain and Brockton campuses, conduct one intake per week at Jamaica Plain, co-lead the Depression Group with each other at Brockton, and co-lead one cycle each of the Anger Management and ACT Groups (with a postdoc or staff member) at Jamaica Plain. Additional group leadership opportunities may be available, depending on intern interest and clinic staffing.

  SUPERVISORS – JAMAICA PLAIN: WILLIAM BOWE, PH.D., DIANA FITEK, PH.D., STEPHEN LANCEY, PH.D., AMY LAWRENCE, PH.D., ELIZABETH RYAN, PH.D., AND SARAH WEINTRAUB, PH.D.

  SUPERVISORS – BROCKTON: SHIMRIT BLACK, PH.D., CLAIRE BURGESS, PH.D., HANNAH KING, PH.D, AND JOSEPH MEYER, PH.D.

- **Primary Care Behavioral Health:** The PCBH clinic offers co-located, collaborative behavioral health care within primary care. The intern will receive training in 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 the PCBH is 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 intern will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement). The intern will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and management of risk. The intern may also have the opportunity to conduct joint visits with medical staff or residents.

SUPERVISORS – JAMAICA PLAIN: NORA KEENAN, PH.D., AND RISA WEISBERG, PH.D.

SUPERVISORS – BROCKTON: TESSA LUNDQUIST, PH.D; KRISTIN GREGOR, PH.D.

- **Couples Therapy:** The GMHCs provide a limited number of patients with Integrated Behavioral Couple Therapy (IBCT), an evidence-based couple therapy approach that integrates acceptance-based and behavioral strategies to promote improved dyadic satisfaction and adjustment. IBCT is comprised of an initial evaluation phase (three sessions of evaluation and a feedback session) and an active weekly intervention phase. Standardized initial questionnaire packets as well as weekly questionnaires inform the initial formulation and ongoing couple therapy. The intern will have the opportunity to carry a caseload of two active couples therapy cases, engage in weekly, half-hour supervision as well as a monthly IBCT consultation call.

  SUPERVISOR – BROCKTON: SHIMRIT BLACK, PH.D.

- **Assessment:** Interns on the GMH rotation have multiple opportunities to strengthen their skill in diagnosis and assessment. Interns conduct intake assessments, with a focus on differential diagnosis, risk assessment, and case disposition. GMHC and MADC diagnostic assessments typically occur during a single session, but complex patient presentations may require additional meetings. Interns will conduct evaluations using semi-structured diagnostic interviews (e.g., Structured Clinical Interview for DSM-5 (SCID-5)), and appropriate questionnaires (e.g., PHQ-9, PCL-5), guided by the referral question and/or presenting complaint. GMHC assessments are typically broad in scope, including diagnostic assessment, initial treatment planning, and often consultation with the referring clinician. In contrast, PCBH assessments typically last 15 to 50 minutes, and focus on identifying key issues of concern for the primary care patient, with real-time liaison with primary care staff.

- **Intervention:** Interns provide individual and group psychotherapy, with a focus on short-term, problem-focused interventions. Individual therapy is typically conducted biweekly and interns see approximately six to eight patients each week. Interns co-lead at least two psychotherapy groups with staff members and/or other trainees, using flexibly-administered, manual-based treatments. The following groups are offered through the clinics on a regular basis:
  - **Anxiety Group:** This 10-session group is based on cognitive-behavioral principles and treatment components, including psychoeducation, cognitive reappraisal, and exposure to feared and avoided physical sensations and situations.
  - **Depression Group:** This 10-session group uses a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning and incorporates treatment components such as behavioral activation and cognitive restructuring.
  - **Anger Management Group:** This 10-session group provides treatment for veterans with anger management difficulties. Based on a cognitive-behavioral approach and incorporating mindfulness meditation, the group aims to improve patients' understanding and regulation of anger responses.
  - **Dialectical Behavior Therapy (DBT) Skills Group:** This ongoing, trans-diagnostic psychotherapy group introduces the core principles and skills (mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance) covered by Linehan's treatment.
  - **Acceptance and Commitment Therapy (ACT):** This 10-session group aims to alleviate suffering and improve quality of life. ACT uses mindfulness, metaphors, and experiential exercises to help veterans

Commented [BSK1]: Do we need more here on individual therapy?

Commented [LAE2]: Not sure if we should leave as is or change to UP

Commented [BSK3R2]: Leave it for now.

relate to internal experiences with a stance of acceptance and willingness, identify their core values, and commit to values-consistent goals.

- **Stress and Coping Group:** This ongoing skills-based group introduces cognitive-behavioral stress management skills and relaxation techniques to veterans with a range of presenting complaints and biopsychosocial stressors.

Intern Assignment

Both interns will train in the GMHC and MADC. One intern will train in Primary Care Behavioral Health, and the other will have the opportunity for specialty training in couple's therapy. Both interns will spend four days per week at the Jamaica Plain campus (GMHC, MADC, PCBH or other clinic opportunities) and one day per week at the Brockton campus in the GMHC/MADC. The Brockton Campus is approximately 25 miles south of Boston. Intern assignments are made with consideration for the training needs and interests of the intern.

Instruction

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

Supervision

Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor is responsible for supervision of intakes and some individual therapy cases, and available for consultation on professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one-on-one) hours is met or exceeded, and to provide exposure to multiple theoretical orientations and clinical styles. In addition to individual supervision, interns may participate in group supervision (two-three trainees) that includes trainees at different levels of experience. Each intern will receive at least two hours of individual supervision per week in Jamaica Plain, one-half to one hour per week of individual supervision in Brockton, and one half-hour of group supervision for each group they co-lead. Interns will also receive case consultation from the postdoctoral psychology fellows training in the GMH fellowship program. Case consultation is provided under the direct supervision of a licensed psychologist who maintains clinical and legal responsibility for the case.

Training in Supervision

The GMH rotation occasionally offers interns the opportunity to provide clinical consultation to practicum students on one to two cases during the eight-month rotation. Interns receive weekly supervision of this "supervision" from a licensed staff psychologist.

Secondary (Four-Month) Rotation

Interns completing their secondary rotations in GMH have most of the same training opportunities as our eight-month interns, but will co-lead *either* the Anger Management Group or the ACT Group at Jamaica Plain. The secondary rotation tends to be a good fit for interns who have completed a highly specialized primary rotation and are looking for more generalist training.

Research

Interns have four protected hours for research/scholarly endeavors each week, during which they collaborate with VA Boston staff on research or program evaluation projects. Interns may have opportunities for involvement in professional presentations and preparation of empirical or review manuscripts. The scholarly inquiry requirement is broadly defined, and interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities relevant to the clinic, or independently propose and conduct a project under staff supervision. Interns are encouraged to identify scholarly activities that would expand their current skill set and allow them to develop new collaborations.

Selected recent publications from our **staff** (highlighted):

Baranczuk, U., Zawadzki, B., **Kamholz, B.W.**, Hayes, A.M., & **Lawrence, A.E.** (2017). Psychometric properties of a Polish version of the Inventory of Cognitive Affect Regulation Strategies (ICARUS). *Psychological Assessment*, *29*, e1-e12.

Bauer, M. S., **Krawczyk, L.**, Tuozzo, K. T., Frigand, C., Holmes, S., Miller, C. J., Abel, E., Osser, D. N., Franz, A., Brandt, C., Rooney, M., Fleming, J., Smith, E., & Godleski, L. (2018). Implementing and sustaining team-based tele-care for bipolar disorder: Lessons learned from a model-guided, mixed methods analysis. *Telemedicine and e-Health, 24*, 1-9.

Burgess, C., Kauth, M., Klemt, C., Shanawani, H., & Shipherd, J. (2019). Evolving sex and gender in electronic health records. *Federal Practitioner, 36*(6), 271-277.

Burgess, C., & Topor, D. (2018). Cognitive therapy. In S. Silva's (Ed.) *Promoting Psychological Science: A Compendium of Laboratory Exercises for Teachers of High School Psychology* [E-reader Version]. Retrieved from https://teachpsych.org/ebooks/promotingpsychscience

Fonda, J. R., **Gregor, K. L.,** Fortier, C. B., Scioli-Salter, E. R., McGlinchey, R. E., & Rasmusson, A. M. (2019). Tobacco use increases the risk for clustering of PTSD, depression and pain among deployed Veterans: Implications for pathophysiology and targeted treatment. *Psychopharmacology*.

Green, J.D., **Black, S.K.,** Marx, B.P., & Keane, T. (2017). Behavioral, Cognitive and Neuropsychological Conceptualizations of Posttraumatic Stress Disorder. In S. Gold, & J. Cook, & C. Dalenberg (Eds.), *APA Handbook of Trauma Psychology: Volume 2: Trauma Practice.*

Japuntich, S., Lee, L. O., Pineles, S. L., **Gregor, K.,** Joos, C., Patton, S. C., Krishnan-Sarin, S., & Rasmusson, A. M. (2019). Contingency management and cognitive behavioral therapy for trauma-exposed smokers with and without posttraumatic stress disorder. *Addictive Behaviors.*

Kamholz, B. W., Lawrence, A. E., Liverant, G. I., **Black, S. K.**, & Hill, J. M. (2017). Results from the field: Development and evaluation of a psychiatry residency training rotation in cognitive-behavioral therapies. *Academic Psychiatry*, 1-5.

Rasmusson, A.R., King, M.W., Valovski, I, **Gregor, K.,** Scioli-Salter, E., Pineles, S.L., Hamouda, M., Nillni, Y.I., Anderson, G.M., & Pinna, G. (2019). Relationships Between Cerebrospinal Fluid GABAergic Neurosteroid Levels and Symptom Severity in Men with PTSD. *Psychoneuroendocrinology, 102,* 95-104.

Shepardson, R. L., Buchholz, L. J., **Weisberg, R.B**., & Funderburk, J. S. (2018). Psychological interventions for anxiety in adult primary care patients: A review and recommendations for future research. *Journal of Anxiety Disorders, 54*, 71-86.

Sibrava, NJ., Bjornsson, A.S., Perez Benitez, C.I., Moitra, E., **Weisberg, R.B**. & Keller, M.B. (2019). Posttraumatic stress disorder in African American and Latinx adults: Clinical course and role of racial and ethnic discrimination. *American Psychologist, 74*, 101-116.

Tolin, D. F., Gilliam, C., Wootton, B. M., **Bowe, W.**, Bragdon, L. B., Davis, E., & Hallion, L. S. (2018). Psychometric properties of a structured diagnostic interview for DSM-5 anxiety, mood, and obsessive-compulsive and related disorders. *Assessment*, *25*(1), 3-13.

Geropsychology
Brockton Campus

Rotation Coordinator: **PATRICIA BAMONTI, PH.D., ABPP**
Psychology Service (116B)
VA Boston Healthcare System
940 Belmont Street
Brockton, MA 02301

Telephone: (774) 826-3718
Email: patricia.bamonti@va.gov

Number of Interns: 2

Overview

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

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

The Geropsychology rotation emphasizes closely supervised clinical experiences in a combination of outpatient and inpatient geriatric settings (described below). We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains and tailor training experiences accordingly. We aim to support interns' development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve advanced competencies for geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology. Training primarily occurs at the Brockton campus, though there are occasional opportunities for assessment training at the Jamaica Plain campus.

The Geropsychology Training Track consists of two interns and two postdoctoral fellows. All trainees have access to office space, office computer, telephone, and pager (to be used during normal business hours only). In addition, trainees have access to printers, copiers, a fax machine, and training materials including books, psychotherapy protocols, and assessment kits/protocols/tests/stimuli.

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

Clinical Experience

Geropsychology interns work in three distinct clinical settings over the course of the rotation, with a focus on three major competency areas: (1) psychotherapy, (2) cognitive and capacity assessment, and (3) consultation. Interns rotate in the Geriatric Mental Health Clinic (psychotherapy rotation) for 12 hours per week and in the Capacity Clinic/Assessment rotation (cognitive and capacity assessment rotation) for eight hours per week. The consultation rotations are the Community Living Center (CLC) and Home-Based Primary Care (HBPC). One intern will rotate in the CLC for 12 hours per week, and the other intern will rotate in HBPC for 12 hours per week. Assignment of the consultation rotation will be based on interns' training needs and interests.

Descriptions of the rotation settings:

- **Geriatric Mental Health Clinic [Psychotherapy] Rotation:** This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to Veterans over the age of 65. The clinic team includes two psychologists (Drs. Patricia Bamonti and Jennifer Moye), one clinical social worker, a social work intern, two psychiatrists, a psychiatric nurse, four psychiatric nurse practitioner residents, and some combination of the geropsychology trainees (fellows, interns, practicum student). The clinic receives referrals from primary care providers, inpatient psychiatry, the Geriatrics Clinic, and other specialty clinics. Veterans served in the clinic present with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuro-psychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes).

  Interns conduct psychodiagnostic intake evaluations, provide individual psychotherapy services, and co-lead psychotherapy evidence-based time-limited groups. 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. Interns also attend a weekly interdisciplinary clinic team meeting and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. Videotaping of individual therapy sessions is required when feasible.

  CASE LOAD: Interns carry a caseload of three to four patients for individual therapy, complete at least one psychodiagnostics evaluation per month, and co-lead one to two groups.

  SUPERVISORS: PATRICIA BAMONTI, PH.D., ABPP AND JENNIFER MOYE, PH.D., ABPP.

- **Community Living Center (CLC) [Consult/Liaison] Rotation:** The Brockton CLC offers subacute rehabilitation, long-term care, and hospice/palliative care services. One36-bed unit provide sub-acute rehabilitation, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed, one ~30-bed unit provides long-term, skilled nursing care, as well respite care, and a 15-bed unit provides inpatient hospice/palliative care. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex co-morbid medical, psychiatric, substance abuse, and psychosocial problems. Veterans receiving long-term care tend to be older, medically frail, and frequently

psychiatrically and/or cognitively impaired. Veterans receiving inpatient hospice/palliative care tend to be older and have life-limiting illnesses, as well as co-morbid mental health conditions, including serious and persistent mental illnesses.

The geropsychology intern serves as a mental health consultant to a CLC unit and also has opportunities to consult to the other units as needed to provide a broad training experience. The intern attends weekly interdisciplinary team meetings and provides psychological assessment, intervention, and consultation services as part of an interdisciplinary team that includes a psychologist (TBD), two psychiatrists, and the geropsychology postdoctoral fellows, , a rehabilitation psychology intern, and, on occasion, a practicum student. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; safety/risk assessment; differential diagnosis in complex patients; adapting psychotherapy interventions for frail patients; providing psychological services to patients and families at the end of life; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision-making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams.

CASE LOAD: The intern has approximately four to five face-to-face hours per week, which will vary in regard to number of hours focused on treatment planning, behavior planning and intervention (including STAR-VA), delivering psychotherapy, screening cognitive functioning, mood, and risk, and conducting capacity assessments.

SUPERVISOR: KELLY O'MALLEY, PHD.

- **Home-Based Primary Care (HBPC) [Consult/Liaison] Rotation:** This interdisciplinary team provides whole person patient-centered assessment, consultation, and treatment to home-bound Veterans and their caregivers, consistent with an integrated primary care model. The goal of the program is to improve access to care and reduce health disparities for vulnerable Veterans with complex care needs. Under the supervision of the HBPC Psychologist, the intern gains skills in interdisciplinary consultation, capacity and cognitive assessment, and in-home interventions. The intern attends weekly interdisciplinary team meetings and actively collaborates with other team members . he intern will observe Veterans in their everyday living environment and collaborate with interdisciplinary team members to inform recommendations for care. Interventions provided may include brief individual psychotherapy (e.g., Problem Solving Therapy, CBT, etc.), caregiver education and skills training, and a virtual or telephone groups for patients and caregivers.

  CASE LOAD: The intern has approximately three to five face-to-face hours per week, which will vary in regard to number of hours focused on delivering psychotherapy, screening cognitive functioning, mood, and risk, and conducting capacity assessments.

  SUPERVISOR: MICHELLE MLINAC, PSY.D, ABPP

- **Capacity Clinic [Assessment] Rotation:** Assessment training occurs in the Capacity Clinic, which is housed in the Geriatric Mental Health Clinic. Referrals for cognitive and capacity assessments are received in-house (i.e., from providers in the Geriatric Mental Health Clinic), and additional referrals for capacity evaluations are received from Neuropsychology, primary care, Geriatrics Clinic, and other specialty clinics. Geropsychology interns will develop skills in cognitive and capacity assessments, with a focus on selecting an appropriate test battery for the referral question, conducting record reviews and clinical interviews, administering and scoring selected tests, interpreting results, writing reports, and providing feedback and recommendations to Veterans, families, the referring provider or treatment team. Interns are often exposed to cases in which functional or decision-making capacity is diminished and, thus, develop knowledge and skills in processes involving activating a health care agent and appointing a representative payee, conservator, or guardian. Mandated reporting is a component of approximately half of all cases seen in the clinic.

  CASE LOAD: Interns will share cases and will complete three to four assessments per month.

  SUPERVISORS: PATRICIA BAMONTI, PH.D., ABPP

Instruction

The geropsychology interns participate in a weekly, hour-long Geriatric Mental Health Seminar series. This seminar is attended by the geropsychology trainees, and, as available, geropsychology supervisors, geriatric psychiatry providers, and social workers and their trainees. Seminar covers a range of topics, including core information related to geriatric mental health as well as topics of interest selected by faculty and students. All interns are expected to facilitate or co-facilitate seminars throughout the rotation (primary rotation interns present twice, and secondary rotation interns present once), and we welcome varied presentation styles. For example, past seminars have included case presentations, discussions of articles, and didactic lectures. Additional learning occurs through case presentations, journal club, and team meetings, in which geropsychology supervisors, interns, and fellows present. Additionally, interns are encouraged to view at least one recorded webinar (Decision Making Capacity and Ethical Issues in Aging archived webinar series) per month. Interns are welcome to attend other voluntary educational opportunities within aging offered through the GRECC, the Harvard hospitals, and the Jamaica Plain Neuropsychology service.

