



Predoctoral Internship in Health Service Psychology

VA Central Western Massachusetts Healthcare System

[General Mental Health Internship Track \(Leeds/Northampton\)](#) Match Number: 133511

[Community-Based Outpatient Psychology Track \(Springfield\)](#) Match Number: 133513

[Integrated Outpatient Behavioral Health Track \(Worcester\)](#) Match Number: 133512

<http://www.centralwesternmass.va.gov/careers/psychologytraining.asp>

Applications due November 1st

Accreditation Status

The predoctoral internship in Health Service Psychology at the VA Central Western Massachusetts Healthcare System (VA CWM) is accredited by the Commission on Accreditation of the American Psychological Association, the next site visit is scheduled for 2021. (The CoA can be reached at APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; apaaccred@apa.org, (202) 336-5979, (202) 336-6123 TDD/TTY (202) 336-6123).

Application & Selection Procedures

For additional important information, please see the [Internship Admissions, Support, and Initial Placement Data](#) included at the end of this brochure.

To qualify for an internship at our VA Healthcare System, the applicant must meet the following criteria:

- 1) Graduate student in an APA-accredited, CPA-Accredited, or provisionally-accredited Clinical or Counseling Psychology program
- 2) United States citizen
- 3) Successful completion of a minimum of 300 direct contact intervention hours and a minimum of 50 direct contact assessment hours
- 4) Completion of all graduate prerequisites for internship candidacy, including passing of comprehensive exams and dissertation proposal approved by application deadline
- 5) In accordance with the Association of Professional Psychology Internship Centers (APPIC) guidelines, applicants must:
 - Possess interests and goals appropriate to our internship program
 - Show an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision

- Demonstrate ethical conduct and interpersonal skills appropriate to the practice of professional psychology

Additional Criteria of Interest

Progress in Doctoral Program: We are a clinically-focused internship that offers a deep level of exposure and engagement in all aspects of clinical work. In order to optimize their training experience, we have a strong preference for applicants who are in the advanced stages of progress on their dissertations.

Post-internship Placements: Our graduates aim for and attain clinical, clinical/research, program administration, and research post-doctoral fellowships and jobs.

Diversity: We have a strong commitment to recruiting to our training program members of historically underrepresented groups within the field of psychology. This is part of our larger commitment to promote diversity within the VA and within the field. Thus we hold it as a priority to develop and further the multicultural diversity and cultural competence of our trainees as well as our supervisory staff. We give attentive consideration to applicants who identify themselves as reflective of an element of diversity in terms of race, ethnicity, Veteran status, disability status, gender identity, or sexual orientation.

Respecialization: We welcome applications from respecialization students who have completed their doctoral degrees in non-clinical, non-counseling fields within psychology and have completed respecialization coursework in clinical or counseling psychology at APA or CPA accredited doctoral programs.

Application Procedures

- Note: Our VA Healthcare System has six internship positions available across 3 tracks:
 - General Mental Health track (match #133511) at Leeds/Northampton (Edward P. Boland VA Medical Center): 4 positions
 - Integrated Outpatient Behavioral Health track (match #133512) at Worcester (Community-Based Outpatient Clinic): 1 position
 - Community-Based Outpatient Psychology track (match #133513) at Springfield (Community-Based Outpatient Clinic): 1 position
- If you wish to apply for one or more of these positions, please submit a complete APPIC Universal Internship Application at www.appic.org by November 1, 2018. This should include:
 - The APPIC Universal Internship Application – indicating the track(s) to which you are applying
 - A cover letter describing your interest in the particular track(s) to which you are applying
 - Current Curriculum Vita
 - Official transcripts of all graduate work
 - Three letters of recommendation from faculty or training supervisors

Interviews

Personal interviews are offered to those applicants still being considered after the review of their application and supporting materials. Phone interviews generally are not substituted for a personal visit. Invitations to interview will be made by December 4, and on-site visits are tentatively scheduled for the following dates:

- January 16, 2019: Outpatient Clinic, Springfield, MA
- January 17, 2019: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- January 18, 2019: Outpatient Clinic, Worcester, MA
- January 22, 2019: Outpatient Clinic, Springfield, MA, and Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- January 23, 2019: Outpatient Clinic, Worcester, MA

The VA CWM training program abides by APPIC and APA guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before selection day. Further, the VA Medical Center is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, marital status, physical handicap, or age.

After the applicant has officially accepted an offer, the applicant will be asked to submit a Declaration of Federal Employment (OF 306) and an Application for Federal Employment (OF 612), both of which are required for federal government employment.

Please feel free to contact the Co-Directors of Training, Christina Hatgis, PhD, and Brad Brummett, PhD, at (800) 893-1522, or by email at Christina.Hatgis@va.gov and Bradley.Brummett@va.gov, with any questions you might have.

Psychology at VA CWM

The Predoctoral Internship in Health Service Psychology at VA CWM is designed to advance the clinical training of future psychologists at the predoctoral level of their development. The training is designed to be the most intensive training experience in the development of a psychologist's career. The training is designed to be generalist, broad-based within a medical center setting. This training program offers inpatient and outpatient settings, utilizes brief treatment and long-term treatment models, and allows for a variety of theoretical and application models. The program emphasizes the clinical practices of assessment and treatment with a variety of approaches within a variety of traditional and non-traditional settings. Interns are provided with extensive supervision so as to maximize their learning in each of the settings and modalities in which they train.

The Predoctoral Internship in Health Service Psychology at VA CWM is within the Mental Health Service Line. The program is operated by the Psychology Training Committee and is composed of the doctoral psychology staff of the Mental Health and Primary Care Service Lines. The Training Committee is composed of approximately 29 psychologists who work in a variety of settings. The program has enjoyed APA approval since 1979, and it has successfully passed its accreditation site visits throughout the course of its existence. The VA Central Western Massachusetts Healthcare

System is fully accredited by The Joint Commission and is affiliated with the University of Massachusetts Medical School.

Within VA CWM, psychologists are an integral part of the Mental Health and Primary Care Service Lines. Psychologists provide patient care, consultation, and teaching within the hospital. In the General Mental Health Internship track at Leeds/Northampton, Primary rotations occur in the following settings: Assessment, Inpatient Psychiatric Units, Health Promotion and Disease Prevention (HPDP) with Primary Care-Mental Health Integration (PC-MHI), outpatient Mental Health Clinic (MHC), Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU), and Substance Use Disorders Clinic (SUD-C). The Integrated Outpatient Behavioral Health track at Worcester is a 12-month training experience. The Community-Based Outpatient Psychology track at Springfield is a 12-month training experience. In addition, psychologists participate in the Employee Assistance Program, the Women's Advisory Committee, the Smoking Cessation program, the Ethics Committee, the Quality Assurance Committee, Military Sexual Trauma program, Sex Offenders program, and the Mental Health Council. The psychologists at VA CWM have varied educational backgrounds and theoretical perspectives, allowing for a range of styles for role modeling and professional development. They are involved in a variety of professional activities outside the VA Medical Center including consultation, private practice, teaching, and authorship.

VA CWM Setting

VA CWM provides psychiatric and medical care to a population of more than 120,000 men, women, and transgender Veterans (of which approximately 20,000 are actively enrolled in services) in western and central Massachusetts. Those Veterans served by the medical center are predominantly male; however, the number of female and transgender Veterans seeking services increases every year. The Edward P. Boland VA Medical Center in Leeds/Northampton operates 81 psychiatric beds, 16 off-campus Compensated Work Therapy Transitional Residence Domiciliary beds, and a 30-bed nursing home care unit. Outpatient treatment is provided through the Primary Care Service, the outpatient Mental Health Clinic, and Community-Based Outpatient Clinics (CBOCs) in Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester. A comprehensive range of psychiatric treatment modalities includes (but is not limited to) individual, group, and family therapies, comprehensive assessment procedures, preventive health and educational programs, rehabilitative medicine services and vocational rehabilitation programs. There are also specialized programs in neuropsychological assessment, long-term care psychiatry, geriatric evaluation, and the treatment of substance use disorders and posttraumatic stress disorder.

The Northampton VA Healthcare System was renamed in 2011 to VA Central Western Massachusetts Healthcare System following a realignment in which the existing VA CWM system was joined by two additional Community Based Outpatient Clinics (CBOCs)--Worcester and Fitchburg--which were formerly part of the VA Boston Healthcare System and the VA Bedford Healthcare System, respectively. VA CWM also then became affiliated with the University of Massachusetts Medical School and resumed research activities. VA CWM consists of the Edward P. Boland VA Medical Center at the Leeds/Northampton campus and five CBOCs: Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester, spanning 75 mile radius. Over 1,000 employees, including teams of primary care physicians, medical and other specialists, psychiatrists, nurses,

dentists, social workers, psychologists, and support staff combine with consultants and attending physicians to provide an interdisciplinary approach to patient care within the VA CWM.

The Worcester and Springfield Community-Based Outpatient Clinics (CBOCs) are each embedded in vibrant and culturally diverse, medium-sized New England cities. See their respective track descriptions for more detail about those locales.

Training Model and Program Philosophy

The central goal of the Predoctoral Internship in Health Service Psychology program at VA CWM is to provide a quality training experience designed to prepare predoctoral psychology interns for entry-level psychology positions or postdoctoral training. The training program seeks to help interns broaden, deepen, and integrate their current knowledge base with applied clinical experience with military Veterans. The internship prepares students to function as generalists within a medical center setting and it provides opportunities to develop skills in specialty areas such as the treatment of posttraumatic stress disorder, substance use issues, affective disorders, neuropsychological assessment, and psychological sequelae of medical conditions. It emphasizes the clinical practices of assessment, treatment, and consultation, and it provides training and experience with a variety of therapeutic approaches across a range of clinical settings. Interns are provided extensive supervision so as to maximize their learning in each of the settings and modalities in which they train. The training program aims to assist predoctoral psychology interns in the process of forming professional identities as clinical psychologists, and it emphasizes professional development as a valued direction towards which all psychologists should continue to aspire.

The Psychology Training Program is committed to a practitioner-scholar model of internship training. We believe in the development of psychologists who have sufficient depth and breadth of knowledge and skills to provide empirically-supported treatments to diverse patient populations in interdisciplinary settings. We believe in the provision of patient-centered care that maximizes individual strengths, promotes human dignity, and values individual differences. We are committed to fostering a supportive, inquisitive, and open learning environment that places a premium on professional growth and scholarly development. We strive to model openly our own willingness to learn and to grow as psychologists as we examine and revise continually the services we provide to ensure that they remain current, relevant, and scientifically sound. We endeavor to create a training environment where the intern can develop the competencies and knowledge base needed to eventually practice professional psychology at the independent level, feel supported in the development of her/his sense of identity as a professional psychologist, and feel challenged and inspired to continue to question, learn, and grow throughout her/his professional career.

All training experiences follow a logical progression toward increased complexity and independence. The interns' overall knowledge base and theoretical sophistication are increased through didactic input in ongoing individual and group supervision, clinically-oriented seminars, and various lectures offered through the Education Department. Training experiences build gradually over the course of the year, with interns taking on more responsibility as the year progresses. Within several of the rotations, interns begin by co-facilitating groups with the supervisor. They are expected to be able to lead groups independently by the end of the rotation. Similarly, interns may first learn to administer unfamiliar assessment instruments via practice-administrations with their supervisor. As they gain

competency with test administration and interpretation, they are presented with opportunities to continue to progress to a "monitoring" level of practice (e.g., they begin to administer tests to their clients and interpret them on their own, prior to supervision). Interns also take on more responsibility in the didactic component as the year progresses, leading case conferences and conducting a didactic seminar.

During internship orientation, interns complete a self-assessment, which is reviewed with the Co-Directors of Training. All rotations and training experiences are collaboratively selected with consideration for prioritizing training needs and taking intern preferences into consideration whenever possible. As each trimester comes to a conclusion, the interns review how their skills have developed with their individual supervisors. In rare cases, alterations of training plans may be made during the year to address interns' training needs as these become clearer or change over time. Discussion of intern progress and training needs is ongoing with formal evaluations taking place at the midpoint and endpoint of each trimester. A primary supervisor is identified who will be responsible for ensuring completion of the 2 written evaluations during each trimester.

Program Goals

The training program emphasizes the active involvement of the intern in determining training assignments, participating in training seminars and workshops, and providing feedback and creative input to the internship program. We expect the intern to attain the following broad training goals over the course of the internship year:

1. Develop a sense of professional responsibility and an identity as an ethical psychologist who is a consumer of research, a critical thinker, and a practitioner of empirically-sound treatment.
2. Develop the ability to integrate empirically-supported interventions with theoretically-sound approaches to the treatment of culturally diverse patient populations.
3. Demonstrate proficiency in psychological assessment and diagnosis.
4. Develop the ability to effectively evaluate programs/treatments, consult with colleagues/multidisciplinary staff/other interested parties, and provide clinical supervision.

Interns are given the opportunity to develop and demonstrate achievement in the following profession-wide competencies and program-specific aim: research and scholarly competence; ethical and legal standards; individual and multicultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; consultation and interprofessional/interdisciplinary skills; and the program-specific aim is to develop competency to work with military Veterans in a VA setting.

Program Structure

In line with our commitment to foster a supportive, inquisitive, and open learning environment, our training program actively involves interns in decision-making processes about their education and training. Throughout the training year, interns collaborate with the Directors of Training and the Training Committee to discuss their training interests and development. These discussions include

assessments of the intern's strengths and areas which may benefit from further development. Rotation selections are derived from this collaborative process. At the beginning of the internship year, interns complete a self-assessment that is reviewed by the Directors of Training. This self-assessment is designed to help the intern identify and clarify broad goals for the upcoming internship year. At the beginning of each training experience, the supervisor and intern work collaboratively to develop a training contract.

Supervision and Didactic Training

Individual and Small-Group Supervision

The Clinical Psychology Internship is designed to offer each student the opportunity to receive individual supervision from a variety of licensed psychologists with different clinical expertise, theoretical orientations, and stylistic approaches. Interns and Supervisors will review, specify details within, and sign a supervision agreement at the beginning of their work together.

Interns on all tracks will receive a minimum of four (4) hours per week of regularly scheduled individual or small group supervision, including supervision from primary and ancillary supervisors across all rotations and tracks. A minimum of two (2) of these supervision hours is provided as individual supervision by a licensed psychologist. Up to one-and-a-half (1.5) of these hours may be provided as small group supervision (3 or fewer trainees). Up to one-and-a-half (1.5) hours per week of supervision may be provided by an appropriately credentialed other health care provider, for example a licensed psychiatrist, registered nurse, or social worker with certification in an empirically based psychotherapy of interest to the trainee. However, a licensed doctoral level psychologist, maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals. Interns have access to consultation and supervision during times they are providing clinical services, and primary or covering supervisors, are available on-site whenever interns are meeting with patients and delivering services. This commitment to the development of clinical knowledge and experience affords each student the opportunity to work closely with at least six licensed psychologists during their internship, and often many more.

While the focus of Individual Supervision varies on different rotations, all students will receive feedback and consultation with regard to the direct patient care they provide. Supervision may involve conjoint treatment sessions, video/audio recordings, role-playing, and review of process notes. Our training program strongly holds the belief that improvement in clinical skills occurs through the provision of direct supervisory feedback. Therefore, students are highly encouraged to seek additional opportunities for coaching from their supervisors. In addition to improving the quality of therapeutic services provided to Veterans, we consider supervision to work most effectively when interns feel safe, supported, and challenged intellectually to develop their own independent professional identity and voice as a therapist. We encourage interns to be open to supervisory discussions that address the personal reactions that they may experience in the course of providing psychological services. We regard self-awareness, understanding, and the ability to use this information to further the therapeutic process as a valuable clinical skill worth cultivating within the boundaries of a safe professional environment.

Case Conference Presentations

[Dr. Malinofsky](#) serves as the Case Conference Facilitator. Formal case presentations provide an opportunity for interns and psychologists to openly share and reexamine their clinical work in a supportive, inquisitive, collegial environment. Interns and psychologists are encouraged to present cases which highlight specific clinical questions and interventions, and/or which provide participants an opportunity to explore the influence of culture and other aspects of diversity. Case presentations also provide presenters an opportunity to organize their thoughts/hypotheses about a particular case, and to practice presenting these in a formal manner to colleagues. Interns typically present multiple cases (at least three) throughout the course of the training year. Presentations are expected to be informed by relevant and current literature.

Didactic Seminars

[Dr. Tormey](#) serves as the Didactic Seminar Coordinator. Interns attend weekly didactic seminars which cover a range of clinical topics deemed to be central to the practice of psychology within a VA Medical Center. The didactic series is comprised of psychological assessment seminars, psychotherapy seminars, and specialty seminars which address specific areas of clinical interest, such as ethics, and risk assessment, to name a few. Didactic seminars are scheduled in such a way that interns are provided essential seminars (e.g., ethics, risk assessment, initial interviewing, human diversity) early in the training year. Interns are also expected to develop and present a didactic seminar drawing from current literature on a clinical topic of their interest.

Program Evaluation

Interns are expected to complete and present a formal program evaluation/quality improvement study related to an assessment or treatment program. This may include a pre-post evaluation of an empirically-supported treatment as applied to group psychotherapy, or an “n of one” evaluation of an individual case, with multiple measures applied at pre-, mid-, and post-intervention. Examples of previous evaluations by interns are clinical efficacy of CPT; outcome evaluation of ACT protocol on PTSD unit; using the Acceptance and Action Questionnaire; evaluation of intern responses to didactic seminars; evaluation of Mood Monitor Implementation on Acute Inpatient Unit; outcome evaluation of ACT-based anger group; program evaluation of PTSD Unit's Family Day; evaluation of how to improve outreach efforts to Veterans through the OEF-OIF-OND program; and Evaluation of Care for Transgender Veterans at VA CWM.

Distance Technology

As of the writing of this brochure, the Training Program does not employ distance technologies for supervision. All supervision is delivered in a face-to-face format. Interns enrolled in certain Ancillary Rotations, (such as CPT or ACT) which teach empirically-based psychotherapies, may receive additional consultation by national experts via phone or video-teleconference, in addition to the in-person supervision they receive from our on-site supervisors. This consultation is integrated into their overall supervision by the primary supervisor overseeing that particular training experience. The Training Program does not typically employ distance education technologies for training. However, in the event of severe weather, for the two interns at the Springfield and Worcester CBOC tracks, the option is available for them to use secure telephone or video teleconference technology to remotely access didactic seminars or case conferences at the Leeds campus from Worcester or Springfield.

