



# VA Puget Sound Health Care System, American Lake Division

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## Clinical Psychology Postdoctoral Residency 2017 - 2018



Community Living Center  
VA Puget Sound, American Lake



Department of  
Veterans Affairs

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## TRAINING COMMITTEE

**Patrick D. Sylvers, Ph.D.**

Chair, Psychology Training Committee  
Director, Psychology Training  
(Dr. Sylvers will be Training Director through 12/16)

**Janna L. Fikkan, PhD**

Vice Chair, Psychology Training Committee  
Associate Director, Psychology Training

**Allison C. Aosved, PhD**

(Dr. Aosved will become Interim Training Director on 1/17)

**Jonathan Moore, Ph.D.**

Vice Chair, Research Training

**Noelle Balliett, Ph.D.**

Vice Chair, Education

**Zeba Ahmad, PhD**

Vice Chair, Diversity Training

**Mary Catherine Kane, PhD**

Vice Chair, Interprofessional Training

**Margaret Schwartz Moravec, PhD**

Vice Chair, Supervision Training

**Brett Parmenter, PhD, ABPP**

Vice Chair, Assessment Training

**Kristen Perry, PhD**

Lecture Series Coordination

**Mark Reger**

Psychology Chief



## ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM

### **Overview**

With a reputation for excellence in caring for our Nation's Veterans, VA Puget Sound strives to lead the nation in terms of quality, efficiency and public service. As the primary referral site for VA's northwest region, VA Puget Sound provides care for Veteran populations encompassing Alaska, Washington, Idaho and Oregon. Since its inception, VA Puget Sound Health Care System has distinguished itself as a leader in teaching, research and patient care while earning prestigious recognition as part of the largest health care network in the country. We consider it our privilege to serve the health care needs of more than 80,000 Veterans living in the Pacific Northwest.

In addition to two divisions located at American Lake and Seattle, VA Puget Sound offers services at community-based outpatient clinics. They are located in Bellevue, Bremerton, Federal Way, Mount Vernon, North Seattle, Port Angeles, and South Sound (Chehalis). VA Puget Sound is affiliated with the University of Washington, School of Medicine, in Seattle, WA.

### **Mission**

Honor America's Veterans by providing exceptional and innovative care that improves their health and quality of life.

### **Vision**

The Veterans Health Administration will continue to be the benchmark of excellence and value in health care. Our Mental Health Service strives to provide services reflective of the latest technologies in patient-centered and evidence-based care. We provide this care in engaged, interprofessional teams who support learning, discovery and continuous quality improvement. Our efforts also emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

### **Core Values**

Compassion, Commitment, Excellence, Professionalism, Integrity, Accountability, Stewardship



**VA**  
**HEALTH**  
**CARE**

Defining  
**EXCELLENCE**  
in the 21st Century

More information on the VA Puget Sound Health Care System can be found at: <http://www.pugetsound.va.gov>

## ABOUT THE AMERICAN LAKE DIVISION

The VA Puget Sound Health Care System (VAPSHCS) is comprised of two divisions (American Lake and Seattle), each with its own Psychology Training Program. The American Lake Division of VAPSHCS is located in Lakewood, a major suburb of Tacoma, Washington. Nestled along 1.8 miles of the beautiful American Lake shoreline with Mt. Rainier standing to the East, this Division enjoys one of the most beautiful settings in the VA system. The 378 acres of medical center grounds include 110 acres of natural habitat, 8 acres of lawns, and a 55-acre golf course.



Medical Center Grounds

The American Lake campus was founded in 1923 as the 94th Veterans Hospital built by the War Department for the provision of care to World War I Veterans. The Secretary of the Army authorized, under a revocable license, the Veteran Bureau's use of 377 acres of the 87,000 acre Fort Lewis Army Base property.

The planning committee chose a site on the western shores of American Lake and aspired to build a facility that was both functional and aesthetically pleasing. They chose a Spanish-American architectural style reminiscent of the United States early military structures, such as the Alamo. Many of the stucco and terra cotta buildings are listed on the National Register of Historical Buildings and are still enjoyed by both patients and staff for their beauty.

The medical center was dedicated in 1924 and chartered with a single mission— neuropsychiatric treatment. On March 15, 1924, the first 50 patients were admitted to the hospital, by transfer, from Western State Hospital at Fort Steilacoom. Over the years, American Lake has grown from its original mission to a national leader in integrated health care.



Club House, Veterans Golf Course

Psychologists, physicians, social workers, nurses and ARNPs, dentists, rehabilitative medicine, physician assistants, and auxiliary staff make up the approximately 800 individuals employed at this campus. American Lake's Psychology Training Program has been training pre-doctoral psychology interns since the 1950s. The postdoctoral residency in clinical psychology began in 2014.

