Welcome!

VA Boston has a very long history of training predoctoral interns – dating back to 1950 when the Jamaica Plain Campus first opened its doors. It is with great pride and excitement that today – some 65+ years and approximately 1200 interns later – we are accepting applications for our 2020 – 2021 Internship Training Class!

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

Executive

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

Risa B. Weisberg, Ph.D.
Assistant Chief of Psychology
Director, Internship Training Program
Training Group
Site Training Coordinators

Jamaica Plain Campus

Scott Litwack, Ph.D.

Brockton/West Roxbury Campuses

Julie Klunk-Gillis, Ph.D.

Clinical Psychology Training Rotation Coordinators

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

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

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

General Mental Health
William Bowe, Ph.D.
Jamaica Plain Campus

Geropsychology
M. Lindsey Jacobs, Ph.D., MSPH
Brockton Campus

Primary Care Behavioral Health
Shelby Munschauer, Ph.D.
Brockton Campus

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

PTSD Clinical Team
Steve Quinn, Ph.D.
Jamaica Plain Campus

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

Substance Abuse Spectrum of Treatment
Judith Bayog, Ph.D.
Brockton Campus

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

Women’s Trauma Recovery Team
Eve Davison, Ph.D.
Jamaica Plain Campus
Administrative Group

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

Research Coordinator
Karen Mitchell, Ph.D.

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

Administrative Officer
Ms. Theresa Pena

Curriculum Coordinator
David Topor, Ph.D.

Program Support
Ms. Neysa Wright
Welcome!

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

The internship consists of a cooperative arrangement among our three major training facilities at the VA Boston Healthcare System - Jamaica Plain Campus, Brockton Campus, and West Roxbury Campus. The internship was formerly known as the Boston Consortium in Clinical Psychology.

Our internship is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). The internship is accredited by the American Psychological Association (APA). Our next Site Visit is scheduled for 2021. In 1998, the internship became one of the first training programs admitted to membership by the Academy of Psychological Clinical Science (APCS).

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

**Monday August 5, 2019**

and ends on 

**Friday July 31, 2020.**
Brief Introduction

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

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

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

Rotations
For 2020 – 2021, intern training takes place within the following twelve (12) rotations, spread across three VA Medical Center campuses. An additional unique training opportunity exists within an externship (non-Match) program offered through the Boston University – CARD.

- Addictions and Co-Occurring Disorders at Jamaica Plain
- Behavioral Medicine
- Center for Returning Veterans
- General Mental Health
- Geropsychology
- Neuropsychology
- Primary Care Behavioral Health
• PTSD Clinical Team
• Rehabilitation Psychology
• Substance Abuse Spectrum at Brockton
• Trauma and Addictions Recovery
• Women’s Trauma and Recovery Team
• Boston University / Center for Anxiety Related Disorders (CARD) – clinical externship

Application
• Minimum Number of AAPI Hours: 400 (combined Intervention and Assessment hours)
• Minimum Number of Years of Graduate Training Required: 3
• Application Due Date: Thursday, October 31, 2019 11:59 PM EST

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

Training Objective and Aim

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

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

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

Philosophy and Model of Training

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

Our program is grounded in the scientist-practitioner model and endorses the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by hands on clinical work. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge and involvement in research that advances patient care. We believe that graduating interns should be able to provide competent assessment and appropriate interventions, consultation, and supervision in their area(s) of focus, as well as exhibit behavior that is consistent with professional standards. As a part of developing a healthy professional identity, interns are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development. Graduating interns also possess the requisite skills to bring research and clinical literatures to bear on their applied work, and to communicate their own scholarly endeavors and interests to other mental health practitioners. While individual interns may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work of scientists will be clinically relevant.

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

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

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

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

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

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

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

- We provide intensive and systematic training in the application of psychological principles to human problems and expose the intern to a variety of patients, techniques, and approaches. This provides an opportunity for interns to develop and refine conceptual skills, skills in therapeutic intervention, systematic observation of behavior, and psychological assessment;

- We provide opportunities for interns to observe and collaborate with clinical scientists, in their continuing efforts to integrate scholarly research findings with clinical practice.

- We place emphasis on interns assuming responsibility for setting individualized training goals and for his or her professional functions and patient care. We believe one of our major responsibilities is to foster the integration of the intern’s didactic learning and prior graduate training with the practical knowledge and skills of the developing professional psychologist.

Due Process/Grievance Procedure Policies

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

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

Trainee Self-Disclosure in Training and Supervision

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

CORE COMPETENCIES / GOALS

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

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

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

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

2. Ethical and Legal Standards
   
   Almost all interns have had formal instruction in ethics as part of their graduate training and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct. They come to internship ready to see how ethical concerns and issues are addressed routinely by the practicing professional psychologist. In a large, active and complex healthcare delivery system, interns become aware of relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels. Actual ethical issues may arise in all phases of training. These may include a broad range of issues such as confidentiality, legal obligations to warn of danger or report abuse, competency assessments, the right to refuse treatment, assessments of dangerousness, informed consent, and publication credit. Interns receive supervision and didactic training related to these issues and learn to recognize ethical dilemmas as they arise, apply ethical decision-making processes in order to resolve the dilemmas, and to conduct themselves in an ethical manner in all professional activities.
3. **Individual and Cultural Diversity**
Each intern is expected to demonstrate sensitivity and competence in providing psychological services to individuals with diverse backgrounds, for example, different ethnic backgrounds, religion, country of birth, gender, gender identity, social class, age, sexual orientation, disability and health status, the unique experiences of veterans, as well as other individual differences. Interns are expected to demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision / consultation, and service. Interns will demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews may create conflict with their own. Interns will demonstrate a continued willingness to explore one’s own cultural background and how this influences one’s personal attitudes, beliefs, and biases. Issues related to diversity are discussed during supervision, as well as incorporated into program wide didactics.

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

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

6. **Assessment**
Functional skills in assessment, diagnosis, and intervention are critical to the professional practice of clinical psychology. Interns should be able to appropriately assess, evaluate, and conceptualize a broad range of patients, including those with complex presentations and/or comorbidities. Interns will receive training on the selection and application of assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics and will collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Interns are expected to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, and to communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner. By the completion of the internship, each intern should have a working proficiency in basic assessment areas, a beginning proficiency in the area of specialization, and the ability to recognize when professional supervision or referral should be sought.
7. Intervention
Psychologists perform a wide variety of therapies. Each intern is required to demonstrate competence with the types of therapies required for a given rotation. As with assessment, interns should demonstrate a working proficiency in basic areas of therapeutic intervention, a beginning proficiency in their area of specialization, and the ability to recognize when professional supervision or consultation should be sought or a referral should be made. Interns are expected to choose and implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns will demonstrate the ability to apply the relevant research literature to clinical decision making. Interns 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
The training objectives related to supervision are met through the provision of didactic information on effective supervision, and, on selected rotations, direct experience providing “supervision-like” clinical consultation to practicum students while receiving supervision on this “supervision” from a licensed psychologist who has responsibility for the case. The specific involvement of each intern in consultation / supervision activities varies somewhat according to his/her rotation. The intern is expected to demonstrate understanding of basic supervision concepts and principles, and the developmental process of clinical supervision, and to begin to develop a philosophy or model of supervision. The intern is expected to also demonstrate understanding of the complexity of the supervisor role including ethical, legal, and contextual issues. And finally, if supervising, to demonstrate an awareness of the current needs of supervised trainees, and on how to provide developmentally appropriate feedback to them.

9. Consultation and Interprofessional / Interdisciplinary Skills
The training program assumes that interns will have had little, if any, prior experience in the role of a professional consultant. Therefore, the training objectives here are directed toward grounding interns in the basic principles and “how to” aspects of consultation. The training objectives are achieved through didactic seminars in consultation theory, experience in settings wherein consultation activities are required during which time interns will demonstrate skill in understanding the role of a psychologist and communicating / collaborating with other providers. This may be demonstrated by, for example, contributing to team meetings or case presentations through the communication of important information about patients, being sensitive to and responding appropriately to the needs of other team members, and/or using skills as a psychologist to facilitate team functioning.

THE TRAINING PROGRAM
The Psychology Internship Training Program provides and emphasizes:

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

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

- All interns receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face-to-face supervision by a licensed psychologist. The additional two or more hours per week may involve individual or small group (i.e., 2 or 3 trainees) supervision.
- The intern’s primary and other case supervisors are assigned as determined by a given rotation training site and may include additional case supervisors, a testing supervisor, a group psychotherapy supervisor, or others.

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

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

- **Research Mentor** - Scholarly inquiry / research mentors are selected by the intern and provide oversight for the intern’s scholarly inquiry competency activities, throughout the internship year. This process is facilitated and managed by a licensed research psychologist.

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

**INSTRUCTION – Didactics**

A wide range of educational offerings are provided via:

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

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

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

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

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

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

The following rotations are available as both 8- and 4-month experiences:

**Jamaica Plain Campus: VA Boston Healthcare System:**
- Behavioral Medicine
- Center for Returning Veterans
- General Mental Health
- Neuropsychology
- Posttraumatic Stress Disorder Clinical Team
- Substance Abuse Treatment Program
- Women’s Stress Disorders Treatment Team

**Brockton Campus / West Roxbury Campus:**
- Geropsychology
- Primary Care Behavioral Health
- Rehabilitation Psychology (mostly located on the West Roxbury Campus)
- Substance Abuse Spectrum of Treatment
- Trauma and Addictions

In addition to these 11 major clinical rotations being offered for 2020-2021, VA Boston interns have access to the following Child and Adolescent Fear and Anxiety Treatment Program clinical externship opportunity:

**Boston University / Center for Anxiety & Related Disorders (CARD)**
Child and Adolescent Fear and Anxiety Treatment Program – Clinical Externship
Addictions and Co-Occurring Disorders

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

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

Training Location:
Jamaica Plain Campus

Number of Interns: 1

~ Overview ~

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

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

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

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

- Learn how to assess substance use and co-occurring conditions and develop a comprehensive treatment plan to address multiple concerns.
- Learn how to assess veterans at various stages of readiness to change and in treatment, and make decisions about appropriate levels of care.
- Learn how to conduct evidence-based group therapy for substance use disorders.
- Learn how to conduct evidence-based individual psychotherapy for veterans with common co-occurring problems including PTSD, personality disorders, anxiety, mood disorders or grief.
- Learn how to work as part of a multidisciplinary team.
- Learn how to include diversity issues in developing treatment plans for veterans.
- Learn how to conduct research and program evaluation that reflects the current issues confronting veterans with substance use disorders.
- Learn to supervise clinical trainees by providing individual case consultation to psychology practicum students under the direction of a licensed psychologist.