Intern Resources

Dedicated individual office space has been allocated for interns to conduct psychotherapy with Veterans and to complete administrative work. Each intern has their own telephone, computer, computer access codes, email account, and access to on-line services. VA relies on a computer-based electronic medical record, and during Orientation the interns receive training on the basics of this system. Technical support remains readily available throughout the year should they encounter problems or have questions. Strong emphasis is placed upon the careful use and transmission of electronic information.

The VA hospital system allows the interns to access a national telephone conferencing system. They have access to live teleconferences. They are encouraged to use the on-line medical library, which is interconnected to a vast array of local colleges, universities, hospitals and national data systems. VA and national health care bodies publish monthly newsletters and bulletins and these are made available to the interns. Our librarian is always willing to obtain articles and to assist in literature searches for interns.

With respect to psychological testing materials and supplies, the program has VA and commercially available software to facilitate scoring and interpretation of numerous instruments and to help students learn to utilize these aids in their assessment work. The VA has many computer-administered psychological tests, with a large collection of assessment instruments used within each rotation that are appropriate to the populations treated.

Administrative Policies and Procedures

Stipend and Benefits

Interns earn an annual stipend for internship training positions of \$28,912. The internship training position entails 2080 hours of training, including holiday and leave, over 52 consecutive weeks. The training is structured as a full-time, 40-hour Monday through Friday week. Interns are eligible for health insurance (for themselves, their legally married spouse, and legal dependents) and for life insurance. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service retirement or leave. The United States Government provides liability protection for trainees acting within the scope of their educational programs under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C. 2679 (b) – (d). Interns accrue 4 hours of vacation (Annual Leave) and 4 hours of sick leave for each full two week pay period for a total of 13 days in each category. Interns are also allocated 6 days of Administrative Leave for professional activities such as conferences, educational experiences, and post-doctoral fellowship interviews. In addition there are 10 federal holidays. Maternity/paternity leave is available with the caveat that alterations in training plans might be needed to ensure that interns complete a full 12-month training experience.

Due Process General Guidelines

Due process ensures that decisions about interns are not arbitrary or biased. It requires that the Training Program identify specific evaluative procedures, which are applied equally to all trainees, and provide appropriate appeal procedures to the interns. Due process guidelines are clearly communicated to interns during Orientation with opportunities for group and individual discussion. These procedures delineate the processes for notifying interns of a concern, providing a hearing, opportunity for appeal, methods of documentation, communication with doctoral program, remediation plans/timeframes, and methods of re-evaluation. There is also a grievance procedure for interns, which includes due process.

Evaluation of the Training Program

Throughout the year, interns are asked to informally provide evaluative feedback about rotations and other training experiences. At the conclusion of the training year, the interns will be asked to complete a formal/comprehensive End-of-Year Evaluation of their supervisors and of the program as a whole. Graduate surveys are sent to graduates of our training program so that they have opportunities to provide feedback with regard to how well the program has prepared them for work as professional psychologists.

GENERAL MENTAL HEALTH INTERNSHIP TRACK – LEEDS/NORTHAMPTON

(4 Positions)

Edward P. Boland VA Medical Center Campus

Match Number 133511

Overview

The Predoctoral Internship Training Program has a long history of providing multiple training rotations, settings, and modalities during the course of the training year. As our program has grown we have added yearlong tracks in each of the Worcester and Springfield Community-Based Outpatient Clinics (CBOCs). These interns work as a part of their respective multidisciplinary teams for the entire twelve months of the internship and travel to the Medical Center in Leeds/Northampton once per week to attend training activities with the other interns. Further details about these interdisciplinary tracks at our [Worcester](#) and [Springfield](#) CBOCs are available in separate sections of this document. The following information on rotations pertains only to the General Mental Health Internship track at the Medical Center.



During our orientation, interns are able to meet with the rotation supervisors and learn about available rotations. They consult with the Training Directors and submit preferences for the four-month rotations they would like. Each rotation involves 28 hours per week over the course of four months. There are currently six options for Primary Rotations: **Assessment, Health Promotion and Disease Prevention (HPDP) with Primary Care-Mental Health Integration (PC-MHI), Inpatient Psychiatry, Outpatient Mental Health Clinic (MHC), Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU), and Substance Use Disorders Clinic (SUD-C)**. It should be noted that VA CWM has more rotations than intern positions. This allows interns more of a choice in selecting training experiences that promote the development of necessary clinical skills. Rotations are designed to provide interns with training and practical experience in three broad areas essential to a clinical psychologist: assessment/ diagnosis, psychotherapy (including empirically-supported approaches to treatment), and consultation. Consultation typically involves discussion of particular cases and clinical problems; and also frequently involves program development, with a particular emphasis on the incorporation of evidence-supported approaches to treatment. For all intern training and educational activities, standardized evaluations occur at regular intervals. Interns are evaluated 6 times throughout the year (at the midpoint and endpoint of each trimester). A primary supervisor is identified who will be responsible for ensuring completion of the 2 written evaluations during each trimester. The rotations that are offered currently and the training they provide in the three aforementioned areas are listed below:

ASSESSMENT

The intern on this Primary rotation will work closely with [Dr. Malinofsky](#) and [Dr. Grant](#) to provide neuropsychological and psychological assessment services across a wide range of clinical settings, including both inpatient and outpatient populations. Dr. Malinofsky is a clinical neuropsychologist who receives assessment consults from providers throughout the VA system, including the TBI/Polytrauma team, Neurology, and Primary Care. Dr. Grant is a certified Mental Health Compensation & Pension Examiner who also serves as the Psychologist Consultant to the Community Living Center (a nursing care center). The intern will also have the opportunity to observe [Dr. Brummett](#), though he will not provide formal supervision on the rotation. There will also be an opportunity for Assessment interns to interact with our two Neuropsychology Residents who are on-site at the Medical Center in Leeds/Northampton approximately one day per week.

While the specific clinical settings vary, the underlying goal and training emphasis remain consistent. In each setting, the intern will be involved in clinical interviewing, test administration, scoring, report writing, providing feedback, and consultation and collaboration with an interdisciplinary team. A training goal will be to complete at least 3 assessment batteries with full reports. However, since students in different graduate programs have vastly different levels of training and experience in testing, this may be adjusted based on developmental level of competency. Skill level in testing will be assessed at the beginning of the rotation. Interns who require further training and/or experience to establish these skills are provided with testing assignments matched to their ability level with increasing independence and complexity.

Neuropsychology Service: Testing consults are submitted by a range of VA CWM providers including the TBI/Polytrauma team, Neurology, Primary Care, and Inpatient Psychiatry. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses and recommendations for treatment planning. In addition to her extensive experience with standard clinical neuropsychological assessment, Dr. Malinofsky has particular interest and expertise in dissociative disorders and projective testing. The intern will have the opportunity to administer and interpret both objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), Personality Assessment Inventory (PAI), Rorschach Inkblot Test, and Thematic Apperception Test (TAT), among others.

Compensation and Pension Service: Interns will be trained as a fully-certified Mental Health Compensation & Pension Examiners, and they will provide examinations under close supervision of Dr. Grant. Requests for examinations are received from Veterans Benefits Administration (VBA) Regional Offices. Exam requests involve DSM-5 diagnostic assessment for PTSD and other mental disorders for Veterans who have filed mental health disability claims. This may include administering various screening measures, CAPS-5, symptom validity scales, response style assessment, and other psychological tests. Examiners conduct thorough psychosocial interviews and carefully review VA medical records and claims files. Reports are then written and submitted to the Regional Office, providing accurate diagnoses and offering medical opinions and rationale regarding possible service connection.

Community Living Center: The intern will have the opportunity to work with Dr. Grant as the behavioral consultant to the nursing care unit. Inpatient cognitive screening exams may be performed to aid in diagnostic clarity, treatment planning, and decision-making/capacity evaluations.

Consultation

The intern will provide consultation to multidisciplinary teams and providers including the TBI/Polytrauma team, which consists of neurology, physical therapy, occupational therapy, speech therapy, audiology, and social work providers. In the case of neuropsychological assessment, in-person testing feedback will be offered to the referral source in addition to written recommendations included in the report. Providers from across our VA healthcare system regularly contact providers in the Neuropsychology Service for consultation on cases and to explore options for program-level improvements (e.g., the substance use disorders clinic recently sought the expertise of an intern when considering options for a cognitive screening approach that could be used to inform the assignment of Veterans to a group intervention modality).

Supervision Training

The advanced intern will have the opportunity to learn and practice supervision skills when consulting with interns on other rotations. In the past, interns have been asked to provide (supervised) training to social work interns and other psychology interns who are learning to use new assessment instruments. According to the developmental level of the trainee, interns may also be asked to review a Supervisor's case and provide feedback to the Supervisor about their approach and interpretation. Assessment interns are invited to join the monthly Neuropsychology Service meeting, where they will have the opportunity to give feedback to Neuropsychologists on cases.

Supervision Provided

At least 3 hours of individual supervision will be provided to the intern each week. The intern will attend scheduled weekly individual supervision meetings for 2 hours with Dr. Grant and 1 hour with Dr. Malinofsky (3 hours per week in total). There will also be frequent debriefing that will occur as often as daily after exam sessions, while scoring/interpreting reports, and when learning new instruments. In addition to general clinical issues, supervision sessions will regularly include discussion of topics such as the following: ethical and legal standards, individual and cultural diversity, and professionalism (values, attitudes, behaviors, communication, and interpersonal skills). The intern will spend a considerable amount of time observing and being observed by the psychologists on this rotation. The intern is expected to come prepared for supervision with an agenda, organized test data, and/or specific questions for discussion.

Research

The intern will be expected to regularly conduct literature reviews and may sometimes incorporate findings into their reports. It is often necessary to review recent literature on a given condition in order to understand the neuropsychological effects and characteristics of a medical or psychiatric condition. It is also likely that the intern will need to research topics that may come up when providers seek their expertise in consultation. The intern will present this information during supervision and will upload key articles to a corresponding rotation folder on a shared computer drive (SharePoint).

HEALTH PROMOTION AND DISEASE PREVENTION (HPDP) WITH PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI)

Interns on this Leeds/Northampton campus rotation are supervised by [Dr. Brown](#), [Dr. Morris](#), and [Dr. Schneider](#). This clinical experience offers interns the opportunity to work within multidisciplinary and interdisciplinary teams in the treatment of co-morbid medical and psychological conditions. Interns will gain exposure to and expertise in performing clinical work in both the Primary Care and Mental Health Service Lines. Working closely with the Primary Care Mental Health Integration (PC-MHI) psychologist, interns will receive “warm handoffs” from Primary Care team members and learn to do triage assessments and brief psychotherapy interventions. Additionally, interns selecting this rotation will work with Veterans dealing with the following Population Health concerns: chronic pain management, weight management, diabetes management, and tobacco cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide health coaching for Primary Care staff and consultative services to various other disciplines.

Supervision Provided

Interns will be provided with a minimum of three (3) individual hours of supervision per week on this rotation. Each of the aforementioned licensed psychologists will provide at least one hour of in-person scheduled supervision per week. In addition to scheduled supervision, there is ample opportunity for direct observation of clinical work. Supervision sessions will regularly include discussion of general clinical issues and topics such ethical and legal standards, individual and cultural diversity, and professionalism (values, attitudes, behaviors, communication, and interpersonal skills). Interns will also have many opportunities to learn from clinicians in other disciplines, as multidisciplinary collaboration is the cornerstone of this clinical rotation.

Research

On this rotation, interns will be provided opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service. They will be expected to assist in the collection and analysis of data in the service of programmatic evaluations. Additionally, interns will learn how to apply Evidence-Based Practices in working collaboratively with colleagues in the Primary Care, Pharmacy, and Sensory and Physical Medicine Rehabilitation Service Lines. Interns will gain expertise in patient-centered communication and Motivational Interviewing based interventions in order to teach clinicians from other disciplines how to interact more effectively with Veterans.

Assessment

Chronic Pain: Interns will participate in Pain Clinic simultaneous interviews with a physician, clinical pharmacist, physical therapist, social worker, and psychologist. Interns will have the opportunity to learn how to conduct such multidisciplinary patient assessments with the expectation that they will take more of a leadership role toward the latter part of the rotation. Interns will also engage in ongoing therapy outcome assessment using a number of pain-specific and other questionnaire measures.

Weight Management: Interns may have the opportunity to observe and possibly take a leadership role on psychological evaluations for bariatric surgery.

Primary Care-Mental Health Integration (PC-MHI): Interns will learn how to triage presenting Veterans, and help determine disposition at the conclusion of assessment. Developing good clinical judgment is paramount, and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of screens, including the VA's Clinical Reminders, are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning. Determination of the presence and acuity of PTSD, along with other mental health diagnoses, will occur, and reliable screens will be utilized.

Psychotherapy

Chronic Pain: Interns will have an opportunity to learn and utilize the Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) protocol, an evidence-based psychotherapy for the treatment of chronic pain. Interns will also facilitate or co-facilitate classes in Pain School, a multidisciplinary program emphasizing education and self-management techniques for chronic pain. Another possible opportunity involves making follow-up telephone calls to review Pain Clinic recommendations and motivate Veterans to follow through on these recommendations.

Diabetes: Interns will treat individual Veterans who are struggling with self-management of their diabetes and will help Veterans make successful and permanent lifestyle changes to benefit their health. Specifically, interns will utilize Motivational Interviewing strategies and techniques to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications. It is possible that an additional opportunity may arise to co-facilitate a Diabetes Self-Management group.

Tobacco Cessation: Interns will have the opportunity to provide integrated tobacco cessation treatment in PC-MHI. In collaboration with the Veteran's Primary Care team, interns will learn how to develop collaborative goals with Veterans (e.g., reducing intake of tobacco, working toward a quit date), integrate the use of Nicotine Replacement Therapy (NRT) medication, and provide brief behavioral treatment.

Primary Care/Mental Health Integration: Interns will provide psychoeducation and brief, individual psychotherapy treatment protocols utilizing motivational interviewing, problem-solving therapy and cognitive behavioral therapy approaches.

Consultation

Chronic Pain: Interns will provide consultation to Pain Clinic and Mental Health colleagues regarding chronic pain. Interns will also be involved in writing consult reports for the Pain Clinic.

Diabetes: Interns will have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. Interns will attend team meetings and huddles when the schedule permits. There may also be opportunities to offer health coaching to staff in other disciplines to improve their motivation-enhancing skills.

Tobacco Cessation: Interns will assist in advancing tobacco cessation initiatives within the VA by providing psychoeducation and consultative services to colleagues.

Primary Care/Mental Health Integration: Interns will gain skills in effective interdisciplinary consultation and collaboration within the framework of Primary Care, first through shadowing the PC-MHI Psychologist. Curb-side consultation takes place frequently, as do more formal consultation contexts. The focus may be on cases, but in addition, cultivation of a mutual understanding and knowledge across disciplines. Interns will participate in huddles with the Primary Care teams.

Supervision Training

Interns will have the opportunity to learn how to provide feedback in a supervisory capacity on the HPDP rotation. In addition to learning supervision theory and evidence-based techniques, interns will obtain clinical experience in first observing and then performing clinician coaching for staff within the Primary Care, Physical Therapy and Rehabilitation, and/or Pharmacy departments. As the rotation progresses, interns will assume progressively greater responsibility in observing providers from other disciplines on their clinical technique and offering patient-centered feedback on how to improve the quality of these clinical interactions. The focus will be on coaching clinicians on how to improve their relationships with Veterans and clinical outcomes.

INPATIENT PSYCHIATRY (IP)

The intern on this rotation works closely with [Dr. Britton](#) to provide psychological services to Veterans in both the acute and sub-acute inpatient psychiatric units. The units offer psychiatric stabilization, detoxification from substances, and recovery programming for Veterans. The patient population consists of primarily male Veterans, although we are treating increasing numbers of female Veterans, who are experiencing a broad range of psychotic, mood, anxiety, substance-related, and adjustment disorders. A majority of the patients have Posttraumatic Stress Disorder along with substance use disorders.

Intern responsibilities include formal suicide/homicide risk assessment, safety plan development, diagnostic assessment and evaluation, treatment planning, individual psychotherapy, co-facilitating groups, development and leading group(s) of intern's choice, daily treatment rounds, consultation with other disciplines, and occasionally, development of behavioral plans. Groups currently offered by Dr. Britton include Seeking Safety, DBT skills, ACT, mindfulness, curriculum-based motivational interviewing, and a mindfulness-based suicide prevention group. Depending upon our patient population, we also customize the programming to include groups on anger management, sleep hygiene, grief and loss, and Narcan education.

An intern selecting this rotation likely will participate in the following training experiences:

Assessment

The intern may be assigned some newly-admitted Veterans for evaluation and assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on clinical interviewing and testing, and to formulate realistic treatment plans. Neuropsychological screening and diagnostic clarification are common assessment referrals on this rotation. The intern will interact with the referral source, complete the assessment and integrated

report, and provide feedback to both the Veteran and the treatment team. Assessment instruments used may include the Repeatable Battery for the Assessment of Neuropsychological Status (R-BANS); Dementia Rating Scale-2 (DRS-2), Trailmaking A & B; Yesavage Geriatric Depression Scale (GDS); and the Clinician-Administered PTSD Scale (CAPS). Other measures may be used depending on the referrals and the intern's experience.

Psychotherapy

Normally, the intern will work intensively in individual psychotherapy with one to two Veterans at all times during the rotation. Individual therapy is conceptualized primarily using behavioral, cognitive-behavioral, or ACT approaches. Opportunities may also exist for the intern to participate in therapy/meetings with families and significant others. The intern will participate as a co-facilitator in the daily groups and will develop and implement at least one weekly group (with some flexibility on the topic and format).

Consultation

The intern will participate in the interdisciplinary daily rounds and interact regularly throughout each day with colleagues in the fields of Psychiatry, Nursing, Social work, and Primary Care. Rounds focus on treatment planning, evaluation, and behavioral planning for our Veterans. Rounds also provide the opportunity for the intern to provide assessment results to the treatment team. Essentially, there are a wide range of training opportunities on this rotation and Dr. Britton will work with the intern to customize the rotation experience.