## THE TRAINING PROGRAM

### ***Accreditation Status***

The Postdoctoral Residency in Clinical Psychology at American Lake is in its initial training years and plans to seek accreditation by the Committee on Accreditation of the American Psychological Association.

**Questions related to APA accreditation should be directed to the Committee on Accreditation:**

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1st Street, NE  
Washington, DC 20002  
Phone: (202) 336-5979  
Email: [apaacred@apa.org](mailto:apaacred@apa.org)  
Web: <http://www.apa.org/ed/accreditation>

### ***Overview***

The Postdoctoral Residency in Clinical Psychology at American Lake provides advanced clinical training in 5 emphasis areas. We view psychology as a leadership profession that drives innovations in clinical care and mental health research. Our training program is open to graduates of APA-Accredited Doctoral Programs who have also completed an APA-Accredited Internship Program or any VA internship training program that has applied for APA accreditation. We currently offer 5 advanced training tracks: Professional Geropsychology, Primary Care Mental Health Integration/Chronic Pain, Behavioral and Cognitive Psychology (PTSD emphasis) and Trauma and Substance Use Residential Treatment are all 1 year residences, which accept 1 resident per year; our Clinical Neuropsychology track is 2 years with 2 positions (1 resident accepted each year). Residents are accorded initial responsibilities commensurate with their skill level at the beginning of the training year. During the training cycle, they can anticipate being challenged to enhance their skills, learn new techniques, and assume greater responsibilities. By the end of each training year, residents are expected to function as full contributing members of the clinical team and be prepared for independent practice. This "hands-on" experience forms the foundation for professional training offered at this facility.

### ***Psychology Setting***

The Psychology Service at the VA Puget Sound Health Care System is comprised of over 100 psychologists, 46 of whom are assigned to the American Lake Division. American Lake's Psychology Service, under the leadership of Dr. Mark Reger, Chief of Psychology, is primarily affiliated with the larger Mental Health Service Line, though consists of additional staff that cut across service lines (e.g., Addictions; Geriatrics and Extended Care; General Medicine Service; Rehabilitation Medicine; and Primary Care).

## ***Training Model and Program Philosophy***

The postdoctoral residency at American Lake is based upon the Scientist-Practitioner model. We subscribe to the belief that psychologists pursuing a career in clinical work should implement empirically-based practices and be discriminating consumers of the treatment literature, and that those who engage in research should understand the complexities of clinical work when designing and implementing their studies. Accordingly, while clinical care is the primary focus of the training year, residents are encouraged to participate in research and program evaluation activities to complement this training.

## ***Program Aims***

The Postdoctoral Residency in Clinical Psychology has three overarching aims:

1. Residents will develop the full range of skills required for independent functioning as a clinical psychologist in their respective emphasis area.
2. Residents will receive the advanced training necessary to serve as a leader in their respective emphasis area.
3. Residents will engage in the necessary training experiences while a resident to be eligible to sit for ABPP specialty certification in their respective specialties.

Competencies are defined by the general advanced competence domains identified by the American Psychological Association and can be categorized in three areas: core competencies, competencies specific to the clinical psychology residency program (program specific), and those specific to each track (track specific). Residents are expected to demonstrate, by the end of the year, competence in the following areas:

### ***Core Competencies:***

***Integration of Science and Practice:*** Resident must demonstrate ability to consult the scientific literature to inform treatment/assessment decisions and case conceptualization. Resident is aware of the psychometric properties of measures used as well as their strengths and limitations and is able to identify the strengths and limitations of the corresponding scientific knowledgebase. She/he consistently uses the scientific method to inform therapy and assessment.

***Sensitivity to Individual and Cultural Diversity:*** Residents must demonstrate an awareness of and sensitivity to individual and cultural differences, (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, or social economic status), especially as those differences inform the interpretation of assessment results and therapy approach. Resident must demonstrate awareness and sensitivity in working professionally with diverse individuals, groups, and communities. He/she must have an awareness of when to seek consultation about these matters.

***Ethical and Legal Awareness and Conduct:*** Resident must be knowledgeable of ethical and legal issues and must recognize and act appropriately when these issues arise, showing good professional judgment. As such, he/she should be intimately familiar with the American Psychological Association's code of ethics, State of Washington law, and VA ethical standards by the end of the training year. She/he must have an awareness of when to seek consultation about these matters.

