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 1, 2019

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:
   o Possess interests and goals appropriate to our internship program
   o 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:
  o General Mental Health track (match #133511) at Leeds/Northampton (Edward P. Boland VA Medical Center): 4 positions
  o Integrated Outpatient Behavioral Health track (match #133512) at Worcester (Community-Based Outpatient Clinic): 1 position
  o 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, 2019. This should include:
  o The APPIC Universal Internship Application – indicating the track(s) to which you are applying
  o A cover letter describing your interest in the particular track(s) to which you are applying
  o Current Curriculum Vita
  o Official transcripts of all graduate work
  o 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. Invitations to interview will be made by December 3, 2019, and on-site visits are tentatively scheduled for the following dates:

- January 15, 2020: Outpatient Clinic, Springfield, MA
- January 16, 2020: Outpatient Clinic, Worcester, MA
- January 17, 2020: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- January 21, 2020: Edward P. Boland VA Medical Center, Leeds/Northampton, MA and Outpatient Clinic, Springfield, MA
- January 22, 2020: Outpatient Clinic, Worcester, MA

We are committed to creating more egalitarian access to training experiences and reducing financial, geographic, and other potential barriers. As such, while we prefer in-person interviews for the opportunity to share a more comprehensive experience with applicants, we have decided to offer the option of video interviews at our Leeds/Northampton track this year. We aim to ensure that applicants who are interviewed by video will be given equal consideration to those interviewed in-person. If you are interviewed by video, you will still have the option to visit our site for a brief tour and to meet select faculty.

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, disability, 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 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 33 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.
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 can also observe Dr. Brummett and Dr. Fearing, though they 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 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 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 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)

The Health Promotion and Disease Prevention (HPDP) rotation is supervised by Jennifer Brown, Ph.D., Courtney Morris, Ph.D., and Ariel Laudermith, PhD. 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 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 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, cognitive-behavioral techniques and motivational interviewing strategies.

Assessment

Chronic Pain: Interns will participate in Interdisciplinary 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 biopsychosocial pain 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 several pain-specific and other questionnaire measures.

Weight Management: Interns may have the opportunity to observe and take a leadership role for pre and post-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 end 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 measurement-based care, including the VA’s Clinical Reminders, and self-report questionnaires 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.

Tobacco Cessation: Interns will complete tobacco cessation telephone intake assessments and triage the Veteran to the appropriate treatment (e.g., hypnosis, individual counseling and/or medications). Interns will become familiar with measures and questionnaires relating to nicotine addiction and motivational interviewing.

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. Since sleep difficulties are common in Veterans with chronic pain, interns may also have an opportunity to learn and utilize Cognitive Behavioral Therapy for Insomnia (CBT-I).

Diabetes: Interns may treat individual Veterans who are struggling with self-management of their diabetes, helping Veterans make successful and permanent lifestyle changes to benefit their health. Specifically, interns will learn Motivational Interviewing strategies and techniques to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications. 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 and through the tobacco cessation program which serves all Central Western Massachusetts VA locations. In collaboration with the Veteran’s Primary Care team, and other mental health providers, 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 individual treatment. Interns, utilizing a four-session protocol, will take a lead role in tobacco cessation groups (i.e., inpatient and outpatient).

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 Interdisciplinary Pain Clinic and Mental Health colleagues regarding chronic pain. Interns will also be involved in writing consult reports for the Interdisciplinary Pain Clinic and participating in Stratification Tool for Opioid Risk Mitigation
(STORM) reviews for Veterans deemed at high risk and very high risk for adverse outcomes related to their opioid medication use.

**Diabetes**: Interns may 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. In this role, interns would attend team meetings and huddles when the schedule permits.

**Tobacco Cessation**: Interns will provide consultation to a variety of interdisciplinary teams within the Mental Health Service Line, Primary Care Service Line, and inpatient units. Interns will assist in advancing tobacco cessation initiatives within the VA. For example, interns will provide smoking cessation treatment psychoeducation to a variety of employees and providers.

**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. Curbside consultation takes place frequently, as does more formal consultation. The focus may be on cases, but in addition, cultivation of a mutual understanding and knowledge across disciplines. Interns will participate in huddles and preplanning meetings 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 through a variety of methods tailored to the intern’s specific strengths and clinical goals.