Supervision Training

The intern will have the opportunity to learn and practice supervision skills in a variety of ways on the two inpatient psychiatry units. Depending on nursing staff availability, the intern may train and supervise a member of the nursing staff in facilitating groups such as Seeking Safety, in particular, which has adherence forms available. Supervision sessions will regularly include discussion of ethical and legal standards, individual and cultural diversity, and professional values, attitudes and behaviors. Also, communication and interpersonal skills will be discussed in an ongoing manner. This rotation offers ample opportunity for observation and feedback by the supervisors due to the team/milieu nature of the units.

Supervision Provided

Weekly, at least 3 hours of individual supervision will be provided to the intern on the Inpatient rotation. The intern will meet for a scheduled hour individually with Dr. Britton and will debrief after each group as well as consult about risk assessment, safety planning and treatment planning on an as needed daily basis. The intern works closely with the psychologists on the inpatient rotation, and there is quite a bit of collateral contact and "curbside consultations."

Research

The intern will be expected to do a literature review on an area of interest that is relevant to their inpatient rotation. This could range from researching treatment for a particular diagnosis, to researching a particular assessment instrument. The intern will present this information to a

treatment team, and then select one or two articles and a list of references to be included in the reading for future interns for this rotation.

OUTPATIENT MENTAL HEALTH CLINIC (MHC)

The intern on this rotation works closely with [Dr. Clark](#), [Dr. Cook](#), [Dr. Delamater](#), [Dr. Putnam](#), and [Dr. Tormey](#) to provide psychological services to Veterans in the Outpatient Mental Health Clinic (MHC). The MHC serves Veterans with a broad range of problems. Treatment modalities include individual and group psychotherapy, couples therapy, case management, pharmacotherapy, psycho-educational groups and consultation with other programs and staff. Currently, the MHC staff is comprised of psychologists, social workers, a Nurse Practitioner, psychiatrists, clinical pharmacists, and a Registered Nurse. Throughout the year, psychology interns, physician's assistant interns, nursing students, pharmacy students and social work interns may train in the MHC.

The MHC staff provides comprehensive evaluation and treatment for the full range of psychological diagnoses seen in adults. Both acute and chronic psychiatric patients are treated. Treatment duration may be limited to brief crisis intervention or may be longer-term. Clinical staff members provide treatment within cognitive-behavioral, interpersonal, psychodynamic, systemic and biological perspectives. Psychology interns are encouraged, and sometimes required, to audio-record their therapy sessions. Supervision will be provided from various theoretical and practical frameworks, including cognitive-behavioral, psychodynamic and interpersonal. Supervision will be available for insight-oriented, integrative therapy as well as “evidence-based psychotherapies” (EBPs) that may include cognitive-behavioral therapy (CBT) for mood and anxiety disorders, acceptance and commitment therapy for depression (ACT), and interpersonal therapy (IPT) for depression. Interns will receive two hours of formal supervision per week, and additional informal supervision as warranted.

Assessment

Interns will develop their skills at conducting comprehensive clinical diagnostic interviews. These biopsychosocial evaluations will lead to meaningful DSM-5 based differential diagnoses and treatment planning. Interns may administer and interpret selected objective personality tests for some referred patients. Throughout the course of the rotation, interns will conduct ongoing assessment and evaluation of treatment outcomes for patients whom they are treating. Additionally, PTSD assessment is offered on this rotation.

Psychotherapy

Interns will carry an outpatient caseload of approximately 10 individual psychotherapy cases, and possibly a couple. Treatment sessions typically are scheduled for 50 minutes on a weekly basis. Interns will also be expected to participate in group psychotherapy as a co-therapist. Possible group placements include PTSD Skills Group, Coping Skills Group (i.e. DBT Skills Group), and interpersonal process groups. The choice of cases and treatment emphasis will be guided by the psychology intern's training needs.

Consultation

Interns will participate in weekly multidisciplinary MHC staff meetings during which cases are presented and individualized treatment planning may be conducted. The interns will have many opportunities to consult with members of the multidisciplinary staff as well as students rotating through the MHC regarding psychological symptoms, diagnostic assessment and treatment issues/concerns.

Supervision Training

Interns will have the opportunity to learn and practice supervision skills through several possible methods on the MHC including:

1. Interns may listen to therapy recordings of another intern or a supervisor, (with necessary permissions) or recordings in public distribution, and give feedback in role play style; supervisor will provide feedback to intern.
2. Extra supervision time may be allocated to read articles and discuss supervision methods and competencies
3. Intern and supervisor may set up role plays to do in supervision, using case examples
4. Intern may team up with an intern from another rotation to do role plays and supervisor will give feedback
5. Intern may team up with an intern from another rotation and provide supervision based on recordings; supervisor will give feedback.
6. Analysis may be conducted by intern/supervisor and intern/intern dyads of written (and/or audiotaped) transcripts of therapist interventions during therapy sessions.

SPECIALIZED INPATIENT PTSD UNIT (SIPU)

The intern on this rotation works closely with [Dr. Cornelius](#) to offer services to Veterans who require treatment for war-zone related PTSD, utilizing the group format almost exclusively. Veterans in this inpatient PTSD program are placed initially in a cohort group that is put through six weeks of intensive treatment focusing on trauma-related problems of living. Upon completion, Veterans are given the opportunity to return for additional episodes of intensive treatment that typically last three weeks, and which build upon skills acquired during the initial stay.

The program offers extensive training in group psychotherapy for PTSD. Interns can expect to facilitate and co-facilitate therapy groups, work as part of a multidisciplinary team, perform risk assessments, develop safety plans and individualized treatment plans, and assist Veterans in developing a plan for discharge.

Assessment

Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors that may impact treatment and which may need to be targeted for intervention as well. Additionally, interns learn to detect psychological processes that are contributing to trauma-related problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self). Assessment instruments include a biopsychosocial assessment, PCL, DES, BDI-II, OASIS, the AAQ2, and the Valued Living Worksheet.

Psychotherapy

The inpatient PTSD program places a premium on experiential learning in the context of a safe and supportive setting. Acceptance and Commitment Therapy (ACT) forms the foundation of the program, and is delivered primarily as a group intervention. Interns gain experience running large ACT groups (16-24 members) that follow a more structured class-like format, and running smaller “breakout” groups (8 members) utilizing the ACT model of psychological flexibility. Interns also gain experience leading extended mindfulness meditations, and facilitating discussions afterwards that model, instigate, and support mindful awareness and acceptance of the present moment.

Consultation

As members of the Inpatient PTSD treatment team, interns will consult regularly with other VA CWM programs, such as Inpatient Psychiatry, the outpatient Mental Health Clinic, the Intensive Outpatient Substance Abuse Program, and also the local Veteran’s Center.

Supervision

Interns on the Inpatient PTSD Rotation receive three hours of individual supervision with Dr. Cornelius per week. Supervision covers skills in assessment, psychotherapy, consultation, and issues related to professional ethics and values. Supervision also incorporates review and exploration of new developments and emerging research in the treatment of trauma-related problems of living.

Research

Interns gain practice as critical consumers of research in the field of psychological trauma. Current literature and emergent research in trauma and trauma treatment are reviewed and discussed with Dr. Cornelius with a particular eye towards modifying and adapting existing programming on the unit to be more in line with current developments in the field.

Recommended Reading

Baker, A., Mystkowski, J., Culver, N., Mortazavi, A., & Craske, M. (2010). Does habituation matter? Emotional processing theory and exposure therapy for acrophobia. *Behavior Research and Therapy*, 48, 1139-1143.

Batten,S., Orsillo, S., & Walser, R. (2005). Acceptance and mindfulness-based approaches to the treatment of posttraumatic stress disorder. In S.M. Orsilla & L. Roemer (Eds.), *Acceptance and Mindfulness-Based Approaches to Anxiety: Conceptualization and Treatment* (pp. 241-269). New York: Plenum.

Fontana, A., & Rosenheck, R. (1998). Effects of compensation-seeking on treatment outcomes among Veterans with posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 186, 223-230.

Hayes, S., Strosahl, K., and Wilson, K., (2011). *Acceptance and Commitment Therapy, Second Edition: The Process and Practice of Mindful Change*. Guilford Press: New York.

Polk, K., Schoendorff, B., Webster, M., and Olaz, F., (2016). *The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice*. Context Press: Oakland, CA.

Orsillo, S., & Batten, S. (2005). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. *Behavior Modification*, 29 (1), 95-129.

Segal, Z., Williams, J.M., & Teasdale, J. (2002) *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. Guilford Press: New York.

Segal, Z., Teasdale, J., & Williams, M. (2004) *Mindfulness-Based Cognitive Therapy: Theoretical Rationale and Empirical Status*. In S. Hayes, V. Follette, and M. Linehan (Eds.), *Mindfulness and Acceptance: Expanding the Cognitive Behavioral Tradition* (pp. 45-65). Guilford Press: New York.

Walser, R. D. & Hayes, (2006). Acceptance and Commitment Therapy in the treatment of posttraumatic stress disorder. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive Behavioral Therapies Trauma* (pp. 146-172). Guilford Press: New York.

SUBSTANCE USE DISORDERS CLINIC (SUD-C)

The intern on this rotation works closely with Drs. [Joyce](#), [Tormey](#) and [Holzhauer](#) to offer services to Veterans who have substance use disorders (SUD's), including Veterans who have co-occurring disorders. The intern gains experience in Motivational Interviewing (MI), Cognitive Behavioral Therapy, Contingency Management, comprehensive assessments, treatment plan development, individual and group psychotherapy, and case management. During the initial orientation phase, the intern observes groups focusing on recovery issues to become familiar with the biopsychosocial model of addiction. Depending on interests and training needs, the intern can develop a host of skills and knowledge central to the provision of treatment for the SUD population. This is an interdisciplinary team setting with staff from several disciplines: Psychology, Social Work, and Nursing. The intake interview is followed by treatment planning with the multidisciplinary team. In addition to clinical needs, there is an emphasis on wellness and recovery planning. The SUD-C includes a 21-day Intensive Outpatient Program as well as aftercare groups that target specific problems and utilize different treatment modalities. Exposure to diverse populations is one of the key features of the SUD-C that distinguishes it from many other treatment settings. Many of the Veterans in the SUD-C are unemployed and homeless, requiring them to reside at a homeless shelter on the grounds of the VA. Other SUD-C Veterans reside on a non-acute inpatient unit or commute from the community. Interns will discuss ethical and legal issues as they arise related to this specific population.

Supervision Provided

Three hours of scheduled individual supervision will be provided on this rotation. Supervisors will also be available for ad-hoc supervision.

Assessment

Interns will learn to conduct biopsychosocial intake evaluations. As part of that process, they will fine-tune their assessment skills in order to diagnose DSM-5 conditions and to identify key predispositions and habits that are relevant to treatment and recovery. Interns will learn to conduct a thorough SUD assessment as well as integrate techniques to monitor and assess the treatment of SUDs and co-occurring disorders. Interns will use the Alcohol and Drug Feedback Tool (AFT) and Motivational Interviewing/ Motivational Enhancement Therapy (MI/ MET) to facilitate discussions on the goals and changes the Veterans are willing to make. They will also use the Brief Addictions Monitor-Revised (BAM-R) to identify and assess measurement based care. In addition, interns will

learn to evaluate PTSD with Veterans diagnosed with SUDs by utilizing the Clinician Administered PTSD Scale (CAPS).

Group and Individual Psychotherapy

Interns will facilitate and co-facilitate various evidence-based groups in the IOP and aftercare program from cognitive-behavioral and acceptance-based orientations.

Individual therapy cases are varied and the interventions provided may be brief, time-limited or prolonged. Interns will receive supervision in evidence-based approaches to treating SUDs, including contingency management, motivational interviewing and motivational enhancement therapy, and cognitive-behavioral therapy. Interns may also receive supervision in the treatment of a specific disorder or condition in the context of a SUD, including pain, trauma, depression, and other mood and anxiety disorders.

Consultation

Interns will have opportunities to consult with several VA CWM clinics; most notably the outpatient Mental Health Clinic, the Pain Clinic, and Inpatient units, the five Community-based Outpatient clinics, Vocational Rehabilitation program, Soldier On homeless shelter, the Springfield Vet Center, community halfway houses, and other VA Medical Centers where Veterans are referred to regularly.

Supervision Training

The SUD-C rotation will provide psychology interns opportunities to develop supervision skills by role playing within supervision sessions and working with other trainees to learn and integrate specific clinical skills including diagnostic clarification, case conceptualization, and treatment planning.

Education

During this rotation, interns will present a 15-minute training to SUD-C staff during the Engaged Work Team meeting, based on both the intern's expertise and areas of interest and also an observed need of the team. This requirement helps the intern to begin to consider their knowledge base, relative expertise and unique perspective as well as understanding the audience and needs of a multidisciplinary team. Previous interns have provided trainings in mental status exam, brief cognitive screening, and multicultural competence.

Program Evaluation

Some interns have developed their program evaluation project during this rotation. An example of a recent program evaluation was an evaluation of the language we use in the electronic medical records for individuals with substance use disorders.

Research

Interns will be expected to use various VA-accessible tools including the VISN 1 Knowledge Library to research specific areas related to their work on the rotation (e.g., issues of diversity, medical comorbidities) in order to better inform their direct service and to disseminate current literature to colleagues via team meetings, didactic seminars and consultation.

Ancillary Rotations

Interns on the General Mental Health Internship Track at Leeds/Northampton will be assigned an Ancillary training experience for the entire 12 months, taking their preferences and training needs into account. The supervisor will provide clinical supervision for individual cases with specific emphasis according to the supervisor's area of clinical expertise. The Ancillary rotation will consist of 8 hours per week, with fluid scheduling, depending on the primary and ancillary rotations and Veterans' availability. Interns will meet with all supervisors offering ancillary rotations during orientation and rank their preferences for ancillary rotations. The Training Directors make the final decision on Ancillary rotation assignments, after considering the training needs of all interns, supervisor availability, and the Primary rotations selected by interns during the orientation period. During orientation, interns will complete an initial self-evaluation of their strengths and targeted areas for growth during their internship training year, which will also inform Ancillary assignments.

ACCEPTANCE AND COMMITMENT THERAPY ANCILLARY – Supervised by [Dr. Cornelius](#)

The ACT ancillary rotation is a year-long rotation that entails the application of Acceptance and Commitment Therapy to the treatment of outpatient Veterans who are struggling with depression, anxiety, and/or PTSD. Interns on this rotation will learn to deliver ACT in the form of a more structured protocol and, as skills develop, to deliver ACT in a more flexible manner, targeting key ACT-related processes as indicated in-the-moment with their clients. Interns typically have a caseload of three to four clients, and they work with these clients in a time-limited manner (e.g., 12-15 sessions). This approach affords the intern the opportunity to gain facility in ACT with a range of clients and client problems.

Assessment: Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors that may impact treatment and which may need to be targeted for intervention as well. Additionally, interns learn to detect psychological processes that are contributing to problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self). Assessment instruments include a biopsychosocial assessment, PCL, DES, BDI-II, OASIS, the AAQ2, and the Valued Living Worksheet.

Psychotherapy: Interns typically carry a caseload of 3-5 clients throughout the year. Interns start with fewer clients at the beginning of the year, and their caseload builds as their skills in the ACT model grow.

Consultation: Interns on the ACT ancillary rotation work in collaboration with other providers from a range of disciplines in the VA system. Opportunities exist to present their cases to other psychology staff and interns, and to the outpatient mental health team.

Supervision: Interns meet weekly with Dr. Cornelius for 1 hour of supervision. Supervision covers skills in assessment, psychotherapy, consultation, and issues related to professional ethics and values. Supervision methods include regular review and discussion of audio tapes of intern's sessions. Supervision also incorporates review and exploration of new developments in Acceptance and Commitment Therapy, and Relational Frame Theory.

Research: Interns gain practice as critical consumers of research related to mindfulness and acceptance-based treatments. Current literature, and emergent research are reviewed and discussed with Dr. Cornelius with a particular eye towards adapting clinical practice to be more in line with current developments in the field.

Recommended Reading

Baker, A., Mystkowski, J., Culver, N., Mortazavi, A., & Craske, M. (2010). Does habituation matter? Emotional processing theory and exposure therapy for acrophobia. *Behavior Research and Therapy*, 48, 1139-1143.

Fletcher, L., & Hayes, S.C. (2005). *Relational Frame Theory, Acceptance and Commitment Therapy, and a functional analytical definition of mindfulness*. *Journal of Rational Emotive and Cognitive Behavioral Therapy*, 23, 315-336.

Hayes, S., Strosahl, K., & Wilson, K. (2012). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. New York, NY. Guilford Press

Luoma, J. Hayes, S., & Walser, R. (2007). *Learning ACT: An Acceptance and Commitment Therapy Skills-Training Manual for Therapists*. Oakland, CA. New Harbinger Publications

Polk, K., Schoendorff, B., Webster, M., and Olaz, F., (2016). *The Essential Guide to the ACT Matrix: A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice*. Context Press: Oakland, CA.

Strosahl, K. (2012). *Brief Interventions for Radical Behavior Change: Principles and Practice of Focused Acceptance and Commitment Therapy*. Oakland, CA. New Harbinger Publications

Wilson, K (2008). *Mindfulness for Two: An Acceptance and Commitment Therapy Approach to Mindfulness in Psychotherapy*. Oakland, CA. New Harbinger Publications

ASSESSMENT ANCILLARY – Supervised by [Dr. Grant](#) and [Dr. Malinofsky](#)

The Assessment Ancillary rotation provides experience in a number of clinical settings, allowing interns to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remain consistent. In each setting, you will be involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. A training goal will be to complete at least 2 assessment batteries with full reports. However, because students in different graduate programs have vastly different levels of training and experience in testing, basic skills in testing are assessed at the beginning of the rotation. Interns who require further training and/or experience to establish these basic skills are provided with testing assignments designed to develop these skills. If basic testing skills are already established at the beginning of the internship year, the assessment rotation takes the form of more advanced testing experiences working toward increasing levels of independence. Interns will participate in at least 1 hour of weekly supervision with additional time provided as needed for observation and didactic instruction.