Supervision

The geropsychology interns receive a total of four to five hours of supervision per week consisting of a combination of: (1) weekly individual and group supervision in the Geriatric Mental Health Clinic; (2) weekly group supervision in the Capacity Clinic/Assessment Rotation; (3) and weekly individual supervision in HBPC or weekly individual and group supervision in the CLC. The geropsychology fellows often provide clinical vertical supervision to the geropsychology interns, under the supervision of a licensed provider.

Research

In the geropsychology rotation, our goal is to provide each intern with a research/program evaluation training experience that supports their individual goals. It is crucial to us that you align your projects with your interests and with what is feasible. We recognize and celebrate the diverse forms that scholarly activity may take. Broadly speaking, we want you to "be a part of the scholarly world" – learn to think critically, ask questions, and develop data-based answers. This activity may take many forms including but not limited to: collaborating on an existing research project via preparation of a poster, a manuscript, or a grant; developing and evaluating a group therapy protocol or a clinical program; developing and evaluating educational programs for staff; collaborating with faculty on a book chapter when available; writing up a case for publication; and engaging in quality improvement projects. Examples of past projects are: developing, implementing, and evaluating an education workshop for nurses in the CLC; developing, implementing, and evaluating a suicide prevention toolkit in HBPC; developing, implementing, and evaluating group therapy protocols in various settings (Geriatric Mental Health Clinic, HBPC, and CLC); and conducting a literature of ACT measures that have been validated with older adults. See reference list below for a sample of publications that resulted from trainees' projects.

Interns are encouraged to collaborate on scholarly projects and other professional activities (e.g., committee service) with the geropsychology training faculty. The geropsychology training faculty collaborate actively with each other across various projects and interests.

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

PTSD & Aging:

Boyle J,* O'Malley K,* **Bamonti P.M.,** Pless Kaiser A, Sager Z, **Moye J.** Later Adulthood Trauma Re-Engagement in Veterans: Development, Evaluation, and Refinement of a Psychoeducation Group. Presentation at the 128th Annual Meeting of the American Psychological Association, Washington DC, July 2020.

Pless Kaiser, A., Cook, J. M., Click, D. M., & **Moye, J**. (2019). Posttraumatic stress disorder in older adults: A conceptual review. *Clinical Gerontologist, 42*(4), 359-376.

Glick, D. M., Cook, J. M., **Moye, J.,** & Pless Kaiser, A. (2018). Assessment and treatment considerations for post-traumatic stress disorder at end of life. American Journal of Hospice and Palliative Medicine, 35(8), 1133-1139.

O'Malley, K. A.,* **Bamonti, P.M,** Graham, K.,* Smith, R.,* Gurevitch, J.,* & Pless Kaiser, A. (2019, November). Later-Adulthood Trauma Reengagement in Vietnam Veterans With PTSD: Findings from a program evaluation project. Poster to be presented at the Gerontological Society of America's annual convention, Austin, TX.

O'Malley K, Etchin A, Auguste EJ, Pless Kaiser A, Korsun L, Weiskittle R, Bashian H, Sager Z & Moye, J. Advancing Trauma-informed care education for Hospice and Palliative Staff: Development and Evaluation of Educational Videos. The Journal of Hospice and Palliative Nursing; 24(1). (In press)

Capacity and Functional Assessments:

Hinrichs KLM & Smith RW*. Working with Surrogates who may Lack Capacity or be Unfit. In J. Moye (Ed.), *Assessing Capacities of Older Adults: A Casebook to Guide Difficult Decisions*. Washington, DC: American Psychological Association. 2020.

Mlinac, M. &, Steadman-Wood P. Assessment of independent living capacity in the context of elder self-neglect. In: Moye J, (editor). *Assessment of Older Adults with Diminished Capacity: A Casebook for Resolving Pragmatic and Ethical Challenges*. Washington DC: APA Books; 2020.

Strong, J. S.*, **Bamonti, P**., Jacobs, M. L., & **Moye, J. A.** (2019). Capacity assessment training in geropsychology: Creating and evaluation an outpatient capacity clinic to fill a training gap. *Gerontology and Geriatrics Education.* Advance online publication.

Moye J, Stolzmann K, Auguste EJ, Cohen AB, Catlin CC, Sager ZS, Weiskittle RE, Woolverton CB, Connors HL, Sullivan JL. End-of-Life Care for Persons Under Guardianship. J Pain Symptom Manage. 2021 Jul;62(1):81-90.e2. doi: 10.1016/j.jpainsymman.2020.11.008. Epub 2020 Nov 16. PMID: 33212143

Moye, J., Catlin, C.*, Kwak, J.*, Wood, E., Teaster, P.B. (2017). Ethical concerns and procedural pathways for patients who are incapacitated and alone: Implications from a qualitative study for advancing ethical practice. *Healthcare Ethics Forum, 29*(2), 171–189.

Page, K.S.*, & **Hinrichs, K.L.M.** (2017). Swimming against the tide: A case study on the removal of conservatorship and guardianship. *Clinical Gerontologist, 40 (1),* 35-42.

Education and Training:

Jacobs, ML & **Bamonti PM**. Clinical Practice: A Foundational Geropsychology Knowledge Competency. Clinical Psychology: Science and Practice. 2021 (Accepted for publication)

Jacobs, M. L., & **Bamonti, P. M.** (2019). Clinical training concerns in mental health service provision to older persons. In B. Knight's (Ed), *The Oxford Encyclopedia of Psychology and Aging*. Oxford University Press.

Melchert, T. P., Berry, S., Grus, C., Arora, P., De Los Reyes, A., Hughes, T. L., **Moye, J.**, Oswald, F. L., & Rozensky, R. H. (2018). Applying task force recommendations on integrating science and practice in health service psychology education. *Training and Education in Professional Psychology. 2019; 13(4): 270-278. https://doi.org/10.1037/tep0000222*

Moye, J., Molinari, V. A., Karel, M. J., Naik, A. D., Sakai, E., & Carpenter, B. D. (2018). Come, join, lead: Attracting students to careers in aging and promoting involvement in gerontological societies. *Gerontology and Geriatrics Education, 39*(3), 374-384.

Moye J, Karel MJ, Stamm KE, Qualls SH, Segal DL, Tazeau YN, DiGilio DA. Workforce analysis of psychological practice with older adults: Growing crisis requires urgent action. Training and Education in Professional Psychology. 2019; 13(1): 46-55. http://dx.doi.org/10.1037/tep0000206

LGBT and Aging:

Correro II A.N., **Hinrichs, K.L.M., & Nathan S. (2021) My Life, My Story and Identity Disclosure among Transgender and Gender Diverse Veterans: A Program Evaluation. *Transgender Health.* [Epub ahead of print].

CCandrian C., & **Hinrichs K.L.M.**. (2021). The impact of intersectional stigma on health outcomes: The case of an older lesbian veteran. *Journal of Gay & Lesbian Social Services*. 33(3):291-299. doi: 10.1080/10538720.2021.1875348

Hinrichs, K. L. M., & Christie, K. (2019). Focus on the family: A case example of end-of-life care for an older LGBT veteran. *Clinical Gerontologist, 42*(2), 204-211.

Smith, R. W.*, Altman, J., Meeks, S., & **Hinrichs, K. L. M.** (2019). Mental health care for LGBT older adults in long-term care settings: Competency, training, and barriers for mental health providers. *Clinical Gerontologist, 42*(2), 198-203.

Hinrichs, K.L.M. & Donaldson, W. (2017). Recommendations for use of affirmative psychotherapy with LGBT older adults. *Journal of Clinical Psychology: In Session.* 00(0), 1-9.

Long-term care, rehabilitation, and palliative care:

Strong J.V., **Plys E., Hinrichs, K.L.M.**, Hartmann C., & McCullough M. (2021). Music for your Mental Health? The Development and Evaluation of a Group Mental Health Intervention for Short-Stay Nursing Home Residents. *Aging & Mental Health.* [Epub ahead of print]. doi: 10.1080/13607863.2021.1935463

Hinrichs, K.L.M., **Woolverton, C.B., & Meyerson, J.L.. (2021) Help me understand: Providing Palliative Care to Individuals with Serious Mental Illness. *American Journal of Hospice and Palliative Medicine.* [Epub ahead of print]. doi: 10.1177/10499091211010722

O'Malley KA*, Blakley LA, Ramos K, Torrence N, & Sager ZS. Mental health care and palliative care: Barriers. *BMJ Journal of Palliative and Supportive Care*. 2020 Jan 13.

*Strong JV, *Plys E, Hartmann C, **Hinrichs, KLM**, McCullough M. Strategies for implementing group mental health interventions in a VA community living center. *Clinical Gerontologist.* 2020. [Epub ahead of print]. doi: 10.1080/07317115.2020.1756550

Bamonti, P. M., Conti, E.C., Cavanagh, C., Gerolimatos, L., Gregg, J., Goulet, C… Edelstein, B. (2019). Coping, cognitive emotion regulation, and burnout in long-term care nursing staff: A preliminary Study. *Journal of Applied Gerontology, 38*(1), 92-111.

Gerolimatos, L. A*., Page, K. S.*, Balestracci, P., & **Hinrichs, K. L. M**. (2018). Interdisciplinary development and implementation of a dementia skills training program in a VA Community Living Center: A Pilot Study. *Geriatric Nursing, 39*(4), 400-406.

Meyerson JL, McKinell K, Nathan S, Skarf LM & **Hinrichs KLM**. Rally the Troops: Interdisciplinary Response to a Veteran who Attempted Suicide on a VA Hospice Unit. *Journal of Palliative Medicine.* 2019. [Epub ahead of print]. doi: 10.1089/jpm.2018.0171

Hinrichs KLM, Steadman-Wood, P, Meyerson JL. ACT now: The intersection of acceptance and commitment therapy with palliative care in a veteran with chronic suicidal ideation. *Clinical Gerontologist.* 2019; 43(1):126-131. doi: 10.1080/07317115.2019.1642974

Molinari, V., Edelstein, B., Gibson, R., Lind, L., Norris, M., Carney, K., Bush, S., Heck, A., Moye, J., & Hiroto, K. Psychologists in Long Term Care Guidelines for Psychological and Behavioral Health Services in Long-Term Care Settings. Professional Psychology: Prof Psychol Res Pr. 2021 Feb;52(1):34-45. doi: 10.1037/pro0000298. Epub 2020 Apr 2. PMID: 33867651

Advanced Illness:

Bamonti PM, Weiskittle*, RE, Naik, AD, Bean, JF, **Moye, JA**. Depression moderates physical functioning over time in cancer survivors. Rehabilitation Oncology. 2021 (Accepted for publication)

Regier, N. G.*, Naik, A. D., Mulligan, E. A., Nasreddine, Z. S., Driver, J. A., Sada, Y. H. F., & **Moye, J.** (2019). Cancer-related cognitive impairment and associated factors in a sample of older male oral-digestive cancer survivors. *Psycho-Oncology, 28*(7), 1551-1558.

Martins-Klein, B.,* **Bamonti, P. M.,** Owsiany, M., Naik, A., & **Moye, J**. (2019). Age differences in cancer-related stress, spontaneous emotion regulation, and emotional distress. *Aging & Mental Health*, 1-10.

Bamonti, P. M., **Moye, J.**, & Naik, A. (2018). Pain is associated with continuing depression in cancer survivors. *Psychology, Health & Medicine, 23*(10), 1182-1195.

Moye, J., Jahn, A.*, Norris-Bell, R.*, Herman, L. I., Gosian, J., & Naik, A. D. (2018). Making meaning of cancer: A qualitative analysis of oral-digestive cancer survivors' reflections. Journal of Health Psychology. 2020 Aug;25(9):1222-1235.

Moye J, Driver JA, Owsiany MT, Chen LQ, Cruz Whitley J, August EJ, Paik JM. Assessing What Matters Most in Older Adults with Multi-Complexity. Gerontologist. 2021 May 27:gnab071. doi:10.1093/geront/gnab071

Mental health:

Terry, D. L., **Mlinac, M. E.**, & Steadman-Wood, P. L. (eds). (2021). *Providing Home Care for Older Adults: A Professional Guide for Mental Health Providers*. Abingdon: Routledge;

Weiskittle, R.*, Tsang, W, Schwabenbauer, A, Andrew, N, & **Mlinac, M.** (2021) Feasibility of a COVID-19 Rapid Response Telehealth Group Addressing Older Adult Worry and Social Isolation, *Clinical Gerontologist.*

Mlinac, M. E,, Smith R. W.*,, Siffert, K. J., Richter, L. C., Steadman-Wood, P. L., & Wetherell J. L. (2020). Development of a suicide prevention toolkit for VA home-based primary care teams. *Home Healthcare Now, 39*(1):13-19,

Bamonti, P.M., & Jacobs, M.L. (2020). Cognitive behavior therapy in late life. In R.R. Tampi, B.C. Yarns, K.F., Zdanys, & D.J. Tampi (Eds), *Psychotherapy in Later Life.* Cambridge University Press.

O'Malley KA*, Vinson L, Pless Kaiser A, Sager ZS, & **Hinrichs K**. Mental health and aging Veterans: How the Veterans Health Administration meets the needs of aging Veterans. *The Gerontologist Public Policy and Aging Report.* 2020 Jan;30(1):19-23.

Bamonti, P. M., & Fiske, A. (2019). Engaging in pleasant events explains the relation between physical disability and mental health outcomes in older adults. *Aging & Mental Health,* 1-9.

Moye, J., Harris, G., Kube, E., Hicken, B., Adjognon, O., Shay, K., & Sullivan, J. L. (2019). Mental health integration in geriatric patient-aligned care teams in the Department of Veterans Affairs. *The American Journal of Geriatric Psychiatry, 27*(2), 100-108.

Lee, L. O., Rouse, S., & **Mlinac, M. E.** (2019). Home-based assessment and treatment of obsessive-compulsive disorder symptoms to reduce unnecessary emergency room usage in an older adult. *Journal of Cognitive Psychotherapy, 33*(1), 82-94.

Ludwin, B. M.*, **Bamonti, P. M.**, & Mulligan, E. A. (2018). Program evaluation of group-based cognitive behavioral therapy for insomnia: A focus on treatment adherence and outcomes in older adults with co-morbidities. *Clinical Gerontologist, 41*(5), 487-497.

Neuropsychology
All Campuses

Rotation Coordinator: **LAURA GRANDE, PH.D., ABPP/cn**
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-6810
Email: laura.grande@va.gov

Number of Interns: 3

Overview

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

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

Our approach to assessment integrates contemporary research and theory from cognitive neuroscience and psychometrics, with classic methods of clinical observation, and thorough medical record review in the service of making rational and empirical clinical predictions about the impact of brain dysfunction on cognition and adaptive behavior. In keeping with the "Boston Process Approach," in addition to the strong emphasis placed on the development of assessment skills through the use of standardized measures of cognition, interns also gain an understanding and appreciation for empirically-demonstrated qualitative aspects of test performance (e.g., error types), and the unique insights these observations offer in understanding brain-behavior relationships. Our training also places a strong emphasis on the importance of providing detailed recommendations for referral sources, the patient and the patient's family/caregivers. We aim to translate findings of objective cognitive measures into tailored recommendations focused on compensation for deficits and accentuation of strengths. Interns learn to integrate research literature and psychometric theory to make logical, empirically derived clinical predictions. Additionally, we assist patients and providers in implementing these recommendations, providing evidence-based psychoeducational interventions, as appropriate

Clinical Experience

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

- **Neuropsychology Consult Service (NCS):** Interns serve as consultants and provide assessments as part of the Neuropsychology Consult Service at VA Boston Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, epilepsy, ADHD, LD, stroke, traumatic brain injury and dementia. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients. Most evaluations are completed at the Jamaica Plain Campus. Neuropsychological evaluations may also be completed through Neurology (e.g., Long-Term Monitoring on the Epilepsy unit) at West Roxbury.
  In addition to the therapy experience required by the internship, interns will be required to lead or co-lead a psychoeducational/cognitive rehabilitation group. The intern selects one or two groups to co-lead during this eight-month rotation. Current groups include Memory and Aging, Stroke Support Group, and Seizure Support Group.
  Location - Jamaica Plain and Brockton Campuses

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

Supervision

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

- Primary Neuropsychology Supervisors:
  - Laura Grande, Ph.D., ABPP/cn, Neuropsychology Training Coordinator; Director of Neuropsychology Consult Service
  - Susan McGlynn, Ph.D., ABPP/cn
  - David Marra, Ph.D.

- Elizabeth Leritz, Ph.D., ABPP/cn
- Deepa Acharya, Ph.D., ABPP/cn

► Secondary Neuropsychology Supervisors:
- William Milberg, Ph.D., ABPP/cn
- Jennifer Vasterling, Ph.D.
- Christopher Brady, Ph.D.

Didactics

Neuropsychology offers a number of specialty specific didactics. Well-known national and international scholars present at the virtual neuropsychology and neuroimaging lecture series. This series is comprised of experts in cognitive neuroscience, clinical neuropsychology, and neuroimaging. Trainees also attend and present at the Neuropsychology Seminar series (weekly) that includes a combination of presentations from in-house faculty, student presentations, and journal club. Trainees are also encouraged to present at our monthly Neurobehavioral Rounds, which includes a case presentation and in-person patient interview by a senior discussant.

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

► **Optional:**
- Capacity Rounds: One hour per month.
- Brigham and Women's Epilepsy Surgery Conference: weekly

Selection Criteria

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

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

Research

Neuropsychology strongly encourages the scientist-practitioner model and research opportunities reflect this training priority. Neuropsychology trainees have an abundance of funded projects to choose from that represent

diverse aspects of neuropsychology, including the neuropsychology of aging and cerebrovascular risk factors, PTSD, TBI, MCI, memory disorders and test development / validation.