**INPATIENT PSYCHIATRY (IP)**

The intern on this rotation works closely with Dr. Shani Ofrat to provide psychological services to Veterans in both the acute and sub-acute inpatient psychiatric units. Dr. Emily Britton provides supervision as a secondary supervisor. The acute unit, or “4 Lower,” offers psychiatric stabilization, detoxification from substances, and recovery programming for Veterans. The sub-acute unit, or “4 Upper,” offers group and individual programming, as well as ongoing medication management and recreation, occupational, and milieu therapy for Veterans who require a longer length of stay. The patient population consists primarily of male Veterans, although increasing numbers of female Veterans present for treatment. A broad range of psychotic, mood, anxiety, substance-related, and adjustment disorders are seen in the Veterans. Many of the patients have comorbid Posttraumatic Stress Disorder and substance use disorders.

Intern responsibilities include diagnostic assessment and evaluation, treatment planning, individual psychotherapy, co-facilitation of groups, development and leading group(s) of the intern’s choice, daily treatment rounds, consultation with other disciplines, and occasionally, development of behavioral plans. Formal suicide/homicide risk assessment and safety plan development are also conducted with acute patients. Groups currently offered by Drs. Ofrat and Britton include Self-compassion, DBT skills, ACT, mindfulness, curriculum-based motivational interviewing, and a mindfulness-based suicide prevention group. Depending upon the patient population, programming
may include such topics as grief and loss, anger, relationship boundaries and interpersonal assertiveness, shame, sleep skills, and tobacco cessation.

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 Clinician-Administered PTSD Scale (CAPS), the PCL-5, the Montreal Cognitive Assessment (MOCA) and depression screens. Collaboration with the post-doctoral fellows will take place, as ADHD assessment referral questions are also common on the unit. Other measures may be used depending on the referrals and the intern’s experience.

Psychotherapy

Normally, the intern will always work intensively in individual psychotherapy with one to two Veterans at a time. When individuals discharge, new patients may be assigned. 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. Group psychotherapy is the primary form of treatment on the unit, and 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 Drs. Ofrat and 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 upon intern participation in the rotation and mini-ancillary, interns may supervise each other in group facilitation. At times, supervision may take place between interns on this rotation and that of the SIPU (Ward 8) unit. Collaboration may also take place with the nursing staff who offer groups. Interns may also be asked to offer feedback to the rotation supervisors after specific incidents which occur during groups. Supervision sessions will regularly include discussion of ethical and legal standards, individual and cultural diversity, and professional values, attitudes and behaviors. 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 scheduled individual supervision primarily with Dr. Ofrat (3 hours) and will debrief after groups (approx. 10 minutes each). Supervision about risk assessments, safety planning and treatment planning will take place 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 encouraged 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 diagnosis, to researching an 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 a subset of supervisors from the MHC that includes: Drs. Clark, Cook, Delamater, Putnam, and 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 clinical psychologists, clinical social workers, 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. 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, mindfulness-based cognitive therapy, acceptance-based behavioral therapy (including ACT and behavioral activation for depression), psychodynamic, and interpersonal. Supervision will be available for relationship-focused 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 three hours of individual supervision per week, and additional informal supervision as warranted.

Assessment

The MHC experience allows for a strong focus on assessment skills, defined broadly and including diagnostic interviews, use of selected personality testing as part of the treatment planning process, and training in the assessment of PTSD. Interns will develop their skills at conducting comprehensive
clinical diagnostic interviews. These biopsychosocial evaluations will be used in developing meaningful DSM-5-based differential diagnoses and treatment planning.

As part of the rotation, interns will work with Dr. Cook in the Walk-In Clinic, which provides same day access for meeting immediate needs and planning further treatment. In this clinic, there’s opportunity to enhance skills in clinical decision-making, triage, and brief interventions, often 2-3 follow-up sessions while ongoing treatment planning is addressed. This Clinic also offers an opportunity to hone skills in working collaboratively across disciplines, as there’s often a need to work with nursing and prescribers, and sometimes Urgent Care staff as well.

Interventions in the walk-in clinic lead as appropriate to interns completing full Uniform Assessments, picking up selected cases from this process for somewhat longer clinical work as the time constraints of the rotation allow.

**Psychotherapy**

Interns will carry an outpatient caseload of approximately 7-10 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 Outpatient Mental Health Clinic 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 programing on the unit to be more in line with current developments in the field.