Neuropsychology Service: Testing consults are submitted by a range of VA CWM providers with an established source of referrals coming from the TBI/Polytrauma team. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses and recommendations for treatment planning. In addition to a full range of neuropsychological measures, structured and semi-structured interviews may be utilized such as the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Interns may also administer and interpret objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), Personality Assessment Inventory (PAI), and Thematic Apperception Test (TAT), among others.

Compensation and Pension Service: Interns serve as consultants and provide examinations as part of the Compensation and Pension Service at VA Central Western Massachusetts Healthcare System. Requests for examinations are received from Veterans Benefits Administration (VBA) Regional Offices. Exam requests involve DSM-5 diagnostic assessment for PTSD and other mental disorders for Veterans who have filed mental health disability claims. This may include administering various screening measures, CAPS-5, symptom validity scales, and other psychological tests. Examiners conduct clinical interviews and thoroughly review VA medical records and claims files. Reports are then written and submitted to the Regional Office, providing accurate diagnoses and offering medical opinions and rationale regarding possible service connection.

The Assessment Ancillary psychology intern may develop supervision skills by any of the following (according to developmental level of supervisee):

1. Identify, review, and discuss relevant assessment supervision literature
2. Review supervisor evaluation reports and provide feedback
3. Observe supervisor administration of measures and provide feedback
4. Consult with intern(s) on other rotations on assessment cases
5. Consult with providers on ways to translate testing recommendations into therapy approaches

COGNITIVE PROCESSING THERAPY ANCILLARY – Supervised by [Dr. Putnam](#)

Cognitive Processing Theory (CPT) is an evidence-based manualized treatment protocol for post-traumatic stress disorder (PTSD) which is offered by the VHA as a first-line, trauma-focused, treatment. It explores the impact of trauma on one's self and one's belief structure with the themes of safety, trust, power/control, esteem, and intimacy. The therapy is largely based on cognitive theory and Piaget's developmental learning theory. Interns will start with two cases as this is, most likely, a new therapy for them. After that, they will carry 3-4 cases. The population will be outpatients with PTSD who may present with comorbid diagnoses of mood, anxiety, or substance abuse disorders.

Research Application: Interns in this rotation will be provided with readings, including theoretical and original research, that are relevant to the practice of CPT, as well as understanding PTSD more broadly. Readings will be discussed in supervision with the aim of critically and effectively applying theoretical and research knowledge to clinical practice.

Supervision Provided: The CPT ancillary will consist of small group supervision (consisting of three or fewer trainees) that will be for 1 or 1.5 hour(s), depending on the size of the group. Individual supervision will be used to complement that work. Additionally, if a student attends the VA training, s/he will receive an additional 1 hour consultation per week. This may sound heavy on supervision, but we have found that interns really use that supervision time. In addition to direct patient-care and the application of CPT, supervision will include the discussion of ethical and legal standards, individual and cultural diversity, and professionalism. Communication and interpersonal skills will be enhanced by providing feedback to interns regarding both the supervisory (intern to supervisor ; intern to intern) and clinical context (intern to patient).

Training in Supervision: Interns on the CPT Ancillary will receive training in supervision through several methods:

1. Participating in peer supervision in group of 2-3 interns. Dr. Putnam will provide feedback.
2. Listening to recordings of other interns' and Dr. Putnam's recordings and providing feedback.
3. Role play supervision scenarios; Dr. Putnam will provide feedback. Scenarios may include: giving feedback about ethical concerns, beginning supervision with a new supervisee, questioning trainee about ethical concerns, asking supervisee about his/her reaction to a patient or situation, and issues that interns are interested in exploring.

PROLONGED EXPOSURE THERAPY ANCILLARY – Supervised by [Dr. Joyce](#)

Prolonged Exposure Therapy (PE) is a time-limited, evidence-based psychotherapy for PTSD consisting of weekly, 90-minute sessions for approximately 10-15 weeks. Interns choosing this ancillary will participate in a blended-learning training initiative, including live and online didactics and experiential role plays to learn the fundamentals of PE. This training is then followed by one hour of weekly scheduled face-to-face individual or small group supervision (fewer than 4 trainees) for the year with the goal of gaining competency in PE by internship end. Supervision will cover: discussing the theory underlying PE, learning the protocol, role-playing various components of each session, case conceptualization, enhancing motivation, learning nuances of the treatment approach, finding your voice as a trauma therapist, and self-care. The intern will be responsible for participating in didactic activities, reading the treatment manual and other assigned articles, participating in supervision activities, and reviewing recordings of selected sessions. Each session will be recorded and reviewed by the supervisor. The intern will enhance their assessment skills as they will conduct a preliminary session evaluating the Veteran's symptoms and appropriateness for the treatment. Supervision skills will be developed by having the opportunity to listen to training tapes and provide feedback. As the year progresses, we will look for opportunities for the intern to provide consultation and education to colleagues on Prolonged Exposure specifically, evidence-based psychotherapy in general, exposure techniques, and enhancing motivation.

COMMUNITY LIVING CENTER MINI-ANCILLARY – Supervised by [Dr. Grant](#)

Interns on the Northampton/Leeds campus mini ancillary rotation are supervised by Dr. Laura Grant. This clinical experience offers interns the opportunity to function within a multidisciplinary team on an inpatient long-term term skilled nursing unit {Geriatrics and Extended Care}.

The specific focus of this rotation is to provide consultative services, assessment and support of CLC staff who serve Veterans faced with physical/psychosocial conditions that impair their ability to function at their own optimal levels of mental, physical and social capabilities. Interns will gain the experience of working and functioning within a multidisciplinary team (Medical Doctors, Nurses, Social Workers, Technicians, Psychologist), and will participate in bi-weekly team meetings. They will observe the Admission/Discharge Team process. They will also be trained to conduct a variety of screening assessments, decision-making capacity evaluations, functional behavior analyses (FBA), and provide behavior modification plan recommendations, most often through reports they will compose and deliver during meetings. They will provide psychoeducational information to staff members, as requested, to further inform treatment. In addition, Interns may be presented with the opportunity to provide psychotherapy to (1-2) Veterans on the CLC (clinical presentations may include end-of-life transition and mental illness due to terminal disease).

Supervision Provided: Dr. Grant will provide a minimum of 1 full hour of face-to-face supervision per week (typically by intern report, but may also include tape review), plus direct observation of assessments/consultation. Supervision sessions will always include discussion of ethical and legal standards, individual and cultural diversity, and professionalism (values, attitudes, behaviors, communication, and interpersonal skills).

Research: Interns will be encouraged to identify, apply, and disseminate applicable knowledge from research into their direct service, didactics, case conceptualization, and consultation activities. In addition, they will be supported to develop and pursue their own studies and research goals, based on individual interests.

RESEARCH MINI-ANCILLARY – Supervised by [Dr. Holzhauer](#)

Note: This rotation was designed for Springfield- and Worcester-track interns who travel to the Medical Center at Leeds/Northampton on Wednesdays and may have time available for an additional training experience (depending on training priorities set by the Supervisors for the respective track).

This Mini-Ancillary is a year-long experience working with Dr. Holzhauer, conducting research on the effects of stress and negative emotion among women Veterans, particularly those with substance misuse and co-occurring conditions. Current active projects include (1) an experimental study examining mechanisms by which emotion regulation strategies reduce alcohol misuse, and whether the efficacy of those strategies are moderated by PTSD severity; (2) Quality Improvement project to track improvement among women veterans and acceptability of the treatment, as they attend a Female-Specific Cognitive Behavioral Group Therapy (FS-CBGT) designed for women with substance use disorders (SUD). Opportunities exist for contributing to publications and conference presentations, and professional development as a Research Psychologist. Responsibilities could include data collection/meeting with Veterans (including delivering “microinterventions” in

experimental study), developing/ adapting/ delivering the FS-CBGT manual for women veterans, literature reviews, coding and analysis, and manuscript preparation.

Supervision Provided: Dr. Holzhauer will work with the intern during the 4-hour/week rotation, with 30-60 minutes of direct supervision per week. Supervision will include training and discussion for ongoing research projects, developing the intern's own line of research/completing dissertation (as applicable), or pursuing a research career as a Psychologist (as applicable). Clinical supervision and training in how to stay current on clinical psychology research and how to integrate research into clinical practice may be a focus of supervision as well. As suggested, while all interns will receive direct, hands-on training and supervision on conducting psychological research with Veterans, the content of supervision will be tailored to each intern's particular interests and needs.

Local Information

About the Northampton Area

Situated on forested grounds in the center of the five-college area of Western Massachusetts and the foothills of the Berkshire Mountains, the Edward P. Boland VA Medical Center in Leeds/Northampton stands on 105 acres of "Old Bear Hill" and has 26 buildings in red brick colonial style. The greater Northampton area consists of several small towns with big-city offerings. Although a city of approximately 28,000 in population, the Northampton area contains many rural features and large public parks. [Northampton](#) has been rated as the most politically-liberal medium-size city (population 25,000–99,000) in the United States (based on U.S. Census demographics, election returns, and other criteria). The city has a high proportion of residents who identify as gay and lesbian, a high number of same-sex households, and is a popular destination for the LGBTQIA+ community. Northampton has the most lesbian couples per capita of any city in the USA.

Western Massachusetts also boasts a superb mix of arts and culture, from theater and art galleries to museums, historic homes and world-class arts, including dance and fine crafts. One of several famous former residents was [Sojourner Truth](#), who once called the Florence area of Northampton home. There are also several homes in the area that were part of the Underground Railroad. We're also a neighbor to the charming towns that are home to The Five Colleges Consortium, which are some of the leading academic institutions in the nation: University of Massachusetts at Amherst, Amherst College, Smith College, Hampshire College, and Mount Holyoke College. As a result, the local communities have a large college population and a bus system that regularly connects with each of the colleges in the area. There is also an extensive "rail trail" system that connects just across the road from the Medical Center and goes on for miles connecting several communities in the area. Our region has an amazing range of activities like snowboarding, skiing, biking, hiking, mountain climbing, rafting, canoeing and golfing. The unique and warm culture, matched with our remarkable setting, makes Western Mass a great place to live and work. In addition, the greater Springfield area is approximately 25 minutes away and offers major city events, Civic Center performances, and professional sports (see the description of the Springfield track for more information). Of course, Boston is also within 90 minutes from the Northampton area. New York City is approximately four hours away. Albany, New York is within two hour's drive. The Berkshires, with winter skiing and summer festivals of dance, art, and concert series is less than one hour away. Montreal, Canada, is only a 4.5 hour drive.

Transportation

Air transportation by all major airlines is provided from Bradley International Airport, located near Hartford, Connecticut. Interstate highway Route 91 follows the Connecticut River from the airport to Northampton, a drive of approximately 45 minutes.

Housing

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

Recreational Facilities

Northampton is within easy driving distance of numerous lakes, streams, and rivers. Many mountain hiking trails are easily accessible, including the Appalachian Trail. Some of the best ski areas in the East are within a 100-mile radius. The Atlantic Coast is a two-hour drive away, offering visitors opportunity for saltwater fishing, boating, and swimming. Several well-maintained and challenging golf courses are located in or near Northampton.

COMMUNITY-BASED OUTPATIENT PSYCHOLOGY TRACK

(1 Position)

Springfield Community-Based Outpatient Clinic

Match Number 133513



The goal of the Community-Based Outpatient Psychology track at the Springfield CBOC is to experience the various aspects of a psychologist's role in a large VA Community-Based Outpatient Clinic, including but not limited to promoting the coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. Interns at this site will work alongside the outpatient mental health interdisciplinary team in the Behavioral Health Interdisciplinary Program (BHIP), within the Primary Care-Mental Health Integrated Clinic (PC-MHI), on the Home Based Primary Care (HBPC) Team, and with the Health Promotion and Disease Prevention (HPDP) program. Interns will hone skills for working with patients with primary mental health conditions, as well as those with co-morbid medical and psychological conditions.

Supervision Provided

During the training year, interns will work with a variety of supervisors. The intern will receive focused supervision from specialists consistent with their respective training offerings (e.g., CBT-Insomnia, CBT-Chronic Pain, PCMH, Health Promotions, Neuropsychology), while maintaining a lengthy supervisory relationship throughout the course of the training year, equating to no less than 4 hours weekly.

Supervision Training

The Psychology Intern on the interdisciplinary Springfield team is fortunate to also have opportunities to train alongside trainees of other disciplines, namely a Social Work intern and a Psychiatry Resident. There will be an opportunity to act in the role of supervisor with a fellow trainee, while receiving feedback from an observing licensed professional.

Research, Scholarship, and Professional Development

While the production of original research is not a focus of this training experience, the intern will be provided with ample opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service and consultation activities. The intern will also have an opportunity to develop an original program or group, and will be encouraged to measure outcomes to be presented to staff. Consultation with medical, mental health, and specialty staff throughout the CBOC is a corner-stone of this training experience, which offers ample opportunity to hone interpersonal skills and speak the language of a professional psychologist while developing a unique, personalized set of professional values.

BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM (BHIP)

Interns on this rotation work closely with the interdisciplinary mental health team at the Springfield Clinic. A goal of this rotation is to promote coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. Interns will develop skills in the assessment and treatment of patients with co-morbid medical and psychological conditions. They will also provide time-limited individual psychotherapy, including supportive counseling, psychoeducation, and cognitive-behavioral therapy, but will also have opportunities to provide long term therapy for more chronic mental health conditions. Interns will also facilitate various behavioral medicine and general mental health groups.

Psychotherapy

Interns will maintain a caseload of individual patients, including but not limited to those referred by Springfield Primary Care Providers, with co-morbid medical and psychological conditions, as well as general mental health issues. Interns will have the opportunity to co-facilitate a number of psychotherapy and/or psychoeducational groups including, but not limited to:

Cognitive Behavioral Therapy for Insomnia (CBI-I): a structured group therapy offering behavioral and cognitive strategies to address sleep problems. CBT-I has been shown to be effective across many patient populations, including Veterans with comorbid chronic pain conditions, cancer, TBI, depression, and PTSD. Interns will co-facilitate this group with Dr. Heather Frechette.

Mindfulness Group for Women: Provides a supportive, safe space for women who have served in the military to explore and share struggles in their lives, work towards goals related to valued areas of living, and gain skills in application of mindfulness exercises.

Relapse Prevention: A group which meets three times weekly, for veterans contemplating a change in their substance use, new to recovery, or interested in recovery maintenance. Topics include: education on addiction, increasing motivation for changes, identifying triggers, and developing a relapse prevention plan. The group aims to provide a non-judgmental, accepting environment where veterans can develop coping skills to deal with life stressors in a sober manner. It utilizes mindfulness, DBT,

ACT, CBT, and Seeking Safety curricula. This is a drop-in group and veterans can attend any or all groups as needed.

Integrative Restoration (iRest): An 8-week evidence-based mindfulness meditation practice developed by Psychologist Richard Miller in conjunction with Walter Reed Medical Hospital. During iRest, Veterans learn to observe and welcome various aspects of experience, starting with the physical body, the breath, feelings, emotions, beliefs and joy. This practice has been found to be effective in addressing symptoms of anxiety, depression, insomnia, anger, and PTSD among other issues. Interested interns will co-facilitate this group with a BHIP Team Social Worker.

Courage Group: This is a closed psychotherapy group for Veterans who have experienced Military Sexual Trauma or childhood sexual trauma. This small group (no more than 6 members) meets weekly for 12-13 weeks and is led by the CWM Military Sexual Trauma (MST) Coordinator.

Assessment

Interns will routinely complete brief mental health intake assessments and/or psychological examinations to aid the BHIP team in identifying treatment needs. There may be opportunities for more extensive psychological assessment using standard measures, such as the MMPI or MCMI, to aid in differential diagnosis. Interns will also have routine opportunities to conduct neurocognitive screenings to help develop more firm consultation referrals for neuropsychological testing. More advanced Neuropsychological examinations also occur on site, and the intern may be involved based on interest and prior experience.

Consultation

Interns will routinely consult with members of the BHIP Team, including during daily team clinical huddles. They will also consult with Primary Care Providers as needed regarding veterans on their individual or group caseload, providing input on the psychological sequelae of medical conditions.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI)

Primary Care Mental Health Integration (PC-MHI) at the Springfield CBOC is co-located within Primary Care, where approximately 5,800 Veterans per year are seen by seven Primary Care teams, called “Patient-Aligned Care Teams” or “PACT.” This relatively new VA initiative supports VHA’s Universal Health Care Services Plan to redesign VHA healthcare delivery through increasing access, coordination, communication, and continuity of care. PACT provide accessible, coordinated, comprehensive, patient-centered care, and is managed by primary care providers with the active involvement of other clinical and non-clinical staff. PACT encourage patients to have a more active role in their health care and are associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmission.

PC-MHI is currently staffed by one licensed Psychologist in Springfield. Goals of PC-MHI are to increase patient accessibility to mental health care, and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. Interns in PC-MHI will be expected to learn the role of a PC-MHI Psychologist. Foci of this rotation are individual assessment and treatment. Interns will assess patients referred to PC-MHI via warm hand-off from PACT and offer treatment recommendations; (e.g. treatment in PC-MHI, referral to

Mental Health service). Interns will administer brief screening measures and symptom rating scales as clinically indicated.

Psychotherapy

Veterans who are not suffering acute mental health symptoms may be treated by PC-MHI staff with brief treatment until stabilization, and if medications are involved, may then be transitioned back to Primary Care staff for ongoing medication management. Interns will provide brief, evidence-based treatment (1-6 visits, 30min in length) to Veterans presenting with general mental health concerns (e.g. depression, anxiety, stress, anger, adjustment to medical condition); as well as those with chronic health conditions that would benefit from behavioral intervention (e.g. diabetes, insomnia, chronic pain, obesity). The majority of clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There will be an emphasis on using motivational interviewing to enhance patient-led activation. When appropriate, the intern will utilize empirically validated or evidence-based treatments.

Assessment

The PC-MHI Intern will learn to triage presenting Veterans, and help determine disposition at the conclusion of assessment. Developing good clinical judgment is paramount in the PC-MHI rotation, and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of screens, including the VA's Clinical Reminders, are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning.