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

Neuropsychology interns with strong research interests may consider requesting a research externship, which can be up to 8 hours of protected time under the mentorship of one of the 15+ neuropsychology faculty. Requirements for a research externship include defense of the dissertation and demonstrated efficiency in clinical work. The minimum direct service requirements for the general internship still apply, which may require some adaptation of the activities described above. The mentoring supervisor meets weekly with the intern to provide guidance and supervision, and to monitor progress. For interns interested in pursuing this opportunity, a tailored research plan is developed in collaboration with the faculty supervisor. This plan outlines the specifics of the externship including the training goals and expectations.

- **Geriatric Neuropsychology Laboratory (GNL):** The Geriatric Neuropsychology Laboratory which was founded in 1981 has been to home to a number of internationally known research efforts. The research laboratory includes multiple principal investigators. A variety of interests are represented within the laboratory and currently funded projects include: investigation of cardiovascular disease and cognitive dysfunction in middle and older aged adults; relating cortical functions to cerebrovascular disease and dementia risk; neuroanatomical changes associated with cardiovascular disease, dementia risk and MCI; and development of screening measures to identify cognitive impairment in the primary care setting. The GNL works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D. A number of ongoing research projects provide the intern with a variety of research opportunities

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

  INVESTIGATORS: BETSY LERITZ, PH.D., ABPP/CN; DAVID SALAT, PH.D.; CATHERINE FORTIER, PH.D.; LAURA GRANDE, PH.D., ABPP/CN

  Rashid B, Dev SI*, Esterman M, Schwarz NF, Ferland T, Fortenbaugh FC, Milberg WP, McGlinchey RE, Salat DH, Leritz EC. Aberrant patterns of default-mode network functional connectivity associated with metabolic syndrome: A resting-state study. Brain Behav. 2019 Dec;9(12):e01333. doi: 10.1002/brb3.1333. Epub 2019 Sep 30. PubMed PMID: 31568716; PubMed Central PMCID: PMC6908882.

  Schwarz NF, Nordstrom LK, Pagen LHG, Palombo DJ, Salat DH, Milberg WP, McGlinchey RE, Leritz EC. Differential associations of metabolic risk factors on cortical thickness in metabolic syndrome. Neuroimage Clin. 2018;17:98-108. doi: 10.1016/j.nicl.2017.09.022. eCollection 2018. PubMed PMID: 29062686; PubMed Central PMCID: PMC5641920.

  Wooten T, Ferland T, Poole V, Milberg W, McGlinchey R, DeGutis J, Esterman M, Leritz E. Metabolic risk in older adults is associated with impaired sustained attention. Neuropsychology. 2019 Oct;33(7):947-955. doi: 10.1037/neu0000554. Epub 2019 May 16. PubMed PMID: 31094549.

  Stricker NH, Salat DH, Kuhn TP, Foley JM, Price JS, Westlye LT, Esterman MS, McGlinchey RE, Milberg WP, Leritz EC. Mild Cognitive Impairment is Associated With White Matter Integrity Changes in Late-Myelinating Regions Within the Corpus Callosum. Am J Alzheimers Dis Other Demen. 2016 Feb;31(1):68-75. doi: 10.1177/1533317515578257. Epub 2015 Apr 22. PubMed PMID: 25904759; PubMed Central PMCID: PMC4913466.

  Foley, J., Salat, D.H., Stricker, N.H., Zink, T.A.*, Grande, L.J., McGlinchey, R.E., Milberg, W.P. & Leritz, E.C. (2014). Interactive effects of Apo lipoprotein e4 and diabetes risk on later myelinating white matter

regions in neurologically healthy older aged adults. *American Journal of Alzheimer's Disease and Other Dementias, 29(3),* 222-35. doi: 10.1177/1533317513517045.

*trainees/former trainees

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

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

  Vasterling, J. J., Aslan, M., Proctor, S. P., Ko, J., Leviyah, X., & Concato, J. (2020,). Long-term negative emotional outcomes of warzone deployment TBI. *The Clinical Neuropsychologist, 34,* 1088-1104.

  Jacob, S.*, Dodge, C. P., & Vasterling, J. J. (2019). Posttraumatic stress disorder and neurocognition: A bidirectional relationship? *Clinical Psychology Review, 72,* 101747 (epub: PMID: 31234094).

  Vasterling, J. J., & Arditte Hall, K.* (2018). Neurocognitive and information processing biases in posttraumatic stress disorder. *Current Psychiatry Reports, 20*: 99. https://doi.org/10.1007/s11920-018-0964-1

  Vasterling, J. J., Jacob, S.,* Rasmusson, A. (2018). Traumatic brain injury and posttraumatic stress disorder: Conceptual, diagnostic, and therapeutic considerations in the context of co-occurrence. *Journal of Neuropsychiatry and Clinical Neurosciences, 30(2),* 91-100.

  Vasterling, J. J., Aslan, M., Lee, L. O., Proctor, S. P., Ko, J., Jacob, S.,* & Concato, J. (2018). Longitudinal associations among PTSD symptoms, TBI, and neurocognitive functioning in Army soldiers deployed to the Iraq War. *Journal of the International Neuropsychological Society, 34,* 311-323.

  MacFarland, C. P.,* & Vasterling, J. J. (2018). Prospective memory in depression: Review of an emerging field. *Archives of Clinical Neuropsychology*, *33(7),* 912-930.

  *trainees/former trainees

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

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

  Lynch, K., Keane, M.M., and Verfaellie, M. The status of semantic memory in medial temporal lobe amnesia varies with demands on scene construction. Cortex, in press.

  Keane, M.M., Bousquet, K., Wank, A., Verfaellie, M. Relational processing in the semantic domain is impaired in medial temporal lobe amnesia. Journal of Neuropsychology, in press.

  Palombo, D., Reid, A. G., Thavabalasingma, S., Hunsberger, R., Lee, A. C. H, and Verfaellie, M. The human medial temporal lobe is necessary for remembering durations within a sequence of events but not durations of individual events. Journal of Cognitive Neuroscience, 2020, 32, 497-507.

- **Translational Research Center for TBI and Stress Disorders (TRACTS):** TRACTS is a National Network Research Center hosted by the VA Boston Healthcare System and funded by the VA Rehabilitation Research and Development Service (VARRDS). The mission of TRACTS is to promote multidisciplinary research that will lead to innovations in the diagnosis and treatment of the complex issues presented by the growing population of Veterans who suffer the consequences of mTBI occurring in the context of stress-related emotional disorders. TRACTS provides a unique infrastructure to create synergy between investigators working in a number of scientific disciplines (including clinical neuropsychology; clinical psychology / psychiatry; translational basic science; and brain imaging). The TRACTS data repository which may be accessed for selected research project contains over 2000 behavioral, medical and demographic variables for over 550 prospectively enrolled participants, 200 with longitudinal data). In addition, the repository contains extensive quantitative neuroimaging information and data on over 500,000 genetic SNPS. We have numerous opportunities for interns to develop research interests and skills related to the investigation of the joint effects of TBI and PTSD. TRACTS works closely with the VA Research Neuroimaging Center under the direction of David Salat, Ph.D., which will provide interns with the opportunity to learn about advanced structural and functional neuroimaging methods.

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

  Sullivan DR, Logue MW, Wolf EJ, Hayes JP, Salat DH, Fortier CB, Fonda JR, McGlinchey RE, Milberg WP, Miller MW. Close-Range Blast Exposure Is Associated with Altered White Matter Integrity in Apolipoprotein ε4 Carriers. J Neurotrauma. 2019 Dec 1;36(23):3264-3273. doi: 10.1089/neu.2019.6489. Epub 2019 Aug 1. PMID: 31232163

  Clark, A, Amick, MM, Fortier, CB, Milberg, WP, and McGlinchey, RE (2014) Poor performance validity predicts clinical characteristics and cognitive test performance of OEF/OIF/OND Veterans in a research setting. *The Clinical Neuropsychologist. 28(5):*802-25. DOI: 10.1080/13854046.2014.904928.

  Lippa, SM, Fonda, JR, Fortier, CB, Amick, MA, Kenna, A, Milberg, WP and McGlinchey, RE. (2015). Deployment-Related Psychiatric and Behavioral Conditions and Their Association with Functional Disability in OEF/OIF/OND Veterans. *Journal of Traumatic. Stress, 28*: 25–33. DOI: 10.1002 /jts.21979.

  Amick MM, Meterko, M Fortier CB, Fonda, JR, Milberg WP, McGlinchey R (2017). The Deployment Trauma Phenotype and Employment Status in Veterans of the Wars in Iraq and Afghanistan. *The Journal of Head Trauma Rehabilitation*. DOI: 10.1097/HTR.0000000000000308.

  Jackson, CE, Nordstrom, L, Fonda, JR, Fortier, CB, Milberg, WP, & McGlinchey, RE (2017). Reporting of symptoms associated with concussion by OEF/OIF/OND Veterans: comparison between research and clinical contexts. *Brain Injury. 31(4):*485-492. DOI: 10.1080/02699052.2017.1280740.

  McGlinchey, RE, Milberg, WP, Fonda, JR, & Fortier CB (2017). A methodology for assessing deployment trauma and its consequences in OEF/OIF/OND veterans: The TRACTS longitudinal prospective cohort study. *International Journal of Methods in Psychiatric Research*. (ePub ahead of print). DOI: 10.1002/mpr.1556.

  Grande, LJ, Robinson, ME, Radigan, LJ, Levin, LK, Fortier, CB, Milberg, WP, & McGlinchey, RE (2018). Verbal Memory Deficits in OEF/OIF/OND Veterans Exposed to Blasts at Close Range. *Journal of the International Neuropsychological Society. 4(5):*466-475. DOI: 10.1017/S1355617717001242.

  Sullivan, DR, Morrison, FG, Wolf, EJ, Logue, MW, Fortier, CB, Salat, DH, Fonda, JR, Stone, A, Schichman, S, Milberg, WP, McGlinchey, RE, & Miller, MW (In press). The PPM1F gene moderates the association between PTSD and cortical thickness. *Journal of Neurotrauma*. DOI: 10.1089/neu.2019.6489

- **VA Boston Healthcare System Neuroimaging Center (Jamaica Plain):** The VABHS Neuroimaging Center (or as it is known locally "The Neuroimaging for Veterans Center" or NERV) aims to elucidate the neural

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

FACULTY: DAVID SALAT, PH.D., ELIZABETH LERITZ, PH.D. ABPP/CN, MIKE ESTERMAN, PH.D.

***THE VARIOUS MANUSCRIPTS WITH COMPONENTS OF NEUROIMAGING WERE LARGELY COMPLETED IN THE NERV CENTER.**

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

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

Riley E, Mitko A, Stumps A, Robinson M, Milberg W, McGlinchey R, Esterman M, DeGutis J. Clinically significant cognitive dysfunction in OEF/OIF/OND veterans: Prevalence and clinical associations. Neuropsychology. 2019 May;33(4):534-546. doi: 10.1037/neu0000529. Epub 2019 Apr 4. PMID: 30945914

Esterman M, Fortenbaugh FC, Pierce ME, Fonda JR, DeGutis J, Milberg W, McGlinchey R. Trauma-related psychiatric and behavioral conditions are uniquely associated with sustained attention dysfunction. Neuropsychology. 2019 Jul;33(5):711-724. doi: 10.1037/neu0000525. Epub 2019 May 30. PMID: 31144830.

Esterman M, Rothlein D. Models of sustained attention. Curr Opin Psychol. 2019 Oct;29:174-180. doi: 10.1016/j.copsyc.2019.03.005. Epub 2019 Mar 13. PMID: 30986621 Review.

DeGutis, J., Chiu, C., Thai, M., Esterman, M., Milberg, W., & McGlinchey, R. (2016). Trauma Sequelae are Uniquely Associated with Components of Self-Reported Sleep Dysfunction in OEF/OIF/OND Veterans. *Behavioral Sleep Medicine* doi:10.1080/15402002.2016.1173550 pdf

Poole, V., Robinson, M., Singleton, O., DeGutis, J., Milberg, W., McGlinchey, R., Salat, D., & Esterman, M. (2016). Intrinsic functional connectivity predicts individual differences in distractibility. *Neuropsychologia* doi:10.1016/j.neuropsychologia.2016.04.023 pdf

- **Center for Translational Cognitive Neuroscience (Jamaica Plain):** The CTCN studies memory with the goals of using cognitive neuroscience research to improve the lives of individuals with cognitive brain disorders. We also endeavor to build bridges between cognitive neuroscience research and investigators using other research techniques and educate clinicians and scientists in cognitive neuroscience and how it can be applied to brain disorders. Our research uses the techniques of experimental psychology and cognitive neuroscience to understand memory and memory distortions in patients with Alzheimer's disease, mild cognitive impairment, and brain trauma. Current projects include using strategies to enhance memory and reduce false memories, using ERPs (event-related potentials) as a biomarker to detect and

track disease progression in veterans with head injuries, evaluating the effect of social isolation during the pandemic on cognition in older veterans with Alzheimer's, using reaction time responses to evaluate effort in veterans with mild TBI, using questionnaires to evaluate veteran's level of misinformation vs. correct understanding of Alzheimer's disease and other diagnoses. Lab members are all encouraged to attend weekly lab meetings on Friday afternoons, and to participate in ongoing studies. Opportunities exist for the motivated and/or experienced intern or fellow to lead a small project or write a review paper.

FACULTY: ANDREW BUDSON, M.D, AND KATHERINE TURK, M.D.

Primary Care Behavioral Health
Jamaica Plain & Brockton Campuses

Rotation Coordinator: **NORA KEENAN, PH.D.**
Primary Care Clinic (11PCC)
VA Boston Healthcare System
150 Huntington Ave
Jamaica Plain, MA 02130

Telephone: (857) 364-5678
Email: nora.keenan@va.gov

Number of Interns: 1

Overview

The intern will have the opportunity for focused and specialized training in an integrated primary care setting through Primary Care Behavioral Health (PCBH), as well as the General Mental Health clinic and the Behavioral Medicine clinic, learning how to provide brief, evidence-based treatments for a wide range of behavioral health issues in a co-located and collaborative healthcare model. Clinical opportunities will include working with patients through both individual and group modalities, providing scheduled as well as same-day access appointments, and consultation and treatment planning recommendations within a multidisciplinary treatment team (e.g., within primary care, women's health, pain clinic, etc.).

Clinical Experience

Below is an overview of clinical programs that our Major Rotation Primary Care Behavioral Health Intern will participate in.

- **Primary Care Behavioral Health Clinic (PCBH):** The intern will work for two and a half days in PCBH, with one of those days focused on Women's Health. The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. Veterans may be seen through a scheduled appointment or via a same day "warm handoff" in which the patient is introduced to the PCBH intern by the primary care clinician. The intern will gain experience in the full range of behavioral health services in PCBH, including 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). The intern will gain proficiency in conducting brief functional evaluation in PCBH, with a focus on identifying key issues of concern to the primary care patient and on improving functioning, rather than on symptom remission. Standardized brief self-report assessments (PHQ-9, GAD-7, PCL-5, ASRS, ISI, MOCA) inform the clinical assessment and use of measurement-based care is encouraged to monitor treatment progress and guide treatment planning. The Intern will learn to develop and carry out brief, evidence-based behavioral treatment approaches commonly utilized in PCBH such as Motivational Interviewing, Brief CBT for Chronic Pain, Brief CBT for Insomnia, Problem-Solving Therapy in Primary Care, and other brief CBT and ACT based primary care interventions (e.g., brief sex therapy, CBT/ACT for depression and anxiety, stress management, and CBT to facilitate health behavior change).

Communication and liaison with the Primary Care team is essential. Interns will develop proficiency in individual consultation to primary care staff on behavioral health issues and management of risk. Interns will learn to effectively collaborate with the primary care team to triage Veterans to a variety of treatments, including specialty MH, pain management, social work, pharmacy, and others as appropriate. There are also opportunities to be involved in the primary care delivery system which includes attending daily team huddles and participating in primary care team meetings. Remote technologies allow for continued integration and collaboration with primary care teams when necessary.

- **Behavioral Medicine:** The Intern may work up to one full day in Behavioral Medicine. They will have the opportunity to develop skills in conducting comprehensive, biopsychosocial, and scientifically-informed assessments and intakes for different medical populations within the general Behavioral Medicine Clinic. The Intern will also develop skills in conducting short-term, evidence-based, cognitive-behavioral individual psychotherapy with Veterans with a broad range of medical conditions and those seeking to change health behaviors. The intern will learn to develop and carry out evidence-based behavioral medicine treatment plans focused on coping 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. The Intern will also be involved in all aspects of the Psychology Pain Management Clinic on Thursday afternoons. Their role will consist of assisting with consult management, comprehensive assessment, and intervention for Veterans with chronic pain (group and individual treatment). Interventions in the Pain Clinic center around short-term Cognitive Behavioral Therapy for Chronic Pain (CBT- CP), based on the national Evidence Based Practice (EBP) for Chronic Pain.

- **General Mental Health Clinic (GMH):** The intern will work in the GMH Clinic one half day per week, focusing on the provision of individual psychotherapy. Based on interests and patient needs, the intern will have the opportunity to learn and implement a number of evidence- based, time-limited treatments (examples include CBT-Depression, ACT). One goal of psychology training in GMH is the development of strong case conceptualization skills to inform treatment planning. Patients in GMH present with a wide range of mental health problems, from those with simple bereavement and/or adjustment issues to severely impaired, multiply- diagnosed individuals. Interns will develop and implement treatment plans for patients with a variety of complex presentations and will use psychometrically-validated pre- and post- treatment assessment instruments to evaluate treatment outcome. Further, there will be opportunities for training in thorough risk assessment. The GMHC treatment model emphasizes Veteran-centered interprofessional collaborative practice to enhance quality of care, treatment outcomes, and patient safety. The GMH component of the intern's clinical training will take place within the context of a large multidisciplinary team of staff and trainees from psychology, psychiatry, social work, and nursing.