**Recommended Reading**


**Substance Use Disorders Clinic (SUD-C)**

The intern on this rotation works closely with Drs. Joyce and Schmitt to offer services to Veterans who have substance use disorders (SUDs), including Veterans who have co-occurring disorders. The intern gains experience in Cognitive Behavioral Therapy, Contingency Management, Motivational Enhancement Therapy, 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, Psychiatry, 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 at the SUD Clinic (SUD-C). 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. This rotation caters to the needs of trainees without any experience working with a SUD population to the trainee with extensive experience in treating SUDs.

**Supervision Provided**

Weekly, at least 3 hours of individual supervision will be provided to the intern on this rotation. The intern will meet for scheduled individual supervision with Drs. Joyce and Schmitt as well as consult about risk assessment, safety planning and treatment planning on an as needed daily basis.

**Assessment and Measurement Based Care**

Interns will learn to conduct biopsychosocial intake evaluations. As part of that process, they will fine-tune their assessment skills 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. In addition, interns will learn to evaluate PTSD with Veterans diagnosed with SUDs by utilizing the Clinician Administered PTSD Scale (CAPS). The SUD Clinic at the VA CWM HCS is a Measurement Based Care (MBC) champion site. The clinic utilizes the Brief Addictions Monitor at weekly (IOP) and monthly intervals as well as other self-report measures to help inform care. Interns will learn how to introduce MBC to Veterans and how to implement the principles of collect, share and act.

**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 enhancement therapy, and CBT-SUD. 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 Central Western Massachusetts Healthcare System 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, and other VAMCs where Veterans are referred to regularly.
Supervision Training

SUD-C rotation will provide psychology interns opportunities to develop supervision skills by 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 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) 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 an eye towards adapting clinical practice to be more in line with current
developments in the field.

**Recommended Reading**

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.


ASSESSMENT ANCILLARY – Supervised by Dr. Grant and Dr. Malinofsky

The Assessment Ancillary rotation provides experience in a few 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 supervisees):

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.
MENTAL HEALTH CLINIC-INDIVIDUAL PSYCHOTHERAPY ANCILLARY – Supervised by Dr. Clark

Embedded within the outpatient Mental Health Clinic (MHC), this ancillary is distinct from the primary rotation in that it is a year-long (8 hours per week) and will be focused on only developing skills in individual psychotherapy. To develop breadth of clinical experience, cases will be transdiagnostic and approaches will be multimodal. This type of training will help interns to be marketable and adaptable generalist clinicians. Learning to thoughtfully and skillfully select the most appropriate treatments modalities to meet the needs of a wide range of clinical presentations will be a top priority in this ancillary. Treatment duration can range from a brief crisis intervention to an in-depth course of psychotherapy that spans the length of the ancillary. Without the same time constraints as the primary rotations, this ancillary may allow interns to gain more experience with natural endings to treatment episodes.

Assessment

Interns will have opportunities to complete thorough clinical interviews/intake assessments, using various assessment measures to inform an understanding of the patient’s history, as well as diagnoses and treatment. In many cases brief structured assessment measures will be utilized (PCL-5, PHQ-9, BAI, MoCA, etc.); other times lengthier personality measures may be used to inform treatment (MMPI-2, MCMI-III, etc.). Supervision will be used to identify the utility of using these assessments on a case by case basis.

Psychotherapy

Interns will participate in up to 5 hours of weekly individual psychotherapy with clients. Cases will be selected in part by considering the intern’s specific training needs and growth edges. Depending on training needs, interns may be able to participate in the walk-in clinic for part of their time as well.

Consultation

Interns will learn to consult with other professionals across disciplines, to assist with their client’s various needs and to build good working relationships with others.

Supervision Received

Interns will get 1 hour per week of formal supervision based on a developmental model. This will be an opportunity to review cases, improve upon documentation, learn assessment and treatment skills, discuss any ethical concerns, and improve upon interpersonal skills. Informal supervision will also take place as needed, either in person or through electronic communication.

Supervision Training

Interns will have an opportunity to learn skills in the provision of supervision through readings, modeling, role plays, or discussion.

Research

Interns will be asked to incorporate relevant readings into their training, to facilitate their understanding of various clinical presentations or treatments.
Recommended Readings


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. This experience is a year-long rotation that entails delivering PE to outpatient and residential Veterans with PTSD. Interns choosing this ancillary will participate in didactic training, including live and online modalities and experiential role plays to learn the fundamentals of PE. The goal of this ancillary is to develop competency in delivering PE by the end of the year.