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

Our rotation is ideal for interns who want to develop a career in the addiction field that may include clinical program management, program evaluation/research, and/or clinical supervision of trainees. Many of our former trainees have gone on to clinical and research careers in the VA and tenure-track academic positions.

~ Clinical Experience ~

The Addictions and Co-Occurring Disorders rotation training program offers immersion in two (largely overlapping) treatment teams- residential and outpatient- that function within an academically-oriented training environment.

- **Residential Treatment:** The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) offers six weeks of treatment for up to 20 male veterans at a time. Working in the residential program, interns have the opportunity to strengthen their skills in assessment, group and individual therapy, and consultation.
  - **Group Therapy:** Interns on this rotation conduct five therapy groups per week in the residential setting, serving as a co-leader either with other staff or postdoctoral fellows. Relapse Prevention, which serves as the cornerstone of SARRTP treatment, meets three
times per week. Other groups that have been run by the SATP intern are Seeking Safety or Dialectical Behavior Therapy skills.

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

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

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

- **Outpatient Treatment:** The outpatient Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for female and male veterans who are motivated to work on making changes in their substance use or related experiences. The intern spends approximately 10% of their time working in the ADTP.

  - **Intakes, Assessments, and Staff Meetings:** The intern will have the opportunity to conduct psychodiagnostic testing and comprehensive biopsychosocial assessments with veterans in outpatient care, often to clarify co-morbid diagnoses. Interns conduct approximately one outpatient intake assessment per month and have the opportunity to present these cases in our outpatient staff meeting, participate in treatment planning for these cases, and provide case consultation to others. Interns receive training in risk assessment and mental status evaluations. They also learn to evaluate signs and symptoms of substance use intoxication, withdrawal, and overdose.

  - **Individual Therapy:** Interns will follow 3-4 individual therapy cases at any one time during the rotation. Cases may include Veterans who are in various stages of motivation to change, and with a variety of co-morbidities. In the ADTP setting, interns have the opportunity to learn both abstinence-based and harm reduction models of treatment.
~ Instruction ~

Interns attend monthly Substance Use didactic seminars with the staff and the program’s other trainees. Topics of the seminars vary from year to year, and have included presentations about empirically supported treatments for PTSD in veterans with substance use issues; medications used to treat craving and psychiatric conditions in substance use patients; lethality assessment and suicide prevention; diversity among substance-using veterans; neuropsychological correlates of substance use; designer drugs, DBT for substance use; managing medical issues in the context of substance use; and trainee and staff member research projects.

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

~ Supervision ~

Supervision for both group therapy and individual therapy is provided by licensed staff psychologists (please see “Supervision Team” section below for more information regarding rotation supervisors). In addition, interns receive supervision / oversight from senior co-facilitators, and in consultation team meetings, staff meetings, and treatment team meetings.

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

- **The Supervision Team**: Interns receive at least four hours of individual and group supervision per week. Current supervisors in the JP SATP include:
  
  - Monica Roy, Ph.D. - Program Manager of SARRTP and ADTP.
  - Glenn R. Trezza, Ph.D. - Consultation and Admissions Coordinator – SARRTP.
  - Maureen C. "Molly" Below, Ph.D. - Acting Program Manager of the Women’s Transitional Residence Program and ADTP Staff Psychologist
  - Deborah J. Brief, Ph.D. - Director of Residential and Rehabilitation Services at VA Boston.

Drs. Trezza, Roy, and Below are all internship alumnae of VA Boston, and Drs. Roy and Below are also graduates of the program’s Substance Abuse Fellowship Program.

~ Research ~

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

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

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


~ Overview ~

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

Moreover, interns will develop a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life, and a sophisticated appreciation for the complex interrelationship between biopsychosocial factors and health. They will learn to work effectively in the context of an academic medical center setting with professionals from other disciplines. The Behavioral Medicine Program at VA Boston is proud to be a program member of the Council of Clinical Health Psychology Training programs (CCHPTP) which promotes the advancement of education and training within the field of Clinical Health Psychology, demonstrating our commitment to the highest standards within the field.
Please note that interns with a secondary focus in Behavioral Medicine (those who complete a 4-month rotation) will also obtain significant experience with medical and health-related issues, and this training can serve as an excellent complement to other primary rotation experiences.

The daily activities of the Behavioral Medicine interns are similar to that of a staff psychologist embedded in an outpatient mental health clinic with a health psychology focus. Thus, Behavioral Medicine interns will develop the skills necessary to function professionally as a Clinical Health Psychologist. The training objectives for this rotation include the following:

- **Assessment**: Interns will develop skills in conducting comprehensive, biopsychosocial, and scientifically-informed assessments and intakes for different medical populations within the general Behavioral Medicine Clinic. They will also conduct evaluations for pre-surgical and pre-treatment candidates, chronic pain, and sexual dysfunction. As part of the assessment process, interns will learn to conduct a medical record review, choose measures that will assist in case conceptualization, and turn to the literature to understand the specific issues that arise with specific disease processes. Interns will develop strong case conceptualization skills, integrating all data gleaned from the assessment process, and will formulate targeted treatment recommendations that will result in a well written report.

- **Intervention**: Interns will develop skills in conducting short-term, evidence-based, cognitive-behavioral individual, couples, and group psychotherapy with Veterans with a broad range of medical conditions and those seeking to change health behaviors. The intern will learn to develop and carry out evidence-based behavioral medicine treatment plans focused on coping effectively with major medical illnesses and invasive treatments, assisting Veterans to change health compromising behaviors, encouraging treatment adherence, behaviorally managing chronic conditions, and enhancing overall quality of life.

- **Interdisciplinary Collaboration**: Interns will develop proficiency in understanding the critical role of interdisciplinary consultation in an outpatient medical center and will develop consultation and liaison skills throughout the healthcare system. Interns will also develop expertise and confidence in presenting cases at team meetings.

- **Supervision Skills**: Interns will develop supervisory skills within a Behavioral Medicine context. Specifically, interns will have the opportunity to work alongside and co-lead groups with more junior psychology trainees. These experiences allow for opportunities in leadership, modeling, and mentorship of those trainees.

- **Professional Development**: Interns will enhance their competency in the area of professional development and growth, including understanding and appreciating ethical, legal, and cultural issues related to both clinical and scientific activities, particularly as they relate to patients with chronic medical conditions (i.e., ethical issues related to compliance and treatment decisions, appreciating the unique needs of patients with medical illness).
• **Research:** Interns will develop competency in conducting various aspects of Behavioral Medicine research through involvement in an array of clinical research programs and program evaluation opportunities. More information can be found in the research section below.

~ Clinical Experience ~

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

• **Assessment and Treatment Clinic:** Interns gain advanced skills in conducting comprehensive, biopsychosocial assessments and intakes, case conceptualization, formulation of treatment recommendations, and individual therapy within this clinic. In this clinic, interns provide short term, evidence-based treatment for patients referred to the Behavioral Medicine Service from across the hospital system. Treatment in this clinic is geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment adherence, and enhancing overall quality of life. Although referrals are broad and varying in focus, common presenting issues seen in this clinic include adjustment to as well as prevention and management of the following conditions: insomnia, cancer, vision difficulties, tinnitus and other hearing difficulties, diabetes, cardiac conditions, obesity, tobacco use, endocrine disorders, pulmonary conditions, chronic fatigue, and gastrointestinal conditions. Education and skill development specific to interdisciplinary collaboration and consultation are a central focus in this clinic. Opportunities for providing instruction and modeling how to conduct intakes with practicum students may exist in this clinic aswell.

**SUPERVISORS:** ALL BEHAVIORAL MEDICINE STAFF MEMBERS

• **Health Promotion Disease Prevention (HPDP):** Interns are embedded in a busy primary care clinic offering co-located, collaborative health promotion disease prevention services to Veterans with diverse medical and psychiatric histories. The interns will gain skills in conducting brief assessments and time-limited, individual interventions focused on health behavior change (e.g., tobacco use cessation, weight management, and diabetes management) using evidence-based interventions (e.g., motivational interviewing, health coaching, problem-solving, and cognitive-behavioral techniques).

Sometimes referrals in this clinic are the result of a “warm hand-off” (i.e., unscheduled, same-day appointment following a primary care visit), which affords skill development in offering on-the-spot triage, assessment, treatment planning, and brief intervention to Veterans in primary care. This unique clinical setting also facilitates skill development in coaching and consultation with clinicians from a wide range of disciplines, including Patient Aligned Care Team (PACT) members (i.e., medical providers, nurses, health technicians,
medical support assistants) and allied healthcare professionals (i.e., social workers, pharmacists, dietitians, and other mental health professionals). Often, interdisciplinary team members solicit support and feedback from interns specific to navigating challenging patient interactions, facilitating their own skill development in patient-centered communication and motivational interviewing, as well as practicing a Whole Health approach to patient care. As such, there may be opportunities to conduct joint medical visits with interdisciplinary staff, participate in shared medical appointments for specific diagnoses (e.g., diabetes), and present relevant topics at large all-staff meetings. Behavioral Medicine trainees may also attend nationally accredited trainings in Motivational Interviewing, TEACH For Success, and Whole Health workshops facilitated locally at VA Boston. Finally, they may also participate in several other hospital-wide health promotion activities, such as the Great American Smokeout, the VA2K Challenge, and other local employee and patient health fairs.

SUPERVISOR: REBECCA AMETRANO, PH.D.

- **End Stage Renal Disease Program:** The interns will have the opportunity to see patients within the Renal Service and Hemodialysis Unit. Issues addressed with this population include adherence to treatment and dietary restrictions, needle phobias and other anxiety reactions, death and dying, coping with a chronic illness, quality of life, family issues, and affective disorders. The model of care in this program is consistent with a consultation liaison approach where care is typically delivered at bedside, while patients are receiving dialysis. This unique experience of working in the context of a critical care unit allows interns to learn how to deliver care alongside medical care providers. Interns have the opportunity to attend the monthly team meetings where they can directly contribute to the individualized treatment plans of dialysis patients. There is also an opportunity to carry out and evaluate an Innovation Project that was recently awarded to Behavioral Medicine. With funding through this project, dialysis patients are provided with iPads which are used to engage them in both educational and entertainment programs. The goal is to make the experience of undergoing an invasive and chronic procedure more acceptable with the hope of improving treatment adherence and overall quality of life.