Didactics

The intern will have the opportunity to attend monthly PCBH Didactics series, PCBH all-staff meetings, regional PCMHI team meetings and journal club, monthly Primary Care staff meetings, as well as weekly Behavioral Medicine and General Mental Health staff meetings. Within these opportunities there are often case discussions and special speakers that are brought in to address topics of relevance to each particular program. Additional opportunities exist within Behavioral Medicine and General Mental Health for participation in program-specific assessment and treatment-focused trainings (e.g., SCID trainings), and for participation in the interdisciplinary GMH case conceptualization seminar. There are also opportunities for national trainings through Primary Care Mental Health Initiatives. In addition, there are interprofessional education opportunities, including Medicine Forum and other special topic speakers.

Interdisciplinary Interactions

The Intern will develop proficiency in understanding the critical role of interdisciplinary consultation in an outpatient medical center. The intern will be considered a critical member of the Patient Aligned Care Team within Primary Care, working closely with medical doctors, nurses, and other extended care team members (dietitians, pharmacists, and social workers), as well as collaborating within the PCBH team (psychology, psychiatry, and nursing). There are also opportunities for joint medical visits in which the intern and primary care clinician will meet with Veterans together to address their behavioral health concerns., and shadowing with primary care providers. Within the Behavioral Medicine Pain Clinic, Interns will have the unique opportunity to assist with organizing Interdisciplinary Pain Panel sessions (e.g. Pharmacy, Nutrition, Physical Therapy, Neuropsychology), which are offered to Veterans who attend the CBT-Chronic Pain Group. As outlined above, the intern's experience in GMH will be characterized by consistent involvement in interprofessional collaborative practice.

Supervision

The intern's primary supervisor for their training rotation will be Dr. Nora Keenan, a PCBH psychologist who works embedded within the primary care women's health teams. Drs. Tessa Lundquist, Kristin Gregor, Risa Weisberg, Sarah Weintraub, and Stephanie Grossman, psychologists with expertise in PCBH, may also be involved as secondary supervisors. Within Behavioral Medicine, the intern will be supervised by Dr. Michelle Kovacs for their work in pain clinic and with outpatients, and will be supervised by the Behavioral Medicine fellow in a group supervision. For GMH, the intern will be supervised by Drs. Shimrit Black, Hannah King, Claire Burgess, or Joseph Meyer, for their outpatient individual cases.

Research Opportunities

Opportunities are available through PCBH, Behavioral Medicine or GMH. Trainees are able to select a research or program evaluation or quality improvement mentor/training experience from within the VA Boston Healthcare System, which includes several centers of excellence for research. Some specific potential research / scholarly inquiry opportunities may include:

- PCBH program evaluation, including examination of utilization of the PCBH services, disposition after services (e.g., assessment only, brief treatment, or referral to specialty mental health setting), etc.
  SUPERVISORS: KRISTIN GREGOR, PH.D., NORA KEENAN, PH.D., AND TESSA LUNDQUIST, PH.D.
- PCBH program evaluation / Quality Improvement program, to develop a Brockton Primary Care or Women's Health specific needs assessment, as well as examination of possible interventions to overcome stated.
  SUPERVISORS: NORA KEENAN, PH.D. AND KRISTIN GREGOR, PH.D.
- PCBH treatment evaluation, including examination of types of interventions in brief treatment and treatment outcome data
  SUPERVISORS: RISA WEISBERG, PH.D. AND KRISTIN GREGOR, PH.D.
- Program evaluation of interprofessional education with medical trainees
  SUPERVISOR: NORA KEENAN, PH.D.
- Program evaluation of utilization and treatment outcome data of PCBH services provided to older adults.
  SUPERVISOR: TESSA LUNDQUIST, PH.D.
- Literature review paper on PCBH
  SUPERVISOR: RISA WEISBERG, PH.D.
- Working as an interventionist on a VA study of treatment of chronic pain
  SUPERVISORS: RISA WEISBERG, PH.D. AND ERICA SCIOLI, PH.D.

- Empirical paper using data from a Boston University study of treating chronic pain in primary care
  SUPERVISOR: RISA WEISBERG, PH.D.
- Literature review paper on teaching behavioral health and CBT principles to interdisciplinary providers.
  SUPERVISOR: BARBARA KAMHOLZ, PH.D., ABPP
- Work with interdisciplinary pulmonary team to conduct medical record reviews of pulmonary rehabilitation patients, as well as analyze and write-up results of the pulmonary rehabilitation program for presentation/publication
  SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP
- Various program development and manuscript preparation opportunities within education and training at the postdoctoral level
  SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP
- Investigate the efficacy of complimentary and integrative health interventions in the treatment of Gulf War Illnesses and PTSD
  SUPERVISORS: DEANNA MORI, PH.D. AND BARBARA NILES, PH.D.
- Evaluate a training program for research assistants designed to address participant perpetrated harassment
  SUPERVISOR: DEANNA MORI, PH.D.

PTSD Clinical Team
Jamaica Plain Campus

Rotation Coordinator: **SCOTT LITWACK, PH.D.**
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-4806
Email: scott.litwack@va.gov

Number of Interns: 2

Overview

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

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

Clinical Experience

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

- **Treatment:** The treatment of veterans requires considerable sensitivity to the complexity of their clinical presentation in the context of the intersection of individuals' cultural and identity factors. The PTSD Clinic serves Veterans who represent diversity across all dimensions, including race, ethnicity, country of origin, first language, age, ability, era of service, religion, sexual orientation, and gender identity/gender expression. Issues related to diversity and inclusion are attended to at all levels of clinical services. The PTSD clinic uses a flexible cognitive-behavioral treatment model to target a range of clinical problems, depending on the level of patient functioning, their personal resources, and both their immediate and long-

term needs. Interns learn to flexibly apply skills to target various needs of veterans with PTSD, including, but not limited to:

- Psycho-education about PTSD
- Cognitive behavioral therapies targeting trauma (e.g., Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy)
- Skills (e.g. stress management, anger management, sleep hygiene)
- Therapy for comorbid diagnoses (e.g. Seeking Safety and DBT)
- Stabilization (e.g., crisis intervention, risk modification)

Interns provide individual psychotherapy and co-lead psychotherapy groups with staff members or other trainees. Group interventions include Psychoeducation, Seeking Safety, Motivational Enhancement, CBT skills groups, present-centered process groups, and era-based (Korea/WWII) support groups.

- **Assessment:** All veterans who apply for PCT treatment undergo a clinic intake process prior to being assigned to treatment; this consists of clinical interview, history taking, and several psychometric measures. The majority are assigned to treatment upon conclusion of the intake. Veterans who present with more complex symptomatology are provided with comprehensive multidimensional psychological evaluation. Methods include information gathered through structured and unstructured clinical interviews and psychological tests. We strive to be sensitive to cultural and contextual factors that impact reporting of symptoms, descriptions of subjective distress, and manifestation of symptoms. The clinic conducts assessment using a case conceptualization approach. Thus, assessment focuses on differential diagnostic formulation, treatment target identification, and prioritization of targets for intervention.

- **Clinical Meetings:** In addition to supervision, the PCT Clinical Team meeting takes place every week. This is an interdisciplinary meeting in which trainees and staff are encouraged to seek clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination, as well as to discuss and receive support around common challenges in working with trauma survivors, such as compassion fatigue and secondary traumatization.

- **Consultation to the Medical Center:** Interns provide ad hoc clinical consultation and liaison to psychiatry. The primary mode of consultation occurs in the context of intake assessments in the clinic. Intakes require consultation with the referral source as well as consulting to clinics that might be more appropriate for veterans given their presentation at the intake. Referrals may come from Primary Care, Substance Abuse, Neurology, Behavioral Medicine, Psychiatry, among others. In addition, consultation can occur with inpatient services for either current cases in the clinic who need inpatient services or veterans currently in inpatient settings (psychiatric or medical) who will need follow-up outpatient services upon their discharge from the inpatient unit.

- **Supervision Experience:** Interns are exposed to supervision experience when practicable through the provision of clinical case consultation to practicum trainees in the clinic. These experiences are overseen by one of the licensed providers in the clinic. Although this is a valuable experience that we strive to provide, it is not something that we can guarantee as the ratio of various trainees changes from year to year.

Supervision

Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for designing the training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns' progress during the PCT rotation. Interns are also assigned supervisors for group psychotherapy and supervision for individual assessment or treatment cases is also available from other staff on an as-needed basis. Additionally, depending upon interns' goals, they may also have the opportunity to engage in consultation meetings led by treatment experts of CPT, PE, and DBT.

Secondary (Four-Month) Rotation Description

For interns completing a four-month rotation in PCT, the experience is very similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made with the maximum length of therapy in mind. Group experiences may vary slightly, depending on available opportunities.

Research

Interns have the opportunity to become involved in ongoing clinical research activities. The intern's level of involvement can vary from the internship standard of four hours per week, to a full day per week if an intern requests the higher level and meets requirements necessary for that commitment. Current projects in the two National Center for PTSD divisions are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, randomized controlled trials, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization. Decisions about the extent of research involvement are based on an intern's interest, available time, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.

Selected recent publications from our **staff** (highlighted):

Guimond, A-J., Kubzansky, L.D., & Lee, L.O. (2021). Emotion and illness. In R. Schwartz, J.A. Hall, & L.G. Osterberg (Eds.), Emotion in the Clinical Encounter (pp.51-81). McGraw Hill.

Moring, J.C., Straud, C.L., Penzien, D., Resick, P.A., Peterson, A., Jaramillo, C.A., Eapen, B., McGeary, C.A., Mintz, J/. Litz, B.T., Young-McCaughan, S., Keane, T.M., and McGeary, D.D., for the Consortium to Alleviate PTSD. (in press) PTSD Severity and Tinnitus: An Analysis of Veterans Seeking Care for Post-Traumatic Headache. Health Psychology.

Lee, D. J., Marx, B. P., Thompson-Hollands, J., Gallagher, M. W., Resick, P. A., & Sloan, D. M. (2021). The temporal sequence of change in PTSD symptoms and hypothesized mediators in Cognitive Processing Therapy and Written Exposure Therapy for PTSD. Behaviour Research and Therapy, 144, 103918.

Livingston, N.A., Farmer, S., Mahoney, C., Marx, B., Keane, T. (2021). Longitudinal course of mental health symptoms among veterans with and without cannabis use disorder. Psychology of Addictive Behaviors.

Taft, C.T., Franz, M.R., Cole, H.E., D'Avanzato, C., & Rothman, E.F. (in press). Strength at Home for preventing intimate partner violence in civilians. Psychological Trauma: Theory, Research, Practice, and Policy.

Thompson-Hollands, J., Lee, D. J., & Sloan, D. M. (2021). The use of a brief family intervention to reduce dropout among veterans in individual trauma-focused treatment: A randomized controlled trial. Journal of Traumatic Stress, 34(4), 829-839.

Williston, S. K., Kruepke, M., Grossman, D., Litwack, S., & Niles, B. L. (in press). Exploring modifications to individual trauma-focused PTSD treatments in a routine care setting: An examination of medical records at a Veterans Health Administration PTSD clinic. Cognitive and Behavioral Practice.

Wolf, E. J., Chen, C.D., Zhao, X., Zhou, Z., Morrison, F. G., Daskalakis, N. P., Stone, A., Schichman, S., Garza Grenier, J., *Fein-Schaffer, D., Huber, B. R., Traumatic Stress Brain Research Group, Abraham, C. R., Miller, M. W., & Logue, M. W. (2021). Klotho, PTSD, and advanced epigenetic age in cortical tissue. Neuropsychopharmacology, 46, 721-730.

Rehabilitation Psychology
All Campuses

Rotation Coordinator: **MELISSA AMICK, PH.D.**
Spinal Cord Injury (128)
VA Boston Healthcare System
1400 VFW Parkway
West Roxbury, MA 02132

Telephone: (857) 203-6502
Email: melissa.amick@va.gov

Training Locations:
West Roxbury Campus – 3 days
Brockton Campus – 1 day
Inter-Campus – 1 day

Number of Interns: 1

Overview

This is an ideal rotation for applicants interested in health psychology, specifically coping with acute or chronic illness. You will be embedded within several multidisciplinary teams, work in inpatient and outpatient medical settings, and care for patients and families coping with life-changing injuries and illnesses. The entire continuum of care is covered from acute injury to chronic disability to palliative and end of life care.
Rehabilitation Psychology focuses on helping individuals with disabilities (congenital or acquired) achieve optimal psychological, physical, and social functioning. Psychotherapy and neuropsychological assessment are provided as part of a multidisciplinary team, specifically:

- Inpatient acute rehabilitation for spinal cord injury and inpatient stroke and amputation rehabilitation (West Roxbury campus);
- Sub-acute rehabilitation/transitional care (Brockton campus), typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care;
- Outpatient psychotherapy and assessment (West Roxbury campus, Jamaica Plain campus).

All training is designed to develop foundational and functional competencies for professional rehabilitation psychology practice consistent with Division 22 standards of American Psychological Association and the American Board of Rehabilitation Psychology (*i.e.,* ABPP specialty certification in Rehabilitation Psychology).

Clinical Experience

The primary training site is West Roxbury (two to three days/week), with one to two days/week at Brockton, and the fifth day reserved for other training needs. The veterans we care for have a range of chronic medical conditions, most commonly spinal cord injury/disorders (SCI/D), multiple sclerosis, stroke, or amputation. Spinal cord injuries/disorders are a specialty area for the VA Boston Healthcare System. VA Boston is the regional spinal cord

center as a part of the "hub and spokes" model of care for VISN 1 (all VAs in New England). Comprehensive care is provided to patients to improve their health and functional abilities and maintain quality of life from onset of injury throughout their life.

The Rehabilitation Psychology intern will spend time in three distinct clinical settings over the course of the rotation: inpatient acute and subacute medical units, outpatient clinic, and long-term residential care.

- **Inpatient Acute Rehabilitation:** Interns will work on acute rehabilitation floors in a hospital setting with individuals with SCI/D, amputation and stroke. Treatment is guided by the biopsychosocial model and includes a CARF-accredited SCI inpatient program with intensive involvement from medicine, nursing, occupational therapy, physical therapy, kinesiology, speech and language pathology services, recreational therapy, social work, and psychology.

  Interns will be trained in psychological principles and techniques assessment and psychotherapy for mental health issues including depression, grief, anxiety, dementia, behavioral concerns; rehabilitation issues such as adaptation to disability, acute and chronic pain, motivation for therapy, neuropsychological assessment as it pertains to treatment and discharge planning and complex neuropsychiatric presentations which require a full "team intervention" to optimize care. This rotation will be exciting for interns with interests in acute adjustment issues relating to new and pre-existing disability and illness, family roles, re-integration into the community, neuropsychology, capacity evaluations, acute and chronic pain, crisis intervention, and effects of long-term hospitalization. Our Rehab Psychology intern is embedded within our multidisciplinary team including medicine, social work, nursing, case management, physical and occupational therapy, and speech language pathology ensuring rich exposure to coordinated team-based care.

  LOCATION: WEST ROXBURY CAMPUS.

  SUPERVISORS: MELISSA AMICK, PH.D., AND SUSAN MCGLYNN, PH.D., ABPP/CN

- **Sub-Acute Rehabilitation:** The VA Brockton Community Living Center includes two ~30 bed units for sub-acute rehabilitation/transitional care, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex, co-morbid medical, psychiatric, substance abuse, and social problems. The intern will attend weekly team meetings, and provide psychological assessment, psychotherapy, and consultation services as part of a consult liaison team that includes a psychologist, psychiatrists, and some combination of the geropsychology postdoctoral fellows, geropsychology interns, and a practicum student at times. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; differential diagnosis in complex patient presentations; adapting psychotherapy interventions for ill or frail elders; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision making capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams.

  LOCATION: BROCKTON CAMPUS.

  SUPERVISOR: KELLY O'MALLEY, PH.D.

- **Long-Term Care:** The VA Brockton campus offers long-term residential care for 30 veterans with SCI/D. The emphasis of the Rehab intern's training at the Brockton SCI long-term care (LTC) is on hospital team support and development.

  Excellent teams yield excellent care for our veterans. This experience entails working with an interdisciplinary team and providing education and support using your expertise as a clinical psychologist. Each academic semester the intern and partner (another trainee or staff) will collaboratively design and write a curriculum tailored to the current needs of the hospital unit. Along with the partner, interns will conduct weekly sessions for one hour with voluntary attendance from the team. Previous topics included Self-Care Series (stress management; self-assessment; creativity; mindfulness; mindful eating; benefits of exercise); Understanding why and how to work with patients with advancing dementia; Ethics of social

media 101; Boundaries in complicated work settings; Late onset PTSD with SCI onset; Working with challenging people; Managing disruptive behaviors; and Behavioral analysis and intervention. Content of each talk is tailored to be unit-centered with practical information that improves overall "health" of an active interdisciplinary team.

LOCATION: BROCKTON CAMPUS.

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

- **Outpatient Psychotherapy and Assessment:** Interns provide outpatient psychotherapy and neuropsychological assessment to individuals living in the community. Individual psychotherapy cases typically have comorbid physical and mental health diagnoses (e.g. SCI/D and depression/ anxiety/chronic pain). Opportunities for couples/family therapy may also be available.
  Neuropsychological assessment referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, ADHD, LD, traumatic brain injury and dementia. Neuropsychology assessments involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients.