Consultation

The function of consultation is a daily one for psychologists in PC-MHI. The Intern will gain skills in effective interdisciplinary consultation and collaboration within the framework of Primary Care. Curb-side consultation takes place frequently, as do more formal consultation contexts. The focus may be on cases, but in addition, cultivation of a mutual understanding and knowledge across disciplines is important. There are many opportunities to informally educate Primary Care staff, including Health Technicians, RNs, MDs, PAs, and clerks on mental health issues, and vice versa. As a member of the PACT teams, the Intern will have daily opportunities for consultation, coordination of care, and provision of feedback to PACT teams through team huddles, one-to-one consults, and phone calls.

HEALTH PROMOTION AND DISEASE PREVENTION (HPDP)

Interns will work alongside related multidisciplinary teams in providing individual and group interventions aimed at the treatment of co-morbid medical and psychological conditions. The specific focus of this experience relates to the following cornerstone Population Health concerns: Pain Management, Weight Management, Diabetes, and Tobacco Cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to various disciplines and health coaching for Primary Care and Mental Health staff.

Psychotherapy

Chronic Pain: Interns will have an opportunity to learn and utilize the Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) protocol, an evidence-based psychotherapy for the treatment of chronic pain, that teaches skills to manage chronic pain and improve quality of life. CBT-CP encourages veterans to adopt an active, problem-solving approach to cope with chronic pain. Interns will co-facilitate this group with Dr. Eileen Tam.

Weight Management: Interns will participate in the MOVE Weight Management Program to treat veterans who are overweight or obese. The MOVE Weight Management Program was designed by the VHA National Center for Health Promotion and Disease Prevention to help Veterans lose weight, keep it off, and improve their overall health by positively impacting other related medical conditions. Interns will co-facilitate weight management classes and on-going support groups with behavioral health and nutrition staff, and conduct individual psychotherapy focused on health coaching. Interns will co-facilitate the group with Dr. Mark Schneider along with other health professionals.

Diabetes: Interns will co-facilitate the 12-week Group Medical Appointment designed to help veterans make successful and permanent lifestyle changes to benefit their health. Interns will use Motivational Interviewing, individually and in groups, to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications. Interns will co-facilitate this group with Dr. Mark Schneider along with other health professionals.

Tobacco Cessation: The Springfield Clinic provides individual and group interventions for Tobacco Cessation. Using an Integrated Care for Smoking Cessation treatment manual developed by VA for use in the mental health setting, veterans learn about the underlying factors that perpetuate tobacco use, identify personal reasons for quitting tobacco, and practice skills related to identifying smoking triggers, implementing coping skills, and engaging in relapse prevention. Group facilitators also coordinate care with the veteran's provider to arrange for nicotine replacement. Interns will develop skills in the areas of motivational interviewing, psychoeducation and SMART goal planning. Interns will co-facilitate this program with the Primary Care Psychologist, Dr. Jill Vinocour.

Assessment

Interns will have opportunities to complete brief CBT-Chronic Pain, as well as CBT-Insomnia, intake assessments with potential group members.

Consultation

Interns will provide consultation to Primary Care and Mental Health colleagues regarding chronic pain, weight management, diabetes, and tobacco use and be involved in responding in writing to consults for these various behavioral medicine services. Interns will assist with programmatic data collection and share findings with the multidisciplinary MOVE staff in order to facilitate future program improvements. Interns will have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. Interns will attend team meetings and huddles when the schedule permits. There may also be opportunities to offer health coaching to staff in other disciplines to improve their motivation-enhancing skills. Interns will assist in advancing tobacco cessation initiatives within the VA by providing psychoeducation and consultative services to colleagues.

HOME BASED PRIMARY CARE (HBPC)

Interns will work as part of the Home Based Primary Care team under supervision of the HBPC Psychologist. HBPC is an interdisciplinary primary care team with delivery of many services in the patient's home. HBPC teams provide patient-centered, collaborative care to address physical, emotional, behavioral, cognitive, and interpersonal aspects of well-being. Goals include maximizing veterans' emotional and physical health, maintaining veterans' safety and independence for as long as possible, and improving quality of life for veterans and caregivers. The HBPC psychologist is an integral part of a team comprised of primary care providers, nurse case managers, social work, physical therapy, occupational therapy, nutrition, and pharmacy. With this integrated, stepped model of care, veterans who are homebound can receive care that supports their quality of life. Mental health is an integral component of HBPC providing both direct services to veterans and caregivers as well as consultation to the HBPC team. Most veterans served by HBPC are geriatric and experience multiple medical conditions. The intern will have the opportunity to provide time-limited psychotherapy to veterans, caregivers, and families. In addition, the intern will conduct psychological and neuropsychological assessments and consult with the HBPC team.

Psychotherapy

Psychotherapy within the HBPC program encompasses a wide variety of modalities and referral questions. For HBPC veterans, and with their informed consent, therapy primarily involves time-limited supportive counseling using a variety of approaches. The HBPC mission is also to support those who support the veterans and, therefore, caregivers and family may engage in time-limited counseling and support. Psychotherapy may be provided to the veteran alone, the caregiver alone, or veteran with caregivers and family. Common reasons for therapy include working on behavioral changes to improve health, support for adapting to declining health, coping with grief and loss, support for cognitive decline, and psychoeducation. Some HBPC veterans have long-standing mental health histories while others have never accessed treatment, making the types of psychotherapy very wide-ranging. For veterans or caregivers who would benefit from long-term therapy, warm handoffs to appropriate treatment are made. Interns will be able to provide any of these types of therapy.

Assessment

Evaluations of HBPC veterans usually involve assessing cognitive and memory abilities. Request for assessments may come from the veteran, caregivers, HBPC team, or other health care providers and are conducted with the veteran's informed consent. Providing concise feedback is usually a component of a complete assessment. Referral questions often relate to possible dementias. Other assessments involve psychological diagnostic evaluations and capacity evaluations. Interns can conduct assessments, score results, write comprehensive reports, and provide feedback to appropriate sources. There is an opportunity to use instruments particular to geriatric populations as well as dementia and capacity referral questions. Assessments can involve interview of or consultation with Veteran's family, caregivers, and other providers both within and outside the VA. Reports often include detailed chart reviews of both mental and physical health information.

Consultation

Consultation is another core area of service for HBPC psychologists. Within HBPC, psychologists provide consultation to the interdisciplinary team, which includes physicians, nurse practitioners,

nurse case managers, social workers, physical therapists, occupational therapists, dieticians, and pharmacists. These consultations include discussion of care for veterans in team meetings and individual consultation with team members. Psychologists may help develop a plan of care that will be implemented by another HBPC team member. HBPC psychologists also consult with members of the HBPC veteran's family and other caregivers including elder services. Within the VA, HBPC psychologists may consult with other mental health professional or health care providers involved in the veteran's care. Interns will join weekly interdisciplinary team meetings and provide other forms of consultation.

VET CENTER

VA readjustment counseling is provided at community-based Vet Centers located in easily accessible neighborhoods near Veterans, Service members, and their families, yet separate from VA organizational sites to ensure confidential counseling and reduce barriers to care. Vet Centers provide individual and group counseling for Veterans, Service members, and their families. They specialize in bereavement counseling for families, military sexual trauma counseling and referral, outreach and education, substance abuse assessment and referral, employment assessment & referral, and VBA benefits explanation and referral. Interns will have the opportunity to work with the team at the nearby West Springfield Vet Center providing individual and group psychotherapy services, as well as marriage and family psychotherapy, while receiving clinical supervision from the team Psychologist, [Dr. Kelly Coxe](#). The intern will also have an opportunity to serve as a supervisor-in-training for a practicum student assigned to the Vet Center, with tiered supervision and supervision training provided by a licensed psychologist.

Training Staff Located at Springfield Clinic

[Jeffrey McCarthy, PsyD](#)

[Jessica Morris, PhD](#)

[Mark Schneider, PhD](#)

[Eileen Tam, PsyD](#)

[Jill M. Vinocour, PsyD](#)

Local Information

About Springfield

Springfield is the third largest city in Massachusetts, and fourth in New England, and features all the amenities of a big city. Home of the famed Dr. Suess, Springfield sits on the bank of the Connecticut River. It is in close driving distance to Hartford, CT and Northampton, MA, and only a Massachusetts turnpike ride from Boston. The immediate

suburbs offer many housing options. Springfield is a short distance from Bradley International Airport. It is home to many institutions of higher learning, including Western New England University, Springfield College, and American International College. Just down the street from the clinic is the Quadrangle, home to five distinct museums, as well as the Springfield Symphony Orchestra. Most notably, the Naismith Memorial Basketball Hall of Fame (*pictured below*) can be found in Springfield where this popular sport was invented.



INTEGRATED OUTPATIENT BEHAVIORAL HEALTH TRACK – WORCESTER

(1 Position)

Worcester Community-Based Outpatient Clinic

Match Number 133512



Overview

The Worcester Community-Based Outpatient Clinic (W-CBOC), located in New England’s second largest city, functions largely as a free-standing community health clinic, striving to meet the diverse medical and mental health needs of all Veterans in Worcester and the surrounding areas. The 50 + clinical providers comprising Primary Care, Mental Health, Pharmacy and Medical Specialty Care work together on three campuses (within 1 mile of each other), as a close-knit community, to provide cohesive, evidenced-based, patient-centered care. The W-CBOC has a long history of prioritizing training across medical and mental health disciplines, having served as a training site for medical and psychiatric residents, social work interns, nursing students, and psychology trainees (interns and practicum students) for many years (continuously training psychology interns from 1988 to date).

In order to prepare future psychologists for the highest levels of advanced training and employment opportunities, the Integrated Outpatient Behavioral Health track – Worcester (IOBH-W) utilizes a training approach that balances generalist with specialty training in Mental Health, Health Psychology, and Neuropsychological Assessment. Learning to function independently and as a member of a team, as well as in a variety of settings with diverse populations and treatment needs/diagnoses, are essential skills for today’s clinicians. As such, IOBH-W has developed a unique training model that utilizes 12-month and 6-month training tracks, that allow trainees the opportunity for greater continuity and consistency with supervisors, training experiences, and patients/clients.

Trainees spend four days per week at the W-CBOC participating in the Generalist Mental Health Training Program, Behavioral Sleep Medicine Program, Home-Based Primary Care Program, Primary Care-Mental Health Integration Program (Lincoln Street location), and Neuropsychological Assessment Program. Wednesdays are spent on the Northampton VA campus, with the other five VA CWM interns, for a day of didactics, case presentations, and the opportunity to do a “mini-ancillary rotation” (training experience not offered in the outpatient setting (recent training opportunities have included Inpatient Psychiatry and the Community Living Center).

The W-CBOC Mental Health Clinic, where most the internship training occurs, was recently relocated to the University of Massachusetts Medical School campus, on the 7th floor of the Ambulatory Care Building. This renovated treatment setting is a state-of-the-art facility incorporated within a hospital, training, and research campus in the heart of Worcester. Psychology trainees will get exposure and opportunities to learn evidenced-based treatment approaches such as: CBT-I, IRT, ERRT, MI, ACT, Seeking Safety, IPD, and CPT (may have opportunity for full certification) with diverse adult/geriatric patient populations and medical/psychiatric presentations (including PTSD/trauma, substance abuse, depression, anxiety, suicidality).

GENERALIST MENTAL HEALTH TRAINING PROGRAM

Interns on this rotation will work with the Mental Health Treatment Team consisting of 3 psychiatrists, a psychiatric resident, a psychiatric nurse practitioner, a psychiatric nurse, 4 psychologists, 2 neuropsychologists, a clinical social worker, and a psychology practicum student. Trainees will be assigned a caseload of about 10 therapy cases (individual/couples) based on training goals/needs and will function as a full member of the Interdisciplinary Treatment Team providing short and long-term, evidenced-based psychotherapy to a general mental health treatment population. Interns will also have the opportunity for informal and formal case presentations to the Treatment Team, consultation with medical and psychiatric/mental health providers, and participation in the monthly Journal Club.

Psychotherapy

As noted above, interns will have the opportunity to learn, implement and be supervised in a number of evidenced-based psychotherapy approaches with a diverse Veteran population and diagnostic presentations. Based on training goals and availability of formal training within VA, interns may have the opportunity to obtain certification in Cognitive Processing Therapy (CPT) for PTSD. Interns may also have opportunities to co-facilitate the following groups on the MHC:

Managing Anger Program (MAP): Six session, psychoeducational group designed to help Veterans recognize triggers, improve communication, and cope more effectively with anger.

Bereavement Group: Open, on-going support group for Veterans who have recently lost a loved one.

Overcoming Depression and Anxiety Group: Ten session, CBT-focused, psychoeducational group for Veterans experiencing depression/anxiety.

Assessment

Interns will routinely have the opportunity to administer/interpret specific psychological tests/screening instruments to assist in diagnosis and assessment of treatment progress with their assigned psychotherapy cases on each rotation. Formal neuropsychological and personality test batteries and full reports will be performed as part of the Neuropsychological Assessment Program. Interns may also have the opportunity to participate in Mental Health Intake assessments during the training year (initial new patient evaluations/triage).

Consultation

Interns will be expected to, and will have ample opportunity to consult with other mental health and primary/specialty care treatment providers regarding coordination of patient care. Interns will function as part of various treatment teams, and will participate in formal consultation with team members, and in “open-door, informal consultation as needed.

Supervision

Interns may have the opportunity to begin developing supervision skills, as they participate in a tiered supervisory role, supervising a practicum student during the year, while receiving meta-supervision from one of the MHC psychologists. Some of our past interns have considered the opportunity to begin developing their supervisory “voice” as one of the highlights of the training year.

Staff: The Generalist Mental Health Treatment Program is coordinated and supervised by [Dr. Rubin](#) and [Dr. Chick](#).

BEHAVIORAL SLEEP MEDICINE PROGRAM

Sleep plays a core role in maintaining physical, cognitive, and emotional health. Providing effective interventions for sleep disorders is of particular importance in Veteran populations: sleep disruption has been implicated in the development and maintenance of PTSD, substance abuse, and depressive disorders, and has been described as the “hallmark” of PTSD. Sleep disruption is also highly correlated with Traumatic Brain Injury, and predictive of suicidality (Ribeiro et al., 2011). The WLA Sleep Disorders Program was established by Dr. Rubin to provide assessment, interdisciplinary consultation and treatment to Veterans with a variety of presenting complaints related to sleep disturbance. Frequent presenting issues are severe, chronic insomnia and nightmares secondary to PTSD, sleep disturbance related to psychiatric disorders (anxiety, depression), sleep-disordered breathing, chronic pain, and substance disorders.

This training provides interns with an in depth understanding of the nature of sleep and the role it plays in our mental and physical well-being, including interactions with co-morbid disorders. By combining comprehensive assessments with practice in a variety of individual and group treatments, interns develop a holistic approach to behavioral sleep medicine, learning to form diagnostic conceptualizations regarding the etiology and maintenance of sleep issues, make treatment recommendations, and provide evidence-based treatments.

Psychotherapy

Interns will have the opportunity to learn a variety of evidence-based techniques as follows:

Cognitive Behavioral Therapy for Insomnia (CBT-I): Brief, individualized treatment typically lasting 4-8 sessions, combining cognitive and behavioral approaches that are individualized to the client's presentation.

Better Sleep Group: Utilizes CBT-I and relaxation exercises adapted for group modality, with additional psychoeducation to address coping with nightmares and assessing for possible sleep-breathing disorders.

Nightmare Processing: Interns will have the opportunity to learn Imagery Rehearsal Therapy (IRT) and Exposure, Relaxation, and Rescripting Therapy (ERRT) for treatment of idiopathic and trauma-related nightmares.

PAP Compliance Therapy: This brief CBT approach combines an assessment-based conceptualization regarding the nature of the compliance issue with interventions which may include psychoeducation, systematic desensitization, cognitive therapy, and motivational interviewing to help resolve compliance issues.

Assessment

Behavioral Sleep Screening: Typically lasting 1-2 sessions, these consult-driven comprehensive assessments combine a structured interview with self-report measures (including, but not limited to Insomnia Severity Index, PTSD Checklist, Epworth Sleepiness Scale, Beck Depression Inventory, and Beliefs about Sleep). Interns learn to select and score appropriate self-report measures, and write up results in reports that include conceptualizations and treatment recommendations.

Consultation

The WLA Sleep Disorders Program serves as a resource for providers in both MHU and Primary Care (PC) for patients with sleep-related issues. Interns learn to respond to consults from both MHU and PC by conducting Behavioral Sleep Screenings to address diagnostic and treatment questions. Interns also have the opportunity to provide consultation on shared cases, in MH staffings, and by offering educational presentations on sleep related topics.

Staff: The Sleep Disorders Program is coordinated and supervised by Dr. Rubin, who received her Certification in Behavioral Sleep Medicine (CBSM) in 2014.

HOME-BASED PRIMARY CARE (HBPC) PROGRAM

With continued advances in medical technology and with Baby Boomer's reaching retirement age, mental health providers are needed to provide psychiatric and behavioral medicine services to a rapidly expanding geriatric population. The HBPC program provides comprehensive, primary care services at home to a largely geriatric population of homebound Veterans with complex, disabling diseases such as heart disease, diabetes, COPD, dementia, stroke, ALS, Parkinson's Disease, MS and cancer. A goal of the program is to maximize independence and reduce hospital and nursing home admissions for patients (including those in more rural settings) within a 30 mile radius of Worcester and Fitchburg. The treatment team consisting of primary care, nursing, dietary, social work,

pharmacy, physical and occupational therapy and psychology staff members meets weekly to review patients, problem-solve treatment challenges, and coordinate services. The HBPC psychologist is uniquely positioned to provide mental health care to an underserved and at-risk population and to function as a liaison and consultant to team members, physicians, Veterans and their families/support systems.

Psychotherapy/Assessment

Interns will make home visits with Dr. Chick, to assess mental health treatment needs, provide short-term psychotherapy to patients and their families, and make additional referrals as necessary. This unique training experience allows interns to see patients from a macro level that includes functioning within their home environment and within the family system. Also, interns will function as co-therapists with Dr. Chick, which allows for direct observation, immediate feedback, and the opportunity to conceptualize/plan treatment collaboratively.