Supervision Provided

The supervisor will provide one hour of weekly scheduled face-to-face individual or small group supervision for the year. 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. Each session will be recorded and reviewed by the supervisor. The supervisor may also ask the intern to review sessions to enhance learning and to enhance supervision skills.

Psychotherapy

Interns will carry a caseload of 3-4 patients throughout the year. The patients’ trauma experiences, war era, and demographics will be varied to provide a wide range of experience for the intern. In addition, the intern’s area of interest will be considered in choosing cases. If available, interns will also gain exposure to delivering PE multiple times per week.

Assessment

The intern will enhance their assessment skills as they will conduct a preliminary session evaluating the Veteran’s symptoms and appropriateness for the treatment. This may entail reviewing previous PTSD evaluations, administering a Clinician Administered PTSD Scale, or utilizing the PTSD Checklist to guide a clinical interview.

Consultation
The intern will be encouraged to seek consultation both from the rotation supervisor and other resources in the VA system, including the PTSD Consultation team. 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.

**Training in Supervision**

As the rotation proceeds, the supervisor will bring in session recordings and/or consultation questions for the intern to enhance the intern’s ability to provide both content-specific feedback and to facilitate the supervisory relationship and process.

**Research Application**

Interns in this rotation will be provided with readings, including theoretical and original research, that are relevant to the practice of PE, 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.

**Research & Clinical Ancillary and Research Mini-Ancillary – Supervised by Dr. Holzhauer**

This ancillary involves research and clinical work focused on CBT-SUD and adapting CBT-SUD to address the needs of women Veterans. The intern will be engaged in clinically-oriented research that examines therapeutic targets and mechanisms of behavior change among women Veterans with alcohol misuse and co-occurring depression and PTSD. The intern will also provide clinical services to women Veterans in the SUD Clinic, co-leading a female-specific CBT-SUD group and providing individual or couples-based CBT-SUD. The full ancillary (8 hours/week) will be offered to interns at Leeds, while a mini-ancillary (4 hours/week) is offered to interns at Springfield or Worcester. One intern will be engaged in the ancillary at once. Combination of the SUD-C rotation and this ancillary is possible and encouraged to interns who may want to specialize.

**Clinical Activities (Ancillary Rotation only)**

Interns will also be engaged in delivering a Female-Specific Cognitive Behavioral Group Therapy (FS-CBGT) for Women Veterans with Substance Use Disorders, within the SUD Clinic. This group is being conducted as a quality improvement project. In addition to providing empirically-based, female-specific CBT-SUD to women Veterans, we are tracking improvement and acceptability of the treatment within this population. In addition to this group, interns will carry a one-patient case load within the SUD Clinic and will receive supervision in providing individual-format CBT SUD to women Veterans. Alternatively, or additionally, interns will have the option to receive supervision in delivering couples-based treatment for SUD.

**Research Activities (Ancillary and Mini-Ancillary Rotations)**

The exact research that the intern will be engaged in will vary slightly based on ongoing projects and intern’s interests. Generally, however, interns will be engaged in clinical research that is focused on understanding the effect of stress/negative emotion on alcohol misuse among women Veterans, and
how these associations might differ among women with co-occurring alcohol misuse and depression and/or PTSD. The goal of this research is to identify transdiagnostic therapeutic targets which can be targeted among women Veterans, and to better understand whether some therapeutic interventions work effectively for some patients, based on individual differences. Interns will gain exposure to grant writing and institutional review board requirements within the VA. They will receive training in research methodology, including delivery of microinterventions, personalized stress induction procedures, alcohol assessment techniques, and physiological measures. There are opportunities for publication and/or conference presentations, based on the intern’s experience, interests, and professional goals.

Supervision Provided (Ancillary and Mini-Ancillary Rotations)

The intern will work closely with Dr. Holzhauer on all aspects of the Ancillary Rotation. Formal supervision of at least 1 hour per week will be provided. Dr. Holzhauer will co-lead the women’s group with the intern and will provide supervision of individual or couples cases. Supervision will include professional development, including pursuing a career in research, integrating research into one’s career, strategies for staying current on research, and/or integrating research into clinical work, will also be provided.

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.

