VA Boston Psychology Postdoctoral Fellowship Program

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Welcome to the VA Boston Psychology Postdoctoral Fellowship Training Program!

The structure of the VA Boston Psychology Postdoctoral Fellowship Program follows a multiple practice format as defined by APA. The Fellowship Program is organized into two separate areas:

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

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

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

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

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

During the 2017-2018 training year (2017-2019 training years for Neuropsychology), the VA Boston Psychology Postdoctoral Fellowship Program anticipates it will recruit 12 full-time Fellows in the traditional practice of Clinical Psychology and two full-time Fellows in Clinical Neuropsychology.
PHILOSOPHY AND MODEL OF TRAINING

The VA Boston Psychology Postdoctoral Fellowship model for training entails four broad, core components. Training is:

1. **Individualized, graduated, and primary:** Training is individualized, such that we aim to build professional identity and responsibility through involvement in the training process. In other words, we ask that Fellows collaborate with their faculty mentors and supervisors to develop a training plan that meets their specific training and career goals based on a needs assessment and discussions with faculty. Training is structured around those specific goals and increases in complexity and responsibility over the course of the training year. Service delivery is the means by which training and enrichment occur; however service delivery is secondary to the broader mission of training.

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

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

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

**Teaching Methods**

**Supervised Service Delivery** in direct contact with service recipients. Fellows in the Clinical Psychology program, as well as Year 1 Neuropsychology Fellows, will spend a minimum of 25% (10 hours) of their week engaged in direct, face-to-face clinical care. As appropriate for training, face-to-face patient encounters are but one component of service delivery, and delivery of patient care is secondary to the educational mission of the training. In addition, there are numerous activities that the Fellow will engage in that are in support of face-to-face clinical care. The *combination* of face-to-face clinical care *and* all supportive clinical functions (e.g., consultation with other providers, report writing, medical record review, supervision, and provision of supervision) will comprise at least 75% of a Fellows’ training. In reality, Clinical Psychology Fellows and Year 1 Neuropsychology Fellows more typically spend 75-80% of their time engaged in supervised service delivery.

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

**Supervision:** *Fellows receive at least two hours of individual, face-to-face, scheduled supervision with a licensed psychologist who has expertise in the activities being supervised.* Fellows may also receive group supervision, with a maximum of three trainees. Fellows receive supervision from a minimum of two licensed psychologists during the training year, one of whom is identified as the “primary” mentor. A minimum of 2.5 hours of supervision (individual supervision comprising at least two hours) is required throughout the training year.
**Other Structured Learning Activities:** Fellows participate in a minimum of 1.5 additional hours of other structured learning activities, including program-wide and track specific didactics, team meetings, rounds, and case conferences. On average, Fellows participate in approximately 2 – 4 hours of other structured learning activities.

**Scholarly Mentorship:** While the primary focus of the fellowship training program is the development of clinical skills, we provide an array of clinical research and other scholarly inquiry opportunities. All fellows will select a research mentor who will supervise these activities. Fellows are expected to have a minimum of four (4) hours of protected time within their regular schedules to be devoted to research and scholarly activities. These four hours are seen as a base, but fellows can avail themselves of research opportunities beyond these dedicated hours (up to 10 hours per week) through discussion with their supervisors and research mentor. Second year Neuropsychology Fellows may increase their protected research time (up to 14 hours per week) if this is consistent with their training plan and outlined goals. Fellows may collaborate with faculty on ongoing research or a program evaluation project, participate in research lab meetings and other team collaborations, or design and implement an independent research project under the mentorship of a faculty member. Activities may include reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry, and data analysis, as well as developing posters or presentations, and manuscript presentation. Fellows are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate. Additionally, Fellows present their research progress during Fellowship wide didactics towards the end of their training year.

**Organization of the Fellowship**

All Fellows in the Clinical Psychology Training Program are supported from August 21, 2017 through August 20, 2018. Newly admitted Fellows in the Neuropsychology Training Program are supported from August 21, 2017 through August 20, 2019. The organization of the Fellowship Program provides Fellows access to different populations and an opportunity to assume a variety of roles. The Fellowship includes clinical, research, and educational components, described below.

**Didactic Seminars**

All Fellows attend a biweekly seminar chaired by David Topor, Ph.D., Curriculum Coordinator. Neuropsychology Fellows attend these broad didactics during their first year, but not during their second year. During didactics, we develop a sense of professional community and peer
support during the Fellowship training year. Topics are scheduled based on a Needs Assessment completed by Fellows at the start of their training. Speakers are invited to present didactics on professional development issues, leadership, ethics, supervision, diversity and ethnicity, and professional identity. Several didactics that are directed at teaching specific evidenced based psychotherapy are shared with clinical psychology interns, as indicated below by an asterisk.

Below a sampling of program-wide didactics seminars from the last training year:

**Presenter(s)**

Justin Hill, Ph.D.
Chris AhnAllen, Ph.D.; Beth Mulligan, Ph.D.
John Bradley, MD

Colleen Sloan, Ph.D.
Kristin Bell, PharmD.
Jeff Knight, Ph.D
Justin Hill, Ph.D.
Chris Skidmore, Ph.D. and Melissa Ming Foynes, Ph.D.
Shimrit Black, Ph.D., Sarah Leone, Ph.D., Shannon McNeill, Ph.D.
Denise Sloan, Ph.D.
Justin Hill, Ph.D.
Amy Silberbogen, Ph.D., Laura Grande, Ph.D., ABPP/cn
Kristin Gregor, Ph.D.
Colleen Sloan, Ph.D.
Glenn Trezza, Ph.D.
Nita Makhija, Ph.D., Kristin Huang, Ph.D., Shannon McNeill, Ph.D.
Mark Miller, Ph.D.
Margret Bell, Ph.D.

**Topic**

Military Culture: Implications for Treatment
Developing Your Supervisory Style
Assessment and Management of Patients at Risk for Suicide (2013) - VA/DoD Clinical Practice Guidelines
Evidence Based Psychotherapy program at VA Psychopharmacology
Career Development
ACT for Depression
Diversity Issues in Supervision
Panel on Licensure Process
Job Market: The Interviewing and Negotiating Process
Imposter Issues in Being a Supervisor
Giving and Receiving Feedback as a Supervisor
Motivational Interviewing
Enhancing Competency in LGBT Healthcare
Grief in Psychotherapy
Transitions to Professional Practice
Reviewing Research Manuscripts
Doing Policy Related Work as a Psychologist: VA’s MST Support Team and Other Adventures
Termination Issues in Psychotherapy
Private Practice
Research Presentations
In addition to program wide didactics, many elective seminars are announced throughout the training year. Risa Weisberg, Ph.D., and Suzanne Pineles, Ph.D., coordinate a weekly Grant Writing Seminar throughout the training year. Additionally, Fellows are invited to attend the one hour bimonthly Research Fellows’ seminar series developed by Suzanne Pineles, Ph.D. (e.g., Grant Mechanisms, Understanding VA Funding, Transitioning out of the Role of a Fellow).

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

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

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

PROGRAM AIMS
The mission of the VA Boston Psychology Clinical Fellowship Program is to train psychologists who meet advanced practice competencies (see below) in psychology and who can function effectively as professional psychologists in a broad range of roles and settings, including clinical services, research, and education.

The structure of the VA Boston Psychology Fellowship Program fosters development across nine profession-wide competencies that are critical to the functioning of an independently functioning psychologist. We expect that Fellows in the Clinical Program will gain both breadth in competency, as well as depth within their particular track. Below are the competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative.

Core Competencies

1. Research: Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including host institution), regional, or
national level. Fellows will demonstrate the ability to think critically about existing literature and apply scientific knowledge to clinical practice, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing and will play an active role in developing their own research and/or program development and evaluation goals. Fellows will also receive supervision through relationships with research mentors on legal and ethical safeguards required by VA, APA, and IRB.

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

3. **Individual and Cultural Diversity:** Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Fellows will demonstrate sensitivity to patient cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Additionally, Fellows will demonstrate a continued willingness to explore one’s own cultural background and how this influences one’s personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision, as well as incorporated into all program wide didactics.

4. **Professional Values and Attitudes:** Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one’s personal and professional functioning, and engage in activities
to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an increasing ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training year. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist".

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

6. **Assessment:** Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical psychology. Fellows will develop competence in diagnostic interviewing, and will be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient) required for a particular track, as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable by the patient. Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.

7. **Intervention:** Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge, and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in both individual and group formats, as well as managing risk issues. Fellows will demonstrate competence with the types of therapies required for a given track. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision
making. Fellows are also expected to develop appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.

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

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

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**Location:** VA Boston Healthcare System  
Primarily at the Jamaica Plain Campus with some clinics at the West Roxbury and Brockton Campuses

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

**Overview**

The Behavioral Medicine Program provides a broad range of services to medical populations throughout the VA Boston Healthcare System, including outpatient mental health, primary care, and specialty medical clinics. In addition to participating in specific groups and clinics, postdoctoral Fellows work with individual patients on a broad range of behavioral medicine issues, often in the context of interprofessional teams. Treatment is geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment compliance, and enhancing overall quality of life. Much of the treatment provided on Behavioral Medicine is short-term, cognitive-behavioral, and problem-focused, although there is also the opportunity to do less structured, longer-term treatment. The Fellows will be primarily based on the Jamaica Plain Campus, but may spend one to two days per week off-site.

The Behavioral Medicine Program at VA Boston is a program member of the Council of Clinical Health Psychology Training Programs.

**Goals**

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

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

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

**Core Clinical Components**

**Primary Care Clinics:**

- **Primary Care Behavioral Health (PCBH):** PCBH offers co-located, immediate, and collaborative care for veterans who would benefit from brief assessment and interventions to address a broad range of mental health conditions within Primary Care. Communication and liaison with the Primary Care team is essential; the Fellows will develop proficiency in providing consultation to primary care staff on mental health issues, including risk management.
• **Health Promotion Disease Prevention (HPDP):** The Fellows will also have opportunities to conduct HPDP work in Primary Care. Opportunities may include participating in shared medical appointments (SMAs) for chronic health conditions (e.g., diabetes) through collaboration with interdisciplinary providers (e.g., pharmacists, nutritionists, nurses), providing brief motivational interviewing and health coaching interventions to patients (e.g., weight management, smoking cessation), and/or providing coaching to staff on their use of patient-centered communication skills in their interventions with patients.

**Specialty Medical Clinics:**

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

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

• **Cardiac and Pulmonary Rehabilitation Programs:** The Cardiac and Pulmonary Rehabilitation Programs are both interdisciplinary programs that provides services to patients who need physical, psychological, social, and nutritional rehabilitation due to disabilities resulting from cardiac disease (e.g., MI, angina, coronary artery bypass graft, or congestive heart failure) or pulmonary disease (e.g., COPD, emphysema, cystic fibrosis, etc.). The goal of both programs is to improve the patients’ daily functioning through exercise, education and cognitive-behavioral interventions. Fellows have an opportunity to co-lead groups that are part of a larger interdisciplinary rehabilitation program. There are ample opportunities for interprofessional collaboration and interactions.