  Interns are also involved in the SCI/D outpatient clinic, specifically the veteran's annual evaluation appointment. As part of this yearly check-up, the intern conducts psychosocial and cognitive screenings. Screenings focus on adjustment to life changes and stressors, cognitive functioning, sleep, pain management, health promotion and psychoeducation.
  Finally, group therapy is conducted in partnership with the Neuropsychology service and includes psychoeducational/cognitive rehabilitation interventions (individual and group co-leadership). The intern will select one or two groups to co-lead. Current groups include Memory and Aging and Memory, ADHD, Epilepsy support group.

  LOCATION: WEST ROXBURY CAMPUS, JAMAICA PLAIN CAMPUS.

  SUPERVISORS: MELISSA AMICK, PH.D., JOHN OTIS, PH.D., LAURA GRANDE, PH.D., ABPP/CN

Didactics

The Rehabilitation Psychology rotation includes a weekly didactic in psychotherapies that are particularly relevant to chronic illness and disability (e.g. coping effectiveness, motivational interviewing, chronic pain management, ACT). The Rehab interns also attends the weekly Geropsychology seminar and are encouraged to attend the weekly SCI/D physician lecture series and journal club. There are also monthly lectures and educational opportunities including Schwartz Rounds and Mental Health Ground Rounds. The SCI service also offers weekly journal club and SCI grand rounds, of then on topics related to caring for the Veterans being treated on the unit. It is the expectation that the rehab psychology intern will present at least once in either of these two didactics settings. Interns have opportunities to attend other educational opportunities through VA Boston, Boston University School of Medicine, and Harvard Medical School.

Selection Criteria

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

Supervision

The rehabilitation psychology intern receives at least four hours of weekly supervision, at least two hours of which are individual with the primary supervisor.

Secondary (4-Month) Rotation

The 4-month Rehabilitation Psychology rotation provides the trainee with the opportunity to working within our inpatient Acute Rehabilitation services and provide Outpatient psychotherapy and Assessments (as described above). Due to the shorter time frame the 4-month rotation does not provide exposure to Long-term care or Subacute Rehabilitation. For interns completing a four-month rotation in Rehabilitation, the experience is very similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made with the maximum length of therapy in mind.

Research

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

- **Current active areas of research include:**
  - Biomarkers of OEF/OIF Deployment related cognitive and emotional disorders;
  - Biomarkers of cerebrovascular risk in SCI;
  - Post traumatic headache, pain and PTSD
  - Understanding post-traumatic stress disorder (PTSD) in late life and at the end of life
  - Assessing unmet family caregiver need. The experiences of older male Veterans caring for a loved one, and family members caring for older Veterans with PTSD
  - Creating a model for interest in living versus desire to die in populations with severe disabilities;
  - Ethical dilemmas within clinical practice.

Selected recent publications from our **staff** (highlighted):

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

Amick M.M., Meterko M., Fortier C.B., Fonda J.R., Milberg W.P., McGlinchey R.E. (2018). The deployment trauma phenotype and employment status in veterans of the wars in Iraq and Afghanistan. *J Head Trauma Rehabil*. 33(2), E30-E40.

Budd MA, Haque OS, Stein MA. (2020). Biases in the evaluation of self-harm in patients with disability due to spinal cord injury. Spinal Cord Ser Cases. 27;6(1):43.

Budd, M.A., Hough, S., Stiers, W., & Wegener, S. (2016). *Practical Psychology in Medical Rehabilitation*. New York: Springer Publication (978-3-319-34032-6)

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

Fortenbaugh FC, Fonda JR, Fortier CB, **Amick MM**, Milberg WP, McGlinchey RE. T(2020) he Impact of Common Psychiatric and Behavioral Comorbidities on Functional Disability Across Time and Individuals in Post-9/11 Veterans. J Trauma Stress.33(5):750-761.

Fortier, C.B., **Amick, M.**, **Grande, L., McGlynn, S.**, Kenna, A., Morra, L., Clark, A., Milberg, W.P., and McGlinchey R.E. (2013). The Boston Assessment of Traumatic Brain Injury-Lifetime (BAT-L) Semi-structured Interview: Preliminary Evidence of Research Utility and Validity. *Journal of Head Trauma Rehabilitation,* 22(3).

Mun CJ, **Otis JD,** Concato J, Reid MC, Burg MM, Czlapinski R, Kerns RD. (2020) Further Examination of the Pain Stages of Change Questionnaires Among Chronic Low Back Pain Patients: Long-Term Predictive Validity of Pretreatment and Posttreatment Change Scores and Stability of Posttreatment Scores.Clin J Pain. 36(3):227.

O'Malley KA & Qualls SH. Preliminary evidence for the validity and reliability of the Caregiver Reaction Scale. Clinical Gerontologist. 2016 Jun 14;40(4):281-294.

O'Malley KA & Qualls SH. Development and preliminary examination of the psychometric properties of the Behavior Problem Checklist. Clinical Gerontologist, 2016 Feb 21;39(4):263-281

O'Malley, KA & Qualls SH. Validation of a Comprehensive Measure of the Family Caregiver Experience: The Caregiver Reaction Scale. Clinical Gerontologist. 2020 June 23

O'Malley, K., Etchin, A., Auguste, Elizabeth, Moye, J. (2022). Advancing Trauma-informed care education for Hospice and Palliative Staff: Development and Evaluation of Educational Videos. The Journal of Hospice and Palliative Nursing; 24(1).

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

Pless Kaiser, A., O'Malley, K., Moye, J., Etchin, A., Korsun, L., Weiskittle, R., Bashian, H., Kemp, K., and Sager, Z. (under review). Hospice and Palliative Care Providers' Perceptions of Posttraumatic Stress Disorder at End-of-Life in Military Veterans.

Stricker, N.H., Lippa, S.M., Green, D.L., **McGlynn, S.M.**, **Grande, L.J.**, Milberg, W.P., & McGlinchey, R.E. (2016). Elevated rates of memory impairment in military service-members and veterans with post-traumatic stress disorder. *J Clin Exp Neuropsychol.*

Stricker, N.H., Lippa, S.M., Green, D.L., **McGlynn, S.M.**, **Grande, L.J.**, Milberg, W.P., & McGlinchey, R.E. (2016). Elevated rates of memory impairment in military service-members and veterans with post-traumatic stress disorder. *Journal of Clinical Experimental Neuropsychology.*

Stumps A, Jagger-Rickels A, Rothlein D, **Amick M**, Park H, Evans T, Fortenbaugh FC, Fortier CB, Fonda JR, Lee D, Milberg W, McGlinchey R, DeGutis J, Esterman M. (2021) Connectome-based functional connectivity markers of suicide attempt. J Affect Disord. 283:430-440.

*Former intern

Substance Use Disorders – Spectrum of Treatment Brockton Campus

Rotation Coordinator: **Lisa Myers, Ph.D.**
Psychology Service (116B)
VA Boston Healthcare System
940 Belmont Street
Brockton, MA 02301

Telephone: (774) 826.2839
Email: lisa.myers2@va.gov

Number of Interns: 1

~ Overview ~

The Substance Use Disorders – Spectrum of Treatment rotation at the VA Boston Healthcare System prepares interns to work in a variety of settings and provides them with highly marketable skills in treating substance use and other co-occurring mental health disorders. The intern learns to:

- Conduct comprehensive intake evaluations, including state-of-the-art risk assessments
- Work collaboratively with Veterans on either harm-reduction or abstinence goals
- Deliver evidence-based psychotherapies, including Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), Cognitive-Behavioral Therapy for Substance Use Disorders (CBT-SUD), Behavioral Couples Therapy (BCT), and Acceptance Commitment Therapy (ACT)
- Conduct BCT and is afforded the opportunity to become a certified BCT-SUD provider
- Co-facilitate and lead the Stage 1 and Relapse Prevention Groups
- Deliver Cognitive Processing Therapy (CPT) for PTSD and is provided the opportunity to become a certified CPT provider
- Deliver measurement-based care in both residential and outpatient levels of treatment
- Develop proficiency in telebehavioral health
- Document in a timely, professional manner that accurately reflects patient care
- Participate in clinical research and expand their program evaluation skills.

The Brockton Outpatient Alcohol and Drug Treatment Program (ADTP) and the Project for Counseling Alcoholics' Marriages (CALM) are located on the first floor of Building 5. The Center for Integrated Residential Care for Addictions (CIRCA) is a residential rehabilitation program located on the first floor of Building 2. Our population of Veterans consists of male and female (majority male) adults with a wide range of ages (average 45 years), who often present with significant psychosocial stressors as a consequence of their SUD, including unemployment and homelessness.

Clinical Experience

The Brockton Substance Use Disorder, Spectrum of Treatment rotation, offers a comprehensive and integrated clinical training experience, across three levels of care. Interns are exposed to different intensities and modalities of care. The goal is to gain significant breadth and depth of experience treating Veterans whose substance use and/or co-occurring disorders interfere with reaching their full potential in life. There are no minimum requirements for

previous experience in treating Veterans that present with substance use disorders for any of the rotation components. The three clinical settings are the:

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

Professional psychologists in the above three programs have key leadership roles in program management, clinical care, supervision/training, program development, and evaluation/research. Interns complete comprehensive intake evaluations and risk assessments. Across the Spectrum of Training, interns collaborate with Veterans to develop mutually agreed upon, measurement-based treatment plans and provide evidence-based psychotherapies.

- In the **Center for Integrated Residential Care for Addictions (CIRCA)**, the intern conducts screening assessments to determine appropriateness for program admission. The intern also serves as a treatment team leader for one to two patients and is responsible for providing individual therapy, treatment planning, discharge planning, and addressing any behavioral issues in the program for those Veterans. At the beginning of the year, the intern and Dr. Lisa Myers co-facilitate a manually-guided relapse prevention group. Once the intern reaches a level of competence, the intern assumes responsibility for leading the group. Group therapy experience will primarily be with cognitive-behavioral relapse prevention techniques, as well as DBT-oriented emotion-regulation skills training, and/or CBT for depression and anxiety based on the intern's interest and availability. The intern will work as a member of the multi-disciplinary team. The time commitment in CIRCA is approximately 15 hours per week.

- In the **Outpatient Alcohol and Drug Treatment Program (ADTP)**, the intern and Dr. Daniel Rounsaville co-lead the Stage 1 group, a manually guided group designed to help clients move through the early stages of change and toward changing substance use. Given that the Veterans who attend the group are, by nature of their use, at high risk for problematic behavior, the intern remains a co-facilitator with their supervisor throughout the training year. The intern also manages a small caseload of up to four clients and learns to provide CBT-SUD, MI, MET, CPT, and ACT. The intern also is provided the opportunity to attend local training in CPT and may choose to attend additional supervision through the Adjunctive Treatment Experience (ATE) for the purpose of becoming a certified CPT provider. The time commitment in the ADTP Outpatient Clinic is approximately 15 hours per week.

- In the **Project for Counseling Alcoholics' Marriages (CALM)**, the intern attends didactics provided by Dr. Clancy and learns to effectively BCT for alcoholism and drug abuse. The intern works with Veterans and their partners to support the Veteran's abstinence and improve relationship functioning. Under the supervision of Dr. Clancy, the intern assesses and treats one to two couples at any given time. The time commitment varies according to the intern's interest. The intern will have the opportunity to become a certified BCT provider.

Throughout the rotation, the intern is provided a unique opportunity to work with patients across a continuum of care with patients who have substance use problems that differ in duration and severity. They work with Veterans to tailor treatment to the Veteran's needs. Interns learn to coordinate care with psychiatrists, psychiatry residents, psychologists, social workers, nurses, and health technicians. Additionally, they collaborate with other VA clinic staff and programs (e.g. homelessness programs, suicide prevention programs, long-term residential programs, work therapy programs,) as well as community resources (e.g., 12-Step programs, SMART recovery, Veteran support groups) to provide additional support for patients. All of the substance use disorder treatment programs have a steady flow of patients that ensure access to a rich set of training experiences. The intern provides services for a patient population diverse in age, gender, sexual orientation, socioeconomic status, religion and spiritual beliefs, cultural identity, trauma history, era of military service, and combat experience. Working across settings provides the intern with an opportunity to learn evidence-based treatment approaches appropriate to the level of care (e.g., abstinence vs. controlled drinking), and to work with patients at varying stages of recovery and readiness to work on other life problems. Patients enrolled in these clinics often receive treatments that address co-occurring mental health problems (e.g., Mood and Anxiety Disorders, including PTSD), and the intern gains proficiency treating a range

of mental health problems in the context of addiction. Staff works closely with interns to develop a balanced caseload that promotes maximum professional development as well as self-care. The total percent of intern time devoted to direct patient care is approximately 50% of the training week, with an additional 15% spent in supervision and clinic specific didactics.

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

Instruction

In addition to the weekly Internship seminar series attended by trainees across all rotations, there are three venues to impart knowledge about the evaluation and treatment of substance use disorders and promote the intern's professional development. 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 on empirical and theoretical advances that can inform clinical practice. The second venue is a monthly SUD Open Forum that 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 psychology interns on Brockton rotations, as well as multidisciplinary staff from SUD and PTSD clinics in Brockton. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUD, and the forum will include the opportunity for informal case presentation.

Supervision

At the Brockton Substance Use Disorder, Spectrum of Treatment rotation, several psychologists provide training for the intern in their respective programs (see below). Interns receive at least four hours of supervision each week, Under the umbrella of a vertical supervision model, the postdoctoral fellow provides clinical supervision and assists the intern in professional development. The track supervisor plays a key role in assisting the intern in developing a schedule that meets the intern's training goals and ensures that the schedule is doable. All supervisors use the graduated levels of responsibility to help the intern successfully progress in all competencies.

- **Lisa Myers, Psy.D.** Licensed Psychologist, Staff Psychologist at the Center for Integrated Residential Care for Addictions (CIRCA), and Instructor in Psychology at Harvard Medical School. She is certified in MI, CPT, and CBT-I. Dr. Myers is the primary coordinator and supervisor for activities in CIRCA. She will provide the intern with two hours/week of individual supervision.

- **Kevin Clancy, Ph.**D. Licensed Psychologist, Program Manager of the CALM Project at VA Boston, and Instructor of Psychology at Harvard Medical School. He is a Certified BCT trainer and provider and will meet with the intern for one hour/week of individual supervision.

- **Justin Enggasser, Ph.D.** Licensed Psychologist and the 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 Instructor in Psychology at Harvard Medical School. He will provide supplemental supervision for the trainees on CIRCA or ADTP activities, as needed.

- **Daniel Rounsaville, Ph.D.** Licensed Psychologist, Program Manager of the Outpatient ADTP Clinic at the Brockton campus, and the Rotation Coordinator. He is an Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. He is a certified provider for CBT-SUD and CPT, and has expertise in MI, CBT, ACT, and BCT. He will provide supervision for the intern's clients in the ADTP Outpatient Clinic. He also is involved in program evaluation/research of aspects of the ADTP clinic and welcomes the intern's

participation. Currently, Dr. Rounsaville is conducting a study looking at factors predicting the clinical outcomes in the ADTP clinic with Veteran prescribed buprenorphine over the course of three years examining predictors including treatment participation, concurrent non-opioid use, and comorbid diagnoses.

Secondary (Four-Month) Rotation Description

The secondary rotation mirrors the primary (8-month) rotation, except it is shorter in duration. It is scaled-down in the sense that it may be more difficult to gain BCT certification in the shorter time period. There is no minimum requirement for previous experience to join the rotation.

Research

Much of the empirical support for BCT for SUD has come from projects conducted here at VA Boston. Dr. Enggasser is the Section Chief for Substance Use Disorder Treatment Services at VA Boston, and is available as a research mentor for interns 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 self-help interventions for veterans with problem drinking and trauma symptoms. Dr. Enggasser is also available to work with an intern on program evaluation focused on residential or outpatient SUD treatment services at VA Boston. Specific activities can vary depending on a trainee's interest and goals, as well as the status of the project at the time the trainee is available.

Opportunities are available for trainees to participate in program evaluation across any of the clinics involved in this rotation. Interns have the option to participate in ongoing Performance Improvement (PI) projects in ADTP directed by Dr. Daniel Rounsaville or in CIRCA under the direction of Dr. Lisa Myers. There are pre- and post-treatment measures for treatment outcome in ADTP and CIRCA. Interns who prefer to conduct their own group and implement pre- and post-treatment measures will be mentored through this process. Substance abuse treatment clinics compile program evaluation reports tracking consults and treatment retention, and the intern is encouraged to participate in these activities as well. Finally, ADTP and CIRCA have ongoing efforts to gather client satisfaction data in order to guide program development efforts, and the intern can gather, analyze, and synthesize data from these surveys.

Selected recent publications from our **staff** (highlighted):

Brief, D.J., Rubin, A., Keane, T. M., **Enggasser, J.**, Roy, M., Helmuth, E., Hermos, J., Rosenbloom, D., Lachowicz, M. (2013). VetChange: Web-based Self-Management of Drinking and PTSD Symptoms in Returning Veterans. Journal of Consulting and Clinical Psychology, 81: 890-900.

Keane, T. M., Rubin, A., Lachowicz, M., Brief, D.J**., Enggasser, J.,** Roy, M., Hermos, J., Helmuth, E., & Rosenbloom, D. (2014). Temporal stability of DSM-5 posttraumatic stress disorder criteria in a problem drinking sample. *Psychological Assessment.*

Young, M.A., Hutman, P, **Enggasser, J.L.,** Meesters, Y. (2015). Assessing usual seasonal depression symptoms: The seasonality assessment form. *Journal of Psychopathology and Behavioral Assessment.*

Enggasser, J.L., Hermos, J., Rubin, A., Lachowicz, M., Rybin, D., Brief, D.J., Roy, M., Helmuth, E., Rosenbloom, D., Keane, T. M. (2015). Drinking goal choice and outcomes in a Web-based alcohol intervention: Results from VetChange. *Addictive Behaviors, 42:* 63-68.