**INPATIENT PSYCHIATRY MINI-ANCILLARY – Supervised by Drs. Britton and Ofrat (Springfield and Worcester Tracks only)**

Interns will be supervised by Dr. Shani Ofrat or Dr. Emily Britton. Interns will have the opportunity to select training experiences on this mini-ancillary that provide exposure to the unique population and clinical experiences available on an inpatient unit. This is an excellent experience for an intern interested in severe mental illness, complex diagnostic comorbidity and substance use, suicidal ideation, and medical comorbidities. The mini-ancillary enables development of group facilitation and management skills, as well as brief targeted psychotherapy interventions. Assessment is also an option. Interns will work closely with supervisors and learn to respond flexibly to the ever-changing clinical requirements of an inpatient unit. Interns will receive at least 30 minutes of individual supervision per week (or 1 hour of group supervision). They should expect 2-3 hours of direct service hours per week. The experience can be tailored to an intern’s area of interest, including psychotherapy or assessment, developing a new psychotherapy or psychoeducation group, or co-facilitating a DBT or ACT group. Individual therapy is usually not manualized but relies upon third wave behavioral principles, as well as narrative therapy and other modalities.

**Assessment**

If interested in gaining assessment skills for Veterans with severe or acute mental illness, the intern may be assigned some newly-admitted Veterans for evaluation. These assignments will emphasize the development of the intern’s ability to formulate diagnostic impressions based on clinical interviewing and testing, as well as formulation of 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.

**Psychotherapy**

The intern will work with 1 or 2 patients at a time. Individual therapy is conceptualized primarily using behavioral, cognitive-behavioral, or ACT approaches, and narrative therapy/time limited dynamic psychotherapy skills are used as well. The intern may also participate as a co-facilitator in the Wednesday morning group, chiefly DBT or ACT-oriented, or develop his/her own group around a therapeutic concept or educational topic of interest.

**Consultation**

The intern may participate in the interdisciplinary daily rounds and interact 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. This is a great opportunity to learn about psychiatric medications and medical issues.
Supervision Training

This rotation offers ample opportunity for observation and feedback by the supervisors due to the units’ teamwork and milieu setting.

Research

The intern may be given a question of interest to research and report back to the team, i.e., the impact of cannabis use on PTSD symptoms.

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, PCMHI, 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 cornerstone 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 may have the opportunity to co-facilitate psychotherapy and/or psychoeducational groups. Past groups have included:

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.

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.

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 may 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.

**Diabetes**: Interns may participate in the 12-week Group Medical Appointment designed to help veterans make successful and permanent lifestyle changes to benefit their health. Interns may use Motivational Interviewing, individually and in groups, to help Veterans lose weight (where appropriate) and lower their Hemoglobin A1C, thereby reducing diabetes-related complications.

**Tobacco Cessation**: The Springfield Clinic provides individual and group interventions for Tobacco Cessation. Using an Integrated Care for Smoking Cessation treatment manual 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 Dr. Ariel Laudermith.

**Assessment**

Interns will have opportunities to complete brief CBT-Chronic Pain and tobacco Cessation intake assessments with potential group members. In addition, Interns will become familiar with questionnaires relating to motivation.

**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 staff in order to facilitate future program improvements. 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 and center Director, Dr. Kelly McAllister. 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

Arial Laudermith, PhD

Jeffrey McCarthy, PsyD

Jessica Morris, PhD

Mark Schneider, PhD

Eileen Tam, PsyD

Jill M. Vinocour, PsyD

Josh Vinocour, PhD
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.

![Naismith Memorial Basketball Hall of Fame](image1.png)
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, and Health Psychology. 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, and
Primary Care-Mental Health Integration Program (Lincoln Street location. 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, the Community Living Center, Research, and Program Administration).

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, 5 psychologists, 2 neuropsychologists, 3 clinical social workers, 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 staffing, 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 is an optional rotation providing 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 6 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 aid in the differential diagnosis. Interns with a strong background in assessment may have the option to complete neuropsychological evaluations.

**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).

Trainees may elect to train in a 6- or 12-month rotation on PC-MHI.

**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, ABPP-CN*

*Megan Brault, PsyD*

*Lorraine Cavallaro, PhD*

*David Chick, PhD*

*Christina Hatgis, PhD*

*Laura Rathke, PhD*

*Miriam L. Rubin, PhD, CBSM*

*Sara...
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), which combines well with motivational interviewing, and serves all diagnoses. 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 neuropsychology. 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 in 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.