SUPERVISOR: DEANNA MORI, PH.D.

- **Behavioral Sleep Program:** The interns will have an opportunity to provide services for individuals who are suffering from insomnia and other sleep difficulties, including sleep apnea and narcolepsy. Interns will learn how to conduct a focused sleep assessment, co-lead a sleep education group, provide cognitive-behavioral therapy for insomnia, and address CPAP adherence. Interns have also taken advantage of opportunities to shadow sleep medicine doctors and technicians in the sleep lab.

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

  **SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP**

• **Pre-Treatment Evaluations:** Interns will conduct biopsychosocial pre-treatment assessments. Most of the assessments conducted are for the Transplant, Transgender and Bariatric Surgery Programs, but other types of pre-surgical or pre-treatment evaluations are sometimes conducted. A team-based approach is used in this clinic, with a staff member conducting the first evaluation and designated trainees taking the lead thereafter, typically with a supervisor and other team members present. We believe that this structure maximizes opportunities to gain experience with these evaluations. In general, the goal of these evaluations is to determine appropriateness or readiness for a treatment or surgery and to make recommendations that are designed to enhance outcomes. Please see descriptions below for more information specific to each evaluation.

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

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

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

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

- **MOVE! Weight Management Program:** MOVE! is a national weight management program developed by VA to facilitate the development of self-management skills for Veterans diagnosed with obesity or Veterans who are overweight with high-risk comorbidities. The VA Boston MOVE! Program is an interdisciplinary clinic that offers ongoing psychoeducation and self-management groups co-led by Behavioral Medicine trainees and primary care dietitians. Interns can participate in the structured, evidence-based, 16-week weight management group. Interns will develop skills in offering psychoeducation specific to healthy eating and lifestyle change, self-management skills to support weight loss and healthy living more generally, as well as health coaching and motivational interviewing within a group context. Interns involved in this program will gain experience conducting cognitive-behavioral interventions to facilitate weight loss and health promotion within an...
interdisciplinary environment, and there are many opportunities for clinician coaching, 
interdisciplinary consultation, program development and evaluation, and supervision of 
junior colleagues in this clinic.

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

- **Sexual Health Clinic:** Interns will have the opportunity to receive unique and specialized 
  training within sexual health, an important area of functioning that is often neglected 
  within mental health and medical settings. Interns will receive education and training 
  regarding sexual difficulties that impact male and female Veterans, as well as important 
  considerations in talking with patients about such a private area of life. Interns will learn 
  to conduct a biopsychosocial intake with Veterans referred for difficulties with sexual 
  functioning (through observing the supervisor and, subsequently, being observed), and 
  develop skills in case conceptualization, and formulation of treatment recommendations. 
  Interdisciplinary interactions may include consultation with endocrinology, urology 
  providers, and/or primary care. Interns may also pick up sex therapy cases (individual and/or couples) to provide cognitive-behavioral treatment to address the presenting difficulty.

  **SUPERVISOR: AMY SILBERBOGEN, PH.D., ABPP**

- **Tobacco Cessation Program:** The interns may have the opportunity to provide tobacco 
  cessation services in a group format, working in collaboration with other psychology staff 
  and with pharmacy staff. The Tobacco Cessation Program utilizes an evidence-based (e.g. 
  cognitive behavioral, motivational enhancement), interdisciplinary approach to helping 
  Veterans develop personalized SMART goals and quit plans, manage triggers and 
  corresponding urges to use tobacco products, and develop strategies for relapse 
  prevention. The format of the group is unique, blending a drop-in group format (to facilitate 
  immediate access to Tobacco Cessation services) with a core curriculum of evidence based 
  topics. Providers from Pharmacy are involved in every session and also lead one group topic 
  per month; accordingly, trainees become well-versed in pharmacological interventions for 
  tobacco cessation.

  **SUPERVISOR: MICHELLE KOVACS, PH.D.**

- **Healthy Coping and Wellness Groups:** The Behavioral Medicine Program runs three 
  different cognitive-behavioral groups that are designed to promote adaptive coping in 
  the context of chronic illness and/or stress. Interns may co-lead these groups with each 
  other, practicum students, and/or staff (in the case of the Medical Issues Group). In each 
  of these groups, co-leaders learn group management skills and best practices as it 
  pertains to co-leadership.
The following groups are conducted regularly:

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

- **Healthy Thinking Group**: The Healthy Thinking Group is a ten-week manualized group for medical patients who also have symptoms of depression. Patients learn cognitive-behavioral strategies to address their negative thoughts and learn ways to cope more effectively with their medical illness. Co-leaders learn skills in providing cognitive-behavioral treatment in the context of medical illness to patients with a variety of chronic illnesses.
  
  **SUPERVISOR**: AMY SILBERBOGEN, PH.D., ABPP

- **Medical Issues Group**: This is an educational/support group for individuals with major medical issues who have typically gone through other Behavioral Medicine programming and are interested in longer term treatment. The focus of this ongoing group is to learn to live a high-quality life, despite having medical issues. Although less structured that the other groups, topics are prepared each week to reinforce evidence based treatment approaches. Interns develop and deliver curriculum that is tailored to the group’s interests and needs and have opportunities to interact with and learn from a broad range of professionals from other services who attend the group as guest speakers.
  
  **SUPERVISOR**: DEANNA MORI, PH.D.

- **Psychology Pain Management Clinic**: This program is embedded in the VABHS Pain Clinic, an interdisciplinary pain medicine clinic that includes interventional pain medicine physicians (and fellows), pain neurology, pain psychology, nursing staff, acupuncture, and related professionals. Trainees will be actively involved in conducting comprehensive pain assessments for a variety of painful conditions, with a particular focus on musculoskeletal conditions and headache. Trainees will also provide short-term, individual, evidence-based cognitive-behavioral therapies for these painful conditions. Opportunities to participate in the VABHS Interdisciplinary Pain Clinic, which provides consultative services for challenging patients with chronic pain, are also offered. In addition to clinical training, trainees will have opportunities for exposure to the process of developing and implementing VA-based pain care policy at local, regional, and national levels, as well as research opportunities in one of several ongoing funded studies focused on chronic pain.
  
  **SUPERVISOR**: DIANA HIGGINS, PH.D.
• **Diabetes Shared Medical Appointment (SMA):** There may be opportunities for interns to participate in a Diabetes SMA during the course of the training year. SMAs are medical visits in which multiple patients meet in a group format with providers from a range of disciplines (e.g., psychology, nutrition, pharmacy, medicine), including a prescribing provider. This innovative approach to healthcare brings patients with similar needs together, while receiving intervention from all disciplines involved. The Diabetes SMA is currently a six-session group run by psychology, nutrition, and pharmacy, focused on improving patients’ diabetes self-management. Interns training in this setting would have the opportunity to intervene directly with behavioral health skills, as well as learn how to facilitate these interprofessional interventions.

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

~ Instruction ~

The Behavioral Medicine supervisors incorporate a developmental model of supervision when working with interns and collaboratively evaluate the intern’s previous experience across content areas to inform instruction. Regardless of expertise level, all interns will have access to a multitude of evidence-based assessment materials, treatment manuals, and medically-focused educational information intended to further develop skills and competencies.

Supervisors spend considerable time in supervision discussing the nuanced clinical considerations specific to working with various medical populations within the Veteran population and review relevant intervention and assessment strategies using various instructional methods. For example, interns have the opportunity to observe a staff psychologist conduct intakes and assessments, and are then, in turn, observed themselves. Interns are provided with feedback that will assist in further skill development in a supportive and constructive manner. Staff psychologists may also co-lead groups with interns or observe groups, affording further opportunities for feedback.

Behavioral Medicine also maintains a weekly team meeting where didactics are presented on relevant topics, clinical case presentations are facilitated by staff and trainees, and research and other current issues in Behavioral Medicine are discussed. The team reserves at least one meeting each month to focus on diversity, and we regularly invite content experts from across the healthcare system to facilitate discussions (e.g., suicide prevention coordinator, tinnitus program clinician). To enhance education and training, the Behavioral Medicine Team has developed a Seminar Series in which local and visiting experts will present their research and or clinical expertise to faculty and trainees at VA Boston. In addition, Behavioral Medicine interns are invited to join monthly local and/or national educational calls within the areas of primary care, health promotion/disease prevention, tobacco cessation, whole health practice, and mental health. Finally, there are a variety of Behavioral Medicine seminars that are offered to all interns throughout the training program as a part of the weekly didactic series. Topic areas that have been presented in the past include: weight related disorders, whole health,
motivational interviewing, pain disorders, sexual disorders, death and dying, CBT for insomnia, telehealth interventions, cardiac rehabilitation, AIDS, smoking cessation, etc.

~ Supervision ~

Each Intern in Behavioral Medicine will meet for weekly, 60-minute, individual supervision sessions with a staff psychologist who serves as a primary advisor and supervisor. The Primary Supervisor offers supervision for patients seen through the Assessment and Treatment Clinic, offers professional development and mentorship, and has a birds-eye view on the interns’ entire experience within Behavioral Medicine. Interns will also receive supervision for each additional clinic, group, or activity in which they participate (e.g. interns in the Smoking Cessation group will meet with the lead psychologist for that program for 30 minutes each week). As a result, interns are offered the opportunity to work closely with a number of professionals in their particular areas of expertise, averaging approximately four to five supervision hours per week. The primary theoretical orientation of staff on the Behavioral Medicine team is Cognitive Behavioral, and Acceptance and Commitment Therapy (ACT) approaches are often integrated as well. Moreover, evidence-based frameworks guide assessment, intervention, consultation, and provision of supervision. The Behavioral Medicine team utilizes a developmental, junior colleague model of supervision. In addition to weekly individualized supervision, a number of services on the Behavioral Medicine rotation include a live supervision component (e.g. conducting assessments as part of a team with staff present; co-leading groups and sessions with supervisors).

~ Research ~

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

- Selected recent publications from our staff (highlighted):


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

The core of the intern’s clinical training will involve the provision of mental health services within the Center for Returning Veterans (CRV) at the Jamaica Plain campus. The CRV is a mental health clinic established at VA Boston in 2005 to respond to the unique mental health needs of returning OEF/OIF combat veterans. The CRV team includes licensed clinical psychologists and clinical social workers, psychiatrists, and trainees (e.g., practicum students, psychology and social work interns, psychology postdoctoral fellows, psychiatry residents). The CRV’s mission is accomplished through assessment, the provision of individual, group, and psychopharmacological services, and referral to specialty mental health services. The intern’s training will therefore focus on developing expertise in responding to the full range of returning veterans’ post-deployment concerns.