**Pre-Treatment Evaluations:**

• **Transplant Program:** The Fellows will have the opportunity to evaluate patients who are being considered for organ transplantation. The purpose of these evaluations is to determine the candidates’ psychological readiness for transplantation (including kidney, liver, heart, lung, and bone marrow). The comprehensive evaluation includes
psychometric testing and a structured interview. There are also opportunities to evaluate living donors and family members who have been identified as transplant caregivers.

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

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

**Elective Components:**

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

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

- **Smoking Cessation Program:** The Fellows may have the opportunity to provide smoking cessation services working in collaboration with other psychology staff and with pharmacy staff. Smoking cessation services offered incorporate support, motivational enhancement, and cognitive-behavioral strategies.
• **Psychology Pain Management Clinic:** Fellows will work alongside pain medicine physicians and nurse practitioners, neurologists, and complementary medicine providers (e.g., acupuncture), in addition to other interdisciplinary providers (e.g., nurses, pharmacists, addiction psychiatry) to provide patient-centered care to veterans with chronic pain. The Fellows are actively involved in conducting comprehensive pain assessments, presenting patients at multidisciplinary rounds, and providing short-term, individually based cognitive-behavioral therapy for chronic pain management.

• **Healthy Lifestyle Groups:** The Behavioral Medicine Program conducts three different groups that are designed to promote healthy lifestyles. These groups focus on adaptive coping and are particularly important for individuals with major medical issues. The following groups are conducted regularly:
  - **Stress Management Group:** A twelve-week group for individuals interested in learning stress management skills. Patients learn cognitive-behavioral stress management and relaxation techniques.
  - **Healthy Thinking Group:** A ten-week group for medical patients who also have symptoms of depression. Patients learn cognitive-behavioral strategies to address their negative thoughts and learn ways to cope more effectively with their medical illness.
  - **Medical Issues Group:** An ongoing group for individuals who are coping with the stress of having major medical issues. This is an educational/support group that focuses on helping people find adaptive ways to cope with their medical conditions and treatments with the goal of enhancing their quality of life.

**Teaching Methods**

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

• **Didactics:** The Behavioral Medicine Program has a weekly team meeting where didactics are regularly provided. These team meetings are also used to discuss clinical cases, research interests, and current issues in behavioral medicine. Each specialty clinic in which the Fellows participate begins with didactic training specific to the clinic setting, with the goal of providing specialized training in a range of content areas. The Fellows have the opportunity to participate in several multidisciplinary treatment team meetings where they are able to learn about chronic conditions from professionals from different disciplines (e.g., physicians, nutritionists, social workers, pharmacists, nurses).
• **Supervision:** Dr. DeAnna Mori is the Director of the Behavioral Medicine Program and provides leadership for the postdoctoral training program in Behavioral Medicine. Each Fellow will have a primary supervisor who will oversee their training experience, and they will also work with staff psychologists and professionals from other disciplines who serve as supervisors and consultants to the program. The other psychologists who may supervise the Fellows include: Amy Silberbogen, Ph.D., Sarah Bankoff Leone, Ph.D., Kristin Gregor, Ph.D., Rebecca Ametrano, Ph.D., Morgan McGillicuddy, Ph.D., Stephen Lancey, Ph.D., Diana Higgins, Ph.D., and Risa Weisberg, Ph.D.

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

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

• **Research and Program Development:** Involvement in behavioral health research is an integral part of the Fellows’ training. There are many opportunities to participate in research and program evaluation projects related to behavioral medicine, both within and outside of the behavioral medicine training program. The Fellows will be encouraged to identify research activities that will expand their current skill set and are expected to devote four hours per week to research. Examples of the type of experiences Fellows participate in include: grant writing, running studies, data analysis, preparing papers and presentations, interfacing with the local IRB board, etc. Areas of ongoing research include: telehealth, diabetes, hepatitis C, exercise and healthy lifestyle promotion, PTSD and comorbid chronic medical conditions, medical adherence, pain, health literacy, Tai Chi, and mindfulness.

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

Track Coordinator:  WILLIAM BOWE, PH.D.
Psychology Service (116B)
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Location:  VA Boston Healthcare System
Jamaica Plain Campus (4 days)
Brockton Campus (1 day)

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

OVERVIEW

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

GOALS

Training will foster the development of assessment, treatment, and consultation skills. The Fellowship position is structured to enhance communication across specialty mental health services, primary care, and urgent care. The Fellow will develop skill as a liaison between these services to coordinate care, identify and manage patients at high risk for suicide or other violence, and reduce stigma associated with mental health treatment. The Fellow will gain experience in administrative oversight of a mental health clinic, supervision, program development, evaluation of outcomes, and clinical research.
• **General Mental Health & Mood and Anxiety Disorders Clinics:** Through the GMHC and MADC, the Fellow will gain experience in evaluating and treating a wide variety of Axis I mental health disorders. A primary focus of the GMHC is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health issues that are not best treated in a specialty clinic). The MADC emphasizes differential diagnosis of mood and anxiety disorders, and evidence-based treatment of these disorders. It is the primary referral clinic for veterans struggling with significant depressive, manic, or anxiety symptoms. The Fellow will complete diagnostic and suicide risk assessments. Assessments include structured clinical interviews (e.g. SCID) and standardized self-report measures. Treatments are primarily evidence-based (e.g., cognitive-behavioral, acceptance based approaches) and involve both individual and group modalities. Additional training opportunities include implementation of couples’ therapy and clinical supervision of predoctoral interns.

The Fellowship emphasizes an interprofessional and collaborative approach to education and clinical practice. The Fellow will co-treat Veterans with other providers and will develop skills in interprofessional communication, shared decision-making, assessment, and treatment coordination. The goal of this experiential learning is to enhance understanding of the process and skills necessary for successful interprofessional collaborative practice. The Fellow will attend regular interprofessional team meetings in the BR and JP clinics. These meetings will model interprofessional teamwork, and demonstrate distinct perspectives and the language needed for effective interprofessional communication, case conceptualization, and clinical practice. In addition, the Fellow will participate in a recurring interprofessional case conceptualization meeting facilitated by an interprofessional staff team and attended by GMHC trainees of all disciplines. This will be a forum in which to discuss complex interprofessional case conceptualization, collaborative practice, and team-based care. It will also promote understanding of the common competencies required for interprofessional practice as well as discipline-specific training.

**Supervisors:**

Shimrit Black, Ph.D.; William Bowe, Ph.D.; Shannon McNeill, Ph.D.; Justin Hill, Ph.D.; Lois Krawczyk, Ph.D.; Stephen Lancey, Ph.D.; and Amy Lawrence, Ph.D.

• **Urgent Care Clinic:** The Fellow will conduct evaluations in the UCC, providing a unique opportunity for training in risk assessment and stabilization of acute psychiatric crises. This experience will provide the Fellow with exposure to patients with a broad range of
psychopathological conditions, including both acute and sub-acute symptoms (e.g. psychotic disorders, alcohol and drug intoxication). While in the UCC, the Fellow will gain additional experience in consultation, as well as navigation of complex systems issues (e.g., coordinating voluntary or involuntary hospitalization, mandatory reporting, etc.)

**Supervisor:** Phillip Kleespies, Ph.D., ABPP

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

**Supervisors:** Kristin Gregor, Ph.D.; Risa Weisberg, Ph.D.

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**TEACHING METHODS**

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

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**SUPERVISION**

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

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

RESEARCH

The Fellow may collaborate with staff on any number of funded clinical research projects, which will provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. The Fellow is encouraged to identify research activities that would expand his/her current skill set. Specifically within GMH, Dr. Barbara Kamholz is actively involved in program development and evaluation regarding CBT training, including CBT training for psychiatry residents. Additional research opportunities are available across the VA Boston healthcare system with investigators outside of the Jamaica Plain Based GMHC rotation as well.
GEROPSYCHOLOGY

Track

Co-coordinators: Lindsey Jacobs, Ph.D., MSPH (Mary Lindsey Jacobs Dodson)

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Kate Hinrichs, Ph.D., ABPP

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Email: Mary.JacobsDodson2@va.gov
- Kate.Hinrichs@va.gov

Location: VA Boston Healthcare System
- Brockton campus

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

OVERVIEW

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

GOALS

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

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

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

**Clinical Settings**

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

- **Geriatric Mental Health Outpatient Clinic:** Based at the Brockton campus, this outpatient clinic provides psychodiagnostic assessment, psychotherapy (individual, group, and family), case management, and psychopharmacology services to older veterans with a wide range of medical and psychological/psychiatric difficulties. Collaborative, interdisciplinary care is emphasized. Fellows attend a weekly interdisciplinary team meeting and often collaborating with primary care, social work, dementia care coordination, psychiatry, and community providers. Fellows lead or co-
lead transdiagnostic and special topic (e.g., Cancer Support) support groups as well as
time-limited psychotherapy groups including but not limited to: acceptance and
commitment therapy (two groups: 1. transdiagnostic and 2. chronic pain), mindfulness
and relaxation, problem solving therapy, cognitive behavioral therapy (three groups: 1.
depression, 2. anxiety, and 3. insomnia), guided autobiography, aging and memory,
PTSD and memory, , coping with caregiving, reminiscence, collaborative assessment and
management of suicidality, and bereavement. The Geriatric Mental Health Outpatient
Clinic is currently developing telephone groups to increase access for veterans and
caregivers. Fellows are also encouraged to initiate new groups. Additionally, fellows
have the opportunity to supervise predoctoral interns in this setting.

**Supervisors:** Jennifer Moye, Ph.D., ABPP; Lindsey Jacobs, Ph.D., MSPH; and
Patty Bamonti, Ph.D.

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

**Supervisors:** Michelle Mlinac, Psy.D., ABPP, Margaret Murphy, Psy.D., ABPP

- **Geriatric Neuropsychology:** Based at the Brockton campus, the fellow completes
neuropsychological and capacity assessments of older adults.. Typical referral questions
include differential diagnosis of dementia, assessment of severity of impairment for
neurodegenerative disorders of aging and their precursors (e.g., MCI, dementia),
differentiation of dementia versus psychiatric, substance related factors, or other
modifiable factors affecting cognition, and assessment of cognition in the context of
multiple medical comorbidities. The fellow provides relevant feedback and
recommendations to the, veteran, and family. Emphasis is placed upon understanding
and interpreting relevant medical history, symptoms in relation to neurologic disease,
assessing cognitive symptoms and their relationship to neuropsychological DSM-5
disorders in the elderly, development of clear decision making strategies for diagnosis in
older adults, delivery of patient-centered feedback, and application of relevant
strategies to optimize cognition among older adults.