Consultation

The HBPC Psychologist functions as part of a larger team. Consequently, the intern will gain experience consulting with members of the HBPC Team and helping them understand patients from a holistic perspective which includes patient, family, and environmental dynamics.

Staff: The Home-Based Primary Care Program is coordinated and supervised by Dr. Chick.

ASSESSMENT ANCILLARY

The Worcester Assessment Ancillary rotation provides experience in psychological assessment. The intern is involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. The intern is expected to complete at least 8 outpatient evaluations with full reports. Interns are offered at least 30 minutes of weekly individual supervision with additional time provided as needed for observation and didactic instruction. In addition to general clinical topics, supervision sessions will routinely include discussions of ethics in assessment and of individual and cultural diversity.

Testing consults are submitted by a range of VA CWM providers, including Mental Health providers, Primary Care. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses, descriptions of psychological functioning, and recommendations for treatment planning. Interns will administer and interpret personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) and Personality Assessment Inventory (PAI), among others. Brief cognitive measures, such as the MoCA or RBANS, may also be included if needed to aide in the differential diagnosis.

Staff: The Neuropsychological Assessment Program is coordinated and supervised by [Dr. Ashendorf](#) and [Dr. Ward](#).

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI) PROGRAM

Primary Care Mental Health Integration (PC-MHI) Program at the W-CBOC Primary Care Clinic is a co-located, integrated behavioral health setting where approximately 6500 Veterans are seen by nine Primary Care teams, called “Patient-Aligned Care Teams” or “PACT.” The PACT VA initiative supports VHA’s Universal Health Care Services Plan to redesign VHA healthcare delivery through increasing access, coordination, communication, and continuity of care. PACT provide accessible, coordinated, comprehensive, patient-centered care, and is managed by primary care providers with the active involvement of other clinical and non-clinical staff. PACT encourage patients to have a more active role in their health care and is associated with increased quality improvement, patient satisfaction, and a decrease in hospital costs due to fewer hospital visits and readmission.

Goals of PC-MHI are to increase patient accessibility to mental health care, and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. Foci of this rotation are interdisciplinary consultation, individual assessment and treatment. Interns will assess patients referred to PC-MHI via warm hand-off from PACT and offer treatment recommendations; (e.g. treatment in PC-MHI, referral to Mental Health service).

Psychotherapy

Veterans may be treated by PC-MHI staff with brief treatment, and if medications are involved, may then be transitioned back to Primary Care staff for ongoing medication management. Some Veterans are seen through the Mental Health Clinic for their medication managements, and see PC-MHI for short-term therapy. Interns will provide brief, evidence-based treatment (no session ‘limits’ but averaging 1-8 visits, 16-30-min in length) to Veterans presenting with general mental health concerns (e.g. depression, anxiety, PTSD, substance concerns, stress, anger, adjustment to medical condition); as well as those with chronic health conditions that would benefit from behavioral intervention (e.g. diabetes, insomnia, chronic pain, obesity). The majority of clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There will be an emphasis on using motivational interviewing to enhance patient-led activation. There is a large emphasis on the use of empirically validated or evidence-based treatments within the short-term model of primary care.

MOVE Program: Interns may have the opportunity to co-facilitate the MOVE Group with the clinic nutritionist, Ms. Burchman (under the supervision of [Dr. Brault](#)). MOVE is a national weight management program that emphasizes health and wellness through nutrition and physical activity.

Mindful Eating Group: This group was developed by a prior intern and continues to be a well-received, and helpful addition to weight loss strategies offered to Veterans. As the title suggests, this psychoeducational group incorporates mindfulness strategies for behavior change and in the development of healthy eating patterns (under the supervision of Dr. Brault).

Assessment

The PC-MHI Intern will learn how to triage presenting Veterans, and help determine disposition at the conclusion of assessment. Developing good clinical judgment is paramount in the PC-MHI rotation, and includes assessment of patient needs and effective matching with a patient’s level of willingness for treatment. The use of screens, including the VA’s Clinical Reminders, are incorporated into evaluation of all biopsychosocial factors affecting patient health outcomes and functioning.

Consultation

Interns will provide consultation to Primary Care and Mental Health colleagues regarding mood concerns, chronic pain, weight management, diabetes, and tobacco use and will be involved in responding in writing to consults for these various behavioral medicine services. Interns will have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. Interns will attend team meetings and huddles when the schedule permits. There may also be opportunities to offer health coaching to staff in other disciplines to improve their motivation-enhancing skills.

Staff: The Primary Care – Mental Health Integration (PC-MHI) Program is coordinated and supervised by Dr. Brault.

Training Staff Located at Worcester CBOC

[Lee Ashendorf, PhD](#)

[Megan Brault, PsyD](#)

[Lorraine Cavallaro, PhD](#)

[David Chick, PhD](#)

[Christina Hatgis, PhD](#)

[Miriam L. Rubin, PhD, CBSM](#)

[Sarah Ward, PhD](#)

Local Information

About Worcester

The Integrated Outpatient Behavioral Health track takes place at the W-CBOC in New England's second largest city, centrally located within 60-90 minutes' drive to Boston, Amherst, Northampton, and Providence. Worcester is rich with intercultural diversity, with many ethnic festivals, markets, and food purveyors catering to its diverse population. Worcester boasts eleven area colleges and

universities, including: UMASS Medical School, Clark University, the College of the Holy Cross, Worcester State University, Worcester Polytechnic Institute, Assumption College, Becker College, Anna Maria College, Massachusetts College of Pharmacy, Cummings School of Veterinary Medicine at Tufts University, and Quinsigamond Community College. The Worcester Art Museum, Tower Hill Botanic Gardens, and the Worcester Center for Crafts are among the city's treasured cultural institutions. A burgeoning LGBT community offers an annual Pride Celebration that is uniquely integrated within Worcester's historic Canal District neighborhood. For some quiet time, the Insight Meditation Society (IMS) in Barre, MA, 30 minutes from Worcester, hosts internationally renowned Buddhism and mindfulness instructors, offering talks and meditation retreats of any length. Hiking, skiing, rivers, lakes, fishing areas, and rural agricultural towns rich with orchards and world famous antiques venues surround the city. With a vibrant arts and music scene, world-class performance



spaces, such as the Hanover Theater and Mechanics Hall--known for its excellent acoustics, many small music venues across the city, and several annual music festivals, such as the nearby Lowell Folk Festival (the oldest free music festival in the US) there is, maybe, too much to do in one's leisure time.

Transportation

Air transportation by all major airlines is provided from Logan International Airport, located in Boston, Massachusetts. Interstate highway Route 90 connects Boston to Worcester, a drive of approximately 50 miles.



Housing

The presence of such a high college population makes the apartment rental vacancy rate very low throughout the year. Local realtors offer apartment finding services and the local colleges often post apartments to rent.

VA CWM TRAINING STAFF

The Training Committee is comprised of licensed doctoral-level psychologists, a number of whom are experts, national consultants, and/or leaders in their respective specialty areas. All members of the Training Committee were trained in APA-approved programs themselves. A brief description of each psychologist's educational history and professional interests follows:

Lee Ashendorf, PhD, ABPP-CN, Neuropsychologist, Director of Neuropsychology Postdoctoral Training, Worcester CBOC Supervisor

Dr. Ashendorf earned his Ph.D. in 2005 from the University at Albany, State University of New York, completing his internship training in neuropsychology with a minor in health psychology through the VA Connecticut Healthcare System's West Haven Campus. He completed a 2-year postdoctoral fellowship in neuropsychology at the Edith Nourse Rogers Memorial Veterans Hospital. He worked there as a clinical neuropsychologist for several years, until 2016, when he joined the Worcester Outpatient Clinic in the VA Central Western Massachusetts Healthcare System. He functions as a clinical neuropsychologist and oversees neuropsychology referrals to this clinic. He is also a member of the VA CWM Polytrauma/TBI and Caregiver Program teams. He holds a faculty appointment as Assistant Professor of Psychiatry in the University of Massachusetts Medical School. He is a proponent and advocate of the Boston Process Approach to neuropsychological assessment and has presented locally and nationally on this topic. He was elected a Fellow of the National Academy of Neuropsychology in 2014 and was the 2015 recipient of the Massachusetts Neuropsychological Society's Edith Kaplan Award. He has over 25 publications and has served as Associate Editor of the *Archives of Clinical Neuropsychology and Developmental Neuropsychology*. His research interests include psychometric applications of the Process Approach and implementation of forensic neuropsychological tools in Veteran populations.

Megan E. Brault, PsyD, PC-MHI Psychologist, Worcester CBOC Supervisor

Dr. Brault received her Doctorate in Clinical Psychology from La Salle University in Philadelphia in 2014. She completed her Internship training at the University of Central Florida Counseling Center and a Post-Doctoral Fellowship in Primary Care Behavioral Health at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, MA. She also completed training through The Department of Family Medicine of the University of Massachusetts in Worcester, MA and is certified in Primary Care Behavioral Health through the Center for Integrated Primary Care. Dr. Brault has worked in adult, family medicine and pediatric primary care settings and has training in weight management, bariatric surgery evaluations, smoking cessation, diabetes management and pain management. Dr. Brault is currently the PC-MHI Psychologist at the Worcester CBOC.

Emily Britton, PsyD, Staff Psychologist, Leeds/Northampton Supervisor

Dr. Britton joined the psychology staff at the VA Central Western Massachusetts Healthcare System in 2008, after completing her predoctoral internship here. She received her PsyD from The Wright Institute in Berkeley, California, formerly the psychoanalytic community's west coast bastion, but she focused on Schema and CBT therapy there. She gained three years of experience working with acute, dual diagnosis, and geriatric patients at a community psychiatric hospital in Berkeley, and her

research and community-based clinical work was focused on anxiety disorders, Asperger's Disorder, ADHD, and family therapy. Her theoretical orientation most closely matches Acceptance and Commitment Therapy (ACT), and she has additionally been VA-trained in Motivational Interviewing and Problem Solving Training. She works on the inpatient units in a psychology consultant role. She facilitates groups, and organizes the group program on the sub-acute unit, while also completing diagnostic screening, PTSD assessment, and cognitive screening. She is a Green Belt LEAN-trained facilitator for internal projects, and values system redesign procedures, having been a multimedia producer for online technology companies in San Francisco during the "dot.com boom." The subsequent "bust" was one reason for her career change, but if she'd been aware of ACT principles then, she'd say that the change illustrated a shifting toward what is important to her.

Jennifer L. Brown, PhD, Health Psychologist, Leeds/Northampton Supervisor

Dr. Brown earned her doctoral degree from the University of Florida's Department of Clinical and Health Psychology in 2005, completing her internship training in health psychology with a minor in neuropsychology through the VA Connecticut Healthcare System's West Haven Campus. Her postdoctoral training occurred at Hartford Hospital, within both the Department of Preventive Cardiology and Psychology Testing Service. Dr. Brown joined the VA CWM in August 2007 as Intake Coordinator for the Primary Mental Health Clinic before working in the Home Based Primary Care program for six years beginning in 2009. She was also the Didactics Coordinator for the internship for several years. In her current position as psychologist for the Pain Clinic, Dr. Brown participates in multidisciplinary pain evaluations utilizing a simultaneous interview technique, sometimes leading the team interview. She also oversees the "Pain School" program and provides both individual and group Cognitive Behavioral Therapy for Chronic Pain. Dr. Brown is also a member of the Pain Management Oversight Committee and the Point of Contact for pain at the VISN level. Her other responsibilities include providing individual psychotherapy and conducting pre-surgical evaluations (e.g., bariatric surgery). Dr. Brown's treatment approach combines psychoeducation, motivational interviewing, and cognitive behavioral techniques.

Brad Brummett, PhD, Neuropsychologist, Co-Director of Training, VAMC Neuropsychology Service Coordinator, Leeds/Northampton Supervisor

Dr. Brummett completed his clinical psychology PhD in 2007 at Fordham University in Bronx, New York, with training in neuropsychology, substance abuse treatment, multicultural issues, and Schema Therapy. While completing his degree, he spent a year providing counseling services at a methadone clinic in the heart of San Francisco, and he lived overseas. Dr. Brummett completed a 2-year, clinical neuropsychology postdoc from 2007-2009 and was employed as a staff neuropsychologist at Kaiser Foundation Rehabilitation Center from 2009-2011 before moving back East to Massachusetts. Prior to joining our medical center, he worked at VA Boston Healthcare System as a neuropsychologist and as a research scientist with the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS). Dr. Brummett was also a clinician with MedOptions, Inc., a private company that provided behavioral consultation and counseling services for Veterans at Holyoke Soldiers' Home. He was the consulting psychologist for our facility's community living center (nursing care unit) from 2012-2015, where he provided psychotherapy, behavioral consultation, and neuropsychological assessment. Dr. Brummett serves as a site-PI for two funded studies involving Veterans who are involved with the VA service-connection disability program: 1) impact of remote benefits counseling and 2) non-pharmacological pain care. He maintains research interests in the

areas of disability examinations and neuroscience. Dr. Brummett provides clinical services for Neuropsychology, TBI/Polytrauma, and Compensation & Pension.

Lorraine Cavallaro, PhD, Staff Psychologist, Manager of the Mental Health Unit, Worcester CBOC

Dr. Cavallaro received her degree in Clinical Psychology from the University of Maine and she completed her predoctoral internship in the VA Connecticut Healthcare System, VAMC West Haven. She has published in the areas of non-verbal communication and emotional expression in schizophrenia. Her interests are currently focused on non-verbal learning disorders, particularly along the Autism Spectrum. Clinically, Dr. Cavallaro is interested in the integration and application of both psychodynamic and cognitive behavioral interventions. Her primary clinical duties within the Worcester CBOC MHU include Triage and Clinical Consultation with the Primary Care Teams and Subspecialties. Dr. Cavallaro is a member of the Disruptive Behavior Committee and the Suicide Prevention Committee.

David Chick, PhD, Home-Based Primary Care Psychologist, Worcester CBOC Supervisor

Dr. Chick received his degree in Clinical Psychology from the University of Southern Mississippi and did his internship at the Bay Pines VA in Florida. Following training he remained at the VA as the Coordinator of the Domiciliary-based Substance Abuse Treatment Program (SATP) and later worked at Bayfront Medical Center, a Level II trauma center, providing the full-range of psychological services to medical rehab patients and their families. Dr. Chick has also maintained a private psychotherapy practice throughout his career, including 15 years as a full-time outpatient practitioner. In a world of specialization, Dr. Chick proudly describes himself as generalist, able to provide services across the life-span from adolescence to the elderly, in individual and couples' formats. As a supervisor he brings a broad range of inpatient and outpatient experience, work in substance abuse, medical psychology, and home-based care practiced from an integrated, but predominantly empirically based cognitive-behavioral, theoretical treatment framework. Dr. Chick is also trained in Interpersonal Therapy for Depression (IPT) and in Cognitive Processing Therapy (CPT).

Ian Clark, PsyD, Staff Psychologist, Mental Health Clinic, Leeds/Northampton Supervisor

Dr. Clark earned his PsyD in Clinic Psychology from The Arizona School of Professional Psychology at Argosy University in 2015 after completing his pre-doctoral internship at the Carson Center for Adults and Families in Westfield, MA. Dr. Clark then went on to complete a post-doctoral residency at the Albany Stratton VA Medical Center where he received specialized training in PTSD treatment. Following his residency, he worked as a staff psychologist for the PTSD program, primarily treating combat-related trauma in both individual and group formats. He is trained and certified two trauma focused treatments: Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR). He also has training and experience with a variety of other therapies; such as, Dialectical Behavioral Therapy, Strength at Home, Motivational Interviewing, and Seeking Safety. He joined the Central Western Massachusetts VA in the winter of 2018 and has enjoyed broadening his clinical focus in the Mental Health Clinic.

Allison Cook, PhD, Staff Psychologist, Leeds/Northampton Supervisor

Dr. Cook Graduated from Tufts and completed her doctoral work at the University of Massachusetts in 1980. She worked in Community Mental Health for many years, and ultimately was the director of several outpatient clinics run by the Carson Center in Westfield Mass, as well as a program serving Department of Mental Health clients with SPMI. She is intensively trained in DBT, and had oversight responsibilities for Carson's Doctoral Internship Program, which has a focus on integrative approaches, particularly with dually diagnosed clients who have co-morbid mental health and substance use disorders. In 2015 she moved to her current position at the VA, where she is the psychologist attached to a multi-disciplinary team that responds to mental health concerns on a same-day basis. This service involves immediate treatment planning, triage, and brief treatment services. Students in the MHC rotation work with Dr. Cook in this role in progressively more independent ways, starting with shadowing, and ultimately seeing Vets who present to this Walk-In Clinic independently with immediate support available.

Scott Cornelius, PsyD, Staff Psychologist, Leeds/Northampton Supervisor

A graduate of the Illinois School of Professional Psychology-Chicago, Dr. Cornelius worked for six years as a psychologist in community mental health in Colorado and Southeast Alaska. In 2005, Dr. Cornelius accepted a position as a civilian psychologist with the United States Department of Defense and was stationed in Vilseck, Germany, where he worked with military personnel involved in the Global War on Terror (GWOT). In 2006, he joined the psychology staff at the VA CWM, with a specific focus on the treatment of Posttraumatic Stress Disorder. In 2007 he stepped into his current position as the psychologist on the Specialized Inpatient PTSD Unit, where he treats Veterans who are suffering from war zone-related PTSD.

Dr. Cornelius utilizes a mindfulness and acceptance based approach to behavioral treatment and has been a National Consultant for the VA Acceptance and Commitment Therapy for Depression rollout since 2010. He provides trainings in ACT around the Northeast. In addition to ACT, Dr. Cornelius utilizes Prolonged Exposure and is a certified teacher of Integrative Restoration (iRest) Yoga Nidra. iRest is research-based transformative practice of deep relaxation and self-inquiry that has been identified as a Tier 1 Complementary and Alternative Medicine approach to the treatment of PTSD by the Department of Defense. Dr. Cornelius is also a certified yoga instructor who is interested in the application of yoga, mindfulness and iRest to the treatment of PTSD and other problems of living.