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

The CRV intern will receive extensive training in the assessment and treatment of returning veterans experiencing a broad range of deployment-related difficulties. Interns will receive training in individual and group therapy. The presenting problems of the CRV patient population are highly varied and include, but are not limited to, adjustment disorders, posttraumatic stress disorder (PTSD), anxiety disorders such as panic disorder and social anxiety disorder, depression, and substance use disorders, as well as interpersonal, anger, and cognitive difficulties. The core clinical training provided in this rotation places special emphasis on treatment of adjustment disorders, PTSD (both full criteria and sub-clinical), and depressive disorders, as these are the most prevalent diagnoses treated in the CRV.

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

The CRV patient population is diverse; therefore, the specific therapeutic methods taught and utilized within CRV are equally varied, focusing on a wide range of presenting complaints and incorporating multiple therapeutic approaches and theoretical orientations, where indicated. Training will emphasize the use of empirically supported treatments grounded in a strong evidence-based practice framework and take into account characteristics of the returning veteran clinical population and identified barriers to care (e.g., stigma). Interventions utilized are largely cognitive-behavioral and include psychoeducation, motivational interviewing, behavioral activation, cognitive therapy, acceptance and commitment therapy, as well as trauma-focused therapy (e.g. Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy). Adjunctive therapy experiences in the PTSD clinic are consistent with the approaches described above. Individual therapy cases within the PTSD clinic emphasize flexibly providing empirically-based treatments to address the various needs of veterans diagnosed with PTSD. Group therapy experiences involve the provision of psychoeducation and empirically-based interventions to a broad population of veterans diagnosed with PTSD.
Training overall will focus on developing skills related to flexibly applying empirically supported treatments taking into account patient preferences, diversity considerations, and clinician expertise. Clinical work will also emphasize the development and maintenance of the therapeutic relationship as well as non-specific therapeutic factors that are critical to treatment engagement with returning service members. Finally, assessment training activities will incorporate diagnostic evaluation and history-taking, administration and interpretation of empirically-tested psychometric instruments (e.g., PCL, PHQ-9), as well as opportunities for more extensive structured clinical interviewing as clinically indicated (e.g., SCID, CAPS). These assessment procedures are conducted in the context of identifying and facilitating the most appropriate treatment plan and referral.

Clinical training activities within the rotation include: 1) one weekly intake assessment focused on psychosocial and diagnostic assessment; 2) individual therapy, including predominantly CRV referrals as well as a small number of non-returning veteran referrals from the PTSD clinic (estimated caseload of 8-10 patients in total); and 3) group therapy (estimated two groups), including possible opportunities to co-lead skills-based and support groups within the CRV, PTSD, and General Mental Health clinics.

~ Interdisciplinary Interactions ~

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

~ Supervision ~

The CRV intern will be assigned to two individual psychotherapy supervisors (one hour per week each), with one supervisor designated as primary (i.e., overseeing any internship or clinic concerns experienced while on the rotation). The primary supervisors within the CRV are Dr. Kevin Brailey, Dr. Erin Scott Daly, and Dr. Jill Panuzio Scott. In addition, the intern will participate in weekly small group supervision (2-3 trainees) focused on intake/diagnostic assessment. Finally, interns will receive weekly supervision for each of their group therapy experiences.
~ Training in Supervision ~

The Center for Returning Veterans rotation also offers training in the delivery of clinical supervision. This typically involves interns supervising graduate-level students (i.e., psychology practicum students) on one to two cases during the eight-month rotation. Interns will receive supervision of these supervisory experiences during individual supervision meetings with one of the CRV staff psychologists. Depending upon when practicum students elect to complete their rotation with us, the 4-month intern may or may not have the opportunity to provide direct supervision.

~ Selection Criteria ~

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

~ Scholarly Inquiry ~

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

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

▶ **Program Evaluation:** The Center for Returning Veterans performs program evaluation by assessing patients prior to treatment using psychometrically-validated self-report assessments. The primary purpose of this information is to better understand the CRV patient population, monitor effectiveness of current interventions, and identify areas for further development of programming. Based on interest, the intern will have the opportunity to collaborate with staff psychologists in collecting and analyzing program evaluation data. Trainees will also have the opportunity to work with staff psychologists to suggest changes to current methods and measures of program evaluation within the CRV. Exposure to program evaluation within CRV will facilitate the development of skills in using effectiveness data to inform clinical practice as well as program adaptation.
~ Research ~

Selected recent publications from our staff (highlighted)


General Mental Health

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

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

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

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

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

Number of Interns: 2

~ Overview ~

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

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

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

~ Clinical Experience ~

The General Mental Health rotation includes four mental health clinics described below. Additional options may be available as programs evolve. Interns will work in at least three of the four following programs:

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

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

SUPERVISORS – BROCKTON: SHIMRIT BLACK, PH.D., CLAIRE BURGESS, PH.D., AND LOIS KRAWCZYK, PH.D.

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

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

SUPERVISOR – BROCKTON: SHELBY MUNSCHAUER, PSY.D.

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

SUPERVISOR: PHILLIP KLEESPIES, PH.D., ABPP

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

- **Intervention**: Interns provide individual and group psychotherapy, with a focus on short-term, problem-focused interventions. Interns co-lead one or more psychotherapy groups with staff members and/or other trainees, using flexibly-administered, manual-based treatments. The following groups are offered through the clinics on a regular basis:

  o **Anxiety Group**: This 10-session group is based on cognitive-behavioral principles and treatment components, including psychoeducation, cognitive reappraisal, and exposure to feared and avoided physical sensations and situations.

  o **Depression Group**: This 10-session group uses a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning, and incorporates treatment components such as behavioral activation and cognitive restructuring.

  o **Anger Management Group**: This 10-session group provides treatment for veterans with anger management difficulties. Based on a cognitive-behavioral approach and incorporating mindfulness meditation, the group aims to improve patients’ understanding and regulation of anger responses.

  o **Dialectical Behavior Therapy (DBT) Skills Group**: This ongoing, trans-diagnostic psychotherapy group introduces the core principles and skills (mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance) covered by Linehan’s treatment.

  o **Acceptance and Commitment Therapy (ACT)**: This 10-session group aims to alleviate suffering and improve quality of life. ACT uses mindfulness, metaphors, and experiential exercises to help veterans relate to internal experiences with a stance of acceptance and willingness, identify their core values, and commit to values-consistent goals.

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

~ Intern Assignment ~

Both interns will train in the GMHC and MADC. One intern will train in Urgent Care and one will train in Primary Care Behavioral Health. Both interns will spend four days per week at the Jamaica Plain campus (GMHC, MADC, and either UCC or PCBH) and one day per week at the Brockton campus in the GMHC/MADC. The Brockton Campus is approximately 25 miles south of Boston. Intern assignments are made with consideration for the training needs and interests of the intern.
~ Instruction ~
Interns participate in a weekly, one-hour interprofessional clinic team meeting and a twice-monthly, one-hour case conceptualization meeting in Jamaica Plain. Interns participate in a monthly, one-hour interprofessional clinic team meeting and a monthly, one-hour case conceptualization meeting in Brockton. The intern assigned to PCBH will also participate in a monthly, one-hour Primary Care meeting on the West Roxbury campus. In addition to these meetings, there are multiple opportunities for interns to engage in informal case consultation with staff members and other trainees.

~ Supervision ~
Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor is responsible for supervision of some individual therapy cases, and available for consultation on professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one-on-one) hours is met or exceeded, and to provide exposure to multiple theoretical orientations and clinical styles. In addition to individual supervision, interns may participate in group supervision (2-3 trainees) that includes trainees at different levels of experience. Each intern will receive at least two hours of individual supervision per week in Jamaica Plain, one-half to one hour per week of individual supervision in Brockton, and one half-hour of group supervision for each group they co-lead. Interns will also receive case consultation from the postdoctoral psychology fellows training in the GMH fellowship program. Case consultation is provided under the direct supervision of a licensed psychologist who maintains clinical and legal responsibility for the case.

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

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


Geropsychology

Rotation Coordinator: M. LINDSEY JACOBS, PH.D., MSPH
Psychology Service (116B)
VA Boston Healthcare System
940 Belmont Street
Brockton, MA  02301

Telephone: (774) 826-3725
Email: mary.jacobsdodson2@va.gov

Training Location:
Brockton Campus

Number of Interns:  2

~ Overview ~

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

Geropsychology is a growing area of practice within professional psychology. Due to the growth of the aging population and need for mental health services for older adults and their families, the importance and opportunities for education and training in this field are increasing. Our training program is designed to be consistent with the American Psychological Association’s Guidelines for Psychological Practice with Older Adults (APA, 2013) and the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009). It is also designed to help prepare trainees for Board Certification in Professional Geropsychology via the American Board of Professional Psychology (ABPP). Our Geropsychology training program won the Excellence in Geropsychology Training Award given by the Council of Professional Geropsychology Training Programs in both 2017 and 2018.
The Geropsychology rotation emphasizes closely supervised clinical experiences in some combination of outpatient and inpatient geriatric settings (described below). We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains and tailor training experiences accordingly. We aim to support interns’ development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve advanced competencies for geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology. Training primarily occurs at the Brockton campus, though there are occasional opportunities for assessment training at the Jamaica Plain campus.

The Geropsychology Training Track consists of two interns and two postdoctoral fellows. All trainees have access to an office space, office computer, telephone, and pager (to be used during normal business hours only). In addition, trainees have access to printers, copiers, a fax machine, and training materials including books, psychotherapy protocols, and assessment kits/protocols/tests/stimuli. All offices are housed within the Outpatient Geriatric Mental Health Clinic, allowing for easy accessibility to supervisors, other trainees, and support staff.

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

~ Clinical Experience ~

Geropsychology interns work in three distinct clinical settings over the course of the rotation, with a focus on three major competency areas: (1) psychotherapy, (2) cognitive and capacity assessment, and (3) consultation/liaison. Both interns will rotate in the Geriatric Mental Health Clinic (psychotherapy rotation) for 12 hours per week and in the Capacity Clinic/Assessment rotation (cognitive and capacity assessment rotation) for 8 hours per week. The consultation/liaison rotations are the Community Living Center (CLC) and Home-Based Primary Care (HBPC). One intern will rotate in the CLC for 12 hours per week, and the other intern will rotate in HBPC for 12 hours per week. Assignment of the consultation/liaison rotation will be based on interns’ training needs and interests.