**Supervisors:** Deepa Acharya, Ph.D., ABPP/cn; Colleen Jackson, Ph.D.
• **Inpatient Neuropsychology:** Based at the Brockton campus, Inpatient Mental Health is a locked, 120 bed facility with acute and chronic units serving many veterans over the age of 60. Consulting to the interdisciplinary teams on the four units, the Fellow primarily provides neuropsychological assessment and evaluations of decision-making capacity (e.g., safety to return home to independent living or to make a specific medical care decision) to mostly older veterans with primary psychiatric disorders and veterans with neurological disorders accompanied by secondary psychiatric symptoms. Typical referral questions are similar to those seen in geriatric neuropsychology (above) but occur in the context of more acute clinical symptomatology and an inpatient setting, occasionally at bedside. Other training opportunities include feedback, family consultations, and risk assessments.
  
  **Supervisor:** Scott Fish, Ph.D.

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

### Teaching Methods

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

### Required Didactics:

- Geropsychology Seminar - One hour weekly;
- Geriatric Capacity/ Neuropsychology Rounds – One hour monthly;
- Individual Supervision - Approximately 2-3 hours per week across rotations;
- Group Supervision for CLC and Geriatric Mental Health – Approximately 1-2 hours per week across rotations;
- Team Meetings for clinical rotations - Varies by rotation, at least 1 hour per week.
**Available/Optional Didactics:**

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

**Supervision**

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

**Research and/or Program Development**

Fellows typically spend approximately one day per week devoted to research, writing, and/or program development or program evaluation activities. As part of the initial training discussion, Fellows define research/program evaluation goals for the year and choose a faculty advisor for these activities. Our goal is to provide a research training experience that supports the trainee’s goals. We recognize and celebrate the diverse forms that scholarly activity may take. Broadly speaking, we want you to “be a part of the scholarly world” – learn to think critically, ask questions, and develop data-based answers. Within our Geropsychology program, we engage in clinically applied research and program evaluation focusing on improving the quality of care for older patients with complex comorbidities. Our projects range from large-scale grant funded research to small-scale evaluation of clinical interventions. We also engage in research to improve the quality of our training program.

**Research Interests:**

- Decision making capacity assessment;
- Program evaluation for outpatient group psychotherapy program (e.g., Bereavement, Autobiography, CBT for Insomnia, ACT for Chronic Pain, ACT, Mindfulness and Relaxation, etc.);
• Program evaluation for Community Living Center (e.g., Culture Transformation Initiative, Behavior Management Teams, Dementia Care, Hospice and Palliative Care, Caregiver Respite Program);
• Geropsychology training;
• Mental health integration in Home Based Primary Care;
• Caregiving;
• Measurement outcomes (e.g., caregiver stress, mindfulness, values, acceptance, etc.)
• Adjustment and coping with chronic illness and disability;
• Chronic illness and end-of-life care planning;
• Adapting evidence-based practice to fit the needs of the homebound chronically ill veteran;
• Autonomy/beneficence ethical dilemmas within the caregiver/patient dyad;
• Cognitive assessment in Primary Care;
• VISN wide geriatric education.

POSSIBLE RESEARCH ACTIVITIES:
• Analyzing pre-post data from our time-limited group therapy program in the outpatient clinic and writing up the results for a presentation or a paper;
• Developing and evaluating a group therapy protocol;
• Developing and evaluating educational programs for staff;
• Developing and evaluating initiatives/programs in the Community Living Center;
• Collaborating with faculty on review articles or book chapters when available;
• Participating in the development of outcome measures of mindfulness and psychological flexibility;
• Conducting focus groups and analyzing qualitative data on resiliency and coping with chronic illness;
• Helping to write a telephone group protocol for adult children caring for a parent with dementia;
• Helping to develop an educational outreach to local nursing homes to improve their care of veterans with comorbid PTSD and dementia;
• Participating in an interdisciplinary pilot project on care planning for veterans with chronic illness;
• Participating in a project designed to understand boundaries between disciplines in interdisciplinary teams (e.g., doing a literature search, conducting focus groups, analyzing data and comparing to VA and professional ethical standards, and developing training)
• Analyzing existing neuropsychological or capacity data from Inpatient Mental Health medical records for write-up;
• Assisting with survey of clinicians, attorneys, guardians, and geriatricians about decision making for “unbefriended adults”;
• Assisting with needs assessment and curricula planning for VISN wide geriatric education.
INTERPROFESSIONAL MENTAL HEALTH CARE

Track Coordinator: WILLIAM BOWE, PH.D.
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Email: william.bowe@va.gov

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

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

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

GOALS
Clinical training will focus on continued development of existing assessment, treatment, and consultation skills as Fellows participate on, and become fully functioning members of,
interprofessional treatment teams. The Fellow will gain experience in supervision, program development, evaluation of outcomes, and the conduct of clinically applied research.

- **General Mental Health and Mood and Anxiety Disorders Clinics:** Through the GMHC and MADC, the Fellow will gain experience in evaluating and treating a wide variety of Axis I mental health disorders. A primary focus of the GMHC is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health issues that are not best treated in a specialty clinic). The MADC emphasizes differential diagnosis of mood and anxiety disorders, and evidence-based treatment of these disorders. It is the primary referral clinic for veterans struggling with significant depressive, manic, or anxiety symptoms. The Fellow will complete diagnostic and suicide risk assessments. Assessments include structured clinical interviews (e.g. SCID) and standardized self-report measures. Treatments are primarily evidence-based (e.g., cognitive-behavioral, acceptance based approaches) and involve both individual and group modalities. Additional training opportunities include implementation of couples’ therapy and clinical supervision of predoctoral interns.

The Fellowship emphasizes an interprofessional and collaborative approach to education and clinical practice. The Fellow will co-treat Veterans with other providers and will develop skills in interprofessional communication, shared decision-making, assessment, and treatment coordination. The goal of this experiential learning is to enhance understanding of the process and skills necessary for successful interprofessional collaborative practice. The Fellow will attend regular interprofessional team meetings in the BR and JP clinics. These meetings will model interprofessional teamwork, and demonstrate distinct perspectives and the language needed for effective interprofessional communication, case conceptualization, and clinical practice. In addition, the Fellow will participate in a recurring interprofessional case conceptualization meeting facilitated by an interprofessional staff team and attended by GMHC trainees of all disciplines. This will be a forum in which to discuss complex interprofessional case conceptualization, collaborative practice, and team-based care. It will also promote understanding of the common competencies required for interprofessional practice as well as discipline-specific training.

- **Interprofessional Treatment and Education (Psychiatry Residents):** The Fellow will participate in additional interprofessional, educational activities in conjunction with the Boston University School of Medicine psychiatry training program. The Fellow will co-lead an evidence-based group psychotherapy for depression with psychiatry residents
throughout the training year. In this role, the Fellow will provide direct supervision to the residents and receive supervision of his/her supervision from a staff psychologist. Administratively, the Fellow will gain experience in interacting with professionals from diverse disciplines and departments (e.g., primary care) as the Fellow actively manages all consult referrals placed for the group.

**Supervisor:** Justin Hill, Ph.D.

**TEACHING METHODS**

Fellows will receive training using multiple modalities, including individual and group supervision, didactic trainings (clinic- and track-specific and Fellowship-wide), case conferences, rounds, and applied peer-to-peer interprofessional educational experiences. The Fellow will also be trained in Supervision with the opportunity to provide individual supervision to two psychology interns.

**SUPERVISION**

Dr. William Bowe, Ph.D., is the newest staff psychologist on the GMH team and serves as the Track Coordinator for this Fellowship training program. Additional track supervisors include Drs. Shimrit Black, Ph.D.; Justin Hill, Ph.D.; Barbara Kamholz, Ph.D., ABPP; Lois Krawczyk, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Shannon McNeill, Ph.D., and Melanie Vielhauer, Ph.D.

**Dr. Melanie Vielhauer** is the VABHS General Mental Health Section Chief, with key supervisory and administrative roles in VABHS’s psychology internship and fellowship programs. **Dr. Barbara Kamholz** is the Associate Director of VABHS Outpatient Mental Health Services, a member of the ATC ABCT, Workshop Committee Chair for ABCT, and the VABHS Site Director for the BUSM Psychiatry Residency CBT training rotation. **Dr. Justin Hill** is a staff psychologist and the Director of the Jamaica Plain GMHC. **Dr. Stephen Lancey** has over three decades of supervisory experience and serves as the Director of Admissions for its APA-accredited Clinical Fellowship, Clinical Neuropsychology Fellowship, and Internship Training Programs. **Dr. Shimrit Black** is a staff psychologist in the Brockton GMHC. She has participated in supervision and training of practicum, intern and postdoctoral fellows for the past three years. **Dr. Lois Krawczyk** is a staff psychologist at the Brockton campus working in the VA National Bipolar Disorder Telehealth Program. She has participated in supervision and training of interns and postdoctoral fellows for the past 20+ years across three different VAs. **Dr. Amy Lawrence** is a staff psychologist in the Jamaica Plain GMHC. She completed her internship in the GMHC and served as a clinical research fellow at VA Boston. **Dr. Shannon McNeill** is a staff psychologist at the Brockton GMHC and provides supervision for trainees at the Brockton location.
Beyond these core psychology faculty, the Fellow will routinely collaborate with psychiatrists and social workers within each GMHC, receiving supplementary interprofessional training in case conceptualization, assessment, treatment planning, and care coordination.

**Research**

The Fellow may collaborate with staff on any number of funded clinical research projects, which will provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Specifically within GMH, Dr. Barbara Kamholz is actively involved in program development and evaluation regarding CBT training, including CBT training for psychiatry residents. Additional research opportunities are available across the VA Boston Healthcare System with investigators outside of the Brockton Based General Mental Health Track as well.
LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH CARE

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Email: colleen.sloan2@va.gov

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

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

OVERVIEW

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

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

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

Overall, 75% of time will be spent in clinical care and associated activities (individual, group, and possibly, assessments, as well as documentation and supervision), with roughly 25% time reserved for consult management, policy and program development and evaluation, and opportunities for involvement in research.

**GOALS**

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

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

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

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

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

**Research and Program Development**

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

**Track Coordinator:** SCOTT LITWACK, PH.D.
Center for Returning Veterans (116B)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130
Telephone: (857) 364-4806

**Email:** scott.litwack@va.gov

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

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

**OVERVIEW**

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

**GOALS**

The Fellow will gain proficiency in the assessment of the full range of readjustment, mental health, and substance use concerns present in returning combat veterans. In addition, the Fellow will receive specialized training in evidence-based treatments for PTSD (e.g., Cognitive Processing Therapy, Prolonged Exposure), co-occurring substance use disorders and PTSD (e.g.,
Seeking Safety), and a range of post-deployment clinical concerns (e.g., Dialectical Behavior Therapy for emotion dysregulation, CBT for depression and anxiety disorders, mindfulness based relapse prevention for alcohol and drug use). The Fellow will also receive training in group interventions with returning veterans and/or veterans likely in the areas of PTSD and/or substance abuse, or other areas of specific training interest to the fellow. The Fellow will have a diverse set of experiences to ensure that he/she develops skills in both individual and group-based treatment.

Being part of an interdisciplinary team in an active outpatient clinic and large mental health service will provide the Fellow with opportunities to effectively give and receive consultation in rich learning environments. The Fellow will receive intensive training in the provision of supervision and will have the opportunity to participate in supervision of more junior trainees with close oversight from a licensed psychologist.