Kelly Coxe, PsyD, Clinical Psychologist, Springfield Vet Center Supervisor

Dr. Coxe completed her doctorate in clinical psychology at the American School of Professional Psychology, Washington, DC. Her dissertation was focused on Veteran reintegration from combat zones into civilian life. Dr. Coxe is a Veteran of Operation Iraqi Freedom and served in the U.S. Army. Her clinical internship was with VA CWM from 2013-2014. Dr. Coxe was hired at the Springfield Vet Center, which specializes in readjustment issues, in 2015. Additionally, the Vet Center provides therapeutic services for couples, families, and bereavement issues. Dr. Coxe conducts outpatient therapy using a cognitive behavioral approach, and has some experience with ACT. She is trained in PE and CPT and utilizes these evidence based approaches to trauma for both combat and military sexual trauma (MST).

Ronald Delamater, PhD, Staff Psychologist, Leeds/Northampton Supervisor

Dr. Delamater received his PhD in clinical psychology from Ohio University in 1986 after having completed his internship at the Palo Alto VAMC. He was a staff psychologist at the Palo Alto VA from 1986-1998, at which time he joined the staff at the VA CWM. While at the Palo Alto VA, Dr. Delamater worked for nine years in inpatient psychiatry, including three years as a ward chief, followed by three years in an outpatient mental health clinic. He currently works full-time in the outpatient Mental Health Clinic at the VA CWM, providing individual, couples and group psychotherapy. His clinical approaches include psychodynamic, interpersonal and cognitive-behavioral techniques. His clinical and research interests focus on the process of individual and group psychotherapy, person perception and the supervision experience.

Laura D.M. Grant, PsyD, Staff Psychologist, Compensation & Pension Service Mental Health Lead, CLC Psychology Consultant, Leeds/Northampton Supervisor (Assessment)

Dr. Grant was awarded her Doctorate in Clinical Psychology in 2010 by Nova Southeastern University in Davie-Fort Lauderdale, Florida. She completed her pre-doctoral internship at the South Florida State Hospital, where she received intensive training in the areas of Forensic Psychology, Personality Assessment, and Behavior Modification and experience with neuropsychological assessment and evaluation. Other pre-doctoral training included an 18-month rotation at the Palm Beach Vet Center and 2 years providing assessment and outpatient therapy at South County Mental Health Center, Inc. (Community Mental Health). Dr. Grant finished her postdoctoral work at Mount Holyoke College (Counseling Service) in 2014.

Having a rich range of training and interests, Dr. Grant has worked in multiple areas of practice, including Forensic Examination, Consultation and Therapy (Outpatient Sex Offenders), Community Mental Health, Private Inpatient Psychiatric Hospitals, and Private Addiction Treatment Facilities. Prior to joining our staff in August 2016, she maintained a busy full-time private practice in South Hadley, MA, providing individual and group therapy to adults and adolescents with a strong focus on gender identity, mood disorders, anxiety disorders, PTSD, grief, and life transitions. She also maintains an Equine Assisted Psychotherapy/Learning practice in Western MA and is a certified Mental Health provider and Equine Specialist via EAGALA. Special interests include Intersectionality of LGBTQIA+, Racial/Ethnic/Citizenship Identities, Age, Life Stage/Health Stage and Veteran Identities, and Ethics. Dr. Grant is a supervisor in the Assessment Primary and Ancillary rotations.

Christina Hatgis, PhD, Staff Psychologist, Co-Director of Training, Worcester CBOC

Dr. Hatgis joined the Worcester VA CBOC in 2008, having completed her PhD at Clark University in 2006, internship at the Boston VA Consortium in 2005, and attended post-doctoral fellowship at Brown University / Providence VAMC 2005 - 2007, focusing on PTSD, substance abuse disorders, and behavioral health factors in HCV and HIV/AIDS treatment and prevention. She developed the ongoing Practicum Training Program at the Worcester CBOC and has supervised interns and practicum students at the Worcester CBOC since 2009. Dr. Hatgis provides assessment, individual, and group psychotherapy for a full range of presentations including mood and anxiety disorders, substance use disorders, and PTSD. She is trained in empirically-based therapies for PTSD, mood disorders, substance abuse, and chronic pain disorders, including CPT, PE, CBT, ACT, and MI. She is a certified provider of ACT and PE. Dr. Hatgis is an Affiliate Assistant Professor and Part-time Instructor at the Clark University Clinical Psychology Graduate Program.

Cathryn Holzhauer, PhD, Research Psychologist, Leeds/Northampton Supervisor

Dr. Holzhauer completed her doctoral degree in Clinical Psychology at the University at Albany, and a postdoctoral fellowship at the University of Massachusetts Medical School (UMMS) in the Division of Addiction Psychiatry. She joined VA CWM as a Research Psychologist in 2017 and has a dual appointment as Assistant Professor at UMMS. Her research is focused on the effects of stress and negative emotion on the health of women Veterans, particularly the association between stress and alcohol misuse. She was awarded the NIDA Women & Sex/Gender Differences and NIAAA Research Society on Alcoholism Junior Investigator Awards. Dr. Holzhauer's current work is being executed as part of her VA VISN 1 Career Development Award, and involves translational research testing the efficacy of emotion regulation techniques for women Veterans with alcohol misuse and co-occurring PTSD, in the laboratory. She is also Principal Investigator of a Loan Repayment Grant from the NIAAA, and a co-Investigator on four National Institute of Alcohol Abuse and Alcoholism (NIAAA) /VA funded projects. Two of these studies are clinical trials which are adapting Alcohol Behavior Couples Therapy for Military Service Members and Veterans. Clinically, Dr. Holzhauer works part time in the Substance Use Disorder Treatment Clinic (SUD-C). Her work is most informed by her training in Cognitive Behavior Therapy for SUD (CBT-SUD), Alcohol Behavior Couples Therapy (ABCT), Dialectical Behavior Therapy (DBT), and Motivational Interviewing (MI). She also started and runs a Female-Specific CBT-SUD group for women Veterans within the SUD clinic.

Jennifer Joyce, PsyD, Staff Psychologist, Leeds/Northampton Supervisor

Dr. Joyce joined the psychology staff as the PTSD/SUD psychologist in January 2009. She received her degree in clinical psychology from the University of Hartford in Connecticut, where she primarily gained academic and clinical experience providing Cognitive-Behavioral therapy for anxiety disorders and substance use disorders in outpatient and inpatient settings. Her dissertation focused on the subjective experience of individuals with obsessive-compulsive disorder. Her work with World Trade Center and Hurricane Katrina survivors contributed to her growing interest in the treatment of PTSD and trauma-related issues. Dr. Joyce works with the inpatient and outpatient PTSD programs and the Substance Use Disorders Program to ensure integrated treatment and continuity of care. She is dedicated to the dissemination of Evidence-Based Psychotherapies and serves as the facility's local Evidence-Based Psychotherapy Coordinator and a National VA consultant for Prolonged Exposure Therapy for PTSD. She is a supervisor for the Substance Use Disorder Clinic and for the Prolonged Exposure Therapy ancillary.

Teresa Hodel Malinofsky, PhD, Neuropsychologist, Leeds/Northampton Supervisor

Dr. Malinofsky earned her PhD in Clinical Psychology from the University of Cincinnati in 1991. She started her professional career as a music therapist, then became clinical psychologist and neuropsychologist. As music therapist at the Creative Arts Rehabilitation Center, in NYC, she worked with children and adolescents with severe autism and adults with psychiatric and neurologic conditions. At the same time, she took courses in physiological psychology at NYU and laboratory experience at Rockefeller University before moving to the University of Cincinnati where she obtained her PhD in clinical psychology. Her PhD dissertation topic was Changes in Object Representation in Hypnosis as Manifested on the Rorschach Test. She interned at Cambridge

Hospital (now the Cambridge Alliance) in clinical psychology and obtained postdoctoral-level training and work experience in neuropsychology for a few years at Harvard-affiliated hospitals, including Massachusetts General Hospital. Her training and this early experience in neuropsychology was with geriatric and psychiatric populations.

Then in Western Massachusetts, she first worked at the Weldon Center for Rehabilitation, Mercy Hospital, where she was Director of Neuropsychology and Chief Psychologist for the Inpatient Brain Injury Unit. At the same time, she co-edited a book, *The Psychotherapist's Guide to Neuropsychiatry: Diagnostic and Treatment Issues* (1994), along with co-editors James Ellison, MD, and Cheryl Weinstein, PhD, from the Harvard-affiliated hospital system. The book was well-received and has been translated into Korean. Dr. Malinofsky also contributed a chapter on a neuropsychological perspective on personality disorders. When her brother contracted HIV-AIDS and she was his primary family member and support, she moved from hospital-based work to consultation for the Statewide Head Injury Program (SHIP/Massachusetts Rehabilitation Commission), which allowed her the freedom and time to travel, both to help her brother, as well as provide consultation throughout Western Massachusetts, to agencies and schools, serving the severely traumatically brain injured and their families. Following her brother's death, and the birth of her second child, she started her private practice in neuropsychology and also taught at the Antioch New England Graduate School, courses in neuropsychology and biological foundations of clinical psychology. In 2003-2009, she worked three days per week as neuropsychology consultant to the Geropsychiatry team at Baystate Franklin Medical Center. Following that, she returned to full-time private practice in neuropsychology with associated work in cognitive rehabilitation and psychotherapy and also supervised practicum students from Antioch New England Graduate School. Now at VAMC, Leeds, Dr. Malinofsky does neuropsychological assessments, some psychotherapy, and a weekly C&P exam. She has developed a new interest in dissociation, a not uncommon symptom of PTSD.

Michelle Mattison, PsyD, Staff Psychologist, Leeds/Northampton Supervisor

Dr. Mattison obtained her doctorate degree from the California School of Professional Psychology - Alameda in 1999 and her undergraduate degree from Smith College in 1989. Her dissertation research was on ego development in female characters in best-selling fiction. She returned to this area to complete her predoctoral internship at this VA, where she trained in the Substance abuse IOP as well as health psychology. Dr. Mattison was then hired as a staff psychologist for the acute and step-down inpatient units. She also provided Mental Health services for the Nursing Home Care Unit. She served as Training Director from 2002-2006. Dr. Mattison continues to be the Acute Inpatient Psychologist and is also the EAP coordinator for this VA. Motivational Interviewing, Seeking Safety and Social Skills Training for Schizophrenia are the primary therapies she provides; she is also trained in Integrative Restoration (iRest) and provides groups in this as well. In addition to working with severe and persistently mentally ill, she is interested in psychological assessment; geriatric, and health psychology; cultural diversity; and suicide risk assessment and prevention. She has been a supervisor for Inpatient Psychiatry rotation until this year; Dr. Mattison will be transitioning in a new direction in her role as Local Recovery Coordinator in October 2018.

Jeffrey McCarthy, PsyD, Supervisory Psychologist, Program Manager for CBOCs, Springfield CBOC Supervisor

Dr. McCarthy is the Program Manager for Outpatient Mental Health Services provided at the five Community Based Outpatient Clinics (CBOCs) of VA CWM. He also provides clinical services in the Mental Health Clinic at the Springfield CBOC including individual and group psychotherapy, as well as psychological and neuropsychological assessment services. He previously worked as the psychologist on the TBI/Polytrauma team, and has provided numerous lectures in a number of venues in the local area on the subject matter. He has been actively involved on the OEF/OIF Interdisciplinary Team tasked with improving the integration of Mental Health and Primary Care. He received his doctoral degree in Clinical Psychology in 2004 from the Adler School of Professional Psychology in Chicago, while also completing a specialty in Neuropsychological Assessment. He completed his internship training at the VA CWM, and a portion of his postdoctoral training in the Psychosocial Rehabilitation Fellowship program at the West Haven VAMC. He then worked for almost two years at Neuro-Psychology Associates of Western Massachusetts evaluating and treating patients with various neurological conditions, including traumatic head injuries, progressive dementing disorders, and neurobehavioral disorders, before returning to the VA CWM.

Courtney R. Morris, PhD, Staff Psychologist, Leeds/Northampton Supervisor

Dr. Morris joined the psychology staff at the VA CWM in 2016. She received her PhD from the University of Denver in Counseling Psychology in 2014 with an emphasis in health psychology. She completed her pre-doctoral internship training at VA Central Western Massachusetts Healthcare System in 2013/2014, engaged in an APA accredited health psychology fellowship in PC-MHI at the Louis Stokes Cleveland VA in 2014/2015, and was employed with the Syracuse VA working at a CBOC prior to gaining this position. At the CBOC in NY, she provided 50% PCMHI services and 50% outpatient mental health psychotherapy as well as psychological assessment supervision for the pre-doctoral psychology interns. At her current position in PC-MHI, she provides brief assessment, frequent consultation, referral management, motivational enhancement and brief psychotherapy treatment for Veterans with chronic disease management and traditional mental health concerns. Dr. Morris incorporates evidence-based psychotherapy in PC-MHI and is VA certified in cognitive processing therapy for PTSD, cognitive behavioral therapy for chronic pain, and problem solving therapy for PC-MHI. In addition, she facilitates a weekly, motivational interviewing tobacco cessation group. She is published in areas related to chronic pain and behavioral health. Moreover, she has previous clinical experience as a health coach for Denver Health, and as a permanency social worker with at-risk youth in foster care for a community-based organization in NYC.

Jessica Morris, PhD, Psychologist, Home Based Primary Care, Springfield CBOC Supervisor

Dr. Morris received her PhD in Clinical Psychology from the University of Vermont in 1997 with an internship at the University of Massachusetts, Amherst. Dr. Morris joined VA CWM in 2016 as Psychologist for the Home Based Primary Care (HBPC) programs based at the Springfield Community Based Outpatient Clinic and at the VA CWM main campus. In HBPC, Dr. Morris provides a range of psychological services to older Veterans and their families in the home throughout Western Massachusetts including psychotherapy, caregiver support, family therapy, and neuropsychological evaluations, as well as consultation with HBPC multi-disciplinary teams. Dr. Morris is certified in Problem-Solving Training, and evidence-based intervention for HBPC. Prior to joining VA CWM, Dr. Morris worked in community mental health and substance abuse providing individual, group, and family therapy as well as conducting psychological, neuropsychological, and educational assessments as a consultant to school districts. For two decades, Dr. Morris taught

psychology and counseling at the graduate level with a specialization in lesbian, gay, bisexual, transgender, and gender expressive people. In the community, she has worked with Veterans providing therapy and assessment as well as teaching and training Veterans to work in mental health. Dr. Morris has trained and supervised psychologists, pre-doctoral interns, practicum students as well as mental health providers in all disciplines including social workers, mental health counselors, marriage and family therapists, and psychiatrists. Dr. Morris has published and presented in the area of LGBT mental health and volunteered at the national level in professional organizations with awards for research and service.

Katherine Putnam, PhD, PTSD Specialist, Smoking Cessation Lead Clinician, Leeds/Northampton Supervisor

Dr. Putnam earned her Ph.D. in 1996 from Stony Brook University. She completed her Internship in 1996 at the Boston Veterans Affairs Psychology Internship Consortium. She completed two postdoctoral fellowships, one in Neuroscience at the Long Island Jewish University Hospital in New York. Her second post-doc was in Emotion and Affective Neuroscience, funded by the National Institute of Mental Health, at a joint training program in Emotion with the University of Wisconsin (UW) at Madison and the University of California at Berkeley. At UW, she worked with Dr. Richard Davidson in the fields of brain functioning and emotion, depression, and meditation. She remained at UW as an Asst. Research Scientist and an Asst. Clinical Professor in Psychiatry until 2003 when she joined the staff of the National Center for PTSD at the Behavioral Sciences Division at the Boston VA and the faculty at the Boston University School of Medicine (Asst. Professor of both departments of Psychiatry and Behavioral Neuroscience). There, she continued her work on the neural and psychophysiological substrates of emotion regulation in psychopathology. She has mentored over 25 research students (undergraduate, Master's graduate, and doctoral graduate) as they pursued academic careers in clinical psychology, neuroscience, and/or medicine. She joined the staff of the Madison VA in 2003 as the PTSD/Substance Use Disorder (SUD) Specialist. She assisted in developing a number of programs there that include a canine training program for Veterans with the PTSD, a mindfulness-based relapse prevention program, a dual-disorder clinic for Veterans with PTSD/SUD, and a young Veteran reintegration group. With the psychology staff, she wrote and submitted a grant for a Psychology Internship program that was awarded to the hospital with Dr. Putnam as the Training Director. She joined the staff of the CWM VA in 2012 as the SUD Clinic Manager and then, eventually, the PTSD Specialist in the outpatient Mental Health Clinic. At UW and all VA settings, she was active in the clinic by treating mood, anxiety, and personality disorders, as well as supervising trainees in individual and group treatments. She has specialized training in psycho-diagnosis as well as a specialization in PTSD treatment and assessment. She has provided clinical supervision to well over 50 psychology pre-doctoral interns, almost all at VHA settings. In addition to her generalist training, she has been trained specifically in Dialectical Behavior Therapy, Acceptance and Commitment Therapy [VA roll-out], Cognitive Processing Therapy [VA roll-out], Prolonged Exposure [VA rollout], and Cognitive-Behavioral Therapy [VA roll-out]. She was recently invited to attend the Cognitive Processing Therapy Train-the-Trainer (TTT) Workshop and, once completed, will be a regional CPT trainer for VISN 1. She primarily conducts evidence-based practice, taking all three factors [research, clinician knowledge, patient perspective] into account, with an emphasis on behavioral therapy and mindfulness. She is very interested in understanding and utilizing “common factors” (see Wampold, 2015) in therapy as well as research and clinical practice that advance effectiveness in psychotherapy. While at UW and BU, she received 4 grants as a Principal Investigator, and she has 20 (7 as first author) peer-reviewed publications, which include

invited reviews from *Development and Psychopathology* (Putnam & Silk, 2005: “Emotional dysregulation and the development of borderline personality disorder”); *Annual Review of Psychology* (Davidson et al., 2002: “Depression: Perspectives from affective neuroscience”); *Current Opinion in Neurobiology* (Davidson et al., 1999: “Regional brain function, emotion, and disorders of emotion”); and *Science* (Davidson, Putnam, & Larson, 2000: “The neurobiology of emotion and emotion regulation in relation to violence”). In addition to her work as a graduate student research assistant and psychology intern, she has worked for the VHA as a psychologist for 15 years.