Descriptions of the rotation settings:

- **Geriatric Mental Health Clinic [Psychotherapy] Rotation:** This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to Veterans over the age of 65. The clinic team includes two psychologists (Dr. Lindsey Jacobs and Dr. Patricia Bamonti), one clinical social worker, a social work intern, two psychiatrists, a psychiatric nurse, four psychiatric nurse practitioner residents, and some combination of the geropsychology trainees (fellows, interns, practicum student). The clinic receives referrals from primary care providers, inpatient psychiatry, the Geriatrics Clinic, and other specialty clinics. Veterans served in the clinic present...
with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include depression, grief, generalized anxiety, PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuro-psychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. Interns conduct psychodiagnostic evaluations, provide individual psychotherapy services and caregiver support, and co-lead psychotherapy support groups and evidence-based time-limited groups. The clinic has four general ongoing support groups, an ongoing cancer support group, and a variety of time-limited groups that are offered each season. Examples of time-limited groups that have been offered in the clinic are acceptance and commitment therapy, bereavement, aging and memory, cognitive behavioral therapy for insomnia, PTSD and aging, healthy communication, mindfulness, and guided autobiography. Interns also attend a weekly interdisciplinary clinic team meeting and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. Videotaping of individual therapy sessions is required.

**Case load:** Interns carry a caseload of 3-4 patients for individual therapy, complete at least one psychodiagnostic evaluation per month, and co-lead 1-2 groups.

**SUPERVISORS:** PATRICIA BAMONTI, PH.D., M. LINDSEY JACOBS, PH.D., MSPH, AND JENNIFER MOYE, PH.D., ABPP.

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

**Case load:** Interns will share cases and will complete 3-4 assessments per month.

**SUPERVISORS:** PATTY BAMONTI, PH.D., LINDSEY JACOBS, PH.D., MSPH, JENNIFER MOYE, PH.D., ABPP

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

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

- **Case load:** The intern has approximately 4-5 face-to-face hours per week, which will vary in regard to number of hours focused on treatment planning, behavior planning and intervention (including STAR-VA), delivering psychotherapy, screening cognitive functioning, mood, and risk, and conducting capacity assessments.

- **SUPERVISOR:** KATE HINRICHS, PH.D., ABPP

**Home-Based Primary Care (HBPC) [Consult/Liaison] Rotation:** This interdisciplinary team provides patient-centered assessment and treatment to home-bound Veterans and their caregivers, consistent with the Patient-Centered Medical Home model. The goal of the program is to improve access to care and reduce health disparities for vulnerable Veterans with complex care needs. The HBPC Psychologist plays a key role on the integrated health care team. The intern gains skills in interdisciplinary consultation, capacity and cognitive assessment, and in-home interventions. The intern attends weekly interdisciplinary team meetings. Assessments of cognitive functioning and capacity are occasionally requested, and the intern will observe Veterans in their everyday living environment and collaborate with interdisciplinary team members to inform recommendations for care. Interventions provided may include brief individual psychotherapy (e.g., Problem Solving Therapy, supportive therapy, etc.), caregiver education and skills training, and a caregiver telephone group.

- **Case load:** The intern has approximately 3-5 face-to-face hours per week, which will vary in regard to number of hours focused on delivering psychotherapy, screening cognitive functioning, mood, and risk, and conducting capacity assessments.

- **SUPERVISOR:** MARGARET MURPHY, PSY.D., ABPP
~ Instruction ~

The geropsychology interns participate in a weekly, hour-long Geriatric Mental Health Seminar series. This seminar is attended by the geropsychology trainees, and, as available, geropsychology supervisors, geriatric psychiatry providers, and social workers and their trainees. Seminar covers a range of topics, including core information related to geriatric mental health as well as topics of interest selected by faculty and students. All interns are expected to facilitate or co-facilitate seminars throughout the rotation (8-month interns present twice, and 4-month interns present once), and we welcome varied presentation styles. For example, past seminars have included case presentations, discussions of articles, and didactic lectures (i.e., PowerPoint slides). Additional learning occurs in the forms of case presentations, journal club, and team meetings, in which geropsychology supervisors, interns, and fellows present. Additionally, interns complete approximately one recorded webinar (Decision Making Capacity and Ethical Issues in Aging archived webinar series) per month. Interns are welcome to attend other voluntary educational opportunities within aging offered through the GRECC, the Harvard hospitals, and the Jamaica Plain neuropsychology service.

~ Supervision ~

The geropsychology interns receive a total of 4-5 hours of supervision per week consisting of a combination of: (1) weekly individual and group supervision in the Geriatric Mental Health Clinic; (2) weekly group supervision in the Capacity Clinic/Assessment Rotation; (3) and weekly individual supervision in HBPC or weekly individual and group supervision in the CLC. The geropsychology fellows often provide clinical case consultation “supervision” to the interns, under the supervision of a licensed provider.

~ Research ~

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

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

**Capacity and Functional Assessments:**


**Education and Training:**


**LGBT and Aging:**


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


**Cancer survivorship:**


**Mental health:**


Neuropsychology

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

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

Training Locations:
Jamaica Plain Campus
West Roxbury Campus
Brockton Campus

Number of Interns: 3

~ Overview ~

The Neuropsychology rotation provides clinical, didactic, and academic training to develop advanced knowledge of brain-behavior relationships and skills needed for neuropsychological assessment and treatment of the cognitive, behavioral, and emotional impact of brain dysfunction and pathology. Interns will demonstrate a highly-developed level of competence in clinical neuropsychology (NP) as well as the education and training necessary for postdoctoral fellowship. The program adheres to the Houston Conference standards (Archives of Clinical Neuropsychology, 1998, 13, 160-166) for specialty training in clinical neuropsychology and aims to prepare trainees for board certification in clinical neuropsychology. The intern works with the supervisor to translate referral questions into testable hypotheses that can be addressed on the basis of objective data and information gathered from the interview. Interns use a flexible battery approach that matches assessment measures to the identified referral question and patient characteristics. Tests drawn from a wide variety of neuropsychology measures are selected based on their psychometric properties, demonstrated validity, and appropriateness of available normative data. Each evaluation simulates application of the scientific method applied at the individual level; hypotheses are identified and tested with objective measures and related to findings based in the empirical literature, integrating research with clinical practice.

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

~ Clinical Experience ~

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

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

In addition to the therapy experience required by the internship, interns will be required to lead or co-lead a psychoeducational/cognitive rehabilitation group. The intern selects one or two groups to co-lead during this eight-month rotation. Current groups include Memory and Aging, Stroke Support Group, and Seizure Support Group. **LOCATION - JAMAICA PLAIN CAMPUS**

- **Geriatric Medicine (previously the Geriatric Research Education and Clinical Center (GRECC) Clinic):** The intern functions as part of a multidisciplinary team that includes a geriatrician, nurse practitioner, social worker, pharmacist, and geriatric medicine fellows. The neuropsychological
assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple hour test batteries often used in clinical assessments. Most 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.

- **LOCATIONS - JAMAICA PLAIN AND WEST ROXBURY CAMPUSES**
  
- **Inpatient:** Interns may have the opportunity to work with 2nd year Postdoctoral Fellows through the Physical Medicine and Rehabilitation service (West Roxbury). These assessments are completed on an inpatient basis and include all aspects of the neuropsychological assessment (interview, test administration, test scoring, interpretation, and report writing). In this setting, the trainee is frequently required to work very efficiently to provide feedback to the medical team.

- **LOCATION - WEST ROXBURY CAMPUS**

  ~ Supervision ~

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

**Primary Neuropsychology Supervisors:**

- Laura Grande, Ph.D., ABPP/cn, Neuropsychology Training Coordinator; Director of Neuropsychology Consult Service
- Susan McGlynn, Ph.D., ABPP/cn
- Colleen Jackson, Ph.D., ABPP/cn
- Elizabeth Leritz, Ph.D., ABPP/cn
- Deepa Acharya, Ph.D., ABPP/cn

**Secondary Neuropsychology Supervisors:**

- William Milberg, Ph.D., ABPP/cn
- Jennifer Vasterling, Ph.D.
- Christopher Brady, Ph.D.
- Catherine Fortier, Ph.D.
~ Didactics ~

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

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

• **Optional:**
  - Neuroimaging Journal Club: One hour per month.
  - Capacity Rounds: One hour per month.

~ Selection Criteria ~

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

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

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

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

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

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

  **FACULTY: CO-DIRECTORS:** WILLIAM MILBERG, PH.D., ABPP/CN; REGINA McGLINCHHEY, PH.D., INVESTIGATORS: BETSY LERITZ, PH.D., ABPP/CN; DAVID SALAT, PH.D.; CATHERINE FORTIER, PH.D.; LAURA GRANDE, PH.D., ABPP/CN


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

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


*trainees/former trainees

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

**FACULTY:** MIEKE VERFAELLIE, PH.D., MARGARET KEANE, PH.D., GINETTE LALECHE, PH.D.,

Schapiro, A. C., Reid, A. G., Morgan, A., Manoach, D. S., Verfaellie, M., and Stickgold, R. The hippocampus is necessary for the consolidation of a task that does not require the hippocampus for initial learning. *Hippocampus*, in press.


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

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


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

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

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

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


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

  **Faculty:** Andrew Budson, M.D., Maureen O’Connor, Ph.D.
Primary Care Behavioral Health

Rotation Coordinator: SHELBY MUNSCHAUER, PH.D.
Psychology Service (116B)
VA Boston Healthcare System
940 Belmont Street
Brockton, MA 02301

Telephone: (774) 826-1695
Email: shelby.munschauer@va.gov

Training Location: Brockton Campus

Number of Interns: 1

~ Overview ~

The intern will have the opportunity for focused and specialized training in a primary care setting, through the General Mental Health clinic, as well as the Behavioral Medicine clinic, learning how to provide evidence-based treatments for a wide range of behavioral health issues. Clinical opportunities will include working with patients through both individual and group modalities, as well as being able to provide consultation and treatment planning recommendations as a part of a multidisciplinary treatment team (e.g., within pain clinic, primary care, women’s health, etc.).