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

- Conduct a comprehensive assessment of the range of post-deployment mental health concerns, including PTSD, depression, anxiety disorders, and alcohol and drug use.
- Provide evidence-based treatment for a range of post-deployment mental health conditions, including PTSD, depression, anxiety disorders, and alcohol and drug use.

**CLINICAL SETTING**

Trainees will primarily receive their clinical training in the Center for Returning Veterans (CRV) at the Jamaica Plain campus.

**Teaching Methods**

**DIDACTICS**

- The Fellow will also participate in didactic training through: a) the CRV’s monthly didactic seminar series (past topics have included military culture, risk assessment and management, clinician self-care, mindfulness); b) the National Center for PTSD (NC-PTSD)’s workshops including trainings on Cognitive Processing Therapy, Prolonged Exposure, PTSD assessment (CAPS5), Military Sexual Trauma.
- Training will also involve active engagement with multiple interdisciplinary teams and will include interaction with numerous staff and trainees from psychology, social work, psychiatry, and other disciplines.
SUPERVISION

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

RESEARCH AND/OR PROGRAM DEVELOPMENT

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

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

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

**OVERVIEW**

The PTSD Fellowship trains clinicians in all aspects of the assessment and treatment of trauma. This one-year, multifaceted training experience is designed to integrate various approaches to PTSD treatment and to the treatment of other trauma-related and comorbid disorders. Clinical training is conducted within two VA Boston clinical programs affiliated with the National Center for PTSD on the Jamaica Plain campus: the PTSD Clinical Team (PCT), which is affiliated with the Behavioral Science Division (BSD), and the Women’s Stress Disorder Treatment Team (WSDTT), which is affiliated with the Women’s Health Sciences Division (WHSD). The veterans seen in these two programs are diverse on all sociodemographic characteristics, and have served in the military during both peacetime and wartime, with increasing numbers having served in the recent conflicts (approximately 50% of new PCT referrals and 35% of new WSDTT referrals.
served in Iraq and Afghanistan). PTSD Fellows gain intensive experience working with both female and male Veterans, and are exposed to a variety of evidence-based therapies and modalities including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Dialectical Behavior Therapy (DBT), Seeking Safety, acceptance- and mindfulness-based therapies, and several psychoeducational, skills-based, and process groups. Fellows also conduct both in-depth diagnostic assessments and briefer intake interviews, and learn how to incorporate assessment information into treatment planning. In addition to the direct provision of clinical services, Fellows serve as members of interdisciplinary treatment teams that collaborate with, and provide consultation to, other mental health and medical care providers in order to address the high rates of psychiatric and medical comorbidities among trauma survivors. Fellows have the opportunity to provide clinical supervision to less advanced trainees in either the PCT or WSDTT during their fellowship year, and to receive supervision of that supervision. As well, Fellows are afforded the opportunity to collaborate on innovative research in the field, and are allotted four hours per week as protected research time to work within either of the two National Center for PTSD divisions.

**GOALS**

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

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

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

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

**DIDACTICS**

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

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

**RESEARCH AND PROGRAM DEVELOPMENT/EVALUATION**

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

**Research Staff Interest Areas:**

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

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

- **Dr. Lisa Fisher’s** research interest lies in program evaluation, evaluating factors involved in treatment dropout and treatment completion.

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

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

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

- **Dr. Cassidy Gutner’s** research focuses on bridging the gap between research and practice through implementation science to identify effective treatments that both meet the needs and fit the context of the setting, as well as examining the potential fit of transdiagnostic treatment within trauma-exposed populations.

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

- **Dr. Kate Iverson’s** research focuses on the identification of, and counseling for, women who have experienced intimate partner violence, and in understanding the healthcare needs of individuals who experience interpersonal violence more broadly.
• **Dr. Danny Kaloupek’s** areas of interest include research application of psychophysiological measurement and study of the health-related impact of traumatic stress.

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

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

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

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

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

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

• **Dr. Yael Nillni’s** research focuses on the intersection between trauma and PTSD and reproductive health, as well as the identification of sex-specific mechanisms involved in the pathogenesis of PTSD and comorbid disorders.

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

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

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

• **Dr. Jillian Shipherd** is interested in the interface between physical and mental health following trauma and cognitive features of trauma recovery. In addition, she is working with VA Central Office of Patient Care Services on issues related to reducing disparities in health care access and quality for lesbian, gay, bisexual and transgender (LGBT) Veterans.
• **Dr. Denise Sloan’s** research interests include emotion in psychopathology, the use of narrative exposure as a treatment for trauma victims, including efficacy of narrative exposure and underlying mechanisms of the intervention. She is also examining psychosocial interventions (e.g., group CBT) for PTSD and investigates PTSD treatment dropout and factors that moderate PTSD treatment outcome.

• **Dr. Brian Smith’s** program of research involves examining the social context of health-related behaviors, mechanisms, and outcomes, and he is particularly interested in psychosocial factors that are associated with both psychological and physical reactions to stress, including considering gender and aging in health-risk mechanisms.

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

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

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

• **Dr. Erika Wolf** has particular interest and expertise in the use of multivariate data analytic techniques (i.e., structural equation modeling, factor analysis, latent class analysis) to improve the measurement of psychological phenomena and has applied this analytic approach to the study of psychiatry comorbidity, including PTSD-Axis II comorbidity and dissociative symptomatology.
Please note that the Clinical Psychology Program provides training in two tracks that involve significant training in the treatment of substance use disorders. We describe these two tracks in detail below, but also provide a comparison table to highlight differences as well as overlapping training experiences. Please note that you can apply to these two tracks without first consulting with the Training Director (please see application instructions for more information).

### Comparison of Substance Use Related Fellowship Tracks

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<td><strong>Outpatient versus Residential</strong></td>
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| **Settings**           | • Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)  
                          • Outpatient Alcohol and Drug Treatment (ADTP) | • Outpatient Alcohol and Drug Treatment (ADTP)  
                          • Intensive Outpatient ADTP  
                          • Outpatient PTSD  
                          • Homeless Domiciliary |
| **Opportunity to supervise** | 1 psychology practicum student (up to 4 therapy cases) | 1 psychology predoctoral intern |
| **Group Psychotherapy** | Four groups/week (6hrs total)*       | Two groups/week                       |
| **Individual Psychotherapy** | 4 cases/week*  
                          • Split between residential and outpatient | 10 cases/week:  
                          • 4 in REACH  
                          • 4 in BR ADTP  
                          • 2 in PTSD |
| **Assessment**         | • 1 per week in SARRTP  
                          • As needed in Outpatient ADTP | • 1 per week in Domiciliary  
                          • 1 per week in Outpatient ADTP |
| **Research**           | At least 4 hours per week            | At least 4 hours per week             |

* Amount of time spent conducting individual and group therapy are minimums and may change as a function of the elective training opportunity selected by the JP fellow (see track description for details). The JP fellow’s involvement in outpatient versus residential settings may also change slightly, based on the elective selected within the JP rotation.
ADDICTIONS AND CO-OCcurring DISORDERS

Track Coordinator: GLENN R. TREZZA, PH.D.
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Email: glenn.trezza@va.gov

Location: VA Boston Healthcare System
Jamaica Plain Campus

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

OVERVIEW

The Addictions and Co-Occurring Disorders fellowship track at the VA Boston Healthcare System - Jamaica Plain campus involves work in the Substance Abuse Residential Rehabilitation Program (SARRTP) and outpatient Alcohol and Drug Treatment Program (ADTP) treating veterans with substance use disorders and an array of co-occurring conditions. This one-year clinical postdoctoral Fellowship is designed to provide Fellows with a comprehensive understanding of assessment and treatment approaches for individuals with alcohol and drug problems and co-occurring psychiatric disorders (e.g. PTSD, affective disorders, anxiety disorders, and personality disorders) and co-occurring psychosocial issues (e.g. medical comorbidities, homelessness, legal issues). The Fellow will work in both residential and outpatient settings and learn to conduct comprehensive assessments and provide evidence-based, CBT-oriented group and individual therapy with veterans with SUDs. The Fellow is trained to provide supervision to junior trainees and involved in program development and performance improvement activities and in clinical research. As a member of a multidisciplinary treatment team, the Fellow has a high level of input into clinical decision making. The supervisory staff for the rotation presents with a wide variety of interests and a number of personal diversity dimensions, and the rotation places a strong emphasis on attention to diversity dynamics in terms of conceptualization of cases, clinical assessment and treatment, and program development and research. This track provides specialized training in evidence-based approaches to alcohol and drug problems including motivational enhancement, cognitive-behavioral relapse prevention techniques, and behavioral self-control strategies. Training is also available in a wide range of therapies for co-occurring disorders including
Seeking Safety, Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Mindfulness techniques, and Dialectical Behavior Therapy (DBT).

**Who Do We Serve?** Veterans in the SARRTP and ADTP present with great diversity in their substance use histories, including use of alcohol, oral opiates and heroin, marijuana, stimulants, anxiolytic/sedative medications, inhalants, and various generations of designer drugs. In addition to chemical dependency concerns, a number of our veterans also struggle with related habit disorders, including gambling, sexual addictions, compulsive overspending, etc. The majority of the veterans in our programs also have co-occurring psychiatric conditions such as PTSD, anxiety disorders, depression, and personality disorders and are struggling with significant social problems. Of note, a history of trauma (with or without a PTSD diagnosis) is prevalent in our patient population and includes index events like childhood physical or sexual abuse, military sexual trauma, combat exposure, violence, and traumatic loss. Many of our veterans are homeless, unemployed, and struggling with medical comorbidities, legal problems, interpersonal stressors, etc. Veterans served in our clinics are diverse on many dimensions, including race, ethnicity, age, cultural background, religion, socio-economic background, education, and branch of military service. While the SARRTP is a male-only residential program, women veterans are served in our outpatient ADTP clinic.

**Who Are We?** Five licensed clinical psychologists participate in fellowship training. The SARRTP and ADTP staff members are a multidisciplinary team from psychology, psychiatry, social work, and nursing. The Fellow has clinical responsibilities and is part of the treatment team in both SARRTP and ADTP. Under our supervised apprentice model, licensed doctoral staff model various roles common for staff psychologists and encourage Fellows to take on such roles themselves. These roles include those of clinician, researcher, manager, supervisor, and teacher.

**Goals**

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

- Conduct a comprehensive assessment related to substance use, psychiatric issues, and risk
- Provide group and individual (both short- and long-term) therapy for individuals with substance use disorders in various levels of care
- Provide treatment for co-occurring psychiatric disorders in individuals with an SUD
- Provide consultation for treatment providers in multidisciplinary settings
- Provide clinical supervision to junior trainees
- Have an advanced awareness of, and skill level with, working with diverse clients and diversity issues in all aspects of clinical care and research
• Have enhanced skills in developing and conducting research
• Have a greater understanding of and greater skill at program management and development
• Interact effectively with a multidisciplinary clinical treatment team

**TRAINING SETTINGS**

• **Residential Treatment:** The Substance Abuse Residential Rehabilitation Program (SARRTP) offers six weeks of treatment for up to 20 male veterans at a time. The SARRTP is an abstinence-based residential treatment setting, and patients focus on group interventions to help make significant changes in their lives.