Karen Regan, PsyD, Staff Psychologist, Telehealth Services providing treatment for PTSD and Substance Use Disorders, Greenfield

Dr. Regan received her degree in Clinical Psychology from Nova Southeastern University in Fort Lauderdale, Florida in 2009. She completed her pre-doctoral internship at the University of Miami/Jackson Memorial Hospital Mental Health Center where she specialized in providing mental health treatment and psychological evaluations to individual with various levels of hearing loss. Her post-doctoral fellowship at the VA Pittsburgh Healthcare System specialized in evidence-based treatments for substance use disorders and addictive behaviors. She has been trained in as a mental health provider via EAGALA (Equine Assisted Growth and Learning Association, Inc.), Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI)/ Motivational Enhancement Therapy (MET), Dialectical Behavior Therapy (DBT), Cognitive-Behavioral Therapy for Substance Use Disorder (CBT-SUD), CBT, Cognitive Processing Therapy (CPT), and Seeking Safety. She has experience providing year-long and supplemental training/supervision for pre-doctoral interns and psychiatry residents. Special interests include diversity, Deaf and Hard-of-Hearing and LGBTQSA populations, and telemental health services. Dr. Regan provides clinical services at the VA Greenfield Community Based Outpatient Clinic (CBOC).

Henry Rivera, PsyD, Program Manager for Outpatient Mental Health, Leeds/Northampton

Dr. Rivera was awarded his PsyD in 2004 by the University of Hartford. Prior to joining our staff, he managed the Substance Use Treatment Program at the Carson Center for Adults and Families, a community mental health center in Westfield, MA, where he also completed his predoctoral internship. Since then, he has also worked at Noble Hospital’s Partial Hospitalization Program in Westfield, as a clinical supervisor for the Mental Health Counseling graduate program at Westfield State College, and at his former private psychotherapy practice in Westfield. He was Director of the Substance Use Disorders Clinic at our Leeds/Northampton Campus from 2008-2012 where he trained clinicians in Motivational Interviewing, conceptualizing cases using the Stages of Change Model, and in providing Solution-Focused Brief Therapy. He also has training and experience with Dialectical Behavior Therapy, treating domestic violence offenders, and Client-Directed Outcome-Informed (CDOI) therapy and supervision.

Miriam L. Rubin, PhD, CBSM, Staff Psychologist, Coordinator of Sleep Disorders Program, Worcester CBOC Supervisor

Dr. Rubin received her PhD in Clinical Psychology from the University of Missouri-Columbia. Dr. Rubin has served as supervisor to pre-doctoral psychology interns with the VA Brockton - West Roxbury Medical Center from 1992 to 2005, the VA Boston HCS from 2005 to 2011, and VA CWM

HCS since 2013. When the Worcester CBOC was re-aligned to the VA CWM HCS in 2011, she led the team in developing a proposal for a VA Interprofessional Mental Health Education Expansion Initiative resulting in the acquisition of 2 recurring full-time training positions (one Psychology and one APRN intern). She has VA certification training in CBT-I and Exposure, Relaxation, and Rescription Therapy for Military populations (ERRT-M) for the treatment of trauma nightmares, and VA training in CPT, EMDR, and Seeking Safety. She supervises interns in the provision of empirically based diagnostic assessments and CBT-oriented psychotherapy including Seeking Safety, CPT, anger management, smoking cessation, stress management, and weight management. She developed the Managing Anger Program, a series of workshops that combine psycho-educational and experiential techniques. She has provided staff trainings in anger management and the prevention of violence in clinical settings, including PMDB. Dr. Rubin received Certification in Behavioral Sleep Medicine (CBSM) in 2014. Her interest in sleep disruption related to psychological trauma led her to establish the WLA Sleep Disorder Program, which offers evidence-based assessment and treatment of insomnia, nightmares, and sleep-disordered breathing, including CBT-I, ERRT(M), and C-PAP compliance treatment. Her research interests include behavioral and pharmacological treatment of trauma-related sleep disturbances, and she is currently the PI of an IRB-approved VA study examining factors impacting adherence to Prazosin for sleep disturbance in combat Veterans with PTSD. She is a member of the American Psychological Association, the Sleep Research Society, and the Society of Behavioral Sleep Medicine (SBSM), and serves on the SBSM Membership Committee.

Mark Schneider, PhD, Primary Care Psychologist, Leeds/Northampton Supervisor

Dr. Schneider graduated from Loyola University of Chicago in 2000. He serves as the Health Behavior Coordinator for our facility and is located in the Primary Care Service Line. Currently, Dr. Schneider is a co-supervisor on the Health Promotion and Disease Prevention primary rotation on the Northampton campus, and provides supervision to the year-long intern at the Springfield Community-based Outpatient Clinic. Prior to joining our staff, he served as coordinator for the Psychosocial Rehabilitation and Recovery Center and Compensated Work Therapy programs at the Jesse Brown VA Medical Center in Chicago, Illinois. In addition to his prior VA experience treating Veterans with serious mental illness, Dr. Schneider's clinical interests include health psychology, consultation and liaison with primary care, group/family psychotherapy, and supervision of psychology and medical students. He formerly served as a staff psychologist, consultant to specialty clinics, and Director of Clinical Training in the Mount Sinai Hospital Medical Center in Chicago for several years. This community mental health program located in a hospital setting specialized in the treatment of abused and neglected children and their families. Dr. Schneider serves as a co-supervisor on the Health Promotion and Disease Prevention primary rotation, group therapy supervisor, and a long-term individual supervisor for outpatient therapy. Dr. Schneider's clinical approach is integrative, incorporating elements of psychodynamic theory and Motivational Interviewing techniques within a recovery-oriented framework.

Eileen Tam, PsyD, Staff Psychologist, Springfield CBOC Supervisor

Dr. Tam completed her graduate training in clinical psychology at Loyola University Maryland. She completed practicum placements at the Baltimore VA Medical Center in the Outpatient Mental Health Clinic as well as at the Perry Point VA Medical Center in the Psychosocial Rehabilitation and Recovery Center for Veterans with severe mental illness. Dr. Tam's interest in continuing to work with Veterans resulted in the completion of a pre-doctoral internship at the Northport VA Medical

Center. She then continued working with Veterans during a post-doctoral fellowship at the West Haven VA Medical Center. Following the completion of her fellowship, Dr. Tam joined the Mental Health team at the Springfield Community-Based Outpatient Clinic as a staff psychologist. In this role, she completes outpatient therapy using primarily a cognitive-behavioral approach. She also facilitates a Relapse Prevention group for substance use disorders as well as a CBT for Chronic Pain group. In addition, she currently serves as a co-supervisor to interns placed at the Springfield CBOC health psychology rotation.

Dorothy Tormey, PhD, Staff Psychologist, Didactics Coordinator, Leeds/Northampton Supervisor

Dr. Tormey earned her doctoral degree in Counseling Psychology from Lehigh University in 2012 following an internship at the VA Central Western Massachusetts Healthcare System (VA CWM). She completed practicum placements at the Allentown State Psychiatric Hospital in Pennsylvania for adults with severe mental illness and the Allentown Community-Based Outpatient Clinic (CBOC) in Pennsylvania. Her previous experience as a retired Air Force Veteran led to her interest in working with Veterans and shaped the focus of her research and dissertation, identifying and forecasting behavioral health challenges facing returning combat Veterans. Dr. Tormey returned to VA CWM both as a post-doctoral trainee and staff psychologist. She was recently appointed by the Training Directors to be Didactics Coordinator. Combined experiences from post-doctoral work to staff psychologist include providing services to Veterans in the 21-day Intensive Outpatient Program in the Substance Use Disorder Clinic (SUD-C), offering Individual Therapy for Veterans via Tele-Mental Health for the Greenfield CBOC, and (in her current position in the Mental Health Clinic) providing evidence-based therapies for Veterans diagnosed with PTSD and other emotional or behavioral challenges.

Jill M. Vinocour, PsyD, PC-MHI Psychologist, Springfield CBOC Supervisor

Dr. Vinocour serves as the Primary Care – Mental Health Integration (PC-MHI) Psychologist at the Springfield CBOC, where she provides brief evidence-based treatment to Veterans presenting to primary care with emotional or behavioral difficulties and/or chronic health conditions. She weaves together a background in adult outpatient mental health, psychological assessment, and health psychology to provide Veteran-centered approaches to consultation and treatment in the primary care setting. Dr. Vinocour completed her graduate training in clinical psychology at Antioch University in Keene, NH. She interned at the Albany Psychology Internship Consortium, where she completed rotations in outpatient mental health, inpatient palliative care, and hospice at the Stratton VA Medical Center. She completed her post-doctoral fellowship in the Department of Psychiatry at Albany Medical Center, where she trained medical students and residents in brief assessment and intervention for substance abuse, stress management, and CBT. Prior to joining VA CWM, Dr. Vinocour directed the Postdoctoral Fellowship Program in Clinical Psychology at Community Psychological Service (CPS), a community-based mental health center at the University of Missouri-St. Louis. She provides clinical supervision to interns placed at the Springfield CBOC in the areas of PC-MHI and Smoking Cessation, and General Mental Health.

Sarah Ward, PhD, ABPP-CN, Neuropsychologist, Worcester CBOC Supervisor

Dr. Ward earned her doctorate in clinical psychology at the University of Minnesota-Twin Cities in Minneapolis, where she focused on neuropsychological assessment and research in behavioral genetics.

During graduate school, she trained in neuropsychological and psychological assessment at the University of Minnesota Medical School, the Minneapolis VAMC, and in private practice. She completed her pre-doctoral internship at Massachusetts Mental Health Center/Beth Israel Deaconess Medical Center/ Harvard Medical School, in the neuropsychology track, and with an additional focus on outpatient therapy to individuals with serious mental illness. She completed a two year clinical neuropsychology post-doctoral fellowship at Beth Israel Deaconess Medical Center/ Harvard Medical School, with rotations in outpatient psychiatry, outpatient neurology, the Massachusetts Department of Mental Health, and Boston HealthCare for the Homeless. She works as an assessment psychologist at the Worcester VA. She provides clinical neuropsychological and psychological evaluations for Veterans as part of the Worcester Mental Health Clinic and the Polytrauma team. She also completes mental health compensation and pension evaluations for the Veterans Benefits Administration. In 2017, Dr. Ward co-wrote the grant application for the newly created postdoctoral program in clinical neuropsychology (based at the Worcester VA). She provides clinical supervision in neuropsychological and psychological assessment to the neuropsychology post-doctoral fellow and the Worcester psychology intern. She is board certified in clinical neuropsychology (through the American Board of Professional Psychology-ABPP).

Trainees

Doctoral Programs of Recent Interns

- Adler School of Professional Psychology – Chicago
- Alliant International University/California School Of Professional Psychology – San Diego, Alameda, Los Angeles
- Antioch/New England Graduate School
- Argosy University-Atlanta
- Boston College
- Chicago School Of Professional Psychology
- Fielding Graduate University
- Florida Institute of Technology
- Idaho State University
- Illinois School of Professional Psychology
- La Salle University
- Lehigh University
- Massachusetts School of Professional Psychology
- Michigan State
- Minnesota School of Professional Psychology
- Northeastern University
- Nova Southeastern University
- Pacific Graduate School of Psychology
- Pacific University
- Pepperdine University
- Roosevelt University
- Rutgers University
- State University of New York – Albany

- Southern Illinois University
- Suffolk University
- University of Albany
- University of California – Los Angeles
- University of Denver
- University of Hartford
- University of Indianapolis
- University of Iowa
- University of Maine
- University of Massachusetts
- University of Memphis
- University of Missouri – St. Louis
- University of Montana
- University of Pittsburgh
- University of Rhode Island
- University of South Dakota
- University of Tennessee
- University of Vermont
- University of Virginia
- University of Wisconsin – Madison
- Virginia Consortium
- William James College
- Wright Institute
- Yeshiva University

Placements of Recent Interns

- Austin Riggs, Stockton, MA
- Bay State Hospital, Springfield, MA
- Behavior Therapy and Psychotherapy Center, University of Vermont, Burlington, VT
- Boston College Counseling Center (Postdoc), Boston, MA
- Brown University (Postdoc), Providence, RI
- Career Development Center of SUNY at Albany, Albany, NY
- Child Guidance Clinic, Springfield, MA
- Cutchin's Institute, Northampton, MA
- Fletcher Allen Health Care, Burlington, VT
- Institute of Living, Hartford, CT
- Little Rock VAMC, Little Rock, AR
- Lumberg Elementary School, Lakewood, CO
- Medical Psychology Center, Beverly, MA
- Menninger Clinic (Postdoc), Topeka, KS
- MultiCare Health System/Good Samaritan Hospital, Puyallup, WA
- Neuropsychology Associates of Western Massachusetts, Springfield, MA
- Pain Clinic, Portland, OR

- Portland Psychotherapy Clinic, Portland, OR
- ServiceNet Inc., Northampton, MA
- Tarzana Treatment Center, Tarzana, CA
- The Weight Center, MA General Hospital, Boston, MA
- University of New Haven Counseling Center, West Haven, CT
- University of Rochester's Mt. Hope Family Center, Rochester, NY
- US Air Force
- VA Bedford Medical Center (Postdoc), Bedford, MA
- VA Boise Medical Center (Postdoc), Boise, ID
- VA Boston Healthcare System (Postdoc), Boston, MA
- VA Central Western Massachusetts Healthcare System (Postdoc), Northampton, MA
*We have proudly hired multiple interns as full-time staff
- VA Houston, Michael E. DeBakey Medical Center (Postdoc), Houston, TX
- VA Longbeach Healthcare System, (Postdoc), Long Beach, CA
- VA Milwaukee Medical Center (Postdoc), Milwaukee, WI
- VA North Texas Healthcare System (Postdoc), Dallas, TX
- VA Phoenix Healthcare System, (Postdoc), Phoenix, AZ
- VA Salem Healthcare System (Postdoc), Salem, VA
- VA San Francisco Healthcare System, San Francisco, CA
- VA Togus Medical Center (Postdoc), Togus, ME
- VA West Haven Medical Center (Postdoc), West Haven, CT
- VA West LA Medical Center (Postdoc), Los Angeles, CA
- Wayne County Behavioral Health Network, Rochester, NY

INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Tables

Updated August 23, 2018

Internship Program Admissions

Our training program provides an excellent fit for applicants with an interest in developing empirically-supported clinical skills for working with military Veterans in a VA setting. In accordance with VA Central Office, APPIC, and our training program, eligibility criteria for our internship include:

- U.S. citizenship,
- Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for selection as a paid VA trainee,

- Submitting to fingerprint and background checks (APPIC Match result is contingent on passing these screens),
- Enrollment in an APA or CPA accredited doctoral program in clinical, counseling, or combined clinical-counseling psychology,
- Approval for internship status by graduate program training director,
- A minimum of 300 intervention hours of direct service during practicum training,
- A minimum of 50 assessment hours of direct service during practicum training,
- Having interests and goals appropriate to our internship program within a VA setting,
- Showing an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision,
- Demonstrating ethical conduct and interpersonal skills appropriate to the practice of professional psychology.

After accepting an offer, intern applicants will be asked to submit a Declaration of Federal Employment (OF 306) and Application for Federal Employment (OF 612) both of which are required for federal government employment.

Nondiscrimination Policies:

The VA CWM training program abides by APA and APPIC guidelines in the selection of interns. The VA CWM is an Equal Opportunity Employer. The selection of interns is made without discrimination on the basis of race, color, religion, sex, national origin, politics, marital status, physical handicap, or age. We invite diverse applicants and are committed to recruiting and retaining trainees from underrepresented groups within the field of psychology.

Does the program require that applicants have received a minimum number of hours of the following at the time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Y	300
Total Direct Contact Assessment Hours	Y	50

Describe any other required minimum criteria used to screen applicants:

- Dissertation proposal approved by application deadline.
- Comprehensive Exams passed by application deadline.
- Minimum of 3 years of doctoral-level graduate school training by internship start date.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns:	\$ 28, 912
Annual Stipend/ Salary for Half-time Interns:	N/A
Program Provides Access to medical Insurance for intern?	Yes

If access to medical insurance is provided:

Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No

Hours of Annual Paid Personal Time Off (PTO and/or Vacation): 104 hours (13 days)

Hours of Annual Paid Sick leave: 104 hours (13 days)

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes*

*Extended leave: We work along with our interns to provide time off for extended medical or parental leave if needed. If the leave needed exceeds the leave an intern has accrued, this may include a period of leave without pay (LWOP). If necessary the Training Program will work with the intern to extend their internship year in order to comprise a 12-month fulltime training experience, and to demonstrate that they have attained competency in all of their training objectives. In the case of extended leave, this is likely to require an extension of their internship beyond the regular date of graduation and coordination with VACO OAA (VA Central Office, Office of Academic Affiliations) for a reallocation of funds from one year to the next, to cover that extended period of training.

Other Benefits: Interns are provided with personal office space for conducting clinical visits, shared office space for administrative responsibilities, telephone, computer, email, and access to online VA resources including the medical library. The VA has many computer administered psychological tests, with a large collection of assessment instruments, appropriate to the populations treated by interns in various training rotations.

Initial Post Internship Positions

Aggregated Tally for the Preceding 3 Cohorts

	2015-2017	
Total # interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program / are completing doctoral degree	2*	
	PD	EP
1. Community mental health center	N/A	3
2. Federally qualified health center	N/A	N/A

3. Independent primary care facility/clinic	N/A	N/A
4. University counseling center	N/A	N/A
5. Veterans Affairs Medical Center	9	1
6. Military health center	1	N/A
7. Academic health center	1	N/A
8. Other medical center or hospital	1	N/A
9. Psychiatric hospital	N/A	N/A
10. Academic university/department	N/A	N/A
11. Community college or other teaching setting	N/A	N/A
12. Independent research institution	N/A	N/A
13. Correctional facility	N/A	N/A
14. School district/system	N/A	N/A
15. Independent practice setting	N/A	N/A
16. Not currently employed	N/A	N/A
17. Changed to another field	N/A	N/A
18. Other	N/A	N/A
19. Unknown	N/A	N/A
Totals	12	4

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table is counted only one time. For former trainees working in more than one setting, the data reflects the setting that represents their primary position. *One intern in this section has not yet completed internship due to extended leave.