**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.
Michael A. Fearing, Ph.D., Staff Psychologist, Compensation & Pension Service, CLC Psychology Consultant, Leeds/Northampton Supervisor

Dr. Fearing conducts Compensation and Pension evaluations, as well as psychological and neuropsychological evaluations, at the Leeds/Northampton VA Medical Center. Dr. Fearing has extensive experience in assessment, as well as in individual psychotherapy with patients across the lifespan. Dr. Fearing completed his graduate training in clinical psychology at Brigham Young University in Provo, UT. He completed his internship at the Boston VA Consortium in 2006, with an emphasis in Geropsychology and assessment. He attended a combined research and clinical postdoctoral fellowship through Harvard Medical School/Boston VA and Beth Israel Deaconess Medical Center from 2006-2008, utilizing neuroimaging techniques (e.g. MRI and fMRI) to explore the relationship between delirium and dementia in the aged. Prior to joining the Central Western Mass VA, Dr. Fearing worked in private practice in Boston and Victoria B.C. Canada for approximately the past 10 years, providing individual and group psychotherapy, as well as psychological and neuropsychological assessments to children, adolescents, and adults. His specialties include ADHD, traumatic brain injury, toxic exposure, Alzheimer’s disease, and vascular disease and dementia. Dr. Fearing also has experience in forensic evaluations and has served as an expert witness in court testimony for both plaintiff and defense cases. He also had the opportunity to supervise pre-doctoral candidates in the areas of psychological and neuropsychological assessment while in private practice in Boston. Dr. Fearing’s practice has focused heavily on working with Veterans from the Canadian Armed Forces, as well as with first responders both in the United States and Canada. Psychotherapy interests include mindfulness-based CBT and ACT.

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

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 in cognitive behavioral therapy for anxiety disorders and substance use disorders in outpatient and inpatient settings. 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 various clinics at VA CWM and the Substance Use Disorders Program to ensure integrated treatment and continuity of care. She is passionate about and dedicated to the dissemination of evidence-based care and mentoring trainees in finding their voice as a psychologist. She currently serves as the facility and VISN Evidence-Based Psychotherapy Coordinator and National VA consultant for Prolonged Exposure Therapy Training Initiative. Dr. Joyce has been a member of the VA National PTSD mentoring group for several years and has been
recently invited to serve as a VISN 1 Mentor. Dr. Joyce is the site PI for a multi-site research study focusing on enhancing implementation of Cognitive Processing Therapy. She is a supervisor for the Substance Use Disorder Clinic Primary Rotation and the Prolonged Exposure Therapy Ancillary Rotation.

**Ariel Laudermith, PhD**, Staff Psychologist, Lead Tobacco Cessation Clinician, Health Promotion and Disease Prevention Program, Rotation Supervisor, VA CWM

Dr. Laudermith serves as the Central Western Mass VA lead tobacco cessation clinician, working within the Health Promotion Disease Prevention Program (HPDP). She provides group and individual evidence based smoking cessation services in-person, over the phone, as well as through VA Video Connect. Dr. Laudermith also serves other roles on the HPDP team including Motivational Interviewing training and psychological evaluations for bariatric surgery. Prior to joining Central Western Mass VA, she worked as the mental health program manager within the Home-Based Primary Care (HBPC) program and the psychology supervisor within the Palliative Care Consult Team at the Hines VA Hospital for over 8 years. She is certified as a REACH VA (resources for Enhancing Alzheimer’s Caregiver Health in VA) provider and is a VA certified PST-HBPC (problem solving techniques in HBPC) therapist. She served as national consultant and trainer for PST-HBPC for several years. Dr. Laudermith earned her M.A. in Forensic Psychology from CUNY John Jay and her PhD in clinical psychology with a specialization in disaster mental health from the University of South Dakota. She currently provides clinical supervision to interns placed at Northampton and the Springfield CBOC in the areas of smoking cessation and Health Promotion Disease Prevention.