• **Outpatient Treatment:** The Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for female and male veterans who are motivated to work on making changes in their substance use. Treatment of SUDs in this setting may be abstinence-based or may take a harm-reduction approach. Often, individual therapy through ADTP also focuses on the treatment of co-occurring conditions related to the veteran’s substance use, like PTSD.

**TRAINING COMPONENTS**

Fellows on this rotation will gain experience in the following activities.

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

• **Individual Therapy:** The fellow will conduct individual therapy with veterans receiving treatment in SARRTP and ADTP. Individual psychotherapy may target substance use via relapse prevention or harm reduction approaches and may include motivational enhancement. Individual therapy also frequent focuses on the treatment of co-occurring conditions (e.g. PTSD, emotion regulation deficits, etc). Individual therapy may include delivery of empirically-based psychotherapies such as CPT, Seeking Safety, DBT, ACT, or MET.
• **Consultation:** The Fellow is an active participant in the SARRTP consultation/liaison team. Fellows complete comprehensive screening assessments to determine eligibility for SARRTP and provide treatment recommendations based on these assessments to the veteran, to referring clinicians, and to the full Consultation and Admissions Team. The fellow completes one consultation screening assessment per week. This training offers the opportunity to interact with inpatient Psychiatry, Medicine, or other substance abuse treatment programs, at VA Boston, at other area VAs, and at non-VA facilities, as well as with the criminal and judicial systems.

**PROGRAM MANAGEMENT, DEVELOPMENT, AND EVALUATION**

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

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

• **Supervision Training:** The Fellow will assist in the supervision of a practicum level psychology trainee on two to four individual therapy cases under the direction and oversight supervision of a licensed psychologist. The Fellow participates in weekly group “supervision of supervision” with the predoctoral intern and with a licensed SATP psychologist. This component of the rotation provides the chance to learn skills to be able to supervise trainees. Fellows assist in review of student therapist audiotapes and in the oversight of clinical documentation. The Fellow also learns about how to write formal evaluations and deliver feedback to supervisees.

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

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

- **Didactics:** The Fellow attends monthly didactic seminars with the full SARRTP and ADTP staff and the program’s other trainees. Topics of the seminars vary from year to year but have often included discussion of empirically supported treatments for PTSD in veterans with SUDs; review of medications used to treat craving and psychiatric conditions in SUD patients; lethality assessment and suicide prevention; issues of diversity among substance-using veterans; neuropsychological correlates of substance use; and special topics, such as sex addiction, designer drugs, and toxicology screening.

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

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

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

- **Dialectical Behavior Therapy:** Individual therapy cases and DBT Consultation Team
  The DBT elective focuses on providing full-model, adherent DBT to veterans with SUDs who struggle with emotional and behavioral dysregulation and may benefit from the skills and structure provided by DBT. No prior experience in DBT is required for participation in this elective. The fellow would receive training in assessment and conceptualization related to personality pathology and affect instability, as well as the comorbidity between personality disorders, SUDs, and related difficulties (e.g., trauma). The fellow would also carry 2-3 individual DBT cases. Finally, the fellow would participate in the VA Boston DBT Consultation Team. The Consultation Team consists of trainees and staff from multiple VA Boston clinics and meets weekly to provide didactics and case consultation, in order for team members to provide adherent DBT. By the end of the fellowship with this elective, the fellow would have advanced proficiency in the theory, coping skills, and therapeutic strategies utilized in DBT, with an SUD population.
  o Primary Supervisor: Marika Solhan, Ph.D.

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

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

  - Primary supervisor: Monica Roy, Ph.D.

**Research**

Fellows participate in 4 hours of research activities per week. Rotation supervisors have research interests in the following areas: treatments for SUDs and co-occurring disorders like PTSD or personality disorders, application of unique technologies to deliver treatment to returning veterans, issues of diversity and inclusion, and risk reduction for individuals living with HIV. Currently, Drs. Roy, Below, and Solhan oversee program evaluation projects related to patient outcomes in residential and outpatient settings. In addition, Drs. Roy, Brief and Solhan are part of a research team that is evaluating web and mobile based interventions for Veterans with alcohol problems and PTSD symptoms. Dr. Solhan has outcome data related to the management of borderline personality features and PTSD symptoms in the context of sobriety in women. Dr. Trezza has mentored students on topics that include substance use’s relation to diverse cultural experience, and behavioral HIV research. Drs. Brief and Below are part of a multisite VA-funded RTC examining the effect of a clinical intervention on treatment follow-through amongst veterans completing detox. Fellows have had the opportunity to become involved in various aspects of our projects, including grant writing and submission, web- and app-design, literature reviews, and article and chapter writing. Fellows may also have the
opportunity to write a review article for publication or develop a program evaluation or performance improvement project in one of the residential programs or outpatient clinic.

**SUPERVISION**

The Fellow in the JP VA Substance Abuse Treatment Program receives at least four hours of supervision per week. Current clinical supervisors in this rotation are as follows: Glenn R. Trezza, Ph.D., Monica Roy, Ph.D., Marika Solhan, Ph.D., Deborah J. Brief, Ph.D., and Molly Below, Ph.D. (See end of brochure for description of faculty).
DUAL DIAGNOSIS

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Location: VA Boston Healthcare System, Brockton Campus

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

OVERVIEW

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

GOALS

The primary goal of this training year is to gain specialized expertise in applying evidence-based treatments for alcohol and/or drug problems and common co-occurring mental health problems in veterans. The Fellow can receive training in Motivational Interviewing, MET, cognitive-behavioral Relapse Prevention, Acceptance and Commitment therapy, Cognitive
Processing Therapy, and Prolonged Exposure. The Fellow also will provide therapy for veterans with opioid use disorders that receive evidence-based medical assistance in conjunction with psychotherapy. There are also opportunities to gain training in behavioral couples/family therapy for addictions. Additional skills developed will be assessment, consultation, provision of clinical supervision, program evaluation and development. Overall, approximately 75% of the Fellow’s time will be spent in clinical care and associated activities. Ten to 15% of the trainee’s time is reserved for program development and evaluation, and involvement in research. The remaining time is spent in educational activities.

The primary activities of the Fellow in the outpatient clinics will be:
- Comprehensive assessment;
- Evidence based individual psychotherapy;
- Group psychotherapy

The primary activities of the Fellow in the residential program will be:
- Providing group therapy;
- Delivering brief individual therapies;
- Consultation.

Other training activities include:
- Program evaluation and performance improvement activities;
- Clinical research;
- Provision of clinical supervision;
- Rotation-specific didactic series

At the completion of their fellowship, Fellows will be able to:
- Conduct a comprehensive assessment with patients in treatment for alcohol and/or drug use problems;
- Provide evidence-based group and individual therapy for individuals with alcohol and/or drug problems;
- Provide evidence-based treatment for a range of co-occurring psychiatric disorders with a focus on PTSD and mood disorders;
- Provide consultation for treatment providers outside of mental health on patients with dual disorders.
TEACHING METHODS
Supervision will be provided by psychologists in the outpatient ADTP and PTSD clinics as well as the residential programs. Fellows will receive training using multiple modalities, including individual and group supervision, didactic trainings (clinic- and track-specific and Fellowship-wide), case conferences, and journal club. The Fellow will also meet with the clinical staff in interdisciplinary meetings in both the outpatient and residential settings. Specialized readings are provided to supplement a Fellow’s training depending on his or her interests and needs. Clinical work, career development, and research issues are addressed during supervision.

All supervisors are well versed in the treatment of dual (and multiple) diagnosis veterans, and have experience sharing veterans' care and working across clinics, which will serve as models for the Fellow’s experience.

PRIMARY SUPERVISORS INCLUDE:

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

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

The Fellow may receive training or supervision from **Justin Enggasser, Ph.D.**, depending on the Fellow’s individualized training plan. Dr. Enggasser is Section Chief of Substance Abuse
Treatment Services at VA Boston Healthcare. He is an Assistant Professor of Psychiatry at Boston University School of Medicine and Lecturer in Psychology at Harvard Medical School.

**Research**

Dr. Justin Enggasser has several ongoing projects including research focused on developing new treatment models and methods of treatment delivery for individuals with substance use disorders and PTSD. He is currently involved with clinical trials evaluating: 1) efficacy of a Web-based self-help intervention for returning veterans with problem drinking and trauma symptoms, and 2) efficacy of treatment for SUD/PTSD delivered via video teleconferencing. Opportunities for research connected with these projects will vary depending on a trainee’s interest and goals, as well as the status of the project at the time the trainee is available.

Dr. Timothy O’Farrell, a leading researcher in Behavioral Couples Therapy (BCT) for substance use disorders currently has projects on BCT for alcoholism and drug abuse, domestic violence among male and female alcoholic patients, and other aspects of families and addiction. He has a strong interest in collaborating with interns and fellows; over 90 of his publications have been co-authored with former trainees. Fellows are provided the opportunity to join ongoing projects or initiate small-scale projects with existing databases.
The Neuropsychology Training Program is independently accredited by APA but functions within the structure and administration of the VA Boston Psychology Postdoctoral Fellowship program.

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**Location:**
VA Boston Healthcare System
Jamaica Plain, Brockton, and West Roxbury Campuses
**Number of Fellows:**  Two full-time Fellows are admitted each year.

**PROGRAM AIMS**

The mission of the VA Boston Psychology Clinical Neuropsychology Fellowship Program is to train clinical neuropsychologists who meet advanced practice competencies (see below) in the specialty of clinical neuropsychology and who can function effectively as professional neuropsychologists in a broad range of roles and settings, including clinical services, research, and education.

The structure of the VA Boston Psychology Clinical Neuropsychology Fellowship Program fosters development across competencies consistent with the specialty area of Neuropsychology, along with nine profession-wide competencies. The program adheres to the Houston Conference standards (Archives of Clinical Neuropsychology, 1998, 13, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA), and meets requirements for board certification, as specified by the American Board of Clinical Neuropsychology.

All programmatic guidelines are met by our program, including:

- The presence of a board-certified neuropsychologist and other professional psychologists on staff;
- Two years of full-time training;
- Provision of training at formally affiliated and geographically proximate training sites with on-site supervision;
- Access to clinical services and training programs in allied health and medical specialties;
- Interactions with other fellows in clinical neuropsychology as well as other specialties;
- Spending significant time in clinical services, research, and educational activities as appropriate to the individual fellow’s training needs.

All specific content areas identified in the Houston Conference Guidelines are met by our program. Below are the Specialty and Profession Wide competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative.