~ Clinical Experience ~

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

- **Primary Care Behavioral Health Clinic (PCBH):** The intern will work for 2 and a half days in PCBH, with one of those days potentially focused on Women’s Health. The intern will learn how to function as a part of a primary care treatment team providing brief, time-limited assessment and intervention to patients presenting to primary care. Veterans may be seen through a scheduled appointment or via a “warm handoff” in which the patient is introduced to the PCBH intern by the primary care clinician; providing same day access to behavioral health. A wide array of mental health concerns is addressed in primary care including mood disorders, anxiety, PTSD, substance use disorders, chronic pain and sleep disorders. Interns will learn how to function within a co-located, collaborative care model, and how to practice within a multidisciplinary team. There are also opportunities to be involved in the primary care delivery system which includes attending daily team huddles and participating in monthly primary care team meetings.
Interns will gain experience delivering, scoring, and interpreting brief assessments frequently used in PCBH, such as the PHQ-9, GAD-7, PCL-6, ASRS, ISI, and MOCA. Interns are encouraged to utilize screenings and self-report measures often to monitor treatment progress and guide treatment planning. Interns will gain experience conducting brief intakes via warm handoffs. They will gain proficiency communicating results of assessments to primary care team members and will also provide psychoeducation and consultation to the primary care provider team, using skills such as motivational interviewing. Interns will also learn brief interventions, appropriate for PCBH, such as Motivational Interviewing, Brief CBT for Chronic Pain, Brief CBT for Insomnia, Problem-Solving Therapy in Primary Care, and other brief CBT and ACT based primary care interventions (e.g., brief sex therapy, CBT/ACT for depression and anxiety, stress management, and CBT to facilitate health behavior change). Intern will learn to effectively work with the primary care team to triage veterans to a variety of treatments, including specialty MH, pain management, social work, pharmacy, and others as appropriate.

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

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

~ Didactics ~

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

~ Interdisciplinary Interactions ~

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

~ Supervision ~

The intern’s primary supervisor for their training rotation will be Dr. Shelby Munschauer, who works embedded within Brockton PCBH. Drs. Gregor and Weisberg, psychologists with expertise in PCBH, will also be involved as secondary supervisors. Within Behavioral Medicine, the intern will be supervised by Michelle Kovacs, Ph.D., a licensed psychologist, for their work in pain clinic and with outpatients, and will also be supervised by the Behavioral Medicine fellow in a group supervision. For GMH, the intern will be supervised by Drs. Hannah King and Shimrit Black for their outpatient individual cases.
~ Research Opportunities~

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

- PCBH program evaluation, including examination of utilization of the PCBH services, disposition after services (e.g., assessment only, brief treatment, or referral to specialty mental health setting), etc. – supervised by Kristin Gregor, Ph.D. and Shelby Munschauer, Psy.D.

- PCBH program evaluation / Quality Improvement program, to develop a Brockton Primary Care specific needs assessment, as well as examination of possible interventions to overcome stated – Supervised by Shelby Munschauer, Psy.D. and Kristin Gregor, Ph.D.

- PCBH treatment evaluation, including examination of types of interventions uses in brief treatment and treatment outcome data – supervised by Risa Weisberg, Ph.D. and Kristin Gregor, Ph.D.

- PCBH treatment development (e.g. development or a brief coping with grief group) – Shelby Munschauer, Psy.D

- Literature review paper on PCBH – Risa Weisberg, Ph.D.

- Working as an interventionist on a VA study of treatment of chronic pain – Risa Weisberg, Ph.D. and Erica Scioli, Ph.D.

- Empirical paper using data from a Boston University study of treating chronic pain in primary care – Risa Weisberg, Ph.D.

- Literature review paper on teaching behavioral health and CBT principles to interdisciplinary providers – Barbara Kamholz, Ph.D., ABPP

- Work with interdisciplinary pulmonary team to: conduct medical record reviews of pulmonary rehabilitation patients, as well as analyze and write-up results of the pulmonary rehabilitation program for presentation/publication- Amy Silberbogen, Ph.D., ABPP

- Various program development and manuscript preparation opportunities within education and training at the postdoctoral level – Amy Silberbogen, Ph.D., ABPP

- Investigate the efficacy of complimentary and integrative health interventions in the treatment of Gulf War Illnesses and PTSD – DeAnna Mori, Ph.D. and Barbara Niles, Ph.D.

- Evaluate a training program for research assistants designed to address participant perpetrated harassment – DeAnna Mori, Ph.D.
Posttraumatic Stress Disorders Clinical Team

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

Telephone: (857) 364-4126
Email: steve.quinn@va.gov

Training Location:
Jamaica Plain Campus

Number of Interns: 2

~ Overview ~

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

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

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

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

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

- In addition to supervision there are two forums to discuss the clinical process with staff. Starting the second month of the rotation, interns present their cases in a twice monthly clinical case conference. Interns present two cases during the major rotation and one case in the minor rotation. The series provides a forum for practice in formal case presentation as well as an occasion for discussion of salient (difficult) assessment, clinical management, and treatment issues. The Clinical Team meeting takes place every other week. This is a more informal setting to discuss cases as part of a working team and to become an integrated member of the PCT.
• **Consultation to the Medical Center:** Interns provide ad hoc clinical consultation and liaison to psychiatry. The primary mode of consultation occurs in the context of intake assessments in the clinic. Intakes require consultation with the referral source as well as consulting to clinics that might be more appropriate for veterans given their presentation at the intake. Referrals may come from Primary Care, Substance Abuse, Neurology, Behavioral Medicine, Psychiatry, among others. In addition, consultation can occur with inpatient services for either current cases in the clinic who need inpatient services or veterans currently in inpatient settings (psychiatric or medical) who will need follow-up outpatient services upon their discharge from the inpatient unit.

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

~ Supervision ~

Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for designing the training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns’ progress during the PCT rotation. Additional supervisors are assigned for group psychotherapy. In addition, interns meet together in a small group with multiple supervisors for assessment consultation. Supervision for research or for individual assessment or treatment cases is also available from other staff on an as-needed basis.

~ Research ~

Interns have the opportunity to become involved in ongoing clinical research activities. The intern’s level of involvement can vary from the internship standard of 4 hours per week, to a full day per week if an intern requests the higher level and meets requirements necessary for that commitment. Current projects in the two National Center for PTSD divisions are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, randomized controlled trials, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization. Decisions about the extent of research involvement are based on an intern’s interest, available time, and training needs. These decisions are made in consultation with the intern’s primary supervisor and other staff.
Selected recent publications from our staff (highlighted):


REHABILITATION PSYCHOLOGY

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

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

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

Number of Interns: 1

~ Overview ~
This is an ideal rotation for applicants interested in health psychology, specifically coping with acute or chronic illness. You will be embedded within several multidisciplinary teams, work in inpatient and outpatient medical settings, and care for patients and families coping with life-changing injuries and illnesses. The entire continuum of care is covered from acute injury to chronic disability to palliative and end of life care.

Rehabilitation Psychology focuses on helping individuals with disabilities (congenital or acquired) achieve optimal psychological, physical, and social functioning. Psychotherapy and neuropsychological assessment are provided as part of a multidisciplinary team, specifically:

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

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

~ Clinical Experience ~

The primary training site is West Roxbury (2-3 days/week), with 1-2 days/week at Brockton, and the fifth day reserved for other training needs. The veterans we care for have a range of chronic medical conditions, most commonly spinal cord injury/disorders (SCI/D), multiple sclerosis, stroke, or amputation. Spinal cord injuries/disorders are a specialty area for the VA Boston Healthcare System. VA Boston is the regional spinal cord center as a part of the “hub and spokes” model of care for VISN 1 (all VAs in New England). Comprehensive care is provided to patients to improve their health and functional abilities, and maintain quality of life from onset of injury throughout their life.

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

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

  Interns will be trained in psychological principles and techniques to treat mental health issues including depression, grief, anxiety, dementia, behavioral concerns; rehabilitation issues such as adaptation to disability, acute and chronic pain, motivation for therapy, neuropsychological assessment as it pertains to treatment and discharge planning and complex neuropsychiatric presentations which require a full "team intervention" to optimize care. This rotation will be exciting for interns with interests in acute adjustment issues relating to new and pre-existing disability and illness, family roles, re-integration into the community, neuropsychology, capacity evaluations, acute and chronic pain, crisis intervention, and effects of long-term hospitalization.

  **LOCATION**: WEST ROXBURY CAMPUS.
  **SUPERVISORS**: MELISSA AMICK, PH.D., AND SUSAN MCGLYNN, PH.D., ABPP/CN

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

**LOCATION:** BROCKTON CAMPUS.

**SUPERVISOR:** KATE HINRICHS, PH.D., ABPP

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

Excellent teams yield excellent care for our veterans. This experience entails working with an interdisciplinary team and providing education and support using your expertise as a clinical psychologist. Each academic semester the intern and partner (another trainee or staff) will collaboratively design and write a curriculum tailored to the current needs of the hospital unit. Along with the partner, interns will conduct weekly sessions for one hour with voluntary attendance from the team. Previous topics included Self-Care Series (stress management; self-assessment; creativity; mindfulness; mindful eating; benefits of exercise); Understanding why and how to work with patients with advancing dementia; Ethics of social media 101; Boundaries in complicated work settings; Late onset PTSD with SCI onset; Working with challenging people; Managing disruptive behaviors; and Behavioral analysis and intervention. Content of each talk is tailored to be unit-centered with practical information that improves overall “health” of an active interdisciplinary team.

**LOCATION:** BROCKTON CAMPUS.

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

- **Outpatient Psychotherapy and Assessment:** Interns provide outpatient psychotherapy and neuropsychological assessment to individuals living in the community. Individual psychotherapy cases typically have comorbid physical and mental health diagnoses (e.g. SCI/D and depression/anxiety/chronic pain). Opportunities for couples/family therapy may also be available.

Neuropsychological assessment referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, ADHD, LD, traumatic brain injury and dementia. Neuropsychology assessments involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients.

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

LOCATION: WEST ROXBURY CAMPUS, JAMAICA PLAIN CAMPUS.
SUPERVISORS: MELISSA AMICK, PH.D., JOHN OTIS, PH.D., LAURA GRANDE, PH.D., ABPP/CN

~ Didactics ~
The Rehabilitation Psychology rotation includes a weekly didactic in psychotherapies that are particularly relevant to chronic illness and disability (e.g. coping effectiveness, motivational interviewing, chronic pain management, ACT). The Rehab interns also attend the weekly Geropsychology seminar, and are encouraged to attend the weekly SCI/D physician lecture series and journal club. There are also monthly lectures and educational opportunities including Schwartz Rounds and Mental Health Ground Rounds. Interns have opportunities to attend other educational opportunities through VA Boston, Boston University School of Medicine, and Harvard Medical School.

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

~ Supervision ~
The rehabilitation psychology intern receives at least four hours of weekly supervision, at least two hours of which are individual with the primary supervisor. Weekly group supervision is also provided as an opportunity to discuss cases from multiple perspectives.