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

Dr. Malinofsky earned her PhD in Clinical Psychology from the University of Cincinnati in 1991. Prior to becoming a clinical psychologist and neuropsychologist, she was a music therapist. Past psychology positions include a fellowship position at Harvard Medical School for several years, geriatric neuropsychology (under Marilyn Albert, Mass. General, Harvard Medical School), Weldon Center for Rehabilitation of the Mercy Hospital (as Director of Neuropsychology and Chief Psychologist for the Inpatient Brain Injury Unit), neuropsychology consultant to Statewide Head Injury Program/MRC, geriatric neuropsychology consultant to Baystate Franklin Medical Center. Currently, she is neuropsychology consultant to the Acquired Brain Injury program at MHC, Inc, and LifePath Elder Services. Past teaching includes Biopsychology and Neuropsychology courses and training of practicum students for the PsyD program of Antioch New England Graduate School. She co-edited a book, *The Psychotherapist’s Guide to Neuropsychiatry: Diagnostic and Treatment Issues* (1994).

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 symptom of PTSD. She coordinates the Intern Case Conference and is a supervisor for the Assessment Primary and Ancillary Rotations.

**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.

Kelly McAllister, PsyD, Clinical Psychologist, Supervisor and Director of Springfield Veteran Center, (Off-site, Other Agency Supervisor)

Dr. McAllister 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. McAllister is a Veteran of Operation Iraqi Freedom and served in the U.S. Army. Her clinical internship was with VACWM from 2013-2014. Dr. McAllister 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. McAllister 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). Dr. McAllister is a supervisor for the Springfield CBOC.

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.

Shani Ofrat, PhD, Psychologist, Inpatient Psychiatry Acute and Sub-Acute Units, Leeds/Northampton Supervisor

Dr. Ofrat serves as a supervisor for the inpatient rotation. She provides individual and group therapy, assessment, and treatment planning services with an interdisciplinary and dynamic inpatient team. Her primary treatment modalities are Dialectical Behavioral Therapy and Cognitive Behavioral/Exposure-based therapies such as Prolonged Exposure and Cognitive Processing Therapy. She is also interested in Acceptance and Commitment Therapy, Narrative Therapy approaches, and Motivational Interviewing. She serves as the resident PTSD and DBT expert for the inpatient unit. She completed a trauma-focused postdoctoral fellowship at the Minneapolis VA, where she also completed internship. She received her doctorate from the University of Minnesota and went to
Oberlin College as an undergraduate. She has developed several additional specialty areas, including training medical students and psychology residents in responding to sexually inappropriate behavior in patients, and she developed a group focused on sexual health after trauma in women Veterans. She is also passionate about increasing health parity for LGBT Veterans, and sits on the LGBT, Multicultural, and Ethics committees. She is passionate about supervision and training and enjoys exploring multicultural issues and counter-transferential reactions with trainees.

**Katherine Putnam, PhD,** PTSD Specialist, Mental Health Clinic, Leeds/Northampton Supervisor

Dr. Putnam earned her PhD from Stony Brook University, completed her Internship at Tufts University/Boston VA Consortium, and completed two postdoctoral fellowships – the first in Neuroscience at Hillside Hospital, NY, and the second in Emotion and Affective Neuroscience (mentor=Dr. Richard Davidson), in a NIMH-funded program at the University of WI, Madison and the University of CA, Berkeley. She remained at the University of WI as an Asst. Research Scientist and Asst. Clinical Professor of Psychiatry and received 3 grants from the National Alliance for Research on Schizophrenia and Depression as well as a Young Investigator Award from the Borderline Personality Disorder Research Foundation. Her research focused on the neural and psychophysiological substrates of emotion regulation in psychopathology. She joined the staff of the National Center for PTSD at the Behavioral Sciences Division at the Boston VA in 2003 and was an Asst. Professor of Psychiatry as well as Behavioral Neuroscience at the BU School of Medicine. She transferred to the Madison VA as the PTSD/Substance Use Disorder Specialist and served as the Training Director of the newly-awarded Psychology Internship. She assisted in the development of several programs, including a canine training program for Veterans with PTSD, a mindfulness-based relapse prevention program, and a recovery-focused dual diagnosis clinic for Veterans with PTSD/SUD. Dr. Putnam has been trained in DBT, ACT, CPT PE, CBT, and Mindfulness-Based Cognitive Therapy. She joined the CWM VA in 2012 and primarily conducts evidence-based individual and group psychotherapy with mood disorders and PTSD. She has been trained by the CPT Training Program (Dr. Kate Chard) to be a CPT Trainer and Consultant and is active in this role in VISN1. Dr. Putnam has a strong interest in the link between science and practice and “common factors” across psychotherapy models; this includes the role of clinical supervision in effective practice.