**SPECIALTY COMPETENCIES**

1. **Advanced skill in the neuropsychological evaluation, treatment and consultation** to patients and professionals sufficient to practice on an independent basis:

   Neuropsychology fellows develop advanced skills through clinical experiences
(described below), where they conduct neuropsychological evaluations with a diverse patient population referred from various clinical sources. Supervisors model evaluation techniques, review all measures, scoring, conceptualization and report-writing. Fellows are also taught effective ways to communicate neuropsychological results to patients and multidisciplinary teams involved in the patient’s care. Fellows engage in intervention, typically by carrying an individual case (cognitive rehabilitation) and co-leading a psychoeducational group. Consultation with referring clinicians is necessary to clarify referral question, understand the details of the patient’s background and presenting problems, as well as to communicate assessment results and recommendations. Formal didactics throughout the 2-year period focus on advancing skill in neuropsychological evaluation, intervention, and consultation.

2. **Advanced understanding of brain-behavior relationships:** An advanced understanding of brain-behavior relationships are obtained through clinical work in various clinics and patient populations. Clinical supervision includes discussion of the neuroanatomical regions and networks underlying cognitive, behavioral, sensory, and motor functioning salient for that specific assessment. Journal articles and case studies regarding functional neuroanatomy are discussed.

3. **Scholarly activity,** e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment. Neuropsychology Fellows are required to contribute to broader neuropsychological research through one or more of the following: submission or publication of a first-author publication, presentation at a professional conference, a review paper, or as a principal investigator on a submitted research grant. Fellows meet with mentors on a regular basis to develop a plan for their research productivity, particularly during Year 2 when they have additional time (up to 35%) devoted to research.

**Profession Wide Competencies**

1. **Research:** Fellows will demonstrate the ability to critically evaluate and disseminate brain-behavior research or other scholarly activities at the local (including host institution), regional, or national level. Fellows will demonstrate the ability to think critically about existing neuropsychological literature and apply scientific knowledge to the clinical practice of neuropsychology, as well as allow clinical practice to inform research questions. Fellows will develop skills in critical thinking, curiosity, and hypothesis testing and will play an active role in developing their own research and/or program development and evaluation goals. As is described above for the specialty competencies, Fellows will contribute a research product during fellowship. Fellows will
also receive supervision through relationships with research mentors on legal and ethical safeguards required by VA, APA, and IRB.

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

3. **Individual and Cultural Diversity**: Fellows will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows will demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Specific emphasis is placed on assessment of cultural and ethnic minorities, identification of appropriate normative data (if possible), and appreciation of the cultural factors affecting performance on standardized neuropsychological measures. Fellows will demonstrate sensitivity to cultural diversity, including race, ethnicity, religion, country of birth, gender, social class, age, sexual orientation, disability and health status, as well as other individual differences, integrating awareness and sensitivity into all professional roles. Additionally, Fellows will demonstrate a continued willingness to explore one’s own cultural background and how this influences one’s personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision as well as incorporated into all program wide and neuropsychology-specific lectures and didactics.

4. **Professional Values and Attitudes**: Fellows are exposed to professional role models who embrace the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Fellows are expected to demonstrate these values as they also engage in self-reflection regarding one’s personal and professional functioning, and engage in activities
to maintain and improve performance, well-being, and professional effectiveness. Fellows are expected to actively seek and demonstrate openness and responsiveness to feedback and supervision. Fellows will demonstrate an increasing ability to respond professionally in increasingly complex situations with a greater degree of independence and autonomy as they progress through the training years. Fellows will demonstrate maturing professional identities and a sense of themselves as a "Neuropsychologist".

5. **Communication and Interpersonal Skills**: Communication and interpersonal skills are the foundations of education, training, and practice in health service psychology. Fellows are expected to develop and maintain effective professional relationships, deal with conflict, negotiate differences, and understand and maintain appropriate professional boundaries with patients, colleagues, supervisors, and other health professionals. Fellows are expected to foster communication, both written and verbal, with other providers and patients in an open manner that promotes understanding of brain and behavior (e.g., use of non-jargon language), and the value and limitations of neuropsychological assessment.

6. **Assessment**: Functional skills in assessment, diagnosis, and feedback are critical to the professional practice of clinical neuropsychology. Fellows will develop competence in diagnostic interviewing, and will be able to appropriately evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Fellows will receive training on the selection and use of evidence-based assessment tools and/or clinical interviews (including consideration of relevant diversity characteristics of the patient) required for Clinical Neuropsychology, as well as skills related to medical record review, risk assessment, and provision of feedback in a manner that is clear and understandable to the patient. In addition to the use of standardized assessment measures, Fellows will acquire skills in the interpretation of qualitative aspects of test performance, and the appropriate use of non-standardized assessment (e.g., testing the limits). Fellows are expected to interpret and synthesize assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner.

7. **Intervention**: Fellows will develop advanced case conceptualization skills that draw on theoretical and empirical knowledge of effective interventions with neuropsychologically compromised individuals, and formulate effective treatment plans. Fellows will demonstrate skills in implementing interventions that are evidence-based, in both individual and group formats, as well as managing risk issues. Treatments will
include modification, as needed, for use with cognitively compromised patients who may require additional assistance in understanding/appreciating difficulties or in acquiring new skills. Fellows are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Treatments should promote use of cognitive strengths as well as strategies for compensating for cognitive difficulties. Fellows will demonstrate the ability to apply the relevant research literature to clinical decision making. Fellows are also expected to develop appropriate treatment goals and plans, evaluate intervention effectiveness, and adapt intervention goals and methods consistent with the ongoing evaluation.

8. **Supervision:** Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice. Fellows will have the opportunity to provide supervision to more junior neuropsychology trainees by working closely together on several assessments. Fellows will provide specific instruction regarding the clinical interview, selection and administration of appropriate objective measures, test scoring and interpretation, and report generation. Additionally the fellow will provide supervision regarding the provision of feedback to patients and families. The fellows will demonstrate advanced understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. They will demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them. The fellows will receive close supervision and didactics on developing this formative skill, and specific didactics for Neuropsychology Fellows offer frequent opportunity to discuss supervision experiences.

9. **Consultation and Interprofessional Skills:** Fellows will develop advanced competence in the collaboration with other professionals in health service psychology. Fellows function as the neuropsychologist on a team with providers of other specialties within Geriatrics, Inpatient Rehabilitation, Inpatient Psychiatry, Epilepsy/Seizure, and Healthcare for the Homeless. Fellows receive supervised experiential learning and didactics with these teams and will demonstrate skill in understanding the role of a neuropsychologist and communicating and collaborating with other providers. These clinical experiences are essential for neuropsychologists and comprise a major feature of fellowship training at VABHS. This is demonstrated by contributing to team meetings, case presentations, being sensitive to and responding appropriately to the needs of other team members, and using skills as a neuropsychologist to facilitate team functioning.
**Program Overview**

The first year of the Clinical Neuropsychology Fellowship Program will focus on general training in advanced skills needed for professional practice in Clinical Neuropsychology. In the second year, the Fellow will have the opportunity to work with faculty to develop a more tailored training plan that best fits their training needs, and may request additional training within an area of focus or specialty clinic. This may include a focus in research, a specific clinical interest (e.g., seizure, dementia), or program development/evaluation. Fellows will work with a variety of neuropsychology supervisors during the course of their fellowship. Currently 10 neuropsychology faculty members contribute to supervision.

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

Our approach to assessment integrates contemporary research and theory from cognitive neuroscience and psychometrics, with classic methods of clinical observation, and thorough medical record review in the service of making rational and empirical clinical predictions about the impact of brain dysfunction on cognition and adaptive behavior. In keeping with the “Boston Process Approach,” in addition to the strong emphasis placed on the development of assessment skills through the use of standardized measures of cognition, Fellows also gain an understanding and appreciation for empirically-demonstrated qualitative aspects of test performance (e.g., error types), and the unique insights these observations offer in understanding brain-behavior relationships. Our training also places a strong emphasis on the importance of providing detailed recommendations for referral sources, the patient and the patient’s family/caregivers. We aim to translate findings of objective cognitive measures into tailored recommendations focused on compensation for deficits and accentuation of strengths. Fellows learn to integrate research literature and psychometric theory to make logical, empirically derived clinical predictions. Additionally, we assist patients and providers in implementing these recommendations, providing evidenced-based psychoeducational interventions, as appropriate.
This fellowship provides experience in a number of clinical settings, allowing the Fellow to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains consistent. In each setting, Fellows will be involved in the clinical interview, test administration, data scoring, report writing, patient feedback, and multidisciplinary team consultation/collaboration. Fellows will provide clinical services within most of the settings described below; duration of time dedicated to each clinic/program varies.

- **Neuropsychology Consult Service (NCS):** (Jamaica Plain and Brockton campuses) Fellows serve as consultants and provide assessments as part of the neuropsychology consult service at VA Boston Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include traumatic brain injury, dementia, epilepsy/seizure, ADHD, stroke, and cognitive dysfunction secondary to a medical or psychiatric condition. The fellow may also elect to focus on capacity referrals when available. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients.

- **Seizure Clinic and Long-Term Epilepsy Monitoring Unit:** (West Roxbury and Jamaica Plain campuses) The Fellows will serve as part of the clinical Seizure/Epilepsy interprofessional team. Fellows will conduct assessments with veterans admitted for long-term video EEG monitoring (LTM), and serve as part of the LTM team. They will develop basic skills in understanding EEG, and gain expertise with the impact of repetitive seizures on brain and cognitive dysfunction. Fellows will also serve as part of the outpatient Seizure clinical team, providing input regarding cognitive functioning alongside medical students, neurology fellows and EEG technicians. The Fellows will work closely with the attending medical provider and observe neurological examinations, review EEG results, conduct screening measures, and provide input to the team regarding cognitive and emotional/psychological functioning of the patients.

- **Memory Disorders Clinic:** (Jamaica Plain campus) Fellows will attend and represent neuropsychology at weekly Case Conference Meetings within the Memory Disorders Clinic. The Fellows present the assessment findings and recommendations for a veteran who is scheduled to be seen that day, while neurology (staff and trainees) present medical and neuroimaging data. Discussion of the salient issues provides the Fellows an opportunity to share essential information regarding the veteran’s functioning with the team, and allows the Fellows to teach trainees of other disciplines the value in neuropsychological assessments. Veterans are provided with feedback, with specific emphasis on patient and family concerns. Frequent interactions with the Dementia Care Coordinators are typical and provide another opportunity for the Fellows to engage
in interprofessional patient care. The Fellows will also join the Memory Disorders Clinic team for clinic where he/she will provide input and oversee the cognitive screenings, and work closely with the clinical team to learn about structural and functional neuroimaging techniques often employed in that clinic [e.g., FDG-PET, Florbetapir (18F)-PET, MRI].

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

- **Inpatient Rehabilitation:** (West Roxbury campus) The Fellows will complete brief neuropsychological evaluations as a team member on the CARF accredited acute inpatient unit through the Physical Medicine and Rehabilitation service. The Fellows complete all aspects of the neuropsychological assessment and become adept in adapting tests when assessing patients with significant physical and cognitive limitations (e.g., hemiplegia, aphasia). In this setting, the Fellows work efficiently to provide same-day feedback to the rehabilitation team (physiatrist, OT/PT/SLP, social worker), with a focus on safety concerns, intervention, and discharge recommendations. Follow-up feedback to family members is also an important role for the Fellows. Fellows may also interact with, and educate, trainees in other disciplines who observe these brief assessments, and may gain additional information that can assist with case conceptualization.