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

Current active areas of research include:
- Biomarkers of OEF/OIF Deployment related cognitive and emotional disorders;
- Biomarkers of cerebrovascular risk in SCI;
• Post traumatic headache, pain and PTSD, and application of the Unified Protocol;
• Creating a model for interest in living versus desire to die in populations with severe disabilities;
• Ethical dilemmas within clinical practice.

Selected recent publications from our staff (highlighted):


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


SUBSTANCE USE DISORDERS - SPECTRUM OF TREATMENT

Rotation Coordinator: JUDITH BAYOG, PH.D.
Psychology Service (116B)
VA Boston Healthcare System
940 Belmont Street
Brockton, MA 02301

Telephone: (774) 826-1489
Email: judith.bayog@va.gov

Training Location:
Brockton Campus

Number of Interns: 1

~ Overview ~

The Substance Use Disorders – Spectrum of Treatment rotation at the VA Boston Healthcare System prepares interns to work in a variety of settings and provides the intern with highly marketable skills in treating substance use disorders and their common comorbidities. The intern learns to:

- Deliver evidence-based assessments and psychotherapies for substance use and co-occurring disorders;
- Provide an internationally-recognized, empirically-supported Behavioral Couples Therapy (BCT) and have the opportunity to become a certified BCT-SUD provider;
- Conduct Seeking Safety and Relapse Prevention Groups;
- Deliver Cognitive Processing Therapy (CPT) for PTSD and have the opportunity to become a certified CPT provider;
- Complete risk assessments for complex clinical situations;
- Administer treatments in both residential and outpatient levels of care;
- Provide continuous care;
- Participate in clinical research and program evaluation.

The Alcohol and Drug Treatment Program (ADTP) and the Project for Counseling Alcoholics’ Marriages (CALM) are outpatient clinics located on the first floor of Building 5; the Center for Integrated Residential Care for Addictions (CIRCA) is a residential rehabilitation program located on the first floor of Building 2. Our population of Veterans consists of male and female (majority male) adults with a wide range of ages...
(average 42 years), who often present with significant psychosocial stressors as a consequence of their SUD, including unemployment and homelessness.

~ Clinical Experience ~

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

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

Professional psychologists in the above three programs have key leadership roles in program management, clinical care, supervision/training, program development, and evaluation/research. Interns complete comprehensive intake assessments and treatment plans and provide evidence-based psychotherapies in all components of the rotation.

- In the **Center for Integrated Residential Care for Addictions (CIRCA)**, the intern conducts screening assessments to determine appropriateness for program admission. The intern also serves as a treatment team leader for 1-2 patients and is responsible for providing individual therapy and coordinating care for up to 2 CIRCA residents at any given time. At the beginning of the year, the intern and Dr. Lisa Myers co-facilitate a manually-guided relapse prevention group. Once the intern reaches a level of competence, the intern assumes responsibility for leading the group. Group therapy experience will be with cognitive-behavioral relapse prevention techniques, DBT-oriented emotion-regulation skills training, and/or CBT for depression and anxiety. The time commitment in CIRCA is approximately 12 hours per week.

- In the **Outpatient Alcohol and Drug Treatment Program (ADTP)**, the intern and Dr. Judith Bayog co-lead the Stage 1 group, a manually guided group designed to help clients move through the early stages of change to their substance use. Given that the Veterans who attend the group are, by nature of their use, at high risk for problematic behavior, the intern remains a co-facilitator with their supervisor throughout the training year. The intern also manages a small caseload of up to 4 clients and learns to provide CBT-SUD, MI, CPT, and ACT. In addition, the intern may have the opportunity to receive supervision in Motivational Enhancement Therapy (MET) by a postdoctoral fellow. The intern also is provided the opportunity to attend local training in CPT and may choose to attend additional supervision through the Adjunctive Treatment Experience (ATE) for the purpose of becoming a certified CPT provider. The time commitment in the ADTP Outpatient Clinic is approximately 12 hours per week.

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

Throughout the rotation, the intern is provided a unique opportunity to work with patients across a continuum of care, and with patients who have substance use problems that differ in duration and severity, as well as a wide range of co-occurring mental health problems. Interns learn to coordinate care with psychiatrists, psychiatry residents, psychologists, social workers, nurses, and health technicians. Additionally, they collaborate with other VA clinic staff and programs (e.g. homelessness programs, suicide prevention programs, long-term residential programs, work therapy programs,) as well as community resources (e.g., 12-Step programs, SMART recovery, Veteran support groups) to provide additional support for patients. All of the substance use disorder treatment programs have a steady flow of patients that ensure access to a rich set of training experiences. The intern provides services for a patient population diverse in age, gender, sexual orientation, socioeconomic status, religion and spiritual beliefs, cultural identity, trauma history, era of military service, and combat experience. Working across settings provides the intern with an opportunity to learn evidence-based treatment approaches appropriate to the level of care (e.g., abstinence vs. controlled drinking), and to work with patients at varying stages of recovery and readiness to work on other life problems. Patients enrolled in these clinics often receive treatments that address co-occurring mental health problems (e.g., Mood and Anxiety Disorders, including PTSD), and the intern gains proficiency treating a range of mental health problems in the context of addiction. Staff works closely with interns to develop a balanced caseload that promotes maximum professional development as well as self-care. The total percent of intern time devoted to direct patient care is approximately 50% of the training week, with an additional 15% spent in supervision and clinical specific didactics.

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

~ Instruction ~

In addition to the weekly Internship seminar series attended by trainees across all rotations, there are three venues to impart knowledge about the evaluation and treatment of substance use disorders and promote the intern’s professional development. The first venue, the Addiction Journal Club is a monthly meeting of interdisciplinary faculty, interns, and fellows that focuses on maintaining the scientist-practitioner model by keeping current on empirical and theoretical advances that can inform clinical practice. The second venue is a monthly SUD Open Forum that provides semi-structured didactics as well as the opportunity for a free exchange of ideas related to SUD treatment. The third venue is the PTSD/SUD Clinical Forum that is open to all psychology interns on Brockton rotations, as well as multidisciplinary staff from SUD and PTSD clinics in Brockton. The primary focus of this semi-structured
~ Supervision ~

At the Brockton Substance Use Disorder, Spectrum of Treatment rotation, several psychologists provide training for the intern in their respective programs:

**Judith Bayog, Ph.D.**  Licensed Psychologist, Program Manager of the Outpatient ADTP Clinic, and Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School is the primary supervisor for this rotation. She coordinates the various training components of the rotation, and helps interns develop training plans that maximize professional development in the context of good self-care. She is certified in CBT-SUD, MET and CPT. Dr. Bayog will provide the intern with two hours/week of individual supervision.

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

**Justin Enggasser, Ph.D.**  Licensed Psychologist and the Section Chief of Substance Abuse Treatment Services at VA Boston Healthcare. He is an Assistant Professor of Psychiatry at Boston University School of Medicine, and Instructor in Psychology at Harvard Medical School. He will provide supplemental supervision for the trainees on CIRCA or ADTP activities, as needed.

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

**Daniel Rounsaville, Ph.D.**  Licensed Psychologist in ADTP and Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. He will be available for one hour of individual supervision every two weeks for program evaluation/research of aspects of the ADTP clinic. Dr. Rounsaville is conducting a study looking at factors predicting the clinical outcomes in the ADTP clinic with veteran prescribed buprenorphine over the course of three years examining predictors including treatment participation, concurrent non-opioid use, and comorbid diagnoses.

The psychology intern is provided one half hour of supervision per week by the psychology postdoctoral fellow specializing in substance use disorders. This supervision is in addition to supervision with the above psychologists. The postdoctoral fellow is, in turn, supervised by a licensed and credential psychologist who maintains legal responsibility for the case.
~ Research ~

Much of the empirical support for BCT for SUD has come from projects conducted here at VA Boston. Dr. Enggasser is the Section Chief for Substance Use Disorder Treatment Services at VA Boston, and is available as a research mentor for interns interested in SUD related research. Dr. Enggasser is involved primarily in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Current research opportunities with Dr. Enggasser include involvement in ongoing research efforts focused on 1) developing and evaluating Web and mobile phone-based self-help interventions for veterans with problem drinking and trauma symptoms or 2) identifying predictors of treatment retention and outcomes of IM Naltrexone (Vivitrol) treatment for opioid use disorder. Specific activities connected with these projects can vary depending on a trainee’s interest and goals, as well as the status of the project at the time the trainee is available.

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

- Selected recent publications from our staff (highlighted):


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

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

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

Training Location:
Brockton Campus

Number of Interns: 1

~ Overview ~

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

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

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

~ Clinical Experience ~

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

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

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

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

- Brockton Intensive Alcohol and Drug Addiction Program of Treatment (I-ADAPT): 45% of time.
I-ADAPT is a part of the outpatient ADTP. It is an abstinence-based intensive outpatient program that provides an intermediate level of care between residential and standard outpatient addictions treatment. The program receives approximately 15-20 new consults per month and is administered by psychologist Dr. Travis Cook and staffed by Mr. Richard Lapierre, LICSW and Dr. Julie Weismoore. Interns may co-lead groups with Dr. Cook, Mr. Lapierre, Dr. Weismoore, or the Psychology Postdoctoral Dual Diagnosis Fellow.

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

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

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

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

Additionally, the intern will also participate in selected joint trainings with National Center for PTSD interns, including trainings in PTSD assessment and treatment, PTSD-SUD research and clinical issues, and a seminar on exposure therapy. More individualized training will be provided by supervisors in the specific clinics based on particular needs and goals. The intern will also participate in a two-day training in Cognitive Processing Therapy (CPT) unless an intern has previously completed the requirements for CPT certification. If this is the case, the intern can choose to focus on learning another evidence-based practice such as Prolonged Exposure, Cognitive Behavioral Therapy for Insomnia, Cognitive Behavioral Therapy for Substance Use Disorders, Acceptance and Commitment Therapy, or DBT Skills.

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

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

~ Research ~

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

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

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

Dr. Enggasser is the Section Chief for Substance Abuse Treatment Programs at VA Boston, and is available as a research mentor for interns interested in SUD related research. Dr. Enggasser is involved primarily in research focused on developing new treatment models and treatment delivery methods for individuals with substance use disorders and co-occurring PTSD. Current research opportunities with Dr. Enggasser include involvement in ongoing research efforts focused on 1) developing and evaluating Web and mobile phone based self-help interventions for veterans with problem drinking and trauma symptoms or 2) identifying predictors of treatment retention and outcomes of IM Naltrexone (Vivitrol) treatment for opioid use disorder. Specific activities connected with these projects can vary depending on a trainee’s interest and goals, as well as the status of the project at the time the trainee is available.