Chang, G., Crawford, M., Pitts, M.T., Schein, A.Z., Goodwin, K.B., **Enggasser, J.L.** Adherence to extended release naltrexone: patient and treatment characteristics. (2018). The American Journal on Addictions.

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Langdon, K. J., Rubin, A., Brief, D. J., **Enggasser, J.L.,** Roy, M., Solhan, M., Helmuth, E., Rosenbloom, D., & Keane, T. M. Sexual traumatic event exposure, posttraumatic stress symptomatology, and alcohol misuse among women: A critical review of the empirical literature. *Clinical Psychology: Science and Practice*. 2016; Doi:10, 1111/epsp.12167.

Brief, D.J., Solhan, M., Rybin, D**., Enggasser, J.L.,** Rubin, A., Roy, M., Helmuth, E., Schreiner, A., Heilman, M., Vittorio, L., Rosenbloom, D., Keane, T.M. Web-Based Alcohol Intervention for Veterans: PTSD, Combat Exposure, and Alcohol Outcomes. *Psychological Trauma. 2017 Jun 01.* PMID: 28569525.

Najavits, L.M., **Enggasser, J.L.**, Federman, E.J., Brief, D.J. A randomized controlled trial of a gender-focused addiction model versus 12-step facilitation for women veterans. (2018). The American Journal on Addictions. DOI: 10.1111/ajad.12709.

Enggasser, J. L., Livingston, N.A., Ameral, V., Brief, D. J., Rubin, A., Helmuth, E., Roy, M., Solhan, M., Litwack, S., Rosenbloom, D., Keane, T. M. (2021). Public implementation of a web-based program for veterans with risky alcohol use and PTSD: A RE-AIM evaluation of VetChange. Journal of Substance Abuse Treatment. doi.org/10.1016/j.jsat.2020.108242

Livingston, N.A., Simpson, T., Lehavot, K., Ameral, V., Brief, D. J., **Enggasser, J. L.**, Litwack, S., Helmuth, E., Roy, M., Rosenbloom, D., Keane, T. M. (2021). Differential alcohol treatment response by gender following use of VetChange. Drug & Alcohol Dependence, 221. doi.org/10.1016/j.drugalcdep.2021.108552

Rounsaville, D., O'Farrell, T.J., Burdzovic Andreas, J., Murphy, C.M, & Murphy, M. (2014). Children's exposure to parental conflict after father's treatment for alcoholism. *Addictive Behaviors, 39*, 1168-1171. DOI: 10.1016/j.addbeh.2014.03.017. PMCID: PMC4019326.

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Trauma and Addiction Recovery
Brockton Campus

Rotation Coordinator: **JULIE KLUNK-GILLIS, PH.D.**
Psychology Service (116B)
VA Boston Healthcare System
940 Belmont Street
Brockton, MA 02301

Telephone: (774) 826-1727
Email: julie.klunkgillis@va.gov

Number of Interns: 1

Overview

The Trauma and Addiction Recovery rotation, formerly named the Dual Diagnosis Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) rotation, was developed to provide high quality training for treating these co-occurring disorders. Historically, the treatment of PTSD and SUD has been separated; in fact, patients frequently were denied treatment for one problem if the other was present. Clinically, the PTSD and SUD clinics are increasingly integrating their treatment whenever possible, which is often preferred by veterans. Whenever indicated, veterans will receive treatment in more than one clinic (e.g. both the outpatient PTSD and SUD clinics, or the domiciliary and PTSD clinics), with clinicians working together to develop appropriate treatment plans. Or, a veteran may receive integrated PTSD-SUD treatment within one clinic particularly when they have more moderate SUD. While the majority of the intern's caseload will be dually-diagnosed, there also will be opportunities to assess and/or treat patients with one primary diagnosis. Interns gain exposure to male and female veterans across eras from those who served in Iraq and Afghanistan to those who served in Vietnam and Korea, as well as to veterans who report experiencing military sexual trauma, and other traumas. Interns work with veterans in different stages of recovery and with differing levels of symptom severity.

It should be noted that applicants to this rotation need ***not*** have a strong background in ***both*** PTSD and SUD to be considered. An applicant with experience in one area (e.g., PTSD) who is also interested in learning more about the other (e.g., SUD) would be strongly considered and a good fit, and vice versa. This is the case for most of our applicants. The most successful interns who match with the TAR rotation are those who are interested in providing integrated care for veterans struggling with both PTSD and SUD, and who wish to gain exposure and expertise in providing evidence-based care in both areas.

The intern receives training by providing mental health care within two outpatient clinics. The primary placement will be in the Brockton PTSD Clinic (about 55% of their clinical time) with the remaining time spent in the Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT), an abstinence-based intensive outpatient program in the Alcohol and Drug Treatment Program (ADTP). There are options for interns to receive training in areas that are of particular interest to them (i.e., evidence-based trauma focused treatments, Cognitive Behavioral Therapy for Substance Use Disorder, Mindfulness Based Relapse Prevention, motivational interviewing, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, 12-step approaches, and flexible use of emotion regulation, distress tolerance, relapse prevention, and recovery skills). Supervision will continually explore what treatments are the most appropriate to address symptoms of PTSD and problematic substance use. Considering the many opportunities available in this rotation, supervisors will help the intern develop a training plan that ensures a

manageable and diverse caseload allowing for both depth and breadth of experiences. The intern will also receive guidance on professional development and balancing training goals with self-care.

The clinics within this rotation are optimal for trauma and addiction recovery work, since the outpatient clinics for PTSD, ADTP, General Mental Health, and the Center for Returning Veterans are all conveniently located on the same floor. Residential dual diagnosis treatment programs are also located on the Brockton campus, in different buildings (e.g., CIRCA, WITRP). All clinics have high volume and diverse referrals. Care will be taken to ensure that the intern receives a varied caseload including veterans from all eras, with all types of trauma and substance use histories, with diverse backgrounds. Although outpatient care is the primary focus of training, the intern will have the opportunity to interact with patients across the continuum of care, through consultation with patients and staff in residential and inpatient units, through treatment of long-term cases as they move through different levels of care, and through treatment experiences in I-ADAPT. Interns participate in a monthly Addictions Journal Club, SUD forum, and SUD-PTSD clinical forum with staff and trainees from the ADTP and PTSD clinics. Interdisciplinary opportunities for collaboration are widely available within the PTSD and ADTP teams that include professionals and trainees from other disciplines such as psychiatry, social work, and nursing. Additionally, interns often communicate with other VA and community programs (e.g. other outpatient clinics, psychiatric inpatient units, Suicide Prevention Coordinators, local Vet Center) in order to facilitate referrals for individuals entering the PTSD and ADTP clinics through the intake process. Interns also have the opportunity to participate in the twice monthly Acceptance and Commitment Therapy consultation group, which is attended by a mix of staff and trainees at the internship and fellowship level.

Clinical Experience

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

- **Brockton PTSD Clinical Team (PCT):** 55% of time. The Brockton PCT provides comprehensive outpatient services to almost 1200 veterans per year with PTSD and comorbid diagnoses, and averages 25-30 new consults per month, about 50% of which are returning veterans. There is a high rate of comorbid SUDs, mood disorders, and other anxiety disorders. The clinic shares staff with the Center for Returning Veterans (CRV); roughly 50% of CRV referrals are diagnosed with PTSD, and interns may also carry cases from the CRV.
  - **Assessment:** Interns will receive training in weekly intake assessments along with more comprehensive assessments for particularly complex cases. Assessment training will include diagnostic interview methods (including informal and formal, such as the CAPS and the SCID when indicated).
  - **Treatment:** The focus of this experience will be on the provision of empirically based treatments for this dually diagnosed population. The PTSD Clinic provides comprehensive programming within a stage model of treatment that includes (1) stabilization and psychoeducation, (2) focused trauma work, and (3) relationship building and recovery maintenance.

  There are ample opportunities to provide short-term focused treatments to veterans of all eras. The intern will have the opportunity to receive training and supervision in state-of-the-art treatments for PTSD, SUD, and co-occurring disorders, including Cognitive Processing Therapy, Prolonged Exposure, Relapse Prevention, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia, Motivational Interviewing, and Dialectical Behavioral Therapy. There are many ongoing therapy groups with rolling admission running in the clinic at a given time, ranging from a PTSD educational introductory group, modular PTSD Skills groups, a relaxation/stress management group, a harm reduction Seeking Safety group, a follow-up group for Veterans who completed an episode of Cognitive Processing Therapy , support groups, and Vet-to-Vet groups. The eight-month intern will typically cofacilitate a modular PTSD Skills group and a harm reduction Seeking Safety group. The eight-month intern will also have the opportunity to provide more intensive, longer-term treatment for some veterans.

- **Brockton Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT):** 45% of time. I-ADAPT is a part of the outpatient ADTP. It is an abstinence-based intensive outpatient program that provides an intermediate level of care between residential and standard outpatient addictions treatment. The program receives approximately 15-20 new consults per month.

  New patients are admitted weekly on a rolling basis, and up to twelve veterans are enrolled concurrently. I-ADAPT patients attend group therapy each Monday, Wednesday, and Friday for approximately ten weeks. I-ADAPT is a group-based treatment program that utilizes evidence based psychotherapies to address multiple domains of functioning impacted by addiction. It is based primarily in CBT and Acceptance and Commitment Therapy. Rates of trauma within our SUD programs are very high. Approximately 75% of patients in I-ADAPT are diagnosed with PTSD.

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

Instruction

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

The TAR intern will participate in a seminar designed to foster both staff and trainee professional development across the PTSD and SUD diagnoses. The monthly Brockton SUD-PTSD Clinical Forum is open to all psychology interns on Brockton rotations, as well as multidisciplinary staff from substance abuse and PTSD clinics in Brockton. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUDs. The forum includes the opportunity for informal case presentation as well as discussions related to clinician self-care, relevant research articles, and other topics initiated by the interdisciplinary staff and trainees who attend. Additionally, the monthly Brockton SUD Clinical Forum and Brockton Addictions Journal Club are open to all psychology interns on Brockton rotations and has a focus on discussing relevant issues in the treatment of SUDs.
Additionally, the TAR intern will also participate in selected joint trainings with National Center for PTSD interns, including trainings in PTSD assessment and treatment (e.g. Prolonged Exposure Therapy, Written Exposure Therapy, and CAPS-5). More individualized training will be provided by supervisors in the specific clinics based on particular needs and goals. The TAR intern will also participate in a two-day training in Cognitive Processing Therapy (CPT) unless an intern has previously completed the requirements for CPT certification. If this is the case, the TAR intern can choose to focus on learning another evidence-based practice such as Prolonged Exposure, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Substance Use Disorders, Acceptance and Commitment Therapy, or DBT Skills. Additional learning is encouraged through national VA programming such as the PTSD Consultation Program Lecture Series and OMHSP – Substance Use Disorders.

Supervision

All supervisors are well versed in the treatment of dual (and multiple) diagnosis veterans, and have experience sharing veterans' care and working across clinics, which will serve as models for the intern's experience. Primary supervisors typically include J**ulie Klunk Gillis, Ph.D., and Julie Weismoore, Ph.D.** Additional supervision may be provided by **Gabrielle Lewine, Ph.D, Elise Hocking, Ph.D., Sebastian Bliss, Ph.D., Karen Krinsley, Ph.D., Jillian Scott, Ph.D., and Erin Daly, Ph.D.**

The TAR intern participates in weekly individual supervision regarding assessment and treatment cases, as well as one hour of weekly group consultation in Cognitive Processing Therapy. They also receive supervision of their group therapy work as well.

Research

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

Through Dr. Krinsley's appointment with the National Center for PTSD, she is able to coordinate research experience with National Center staff members. Dr. Krinsley serves as the Trauma and Recovery Section Co-Chief and is a great resource to facilitate research collaborations.

Dr. Enggasser is the Section Chief for Substance Abuse Treatment Programs at VA Boston, and is available as a research mentor for interns interested in SUD related research. Dr. Enggasser is involved 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 self-help interventions for veterans with problem drinking and trauma symptoms. Dr. Enggasser is also available to work with an intern on program evaluation focused on residential or outpatient SUD treatment services at VA Boston. Specific activities 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.

Alternatively, the TAR intern may design and conduct program evaluation of ongoing services. Both the PCT and ADTP clinics gather client satisfaction data and track consults and other information about Veteran engagement in care, in order to guide program development efforts. Information about depression, alcohol use, and PTSD symptoms is collected at intake in both the PCT and I-ADAPT clinics. As program evaluation efforts continue, the TAR intern would have the unique opportunity to be integrally involved in the collection, evaluation, and presentation of data. The TAR intern may help design and select evidence-based outcome measures and aid in data collection and analysis of the Seeking Safety group and several other therapy groups within Brockton outpatient services. Interns will also have the option of learning more about PTSD clinic administration through work with Trauma and Recovery Section co-chief Dr. Krinsley.

Selected recent publications from our **staff** (highlighted):

Livingston, N., Ameral, V., **Hocking, E.,** Leviyah, X., & Timko, C. (2021). Interventions to improve post-detoxification treatment engagement and alcohol recovery: Systematic review of intervention types and effectiveness. *Alcohol and Alcoholism, https://doi.org/10.1093/alcalc/agab021*

Hocking, E., Livingston, N., Taft, C. & Creech, S. (2021). The moderating effect of alcohol use disorder on intimate partner intervention outcomes in veterans. *Partner Abuse*, DOI: 10.1891/PA-2020-0004

Evans, W. R., **Bliss, S.,** Rincon-Zahm, C. M., Johnston, S. L., & Balsam, K. F. (2019). Military service members' satisfaction with outness: Implications for mental health. Armed Forces and Society, 45(1), 140-15.

Brief, D.J., Solhan, M., Rybin, D., **Enggasser, J.L.,** Rubin, A., Roy, M., Helmuth, E., Schreiner, A., Heilman, M., Vittorio, L., Rosenbloom, D., Keane, T.M. (2017) Web-Based Alcohol Intervention for Veterans: PTSD, Combat Exposure, and Alcohol Outcomes. *Psychological Trauma, Jun 01.* PMID: 28569525.

Langdon, K. J., Rubin, A., Brief, D. J., **Enggasser, J.L.,** Roy, M., Solhan, M., Helmuth, E., Rosenbloom, D., & Keane, T. M. (2016) Sexual traumatic event exposure, posttraumatic stress symptomatology, and alcohol misuse among women: A critical review of the empirical literature. Clinical Psychology: *Science and Practice*, Doi:10, 1111/epsp.12167.

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

Enggasser, J.L., Hermos, J., Rubin, A., Lachowicz, M., Rybin, D., Brief, D.J., Roy, M., Helmuth, E., Rosenbloom, D., Keane, T. M. (2015) Drinking goal choice and outcomes in a Web-based alcohol intervention: Results from VetChange. *Addictive Behaviors, 42:* 63-68.

Keane, T. M., Rubin, A., Lachowicz, M., Brief, D.J., **Enggasser, J.,** Roy, M., Hermos, J., Helmuth, E., Rosenbloom, D. (2014) Temporal stability of DSM–5 posttraumatic stress disorder criteria in a problem-drinking sample. *Psychological Assessment, 26:* 1138-1145.

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

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

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

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

Women's Trauma Recovery Team
Jamaica Plain Campus

Rotation Coordinator: **EVE DAVISON, PH.D.**
Psychology Service (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130

Telephone: (857) 364-4012
Email: eve.davison@va.gov

Number of Interns: 1

Overview

The Women's Trauma Recovery Team (WTRT) is located at the Jamaica Plain campus of VA Boston Healthcare System. WTRT is a recovery-oriented outpatient mental health program specializing in the assessment and treatment of PTSD and other trauma-related and comorbid disorders in women Veterans, and it is affiliated with the Women's Health Sciences Division of the National Center for PTSD. WTRT serves Veterans from diverse backgrounds on all dimensions: race, ethnicity, sexual orientation, gender identity, gender expression, country of origin, first language, religion, age, ability. We strive to provide culturally responsive care that respects the ways in which our Veterans' various identities influence their mental health and recovery. Interns in WTRT receive extensive training and experience with evidence-based assessment and psychotherapies for PTSD and other problems that can result from experiencing trauma. Additionally, interns receive training and experience with full-model Dialectical Behavior Therapy (DBT) within WTRT's DBT Track for women presenting with borderline personality disorder and/or significant emotional and behavioral dysregulation. Interns also participate in research with staff in the Women's Health Sciences Division.

Many of the women Veterans seen in WTRT are served by multiple programs and providers and have complex treatment needs that benefit from close interdisciplinary care coordination. As a result, interdisciplinary teamwork is emphasized in our program. Interns on our rotation conduct their clinical work within WTRT but work closely with staff of VA Boston's other women's mental health programs, in particular TRUST House, a therapeutic transitional residence program in Jamaica Plain for women Veterans with trauma- and substance-related problems. WTRT interns also collaborate with medical staff of the Women Veterans Health Center and with social work staff in VA Boston's large Homelessness Program.

At the beginning of every rotation, WTRT interns – along with other WTRT trainees and trainees on Jamaica Plain's PTSD Clinical Team (PCT) and Center for Returning Veterans (CRV) and Brockton's Trauma and Addiction Recovery rotations – attend a series of didactics through the National Center for PTSD. The didactics include presentations on and training in:

- Use of the Clinician Administered PTSD Scale (CAPS-5)
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)
- Written Exposure Therapy (WET)
- Dialectical Behavior Therapy (DBT)
- Clinical issues in PTSD assessment
- Diverse identities and the ADDRESSING framework
- Personality and personality disorder assessment
- Military Sexual Trauma (MST)
- PTSD-Substance Use Disorder comorbidity
- Intimate Partner Violence (IPV)

Clinical Experience

Interns who match with WTRT will receive training in the following broad areas. The intern who completes their eight-month, major rotation with WTRT will have the opportunity for a training experience of both greater depth and greater diversity. For example, they might have the opportunity to co-lead different or additional groups from those they led during their first four months. Alternatively, they might become more expert in leading the same groups they co-led before. Matching with WTRT for their major rotation also affords interns the chance to treat a greater number of patients with complex presentations, some of whom benefit from longer-term work.