## ***Program Specific Competencies:***

***Professional Relationships and Communication:*** Resident addresses colleagues, staff, patients, and family members respectfully and courteously. Consistently demonstrates an understanding of own emotional reactions and uses them constructively. Consistently demonstrates positive coping strategies with personality and professional challenges such that professional functioning and quality patient care is maintained. Resident seeks out consultation when needed and accepts responsibility for own actions across settings and contexts.

***Teaching and Education:*** Resident demonstrates knowledge of theories of learning and incorporates those theories into teaching strategies. Demonstrates clear communication skills. Demonstrates accommodation of teaching methodologies to individual differences in audience. Understands how to evaluate teaching practices and incorporates feedback to modify current and future teaching strategies.

***Please note that track-specific competencies can be found under the descriptions of training tracks.***



## **THE TRAINING YEAR**

### ***Program Structure***

The postdoctoral residency begins in **September** every year. **The dates for the 2017-2018 training year are September 5, 2017 to August 31, 2018.** Specific track information is listed following the general program description.

### ***Seminars and Educational Offerings***

Education is an integral part of the training year, with a variety of available opportunities. Psychology residents play an important role in shaping these didactic and other educational experiences by completing evaluation forms and participating in periodic reviews with the Training Director(s).

## **Core Postdoctoral Residency Seminars:**

**Postdoctoral Seminar Series:** All psychology residents will participate in **weekly** seminars pertaining to development of competencies as a professional, independent clinical psychologist. These seminars will be organized by the Training Directors, in collaboration with residents, and cover topics including preparation for EPPP and licensure applications, developing a professional identity as a Licensed Independent Provider, administrative and leadership career pathways, among others.

**Specialty Track Seminar Series:** Residents will attend **weekly** didactics in their emphasis track. These didactic offerings will be provided by track faculty along with other invited guest speakers, and include a range of topics germane to the specialty track (please see specific track information for details).

**Interprofessional Didactic Series:** The Interprofessional Didactic Series is a monthly training that focuses on issues related to providing team-based patient-centered care within VA. Series topics emphasize learning to work collaboratively with providers from other professions (such as medicine, psychiatry, nursing, and social work) to improve patient outcomes. These seminars are coordinated by Dr. Mary Catherine Kane. **This is a required training activity.**

**Geriatric Research, Education, and Clinical Center Seminar Series:** The GRECC Seminar Series is a monthly continuing education program for the psychology faculty and trainees at the American Lake Division. Topics and presenters are quite varied although the primary focus is memory disorders. Presenters are drawn from within the VA, nearby educational and governmental institutions. **This is an optional training activity.**

**Steven C. Risse Memorial Lecture Series:** The Risse Lecture is an annual lecture co-sponsored by the psychology training program at American Lake and the Risse endowment. This series provides half- and full-day trainings (once per year, usually in September) on a variety of mental health topics relevant to VA providers. **This is an optional training activity.**

**UW Psychiatry Grand Rounds:** Grand Rounds is a Department of Psychiatry & Behavioral Sciences Continuing Medical Education program, which consists of a series of educational lectures. Speakers at the Grand Rounds include both Department faculty and speakers from other institutions around the country. **This is an optional training activity based on relevance to resident's interest.**

**Madigan Professional Development Series:** The American Lake Division enjoys a training relationship with Madigan Army Medical Center, located at nearby Joint Base Lewis-McCord. American Lake interns are sometimes invited to join active duty Army psychology interns and residents for a number of educational and training experiences over the course of the training year. **This is an optional training activity based on relevance to resident's interest.**

**Other Off-Site Training Opportunities:** Additional off-site training opportunities are available over the course of the training year through the University of Washington, Seattle Division of the VA Puget Sound Health Care System, Western State Hospital, as well as other local trainings/experiences. In addition, interns are encouraged to participate in unsponsored training and academic experiences such as the APA annual conference, the annual conference of the Association of VA Psychology Leaders, and Washington State Psychological Association. These events may be approved for Authorized Absence on a limited case-by-case basis.

## ***Supervision***

Formal supervision (i.e., scheduled face-to-face individual contact) is provided for at least two hours per week. Overall responsibility and coordination of supervision is provided by each track preceptor.

Supervisors vary in their theoretical orientation and supervisory style. Each, however, is committed to providing a meaningful training experience, with the supervisory process being central to that experience. A resident training plan is developed between the resident and track preceptor at the beginning of the year, addressing the baseline competency of the resident, training goals, career goals and outlining training activities that will meet goals and training needs. A formal quarterly discussion between the resident and their preceptors addresses progress in meeting specified goals and allows for mid-course corrections as needed.