Alternatively, interns may design and conduct program evaluation of ongoing services. Both the PCT and ADTP clinics are beginning to gather client satisfaction data and track consults and other information about clinic flow, in order to guide program development efforts. Information about depression, alcohol use, and PTSD symptoms is collected at intake in both the PCT and I-ADAPT clinics. As the clinics continue program development and move toward more in-depth program evaluation, the intern would have the unique opportunity to shape the collection of data, as well as the methods and measures utilized toward this end. The intern may help design and select evidence-based outcome measures and aid in data collection and analysis of the Seeking Safety group and several other therapy groups within Brockton outpatient services. Interns will also have the option of learning more about PTSD clinic administration through work with Dr. Krinsley.
Selected recent publications from our staff (highlighted):


WOMEN’S TRAUMA RECOVERY TEAM

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

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

Training Location:
Jamaica Plain Campus

Number of Interns: 1

~ Overview ~

The Women’s Trauma Recovery Team (WTRT) is located at the Jamaica Plain campus of VA Boston Healthcare System. WTRT is a recovery-oriented outpatient mental health program specializing in the assessment and treatment of PTSD and other trauma-related and comorbid disorders in women Veterans, and it is affiliated with the Women’s Health Sciences Division of the National Center for PTSD. Interns in WTRT receive extensive training and experience with evidence-based assessment and psychotherapies for PTSD and other problems that can result from experiencing trauma. Additionally, interns receive training and experience with full-model Dialectical Behavior Therapy (DBT) within WTRT’s DBT track for women presenting with borderline personality disorder and/or significant emotional and behavioral dysregulation. Interns also participate in research with staff in the Women’s Health Sciences Division.

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

Interns on our rotation conduct their clinical work within WTRT but work closely with staff of VA Boston’s other women’s mental health programs, in particular TRUST House, a therapeutic transitional residence program in Jamaica Plain for women Veterans with trauma- and substance-related problems. WTRT interns also collaborate with medical staff of the Women Veterans Health Center and with social work staff in VA Boston’s large Homelessness Program.

At the beginning of every rotation, WTRT interns – along with other WTRT trainees and trainees on Jamaica Plain’s PTSD Clinical Team (PCT) and Center for Returning Veterans (CRV) and Brockton’s Trauma
Orientation Manual

and Addiction Recovery rotations – attend a series of didactics through the National Center for PTSD. The didactics include presentations on and training in:

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

~ Clinical Experience ~

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

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

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

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

- **Assessment:** Women Veterans new to WTRT are sometimes provided comprehensive psychological assessments in order to more effectively plan for treatment. Multiple methods are used to gather information (e.g., chart review, structured clinical interviews, psychological and personality tests). In addition to the provision of these multi-session, comprehensive assessments, interns have the opportunity to conduct briefer, one-session intake assessments during their time on this rotation.

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

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

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**~ Supervision ~**

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

~ Selection Criteria ~

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

~Research~

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

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

- **Currently funded research in the Women’s Division includes:**
  - Eating Disorders in Veterans: Risk, Resilience, and Service Use. PI: Karen Mitchell, Ph.D. Department of Veterans Affairs Health Services Research and Development Merit Award.
  - An Electrophysiological Predictor of SSRI Response in Veterans with PTSD. PI: Suzanne Pineles, Ph.D. VA Clinical Sciences Research and Development.
- Increasing Reach of Evidence-Based Therapies in CBOCs: Identifying Needs and Strategies for Scale-Out. PI: Katherine Iverson, Ph.D. VA HSR&D Merit Pilot.
- Intimate Partner Violence, Health, and Health Care Among Female Veterans. PI: Katherine Iverson, Ph.D. Department of Veterans Affairs Health Services Research and Development Career Development Award.
- PTSD-Related Neurobiological Mediators of Negative Pregnancy Outcomes. PI: Yael Nillni, Ph.D. National Institute of Child Health and Human Development career development award.
- Recovering from Intimate Partner Violence Through Strengths and Empowerment (RISE): Tailoring and Evaluating an Innovative Counseling Intervention for Women Veterans. PI: Katherine Iverson, Ph.D. VA HSR&D Merit Award.
- Variable Length CPT for Combat-related PTSD. PIs: Patricia Resick, Ph.D. and Jennifer Wachen, Ph.D. Department of Defense.
- The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being. PI: Dawne Vogt, Ph.D. VA Health Services Research and Development.
- The Veterans Metrics Initiative Study of Transition from Military Service to Civilian Life. PI: Dawne Vogt, Ph.D. Consortium of Public and Private Funding
- WoVeN: A Peer Support Network for Women Veterans. PI: Tara Galovski, Ph.D., and Amy Street, Ph.D. Walmart Foundation

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


cognitive processing therapy compared with group present centered therapy for PTSD among active duty military personnel. *Journal of Consulting and Clinical Psychology, 83,* 1058-1068.


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

**Graduate Program**

- The internship only accepts doctoral students in good standing at an American Psychological Association (APA), Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology, or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible. The internship does not differentiate between clinical, counseling, and/or combined psychology students or respecialization students either in the application / selection process or in their applied training.

**Practicum Hours**

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

**Additional Criteria**

- United States citizenship.
- Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
- Adequate preparation for Internship as indicated by a statement from the applicant’s Program Director APPIC Application;
- Our selection process is weighted strongly toward applicants whose training, experience, and academic accomplishments indicate potential for both clinical and research excellence. In keeping with our program orientation and consistent with our APCS membership, we strongly prefer applicants from university based graduate programs that have a scientist-
practitioner or clinical scientist orientation. In addition to careful examination of applicants’ clinical experience, we take into consideration research experience (research assistant experience, familiarity and experience with research assessments, etc.) and research productivity (presentations, publications, grant applications, etc.);

- Preference is given to candidates whose dissertation will be completed or well advanced prior to internship, at least through the data collection process.
- The relationship between the clinical interests / experience of the applicant and his/her research interests;
- Thoroughness and thoughtfulness of answers to the application questions;
- The goodness of fit between the applicant’s stated objectives and the training program;
- The strength of letters of recommendation from faculty and professionals who know the applicant well;
- Presentation in internship application and interview of personal and professional characteristics such as maturity, self- awareness, collegiality, professionalism, open-mindedness, clear communication, critical thinking, awareness of multicultural and diversity issues, and openness to feedback and new learning.

CANDIDATES

MINORITY CANDIDATES

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

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

**Couples**

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

**Respecialization Students**

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

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**Salary and Benefits**

**Salary**

VA Central Office (VACO), Office of Academic Affiliations (OAA) in Washington, provides funding for the program in the form of intern stipends. The taxable stipend for VA Boston Healthcare System interns is **$28,912.00** per annum.

**Benefits**

- **Federal Employees Health Benefits (FEHB)** - One frequently asked question concerns health insurance. VA-paid interns are eligible for health insurance (for self, spouse, and legal dependents) just as are regular employees. (As a result of a Supreme Court’s decision, legally married same-sex spouses are now eligible family members under a Self and Family enrollment. **Coverage is available to a legally married same-sex spouse of a Federal employee or annuitant, regardless of his or her state of residency.** This decision does **not** extend coverage to registered domestic partners or individuals in civil unions.)

- **Federal Employees’ Group Life Insurance (FEGLI)** - FEGLI is a voluntary term life insurance program offered to trainees. The program offers Basic Life, Standard, Additional, and Family Option coverage. **Trainees pay the same rate as do employees.**
• **Child Care** - If needed, child care is available at *Small World* at the Jamaica Plain Division, and *Small World Too* at the West Roxbury division. The Jamaica Plain program is accredited by the National Association for the Education of Young Children (NAEYC). These are nonprofit, on-site child care facilities licensed to serve infants and children through 6 years of age.

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

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

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**Diversity and Inclusion Resources**

**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.

**VA Boston Psychology Committee on Diversity and Inclusion** - The VA Boston Psychology 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 VA Boston Psychology 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.
VA Boston Healthcare System Diversity Committee - The Mission of the VABHS is “To be a catalyst to enhance awareness, understanding, professional development, and management of diversity as an essential part of business success.” Its Vision is “To be a committed proactive champion for workforce diversity; creating and supporting initiatives that bring about an inclusive, productive work environment now and in the future.

The concept of diversity encompasses acceptance and respect of all individuals. It means understanding that each individual is unique, and recognizing our individual differences. Diversity is about fostering the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

The Work of the VA Boston Healthcare System’s Diversity Committee is about identifying where there are barriers to this definition of diversity and working to improve awareness, understanding and appreciation of every individual’s unique contribution to our workplace.
The VA Boston Healthcare System Psychology Internship Training Program is accredited by APA. Our most recent Site Visit was conducted in 2016. Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

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

Statement of Nondiscrimination

The VA Boston Healthcare System Psychology Internship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.
2019–2020 Clinical Psychology Internship Class
Major Rotation Assignments

Belel Ait Oumeziane.  
Purdue University  
Substance Abuse Treatment Program

Emily E. Bernstein.  
Harvard University  
Center for Returning Veterans

Arjun Bhalla  
University of Colorado – Denver  
Rehabilitation Psychology

Julia T. Boyle  
Philadelphia College of Osteopathic Medicine  
Geropsychology

Laura B. Bragdon  
Binghamton University – SUNY  
General Mental Health

Joseph K. Carpenter  
Boston University  
Women’s Trauma Recovery Team

Anthony N. Correro  
Marquette University  
Neuropsychology

Stacey L. Farmer  
University at Albany – SUNY  
Trauma and Addictions Recovery

Robert A. Forrester  
Palo Alto University  
Neuropsychology

Charles E. Gaudet  
University of Rhode Island  
Neuropsychology and Serious Mental Illness

Livia A. Guadagnoli  
Northwestern University Medical School  
Behavioral Medicine

Amy K. Hoffman  
University of South Florida  
Substance Abuse Spectrum of Treatment

Shannon K. Murphy  
Temple University  
PTSD Clinical Team

E. Marie Parsons  
Miami University  
General Mental Health

Elizabeth G. Spitzer  
Auburn University  
PTSD Clinical Team

Lauren R. Strainge  
University of Connecticut  
Neuropsychology

Chelsea H. Wiener  
University of Central Florida  
Behavioral Medicine

Cindy B. Woolverton  
University of Arizona  
Geropsychology