**Laura Rathke, PhD,** Staff Psychologist, Worcester CBOC Supervisor

Dr. Rathke earned her PhD in clinical psychology at Palo Alto University (Pacific Graduate School of Psychology), participating in training in VA and community mental health settings. She completed her pre-doctoral internship at the White River Junction VA in Vermont, engaging in rotations in outpatient psychotherapy, PC-MHI, inpatient, residential substance use, health psychology, and neuropsychological assessment. She also completed her post-doctoral fellowship at the White River Junction VA in Vermont with an emphasis in health psychology and integrated primary care, while continuing to do outpatient psychotherapy. She has worked at the Manchester VA in New Hampshire, where she worked in PC-MHI doing brief treatment and Urgent Care performing emergency mental health assessments. She joined the Worcester Community-Based Outpatient Clinic in April 2019 and serves as a substance use disorder provider, facilitating Relapse Prevention groups and individual therapy.
Karen Regan, PsyD, Staff Psychologist, Telehealth Services providing treatment for PTSD, Mental Health, and Substance Use Disorders, Greenfield CBOC

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 Respiration 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-1, 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.

Geneva Schmitt, PsyD, Staff Psychologist, Substance Abuse Disorders Clinic, Leeds/Northampton Supervisor

Dr. Schmitt joined the VA CWM staff in October 2018 as a member of the Substance Use Disorders team (Leeds campus). In this role, Dr. Schmitt provides group and individual therapy to Veteran’s diagnosed with substance use and co-occurring disorders. Dr. Schmitt incorporates a range of evidence-based techniques such as ACT, CBT, DBT, and MI. In addition to her role in the SUD-C, she operates as Co-Chairperson of the Multicultural Competency Subcommittee, which is associated with the larger training committee. Dr. Schmitt received her Psy.D. from William James College (formerly the Massachusetts School of Professional Psychology). In pursuit of her doctorate, she completed three training years within the VA system, including a pre-doctoral internship at the VA CWM Leeds campus, where she rotated between the Substance Use Disorders Clinic, Health Promotion and Disease Prevention, and the Specialized Inpatient PTSD Unit. Prior to her internship, Dr. Schmitt trained at the Edith Nourse Rogers Memorial VAMC in Bedford, MA, and the Boston Vet Center. In addition to her work with Veterans, she has multiple years of experience providing a range of care to individuals diagnosed with serious and persistent mental illness.

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 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.

**Joshua Vinocour, PhD, Staff Psychologist, Springfield CBOC Supervisor**

Dr. Vinocour earned his doctorate from the University of Missouri – St. Louis in 2011. He completed his internship at the Albany Psychology Internship Consortium and a post-doctoral fellowship at Community Psychological Service, a community mental health clinic affiliated with the University of Missouri – St. Louis. Prior to joining the VA in 2019 he worked in a private group practice in South Hadley, MA. Dr. Vinocour is a generalist but specializes in psychological assessment. He also has an interest in group, couples and family therapy. His therapeutic orientation is integrative and draws heavily from psychodynamic traditions, interpersonal process approaches and emotion-focused therapy. He provides supervision to interns placed at the Springfield CBOC outpatient mental health clinic.

**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 September 5, 2019

**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 based on 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 to comprise a 12-month fulltime training experience, and to
demonstrate that they have attained competency in all 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

<table>
<thead>
<tr>
<th></th>
<th>2016-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # interns who were in the 3 cohorts</td>
<td>18</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program / are completing doctoral degree</td>
<td>1*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community mental health center</td>
<td>N/A</td>
<td>2</td>
</tr>
<tr>
<td>2. Federally qualified health center</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Independent primary care facility/clinic</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>4. University counseling center</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Veterans Affairs Medical Center</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>6. Military health center</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Academic health center</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Other medical center or hospital</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Psychiatric hospital</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Academic university/department</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>11. Community college or other teaching setting</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>12. Independent research institution</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>13. Correctional facility</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>14. School district/system</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>15. Independent practice setting</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>16. Not currently employed</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>17. Changed to another field</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>18. Other</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>19. Unknown</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Totals</td>
<td>12</td>
<td>5</td>
</tr>
</tbody>
</table>

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.