In some training settings, residents also have the opportunity to develop supervision skills by participating in vertical supervision of psychology interns. The residency program is committed to providing training and supervised experience using competency-based supervision with interns from our APA accredited internship program. Vertical supervision and consultation opportunities are designed to address the specific training needs identified in each resident's training plan, targeting the development of competence in specific supervision skills.

## ***Evaluation***

Each supervisor provides quarterly, formal evaluations of the resident's performance. These evaluations are based not only upon the core and specialized competencies, but also upon the achievement of the agreed upon goals and professional performance expectations that comprise the individualized training plan. These evaluations are discussed by the preceptor and resident and can be modified by their consensus. Evaluations are retained after the residency is completed and provide a basis for letters of recommendation.

## ***Diversity***

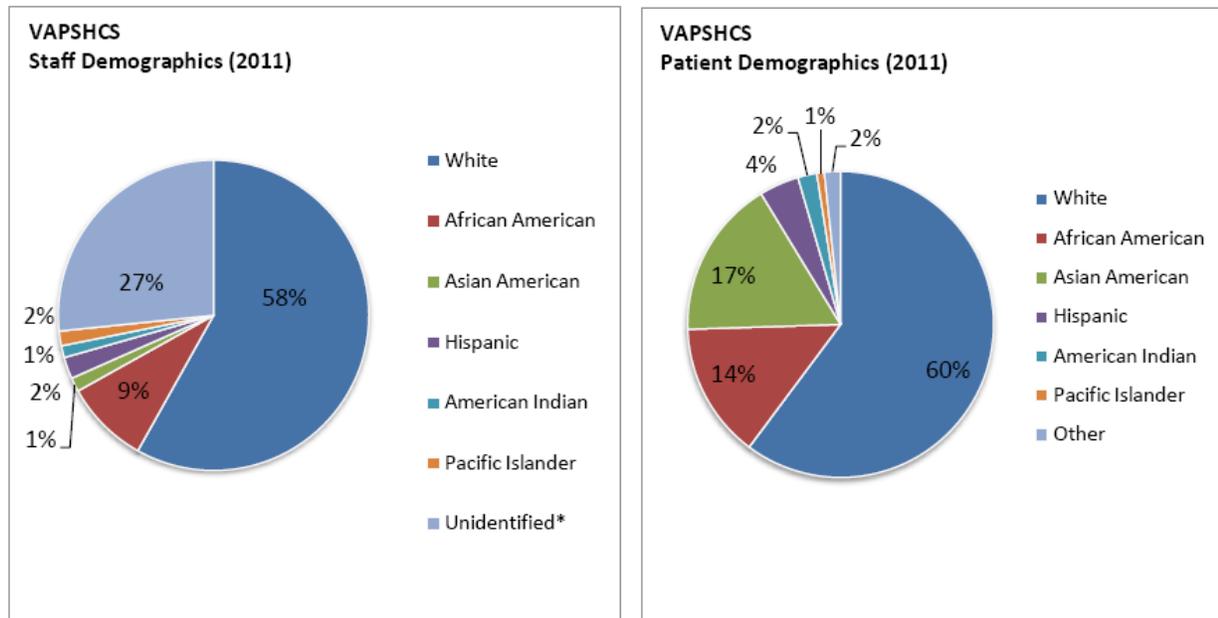
The Psychology Training Program at VA Puget Sound American Lake is sensitive to individual differences and diversity and is committed to practice that is culturally sensitive. We value greatly the complexity and richness of cultural diversity, and strive to foster an environment that actively promotes diversity (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, marital/parental status or social economic status). Moreover, the concept of diversity is a central component of the Psychology Training Program, both at the internship and postdoctoral residency level.

**Training Experiences:** A number of clinical and training opportunities exist within the program, including participation in the American Lake Division's Diversity Committee. This Committee challenges trainees and faculty alike in their awareness and implementation of individually and culturally informed best practices. Sensitivity to individual and cultural diversity is a core competency in this program.

There are a number of ways for residents to participate in Diversity Committee-related activities. For example, trainees are encouraged to participate in monthly Diversity Committee meetings. These meetings provide opportunities to discuss Committee-related activities such as the Mentoring Program, seminar and didactic presentations related to multiculturalism, and developing new learning opportunities for the Psychology Service. In terms of the Diversity Mentorship Program, residents are encouraged to participate in this program by receiving mentorship from staff members. In addition to the Mentorship Program, Diversity Committee members have created and continue to implement

community experiential exercises as well as host consultation groups which include outside speakers and clinical case presentations. The Diversity Committee is very interactive and encourages trainees to consider the impact of multicultural issues in everyday clinical and research practice.