- **Inpatient Psychiatry:** (Brockton campus) The Fellows will complete inpatient evaluations with veterans admitted to the severe mental illness unit. This rotation will provide clinical experiences with veterans who are often marginalized and who may have frequent VA inpatient admissions. The Fellows, working closely with the interprofessional clinical care team (psychiatry, social work, nursing, pharmacy), will provide neuropsychological evaluations that will assist the team in treatment and discharge planning, ensuring other care providers are aware of the cognitive issues that may be negatively impacting the veteran’s ability to function independently. Fellows will acquire skills necessary to evaluate capacity, such as medical decision making and
financial decision making. Formal rounds provide an opportunity for Fellows to interact with trainees from other disciplines (e.g., psychiatry residents, nursing students) and to learn from one another in case conceptualization and treatment.

- **Neuropsychology Healthcare for Homeless Veterans (HCHV):** (Jamaica Plain campus) Homelessness is associated with an earlier onset of age-related changes including cognitive decline. As such, many homeless veterans may experience memory and problem solving difficulties that impact their ability to obtain/maintain housing, manage medications and care for themselves independently. Working closely with HUD/VASH case managers, social workers and occupational therapy (along with their trainees), the Fellows will provide abbreviated neuropsychological assessments to homeless veterans experiencing, or at-risk for experiencing, cognitive difficulties. Information obtained from the neuropsychological evaluation will be utilized by the Case Workers and the HUD/VASH team to ensure appropriate placement and access to resources (e.g., Dementia Care Coordinator). The Fellows may accompany HUD/VASH Case Workers on home visits, and participate in intake evaluations.

- **Psychoeducational Groups:** (Jamaica Plain and Brockton campuses) Fellows will participate in at least one of four 12-week psychoeducational evidence-based group treatments for veterans. Through these groups, we aim to reduce isolation and stigmatization that is common in patients with seizures, ADHD, stroke, and memory difficulties, while providing psychoeducation, strategies, and support. Current groups include: Memory and Aging, Seizure Support, Adult ADD/ADHD, and Stroke Support. Each group, while targeting a different patient population, seeks to provide education regarding the identified disorder, detailed instruction and repeated practice of strategies for managing cognitive difficulties, and a supportive setting to discuss challenges associated with cognitive dysfunction and neurological illness. Emphasis is also placed on helping veterans become advocates for their care and for their goals.

- **Telemental Health:** In partnership with the Seizure Clinic, we will be offering a Seizure Support Group using Telemental Health technology. Given the frequent transportation difficulties of seizure patients and many veterans living in rural areas, this group will offer veterans who are unable to attend in-person groups the opportunity to participate. Fellows will be invited to co-lead this group with a staff provider.

- **Individual Treatment:** Fellows will be asked to provide individual psychotherapy/treatment to veterans with compromised cognitive function and/or neurological illness. Fellows will provide strategies for helping their patients manage both the cognitive and
emotional, aspects of their deficits. Strategies for compensating for deficits coupled with utilization of cognitive strengths will be highlighted and incorporated using empirically based treatment.

**Didactics**

In addition to participation in a biweekly general seminar attended by all Fellows, neuropsychology offers a number of specialty specific didactics.

**Required Didactics**

- **Neuropsychology Seminar:** During Year 2, Fellows help to organize this weekly series with clinical and research presentations by in-house neuropsychology staff, neuropsychology interns and Fellows, and VA neurologists. In addition, brain cutting didactics are offered to review functional neuroanatomy.
- **Neuroimaging and Neuropsychology Lecture Series:** Well-known local and visiting scholars representing a variety of backgrounds and disciplines present at this lecture series. [http://sites.bu.edu/vabhs_neuroimaging/events/](http://sites.bu.edu/vabhs_neuroimaging/events/)
- **Professional Development:** A monthly series focused on preparation for board certification, supervision of practicum students and interns, and other topics selected by Fellows to promote professional development within neuropsychology.
- **Fact-Finding:** As part of the professional development series, each Fellow will complete three Fact Finding cases. These exercises are modeled after the Fact Finding portion of the examination for American Board of Professional Psychology – Clinical Neuropsychology specialty (ABPP-CN) to prepare fellows for the ABPP-CN examination process.
- **Neurobehavior/Aphasia Rounds:** A monthly multidisciplinary meeting that provides exposure to classical ‘bed-side’ testing, informal interviewing, and the traditional Boston Process Approach. A volunteer veteran patient with neurological symptoms and compromised neuropsychological functioning is presented and interviewed by a staff discussant. The Fellows participate by presenting background and test data, contributing to the group discussion, and providing feedback with the discussant to the veteran and family.

**Additional Optional Lectures/Meetings:**

- **The Neuroimaging Research for Veterans Center (NeRVe):** is a state-of-the-art neuroimaging center that serves a large community within VABHS. The primary mission of the NeRVe Center is to advance the understanding of normative and pathological conditions that impact Veterans’ well-being, with an aim toward improving clinical care and optimizing cognitive and neural health. NeRVe also holds a NeuroPot series (2-3
times/month) that allows faculty and trainees to present and discuss a range of topics related to neuropsychology and/or neuroimaging in a supportive, informal setting (e.g., research, methods/tutorials, journal article). The NeRVe also provides extensive research opportunities for Fellows.

- **Geriatric Capacity and Neuropsychological Assessment Series:** The Geriatric Mental Health Service holds a monthly meeting that includes case presentations, lectures, and discussions related to aging and capacity. The Fellows are invited to attend and may be asked to present a clinical case.

- **Annual Review of Geriatric Medicine Update:** Harvard Medical School hosts a yearly 5-day educational program focused on common clinical problems encountered in elderly patients and incorporates the knowledge and skills of many disciplines needed for effective management of medical, neurological and psychiatric illness in the aged. Lectures are complimented by small group workshop sessions that emphasize practical approaches to the complex problems of the geriatric population in a variety of settings, including office practice, hospital and nursing home.

**Research**

Fellows have an abundance of funded projects (10 grants currently) from which to choose that represent diverse aspects of research relevant to neuropsychology (e.g., PTSD, TBI, aging and cerebrovascular risk factors, MCI, memory disorders, delirium, test development). We have a strong group of 15+ research mentors, many of whom have nationally and internationally visible research programs. Available settings include several laboratories and multi-project research centers: VA Center of Excellence - Translational Research Center for TBI and Stress Disorders (TRACTS), Geriatric Neuropsychology Laboratory, Neuropsychology of PTSD Laboratory, Memory Disorders Research Center (MDRC) and the VA Boston Healthcare System Neuroimaging Center. Ongoing research programs provide Fellows with diverse research experiences (e.g., manuscript preparation, invited chapters, participation in weekly lab meetings/research discussions, one-on-one research mentoring, journal peer reviews, archival data analysis, study design, and grant preparation).

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

**EXIT CRITERIA**

At the completion of the Fellowship, Fellows are expected to demonstrate the following exit criteria (consistent with Houston Conference Guidelines for specialty practice in Clinical Neuropsychology).

- Development of advanced skill in the neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
- Development of advanced understanding of brain-behavior relationships;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment;
- Formal evaluation of competencies I-III. Quarterly evaluations assess whether Fellows are progressing towards Advanced Skill across the Specialty and Profession Wide Competencies, including criteria 1-3 above.
- Fulfillment of eligibility for state or provincial licensure or certification for the independent practice of psychology. Fellows are eligible to apply for licensure, depending on individual state requirements. Even if a fellow attains licensure prior to completing their Neuropsychology Fellowship, their status within VABHS does not change (i.e., they will continue to be non-credentialed and all of their work will be under the supervision and license of a credentialed psychologist).
- Fulfillment of eligibility requirements for board certification in clinical neuropsychology by the American Board of Professional Psychology. Fellows are eligible for American Board of Professional Psychology Specialty certification in clinical neuropsychology upon successfully completing the training program.

**STAFF**

Below, please find a listing of clinical and research supervisors.

**CLINICAL SUPERVISORS:**
- Laura Grande, Ph.D., ABPP/cn
- Susan McGlynn, Ph.D., ABPP/cn
- Colleen Jackson, Ph.D.
- Deepa Acharya, Ph.D., ABPP/cn
- Elizabeth Leritz, Ph.D.
- Scott Fish, Ph.D.
- William Milberg, Ph.D., ABPP/cn
- Jennifer Vasterling, Ph.D.
- Cate Fortier, Ph.D.
- Christopher Brady, Ph.D.

**Research Supervisors:**
- Regina McGlinchey, Ph.D.
- Melissa Amick, Ph.D.
- Scott Hayes, Ph.D.
- Jasmeet Pannu-Hayes, Ph.D.
- Michael Esterman, Ph.D.
- Joseph DeGutis, Ph.D.
- Mieke Verfaellie, Ph.D.
PROGRAM WIDE REVIEW AND REMEDIATION PROCEDURES

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

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

TRAINING ENVIRONMENT
The VA Boston Healthcare System encompasses eight campuses within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain campus, located in Boston’s Longwood Medical Community; the West Roxbury campus, located on the Dedham line; and the Brockton campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, five Community Based Outpatient Clinics (CBOCs) located in Framingham, Lowell, Quincy, Dorchester, and Causeway Street (Boston) make up the VA Boston Healthcare System (VA BHCS).

**Jamaica Plain Campus**

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

**West Roxbury Campus**

The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Health care System and the other VA medical centers in the region. Recently named a Center for Excellence in Cardiac Surgery this facility offers cardiac catheterization, CCU, and a renowned Open Heart Surgery Program. The West Roxbury campus also has a nationally recognized acute Spinal Cord Injury program, and is one of few VA facilities that have a CARF-accredited acute medical rehabilitation program and spinal cord injury program,

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supported by a swimming pool that is located in the hospital proper. This campus supports an interventional cardiology program with electrophysiology. In addition, West Roxbury serves as the referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as, vascular surgery, specialized general and cancer related surgery, orthopedics, hand and joint replacement surgery, neurosurgery, plastic surgery, and urology. The spinal cord injury program operates within a “hub and spokes” model for the Northeast VA region to provide consistent care excellence. West Roxbury maintains a 24-hour emergency department.