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

  WTRT interns learn Cognitive Processing Therapy (CPT) through a two-day workshop at the start of the training year and through weekly consultation group participation. They attend didactics in Prolonged Exposure Therapy (PE) at the beginning of the year, and may also have the opportunity to attend PE consultation groups. Our interns also receive training in Dialectical Behavioral Therapy (DBT), provided through foundational training at the beginning of the training year as well as through weekly didactics provided in conjunction with participation on VA Boston's DBT consultation team. As mentioned above, WTRT offers full-model DBT, and interns provide individual DBT, co-lead DBT skills training groups, and provide telephone consultation (during regular workweek hours) while on rotation with us. Beyond CPT, PE, and DBT, interns are exposed to a variety of theoretical orientations and approaches to treatment during their time here, and have the opportunity to learn and apply additional evidence-based psychotherapies, such as: the DBT-PE integrated protocol for comorbid BPD and PTSD; Written Exposure Therapy (WET); Skills Training in Affective and Interpersonal Regulation (STAIR); Narrative Exposure Therapy; Adaptive Disclosure; mindfulness and acceptance-based approaches.

- **Assessment:** Women Veterans new to WTRT are sometimes provided comprehensive psychological assessments in order to more effectively clarify diagnoses, formulate case conceptualizations, and collaboratively plan for therapy. Multiple methods are used to gather information (e.g., chart review, structured clinical interviews, personality testing). In addition to the provision of these multi-session, comprehensive assessments, interns conduct brief, semi-structured one-session intake assessments during their time on this rotation.

- **Team Meetings:** Interns are an integral part of WTRT's interdisciplinary treatment team meeting, which is held weekly and allows us to more closely coordinate care for our Veterans. Team meetings also afford our interns opportunities outside of supervision to discuss challenges in their clinical work, and to receive support and input from other team members. Our team meetings are attended by psychologists, psychiatrists, and social workers, as well as by trainees from all three disciplines. WTRT interns also join VA Boston's weekly DBT consultation team, which is comprised of staff and trainees from several mental health programs in our medical center.

- **Consultation:** WTRT interns provide consultation and liaison to primary care and specialty medicine. WTRT works closely with – and shares the VA's Program of Excellence designation with – VA Boston's Women Veterans Health Center, one of the first women's preventive and primary care centers in the VA system. Interns work with the multidisciplinary medical staff of the Center to offer integrated care to our shared Veterans, and they attend the Center's monthly team consultation meetings. Supervision is provided to interns on effective methods of consultation within a medical center.

Supervision

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

Secondary (Four-Month) Rotation Description

For interns completing a four-month rotation in WTRT, the experience is very similar to that of the eight-month intern. Given the shorter length of time in the rotation, case assignments are made with the maximum length of therapy in mind.

Selection Criteria

The successful applicant to WTRT will have demonstrated interest and/or experience in one or more of the following areas: PTSD/trauma-focused assessment and treatment; women's issues; DBT. Prior training in or exposure to evidence-based cognitive behavioral therapies is strongly desirable, as is appreciation and enjoyment of a collaborative, team-based approach to patient care. Given the diversity of our patient population, past clinical, research, and/or advocacy work in multicultural issues and culturally-responsive care is extremely beneficial and pertinent to our rotation. We are especially interested in applicants who identify as belonging to a group underrepresented in the field of psychology.

Research

Interns have the opportunity to become involved in ongoing research activities in the Women's Health Sciences Division of the National Center for PTSD and are allotted four hours per week of protected research time (with the possibility of additional hours depending upon factors such as dissertation status). An intern's level of research involvement can vary from a limited role in an ongoing project, up to and including the design and implementation of their own small project. Current projects in the Women's Division are supported by a range of intramural and extramural grants. Decisions about extent of research involvement typically are based on an intern's interest and available time (e.g., phase of dissertation), as well as their individual training needs and goals. These decisions are made in consultation with the intern, the intern's primary supervisor, and other supervisors and staff.

Research involvement can take many forms on the WTRT rotation. Interns may, for example, choose to participate in an ongoing clinical research study; assist with program evaluation activities relevant to the clinic; collaborate on policy-oriented work; or independently propose and conduct a small study under staff supervision. Intern candidates are invited to contact staff who share similar research interests to learn of the most current opportunities.

Currently funded research in the Women's Division includes:

- Eating Disorders in Veterans: Prevalence, Comorbidity, Risk, and Healthcare Use. PI: Karen Mitchell, Ph.D. Department of Defense.
- Eating Disorders in Veterans: Risk, Resilience, and Service Use. PI: Karen Mitchell, Ph.D. Department of Veterans Affairs Health Services Research and Development Merit Award.
- An Electrophysiological Predictor of SSRI Response in Veterans with PTSD. PI: Suzanne Pineles, Ph.D. VA Clinical Sciences Research and Development.
- Increasing Reach of Evidence-Based Therapies in CBOCs: Identifying Needs and Strategies for Scale-Out. PI: Katherine Iverson, Ph.D. VA HSR&D Merit Pilot.
- PTSD-Related Neurobiological Mediators of Negative Pregnancy Outcomes. PI: Yael Nillni, Ph.D. National Institute of Child Health and Human Development Career Development Award.
- A Pragmatic Effectiveness Trial of a Brief Exposure Therapy for PTSD on Substance Use and Mental Health Morbidity and Mortality During the Perinatal Period. PI: Yael Nillni, Ph.D. Grayken Center for Addiction.
- Recovering from Intimate Partner Violence Through Strengths and Empowerment (RISE): Tailoring and Evaluating an Innovative Counseling Intervention for Women Veterans. PI: Katherine Iverson, Ph.D. VA HSR&D Merit Award.
- Addressing Intimate Partner Violence Among Women Veterans: Evaluating the Impact and Effectiveness of VHA's Response. PI: Katherine Iverson, Ph.D. VA HSR&D Service Directed Research Award.
- Massed Cognitive Processing Therapy for Combat-related PTSD. PI: Jennifer Wachen, Ph.D. Department of Defense.
- The Veterans Metric Initiative: Linking Program Components to Post-Military Well-Being. PI: Dawne Vogt, Ph.D. VA Health Services Research and Development.
- The Veterans Metrics Initiative Study of Transition from Military Service to Civilian Life. PI: Dawne Vogt, Ph.D. Consortium of Public and Private Funding.
- WoVeN: A National Network of Trained Peer-Led Support Groups for Women Veterans. PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. Bob Woodruff Foundation.
- WoVeN: A National Network of Trained Peer-Led Support Groups for Women Veterans. PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. Oak Foundation.

- WoVeN: A National Network of Trained Peer-Led Support Groups for Women Veterans. PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. May & Stanley Smith Charitable Trust.
- Longitudinal Investigations into Gender, Health, and Trauma (LIGHT). PIs: Tara Galovski, Ph.D., and Yael Nillni, Ph.D. Congressional Funds.
- TBI and PTSD in Women Survivors of IPV. PIs: Tara Galovski, Ph.D., and Katherine Iverson, Ph.D. Congressional Funds.
- Building Re-Integration from Dreams and Goals to Execution and Success (BRIDGES). PIs: Tara Galovski, Ph.D., and Amy Street, Ph.D. Walmart Foundation.
- Personalizing Cognitive Processing Therapy with a Case Formulation Approach to Intentionally Target Impairment in Psychosocial Functioning Associated with PTSD. PIs: Tara Galovski, Ph.D., and Shannon Kehle-Forbes, Ph.D. Patient-Centered Outcomes Research Institute.
- Comparative Effectiveness of Trauma-Focused and Non-Trauma-Focused Treatment Strategies for PTSD Among Those with Co-Occurring SUD (COMPASS). PI: Shannon Kehle-Forbes, Ph.D. Patient-Centered Outcomes Research Institute.

Selected recent publications from our staff (recent psychology interns and fellows marked with asterisk):

*Arditte Hall, K.A., Bartlett, B., Iverson, K.M., & Mitchell, K.S. (2018). Eating disorder symptoms in female veterans: The role of childhood, adult, and military trauma exposure. *Psychological Trauma: Theory, Research, Practice, and Policy, 10,* 345-351.

*Arditte Hall, K. A., Davison, E. H., Galovski, T. E., Vasterling, J. J., & Pineles, S. L. (2019). Associations among trauma-related rumination and symptoms of posttraumatic stress and depression in treatment-seeking female Veterans. *Journal of Traumatic Stress*, *32*, 260-268.

*Arditte Hall, K. A., DeLane, S. E., Anderson, G. M., Lago, T. R., *Shor, R., Wang, W., Rasmusson, A. M., & Pineles, S. L. (2021). Plasma gamma-aminobutyric acid (GABA) levels and posttraumatic stress disorder symptoms in trauma-exposed women: A preliminary report. *Psychopharmacology, 238,* 1541-1552.

*Arditte Hall, K. A., Werner, K. B., Griffin, M. G., & Galovski, T. E. (2020). The effects of cognitive processing therapy + hypnosis on objective sleep quality in women with posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. doi: 10.1037/tra0000970.

*Bankoff, S., *Richards, L., Bartlett, B., Wolf, E. J., & Mitchell, K. S. (2016). Examining weight and eating behavior by sexual orientation in a sample of male veterans. *Comprehensive Psychiatry, 68,* 134-139.

Bell, M. E., *Dardis, C. M., Vento, S. A., & Street, A. E. (2018). Victims of sexual harassment and assault in the military: Understanding risks and promoting recovery. *Military Psychology*, *30*(3), 219-228.

Brady, C. B., Pless Kaiser, A., Spiro, A., III, Davison, E., King, D., & King, L. (2018). Late-Onset Stress Symptomatology (LOSS) Scale—Short Form: Development and validation. *Aging and Mental Health, 23*(8), 952-960.

*Carpenter, J. K., *Bragdon, L., & Pineles, S. L. (in press). Conditioned physiological reactivity and PTSD symptoms across the menstrual cycle: Anxiety sensitivity as a moderator. *Psychological Trauma: Theory, Research, Practice, and Policy*.

*Cuthbert, K., Hardin, S., *Zelkowitz, R., & Mitchell, K. (2020). Eating disorders and overweight/obesity in veterans: Prevalence, risk factors, and treatment considerations. *Current Obesity Reports, 9*, 98-108.

*Danitz, S. B., Wiltsey-Stirman, S., Grillo, A. R., Dichter, M. E., Driscoll, M., Gerber, M. R., Gregor, K., Hamilton, A. B., & Iverson, K. M. (2019). When user-centered design meets implementation science: Integrating provider perspectives in the development of an intimate partner violence intervention for women treated in the United States' largest integrated healthcare system. *BMC Women's Health, 19*(145). doi.org/10.1186/s12905-019-0837-8.

*Dardis, C. M., Reinhardt, K. M., Foynes, M. M., Medoff, N. E., & Street, A. E. (2018). "Who are you going to tell? Who's going to believe you?": Women's experiences disclosing military sexual trauma. *Psychology of Women Quarterly, 42*, 414-429.

Davison, E. H., Pless Kaiser, A., Spiro, A., III, Moye, J., King, L. A., & King, D. W. (2016). From Late-Onset Stress Symptomatology (LOSS) to Later-Adulthood Trauma Reengagement (LATR) in aging combat Veterans: Taking a broader view. *The Gerontologist, 56(1),* 12-21.

Davison, E. H., Spiro, A. III, & Pless Kaiser, A. (2020). The reemergence of trauma in aging U.S. military veterans: Engaging with the past. *Trauma und Gewalt, 14(4), 304-319*.

Farmer, C.C., Mitchell, K.S., *Parker-Guilbert, K., & Galovski, T.E. (2017). Fidelity to the cognitive processing therapy protocol: Evaluation of critical elements. *Behavior Therapy, 48(2),* 195-206. Doi:10.1016/j.beth.2016.02.009

*Feingold, Z. R., Fox, A. B., & Galovski, T. E. (2018). Effectiveness of evidence-based psychotherapy for posttraumatic distress within a jail diversion program. *Psychological Services*, 15(4), 409-418.

Galovski, T. E., Harik, J. M., Blain, L. M., Elwood, L. S., Gloth, C., & Fletcher, T. (2016). Augmenting cognitive processing therapy to improve sleep impairment in PTSD: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 84,* 167-177.

Galovski, T. E., Peterson, Z., & Fox-Galalis, A. (2018). Trajectories of posttraumatic stress and depression in police and community members following the violence during civil unrest in Ferguson, Missouri. *American Journal of Community Psychology, 62*(3-4), 433-448.

Galovski, T. E., Smith, B., *Micol, R., & Resick, P. A. (2020). Interpersonal violence and traumatic brain

injury: The effects on treatment for PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy,* Advance online publication. http://dx.doi.org/10/1037/tra0000976

Galovski, T.E., Werner, K. B., Iverson, K. M., *Kaplan, S., Fortier, C.B., Fonda, J. R., Currao, A., Salat, D., McGlinchey, R. E. (2021). A multi-method approach to a comprehensive examination of the psychiatric and neurological consequences of intimate partner violence in women. *Frontiers in Psychiatry - Psychopathology*. https://doi.org/10.3389/fpsyt.2021.569335

Grillo, A. R., *Danitz, S. B., Dichter, M. E., Driscoll, M., Gerber, M. R., Hamilton, A. B., Wiltsey-Stirman, S., & Iverson, K. M. (2019). Strides towards recovery from intimate partner violence: Elucidating patient-centered outcomes to optimize development of a brief counseling intervention for women. *Journal of Interpersonal Violence*. Advance online publication. doi: 10.1177/0886260519840408

Healy, E., Walter, K. H., & Chard, K. M. (2015). Effectiveness of cognitive processing therapy for PTSD across various populations, traumatic events, and co-occurring conditions. In C. R. Martin, V. R. Preedy, & V. B. Patel (Eds.), *Comprehensive guide to post-traumatic stress disorder* (pp. 1-15). Switzerland: Springer International Publishing.

*Huston, J.C., Iverson, K.M., & Mitchell, K.S. (2018). Associations between healthcare use and disordered eating among female veterans. *International Journal of Eating Disorders, 51, 978-983.*

*Huston, J. C., Grillo, A. R., Iverson, K. M., & Mitchell, K. S. (2019). Associations between disordered eating and intimate partner violence mediated by depression and posttraumatic stress disorder symptoms in a female veteran sample. *General Hospital Psychiatry*, *58*, 77-82.

Iverson, K. M., *Danitz, S. B., Shayani, D. R., Vogt, D., Wiltsey Stirman, S., Hamilton, A. B., Mahoney, C. T., Gerber, M. R., & Dichter, M. E. (in press). Recovering from IPV through strengths and empowerment (RISE): Findings from a randomized clinical trial. The Journal of Clinical Psychiatry.

Iverson, K.M.,*Danitz, S.B., Driscoll, M., Vogt, D., Hamilton, A.B., Gerber, M.R., Stirman, S. W., Shayani, D.R., Suvak, M.K., & Dichter, M.E. (2021). Recovering from Intimate Partner Violence through Strengths and

Empowerment (RISE): Development, pilot testing, and refinement of a patient-centered brief counseling intervention for women. Psychological Services. Advance online publication. doi: 10.1037/ser0000544.

Iverson, K. M., *Dardis, C. M., Grillo, A. R., Galovski, T. E., & Pogoda, T. K. (2019). Associations between traumatic brain injury from intimate partner violence and future health risks in women. *Comprehensive Psychiatry*, *92*, 13-21.

Iverson, K. M., Wiltsey-Stirman, S., Street, A. E., Gerber, M. R., Carpenter, L. S., Dichter, M. E., Bair-Merritt, M., & Vogt, D. (2016). Female veterans' preferences for counseling related to intimate partner violence: Informing patient-centered interventions. *General Hospital Psychiatry, 40,* 33-38.

Maskin, R. M., Iverson, K. M., Vogt, D., & Smith, B. N. (2019). Associations between intimate partner violence victimization and employment outcomes among male and female post-9/11 veterans. *Psychological Trauma: Theory, Research, Practice, and Policy, 11, 406-414*.

Matza, A. R., Sloan, C. A., & Kauth, M. R. (2015). Quality LGBT health education: A review of key reports and webinars. *Clinical Psychology: Science and Practice, 22(2),* 127-144.

*McClendon, J., *Dean, K. E., & Galovski, T. E. (2020). Addressing diversity in PTSD treatment: Disparities in treatment engagement and outcome among People of Color. *Current Treatment Options in Psychiatry*. https://doi.org/10.1007/s40501-020-00212-0

*McClendon, J., Kressin, N., Perkins, D., Copeland, L., Finley, E., & Vogt, D. (2021). The impact of discriminatory stress on changes in posttraumatic stress severity at the intersection of race/ethnicity and gender. *Journal of Trauma and Dissociation,* 22:2, 170-187, DOI: 10.1080/15299732.2020.1869079 .

*McClendon, J., Perkins, D., Copeland, L., Finley, E., & Vogt, D. (2019). Patterns and correlates of racial/ethnic differences in posttraumatic stress disorder screening among recently separated Veterans. *Journal of Anxiety Disorders, 68*, 102-145.

Mitchell, K. S., Field, A. E., Boyko, E. J., & Jacobson, I. G. (2016). Longitudinal associations among PTSD, disordered eating, and weight gain in military men and women. *American Journal of Epidemiology, 184(1),* 33-47.

Mitchell, K. S., Wolf, E. J., Lyons, M. J., Goldberg, J. H., & Magruder, K. M. (2018). A co-twin control study of the association between combat exposure, PTSD, and obesity in male veterans. *Psychological Medicine*, *48*, 2449-2452.

Nillni, Y. I., Fox, A. B., Cox, K., Paul, E., Vogt, D., & Galovski, T. E. (in press). The impact of military sexual trauma and warfare exposure on women veterans' perinatal outcomes. *Psychological Trauma: Theory, Research, Practice, and Policy*.

Nillni, Y. I., Mehralizade, A., Mayer, L., & Milanovic, S. (2018) Treatment of depression, anxiety, and trauma-related disorders during the perinatal period: a systematic review. *Clinical Psychology Review, 66,* 136-148.

Nillni, Y. I., Shayani, D. R., Finley, E., Copeland, L. A., Perkins, D. F., & Vogt, D. (2020). The impact of PTSD and moral injury on women veterans' perinatal outcomes following separation from military service. *Journal of Traumatic Stress, 33*, 248-256, doi: 10.1002/jts.22509.

Nillni, Y. I., Rasmusson, A. M., Paul, E. L., & **Pineles, S. L.** (2021). The impact of the menstrual cycle and underlying hormones in anxiety and PTSD: What do we know and where do we go from here? *Current Psychiatry Reports, 23*, 1-9. doi: 10.1007/s11920-020-01221-9.

Pineles, S. L., *Arditte Hall, K. A., & Rasmusson, A. M. (2017). Gender and PTSD: Different pathways to a similar phenotype. *Current Opinions in Psychology*, *14*, 44-48.

Pineles, S. L., Nillni, Y. I., Pinna, G., Irvine, J., Webb, A., *Arditte Hall, K. A., Hauger, R., Miller, M. W., Resick, P. A., Orr, S. P., & Rasmusson, A. M. (2018). PTSD in women is associated with a block in conversion of progesterone to the GABAergic neurosteroids allopregnanolone and pregnanolone measured in plasma. *Psychoneuroendocrinology, 93,* 133-141.

Pineles, S. L., Nillni, Y. I., Pinna, G., Webb, A., *Arditte Hall, K. A., Fonda, J. R., Irvine, J., King, M. W., Hauger, R. I., Resick, P. A., Orr, S. P., & Rasmussen, A. M. (2020). Associations between PTSD-related extinction retention deficits in women, and plasma steroids that modulate brain GABAa and NMDA receptor activity. *Neurobiology of Stress 13,* 100225. doi: 10.1016/j.ynstr.2020.100225.

Pless Kaiser, A., Kabat, D., Davison, E. H., Spiro, A., III, & Stellman, J. M. (2017). Women at war: The crucible of Vietnam. *Social Science and Medicine – Population Health, 3,* 236-244.

Pless Kaiser, A., Wang, J., Davison, E. H., Park, C. L., & Stellman, J. M. (2017). Stressful and positive experiences of women who served in Vietnam. *Journal of Women and Aging, 29*, 26-38.

*Portnoy, G. A., Haskell, S. G., King, M. W., Maskin, R., Gerber, M. R., & Iverson, K. M. (2018). Accuracy and acceptability of a screening tool for identifying intimate partner violence perpetration among women veterans: A pre-implementation evaluation. *Women's Health Issues, 28*, 439-445.

*Reuman, L., & Davison, E. H. (in press). Delivered as described: A successful case of Cognitive Processing Therapy with an older woman Veteran with PTSD. *Cognitive and Behavioral Practice*.

*Rosebrock, L. E., *Arditte Hall, K. A., Rando, A., Pineles, S. L., & Liverant, G. I. (2019). Rumination and its relationship with thought suppression in unipolar depression and comorbid PTSD. *Cognitive Therapy and Research*, *43*, 226-235.

Ruben, M. A., Shipherd, J. C., AhnAllen, C. G., Sloan, C. A., Topor, D., Matza, A. R., & Trezza, G. R. (2017). Advancing LGBT healthcare policies and clinical care within a large academic healthcare system: A case study. *Journal of Homosexuality, 64*(10), 1411-1431.

*Sanders, W., Smith, B. N., Fox, A. B., & Vogt, D. (2019). Five-year impacts of family stressors and combat threat on the mental health of Afghanistan and Iraq war veterans. *Journal of Traumatic Stress, 32*, 724-732.

Shipherd, J. C., & Sloan, C. A. (2019). The therapy room and beyond: Necessary action when working with gender minority people. *Cognitive and Behavioral Practice, 26*(4), 589-591.

Sloan, C. A., *Berke, D. S., & Shipherd, J. C. (2017). Utilizing a dialectical framework to inform conceptualization and treatment of clinical distress in transgender individuals. *Professional Psychology: Research and Practice, 48*(5), 301-309.

Sloan, C. A., & Shipherd, J. C. (2019). An ethical imperative: Effectively reducing SGM disparities utilizing a multi-level intervention approach. *Cognitive and Behavioral Practice, 26*(2), 239-242.

Smith, B. N., Spiro, A., Frayne, S. M., Kimerling, R., Cypel, Y., Reinhard, M. J., Kilbourne, A. M., & Magruder, K. M. (2020). Impact of wartime stress exposures and mental health on later-life functioning and disability in Vietnam-Era women veterans: Findings from the Health of Vietnam-Era Women's Study. *Psychosomatic Medicine, 82*, 147-157.

Smith, B. N., Taverna, E. A., Fox, A. B., Schnurr, P. P., Matteo, R. A., & Vogt, D. (2017). The role of PTSD, depression, and alcohol misuse symptom severity in linking deployment stressor exposure and post-military work and family outcomes in male and female veterans. Clinical Psychological Science, *5*, 664-682.

Smith, B. N., Wang, J. M., Vaughn-Coaxum, R. A., Leone, D., & Vogt, D. (2017). The role of postdeployment social factors in linking deployment experiences and current PTSD symptomatology among male and female veterans. *Anxiety, Stress, & Coping, 30*, 39-51.

Street, A. E., & *Dardis, C. M. (2018). Using a social construction of gender lens to understand gender differences in posttraumatic stress disorder. *Clinical Psychology Review, 66,* 97-105.

Street, A. E., Rosellini, A. J., Ursano, R. J., Heeringa, S. G., Hill, E. D., Monahan, J., Naifeh, J., Petukhova, M. V., Reis, B. Y., Sampson, N. A., Bliese, P. D., Stein, M. B., Zaslavsky, A. M., Kessler, R. C. (2016). Developing a risk model to target high-risk preventive interventions for sexual assault victimization among female US Army soldiers. *Clinical Psychological Science*, 4(6), 939-956.

Street, A. E., Shin, M. H., Marchany, K. E., McCaughy, V. K., Bell, M. E., & Hamilton, A. B. (2019). Veterans' perspectives on military sexual trauma-related communication with VHA providers. *Psychological Services*. Advance online publication.

Tolin, D. F., Gilliam, C, Wootton, B., Bowe, W., Bragdon, L. B., Davis, E., Hannan, S. E., Steinman, S. A., Worden, B., & Hallion, L. S. (2018). Psychometric properties of a structured diagnostic assessment for DSM-5 anxiety, mood, and obsessive-compulsive and related disorders. *Assessment*, *25,* 3-13.

Vogt, D., *Danitz, S. B., Fox, A. B., *Sanders, W., & Smith, B. N. (2019). Do functional impairments promote or hinder mental health treatment seeking: Differential results for women and men. *Psychiatry Research*, *271*, 612-620.

Vogt, D., Perkins, D. F., Copeland, L. A., Finley, E. P., Jamieson, C. S., Lederer, S., & Gilman, C. L. (2018). Cohort profile: The Veterans Metrics Initiative Study of U.S. Veterans' experiences during their transition from military service. *BMJ Open*. 8:e020734. doi: 10.1136//bmjopen-2017-020734

Vogt, D., Taverna, E., Nillni, Y. I, Booth, B., Perkins, D. F., Copeland, L. A., Finley, E. P., Tyrell, F. A., & Gilman, C. L. (2019). Development and validation of a tool to assess military veterans' status, functioning, and satisfaction with key aspects of their lives. *Applied Psychology: Health and Well-Being*, *11*(2), 328-349.

Wachen, J. S., Dondanville, K. A., Pruiksma, K. A., Molino, A., Carson, C. S., Blankenship, A. E., Wilkinson, C., Yarvis, J. S., & Resick, P. A. (2016). Implementing cognitive processing therapy for posttraumatic stress disorder with active duty U.S. military personnel: Special considerations and case examples. *Cognitive and Behavioral Practice, 23,* 133-147.

Wachen, J. S., Dondanville, K. A., Young-McCaughan, S., Mintz, J., Lapiz-Bluhm, M. D., Pruiksma, K. E., Yarvis, J. S., Peterson, A. L., & Resick, P. A.; for the STRONG STAR Consortium (2019). Testing a variable-length cognitive processing therapy intervention for posttraumatic stress disorder in active duty military: Design and methodology of a clinical trial. *Contemporary Clinical Trials Communications*, *15*, 100381.

Wachen, J. S., Dondanville, K. A., Evans, W. R., Morris, K., & Cole, A. (2019). Adjusting the timeframe of evidence-based therapies for PTSD-massed treatments. *Current Treatment Options in Psychiatry*, *6*, 107-118.

Werner, K. B., *Arditte Hall, K. A., Griffin, M. G., & Galovski, T. E. (2019). Predicting attentional impairment in women with posttraumatic stress disorder using self-reported and objective measures of sleep. *Journal of Clinical Sleep Medicine,15*(9), 1329-1336.

Worden, B. L., Bowe, W. M., & Tolin, D. F. (2017). An open trial of cognitive behavioral therapy with contingency management for hoarding disorder. *Journal of Obsessive-Compulsive and Related Disorders, 12,* 78-86.

*Zelkowitz, R. L., Mitchell, K. S., Grossman, S., Nillni, Y. I., Gradus, J. L., & Galovski, T. E. (2021). Latent class analysis of self-directed violence and indirect self-harm behaviors: Gender differences and association with PTSD symptoms. [Supplement] *Medical Care.* 59, S51-S57. doi: 10.1097/MLR.0000000000001476.

Eligibility

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Eligibility requirements for VA internships are determined nationally and we have no authority to override these requirements locally. All information about VA eligibility requirements is available at: ***www.psychologytraining.va.gov/eligibility.asp***

Graduate Program

- The internship ***only*** accepts doctoral students in good standing at an American Psychological Association (APA), Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology, or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. 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. The internship does not differentiate between clinical, counseling, and/or combined psychology students or respecialization students either in the application / selection process or in their applied training.

Practicum Hours

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

VA Criteria

- ***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.
- A male applicant born after 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.
- Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
- VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns 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. For additional information regarding the "VA Drug-Free Workplace Program," please see *https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf*
- ***The Department of Veterans Affairs, like all federal government agencies, has mandated that all employees and trainees be fully vaccinated for COVID-19 as a condition of employment. Trainees may request a medical or religious exemption from the COVID-19 vaccine.***

APPIC Application

- Adequate preparation for Internship as indicated by a statement from the applicant's Program Director APPIC Application;
- Our selection process is weighted strongly toward applicants whose training, experience, and academic accomplishments indicate potential for both clinical and research excellence. In keeping with our program orientation and consistent with our APCS membership, we strongly prefer applicants from university based graduate programs that have a scientist-practitioner or clinical scientist orientation. In addition to careful examination of applicants' clinical experience, we take into consideration research experience (research assistant experience, familiarity and experience with research assessments, etc.) and research productivity (presentations, publications, grant applications, etc.);
- Preference is given to candidates whose dissertation will be completed or well advanced prior to internship, at least through the data collection process;
- Relationship between clinical interests/experience of the applicant and their research interests;
- Thoroughness and thoughtfulness of answers to the application questions;
- The goodness of fit between the applicant's stated objectives and the training program;
- The strength of letters of recommendation from faculty and professionals who know the applicant well;
- Presentation in internship application and interview of personal/professional characteristics such as maturity, self- awareness, collegiality, professionalism, open-mindedness, clear communication, critical thinking, awareness of multicultural and diversity issues, and openness to feedback and new learning.

Couples

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

Respecialization Students

- The internship welcomes applications from doctoral psychologists who are respecializing in Clinical or Counseling Psychology, that is, psychologists who hold doctoral degrees in areas other than Clinical or Counseling Psychology.

Interviews

Key Dates and Process

Your APPI must be submitted to the Admissions by Liaison portal no later than 11:59PM EST on Monday **November 1, 2021!**

Invitations for personal interviews will be announced on Wednesday **November 24, 2021.**

Interviews are by Invitation ONLY.

Invited applicants will be scheduled for a **virtual interview experience.** Details of this experience are currently being arranged, in collaboration with the Academy of Psychological Clinical Science's Workgroup on Reducing Barriers to Psychology Education and Training, of which our training director, Dr. Weisberg, is a key member. Dr. Weisberg, along with other workgroup members, will be conducting qualitative interviews with key stakeholders, including current interns and applicants, to determine what is most desired and helpful in the interviewing process. VA Boston Healthcare System's virtual interviews will be structured based on this data. We anticipate that our virtual interview experiences will consist of:

- An introduction to our internship site and an overview of our interview, application, and ranking process, with Dr. Weisberg;
- One-on-one interviews with faculty from the clinical rotations of most interest to the applicant, as primary clinical rotations;
- Potential group interviews with faculty from clinical rotations in which the applicant has interest in exploring as possible secondary clinical rotations;
- Presentation from our Diversity and inclusion Coordinator and Committee Members;
- Opportunities to meet with and ask questions to our current interns;
- Question and answer sessions with our internship training director and admissions coordinator.

Interview Dates

Invited applicants will be scheduled for interviews in December and January. Specific dates and format remain to be determined, based on the results of the APCS workgroup findings. We anticipate that virtual meetings with our internship director, admissions coordinator, diversity coordinator, and current interns will likely all occur on one of 6 interview dates in December and January, but that individual meetings with clinical rotation faculty may be scheduled separately, at mutually convenient times. We will provide an update on this process when the details are worked out. Currently, we anticipate the group, virtual interview meetings will occur on the following dates

- Monday, December 6, 2021
- Wednesday, December 8, 2021

- Tuesday, December 14, 2021
- Friday, December 17, 2021
- Tuesday, January 4, 2022
- Thursday, January 6, 2022

Invited applicants will receive an electronic invitation to rank-order their interview date preferences. This will be sent to their primary email address. To the extent possible, we will try to accommodate high ranked preferences.

Salary and Benefits

Salary

- VA Central Office (VACO), Office of Academic Affiliations (OAA) in Washington, provides funding for the program in the form of intern stipends. The taxable stipend for VA Boston Healthcare System interns is **$29,092.00** per annum.

Benefits

- **Federal Employees Health Benefits (FEHB)** - One frequently asked question concerns health insurance. VA-paid interns are eligible for health insurance (for self, spouse, and legal dependents) just as are regular employees. (As a result of a Supreme Court's decision, legally married same-sex spouses are now eligible family members under a Self and Family enrollment. ***Coverage is available to a legally married same-sex spouse of a Federal employee or annuitant, regardless of his or her state of residency.*** This decision does not extend coverage to registered domestic partners or individuals in civil unions.)
- **Federal Employees' Group Life Insurance (FEGLI)** - FEGLI is a voluntary term life insurance program offered to trainees. The program offers Basic Life, Standard, Additional, and Family Option coverage. Trainees pay the same rate as do employees.
- **Child Care -** If needed, childcare is available at ***Small World*** at the Jamaica Plain Division, and ***Small World Too*** at the West Roxbury division. The Jamaica Plain program is accredited by the National Association for the Education of Young Children (NAEYC). These are nondiscriminatory, nonprofit, on-site childcare facilities licensed to serve infants and children through 6 years of age.

- **Transit Benefit -** The VA provides a non-taxable subsidy designed to encourage employees to use mass transportation or non-motorized bicycles for their daily commute to and/or from their duty station by methods other than single occupancy vehicles in order to reduce their contribution to traffic congestion and air pollution and to expand their commuting alternatives.

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

APA Accreditation

The VA Boston Healthcare System Psychology Internship Training Program is accredited by APA. Our most recent Site Visit was conducted in 2016. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street NE
Washington, DC 20002
Phone: (202) 336-5979
Web: www.apa.org/ed/accreditation

Statement of Nondiscrimination

The VA Boston Healthcare System Psychology Internship 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.

2021–2022 Clinical Psychology Internship Class
Major Rotation Assignments

Allison Baier
Case Western Reserve University
Trauma and Addiction Recover

Jennifer Betts
University at Buffalo – SUNY
Addictions and Co-Occurring Disorders

Jack Brooks
Duke University
Women's Trauma Recovery Team

Rebecca Crochiere
Drexel University
Behavioral Medicine

Jennifer Daks
University of Rochester
Geropsychology

Daniel Delaney
University of Rhode Island
Substance Use Spectrum of Treatment

Michelle Fernando
Eastern Michigan University
PTSD Clinical Team

Selmi Kallmi
University of Missouri – Saint Louis
Geropsychology

Jaclyn Kearns
University of Rochester
General Mental Health

Aubrey Knoff
University of Arizona
Neuropsychology

Christine Perndorfer
University of Delaware
Primary Care Behavioral Health

Craig Polizzi
Binghamton University – SUNY
PTSD Clinical Team

Lauren Radigan
Wayne State University
Neuropsychology

Andres Roque
Southern Methodist University
General Mental Health

Victoria Sanborn
Kent State University
Neuropsychology

Elizabeth Wilson
University of Missouri - Kansas City
Behavioral Medicine

Darin Witkovic
Palo Alto University
Rehabilitation Psychology

Rebecca Zakarian
University of Memphis
Center for Returning Veterans