**BROCKTON CAMPUS**

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

**SUPPORT SERVICES**

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

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

**RESEARCH ACTIVITIES**

Research is an integral part of the overall VA Boston Healthcare System’s mission and plays a key role in enhancing the healthcare services provided to our veteran population. The total Research and Development Program for the three campuses, Brockton, West Roxbury and Jamaica Plain, is one of the largest and most active in the VA system. In recent years, total intramural VA funding has been in the range of $15 million. Extramural research funding from other federal agencies, such as NIH and DOD, private proprietary companies, voluntary agencies and foundations have added another $10 – 12 million per year. As a referral center for neuro-psychiatric disorders, the Brockton campus has major research efforts in the neurophysiology of mental illnesses, problems in alcoholism and sleep problems associated with many mental disorders. The research interests at the West Roxbury campus, as the acute tertiary care division, spans several fields, with a strong focus on gastrointestinal disorders, cardiology and cardiovascular diseases, hematology, pulmonary medicine, urology, neurology, and spinal cord injury. At the Jamaica Plain campus in conjunction with the Boston Outpatient Clinic, there are significant research projects on substance abuse, hemostasis, aphasia, language and memory disorders, PTSD, and infectious diseases, among others. Investigators at both the Brockton campus and the Jamaica Plain campus have been participating in a major VA cooperative studies trial on the National Health Survey of Persian Gulf War Veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center, the Normative Aging Study, the Dental Longitudinal Study, NIDA/VA Medication Development Center, and two National Centers for PTSD. As mentioned above, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/OIF Veterans. There are also several programs in the area of Rehabilitation Research and Development and Health Services Research and Development, with the VA’s HSR&D Management Decision and Research Center, located at the Jamaica Plain Campus.

**STATEMENT OF NONDISCRIMINATION**

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

**VA Boston Psychology Service Committee on Diversity and Inclusion**

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

**ALANA**

VA Boston training programs have a formal relationship with the Harvard Medical School Department of Psychiatry’s African-American, Latino, Asian, and Native American (ALANA) Peer Mentoring Program. The ALANA program is led by Treniece Lewis Harris, Ph.D. and involves psychology trainees from all of the Harvard training sites in the Boston area. Participation in the program is voluntary and provides a unique opportunity for persons of color to meet for personal and professional growth. Dr. Harris’ contact information is included:

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

**Living Environment**

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

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

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

**HOURS, STIPEND, AND BENEFITS**

- All Fellows receive a full stipend – no Fellow is accepted on a Without Compensation (WOC) status.
- All Fellows are admitted into the full-time training programs (August 21 through August 20).
- The Postdoctoral Fellowship requires that Clinical Psychology Fellows must complete 2080 training hours annually; Clinical Neuropsychology Fellows must complete 4160 hours over the course of their two years of training.
The stipend for a first year postdoctoral fellow is $46,320 before taxes. The stipend for a second year (neuropsychology) postdoctoral fellow is $48,824.

Fellows are eligible for health insurance at a reduced cost.

No funds are available for relocation.

It is anticipated that Fellows will receive faculty appointments at Boston University School of Medicine and at Harvard Medical School during the training year.

Benefits include 10 paid holidays, 13 days of annual leave (vacation) and, if needed, 13 days of sick leave. Finally, Fellows are given up to 64 hours of paid educational leave to attend conferences, major professional meetings, and symposia. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12.

The Federal Tort Claims Act applies to Fellows regarding the practice of psychological services and their own personal injuries that occur while on the job at the VA.

APA ACCREDITATION
Both training programs of the VA Boston Psychology Postdoctoral Fellowship Training Program are accredited by APA, having received their accreditation in 2009. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

ELIGIBILITY

ELIGIBILITY REQUIREMENTS FOR ALL PROGRAMS

1. **U.S. citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.

2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.

4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

**ADDITIONAL ELIGIBILITY CRITERIA POSTDOCTORAL FELLOWSHIP**

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

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

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

**APPLICATION PROCESS**

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

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

- Breadth and quality of prior general clinical or counseling training;
- Quality of experience in the specific area of emphasis to which the applicant applies;
- Quality and scope of research productivity;
- Evidence of personal maturity and accomplishments;
- A clear, thoughtful, and meaningful writing style in application materials;
- Goodness of fit between the applicant’s professional goals and program training objectives;
- Strength of letters of recommendation.
The VA Boston Psychology Postdoctoral Fellowship Program evaluates the following criteria when selecting applicants to the Clinical Neuropsychology Program (please note that we do not participate in the APPCN match).

- Breadth and quality of prior general clinical or counseling training;
- Quality of experience in clinical neuropsychology;
- Quality and scope of research productivity, particularly as it pertains to neuropsychology;
- Evidence of personal maturity and accomplishments;
- A clear, thoughtful, and meaningful writing style in application materials;
- Goodness of fit between the applicant’s professional goals and program training objectives;
- Strength of letters of recommendation.
- Quality of sample reports.

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

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

**APPLICATION MATERIALS**

*Application materials are due by midnight EST on December 15th.* All applications must be submitted via APPA CAS, except under unusual circumstances and with consultation from Dr. Silberbogen. VA Boston has two portals through APPA CAS: one in Clinical Psychology and one in Clinical Neuropsychology. Please be sure to apply to the Clinical Psychology Program if you are applying for: Behavioral Medicine, Dual Diagnosis, LGBT Healthcare, Interprofessional, General Mental Health, Geropsychology, Post Deployment Readjustment, PTSD, and the Addictions and Co-Occurring Disorders Track. If you are applying for a position within
Neuropsychology, please access the Clinical Neuropsychology portal. If you are applying to both programs (i.e., an interest in Geropsychology and Neuropsychology), you will apply through both portals and be charged two application fees.

Please read and follow instructions carefully and prepare the following:

1. A personal statement, containing the following information (please note that if you are applying to multiple Tracks within the Clinical Program, your personal statement should address the below elements for each track reflecting the content areas to which you are applying).
   - The history of your interest;
   - Any relevant educational, clinical, and/or research experiences;
   - A self-assessment of your training needs and goals for the fellowship;
   - A statement of your career goals.
3. A detailed Curriculum Vita.
4. An official transcript of graduate work. We do not require transcripts from your undergraduate school. Please work to ensure that your official transcripts are mailed directly from your graduate program to APPA CAS with enough time that your application is complete by the deadline.
5. Three letters of recommendation - one from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during the pre-doctoral internship.
6. **** Neuropsychology applicants only **** need to submit two de-identified neuropsychological assessments. These should be uploaded under the Document Section. Please make sure that the report is de-identified according to HIPAA standards: http://www.irb.cornell.edu/documents/HIPAA%20Identifiers.pdf

We encourage applicants to be selective and thoughtful when considering submitting applications to multiple areas of emphasis. If you are considering applying to three or more tracks within the Clinical Program, please be in touch with Dr. Silberbogen prior to the application deadline.

Please contact Track Coordinators or the Director of Clinical Neuropsychology Training (Laura Grande, Ph.D., ABPP/cn) with specific questions about training in a particular content area.
**INTERVIEW DAYS**

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

- **Friday, January 27, 2017 (Jamaica Plain)**
- **Monday, January 30, 2017 (Jamaica Plain)**
- **Friday, February 3, 2017 (Brockton)**
- **Monday, February 6, 2017 (Brockton)**
- **Friday, February 10, 2017 (Jamaica Plain)**

**PROCESS:**

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period.

For **Clinical Psychology Applicants**, VA Boston follows APPIC’s guidelines for postdoctoral recruitment and will be initiating making offers starting on February 27th at 10 AM EST (http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines). Of course, if you have an offer in hand from another site prior to this date and are interested in your status at VA Boston, please inform Dr. Silberbogen as soon as possible. We encourage you to be in contact; unlike internship recruitment (where expressing interest or asking for information about status is disallowed), we would like for you to inquire about your status so that you have all the information you need in order to make a decision about the next step in your professional career (even if you are not 100% certain that you want to come to our training site). We see these as inquiries, not as “invoking the UNDr”. Applicants will be allowed to hold their offer for up to 24 hours (one business day).

For **Neuropsychology Applicants**, we anticipate making offers in early February, upon completion of interviews. Candidates will be allowed to hold his/her offer for up to 24 hours (one business day).
Please be in contact with Dr. Silberbogen or Dr. Grande at any point during the review process if you have questions about your status or have an offer from another program. We understand that accepting a fellowship is a significant decision in one’s professional development and will make every effort to support applicants in making decisions about their candidacy at VA Boston. We will notify applicants when they are no longer under consideration or when all positions they have applied to have been filled.

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

**If An Offer Is Extended:**

- **Doctoral Degree Requirement:** All offers of acceptance for a postdoctoral position within the VA Boston Psychology Postdoctoral Fellowship Program are strictly contingent upon applicants having completed all requirements (clinical, academic, and administrative) for the doctoral degree. In other words, you cannot start a Postdoctoral Fellowship if you are not “postdoctoral”.
- If an offer is extended, you will be informed that you must provide evidence that you have completed all academic requirements no later than July 1, 2017. This can take the form of a copy of the diploma or a written attestation of such from your University Department Chair. If you have not defended your dissertation by July 1, 2017, we will also accept documentation from your Department Chair or Dissertation Advisor confirming your defense date prior to August 31, 2017.
- If you have not completed all your requirements by July 1, you may request an extension. If, at the end of the extension you have not received the doctoral degree, or if the Fellowship does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process may be re-opened and you may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.
- One exception to this policy is in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between July 1 and August 31st. In such case, an extension will be granted.
- Fellows have raised the issue of a graduation date that occurs after the start of the Fellowship year. Our policy has been that the completion of all academic (including university acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Fellowship. In other words, it is fine if your graduation date occurs after September 1, 2016 as long as you
can provide documentation that you have completed all academic, clinical, and administrative responsibilities. The fellow is responsible for looking into how this intersects with state specific licensing board regulations.
CURRENT POSTDOCTORAL FELLOWS
CLINICAL FELLOWSHIP PROGRAM

Laurel Brown, Ph.D.
University of California - Santa Barbara
Postdoctoral Fellow in PTSD

Amanda Carson-Wong, Ph.D.
Rutgers, State University of New Jersey
Postdoctoral Fellow in Post Deployment Readjustment

Alison Cohn, Psy.D.
Yeshiva University/Ferkauf Graduate School of Psychology
Postdoctoral Fellow in Geropsychology

Margaret Evans, Ph.D.
University of Vermont
Postdoctoral Fellow in General Mental Health

Brian Ludwin, Ph.D.
University of Louisville
Postdoctoral Fellow in Geropsychology

Savannah McSheffrey, Ph.D.
University of Rhode Island
Postdoctoral Fellow in PTSD

Thomas Moore, Ph.D.
Virginia Commonwealth University
Postdoctoral Fellow in Dual Diagnosis

Mónica Sánchez
Clark University
Postdoctoral Fellow in Substance Abuse Treatment Program

Rebecca Shingleton, Ph.D.
Boston University
Postdoctoral Fellow in Interprofessional Mental Health Care

Laurie Wolf, Ph.D.
Arizona State University
Postdoctoral Fellow in Behavioral Medicine

Julie Woulfe, Ph.D.
Boston College
Postdoctoral Fellow in LGBT Health Care

Shelby Zuckerman, Psy.D.
Nova Southeastern University
Postdoctoral Fellow in Behavioral Medicine
CURRENT POSTDOCTORAL FELLOWS
CLINICAL NEUROPSYCHOLOGY FELLOWSHIP PROGRAM

Vanessa D’Orio, Ph.D.
Yeshiva University/Ferkauf Graduate School
Second Year Postdoctoral Fellow in Neuropsychology

Shawna Jacob, Ph.D.
University of Cincinnati
First Year Postdoctoral Fellow in Neuropsychology