**Community Experiences:** The Pacific Northwest has a history of richness in diversity. Washington State is home to over 60 Native American tribes, and has one of the highest concentrations (nationwide) of military personnel with Joint Base Lewis-McChord (Army/Air Force) just a few miles away from American Lake. Rich in the arts, the greater Puget Sound is home to a wide range world class venues to include Seattle Symphony, Pacific Northwest Ballet, Seattle Art Museum, Tacoma Museum of Glass, UW Arts Series, Seattle Men's & Women's Chorus, Bumbershoot and Folk-life Festival, to name a few.



## Resources

As the American Lake Psychology Training program enjoys a long history of providing excellent training, it is well-integrated into the VA Puget Sound and VISN 20 Northwest Network training infrastructure. The full resources of VA Puget Sound, affiliated with the University of Washington, are available to trainees in this program. The Psychology Training Program at American Lake has shared training experiences with Joint Base Lewis McChord, the Seattle Division of the VA Puget Sound Health Care System, local Veterans Centers, and VA Community Based Outpatient Clinics. The Center for Education and Development at VA Puget Sound oversees all academic and continuing education activities for our facility, which includes over 1,600 academic trainees and more than 2,700 employees. There are two branch libraries as well as our medical media services.

In addition to the core clinical staff and faculty, trainees receive support from administrative staff. Mental Health Service at American Lake has allocated necessary clinical space and equipment to insure high quality training in the service of veterans' healthcare. There is dedicated office space as well as laboratory space in the research areas. State of the art equipment made available for the training program includes computers for staff, phones, video teleconference, FAX machines, and copy machines. The medical record is completely computerized at this facility, so appropriate training and ongoing resources for using it effectively is available as are a full selection of psychological assessment materials.

### ***Requirements for Completion***

Consistent with APA Guidelines and Principles, we have identified clear minimum levels of achievement:

#### ***In order for residents to successfully complete the program they must:***

- For all evaluation periods, obtain ratings of at least a "3" ("Entry Level ") in 100% of the Competency Rating areas on the Quarterly Rotation Evaluations and obtain ratings of at least a "4" ("Meets Expectations of Advanced Postdoctoral Resident") on 100% of the Competency Ratings areas on the Supervisor's End of the Year Rotation Evaluation. Note: Residents are rated on a Likert-type scale ranging from "1" (Unsatisfactory Resident Performance) to "5" (License Eligible).
- Not have items in Competency Ratings areas rated at a "2" or below at any point.
- Attend and actively participate in each of the required seminars and training activities listed above.
- Demonstrate progress in those Competency Ratings areas that have been rated at a "3" or lower.
- Not be found to have engaged in any significant ethical transgressions.

## ***Administrative Policies and Procedures***

***Holidays and Leave:*** See OAA national policies, as well as the Office of Personnel Management website (<http://www.opm.gov>) for full information on leave and benefits for VA personnel. Residents receive 10 annual federal holidays. In addition, residents accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as a resident, for a total of 104 hours of each during the year.

***Authorized Absence:*** According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Requests for Authorized Absence are reviewed on a case by case basis by the Training Directors.

***Privacy:*** We will collect no personal information about you when you visit our website.

***Due Process:*** Impairment and grievance procedures are consistent with VA Human Resource regulations.

***Stipend:*** Residents receive a competitive stipend paid in 26 biweekly installments. VA residency stipends are locality adjusted to reflect different relative costs in different geographical areas. The stipend for the 2017-2018 training year for postdoctoral residents at American Lake VA is \$45,236.

***Benefits:*** Residency appointments are for 2080 hours, which is full time for a one year period. American Lake's Residency begins September 5, 2017. VA residents are eligible for health insurance (for self, spouses, and legal dependents) and for life insurance, just as are regular employees.

***Liability Protection for Trainees:*** When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

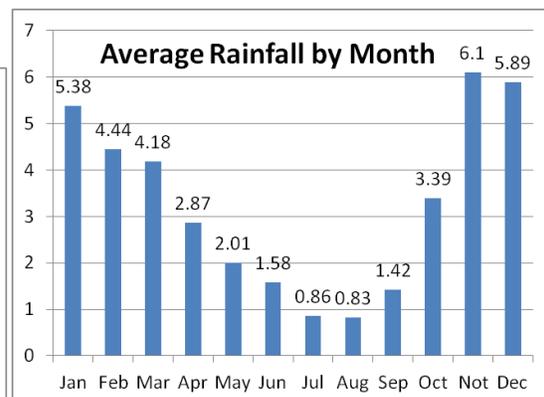
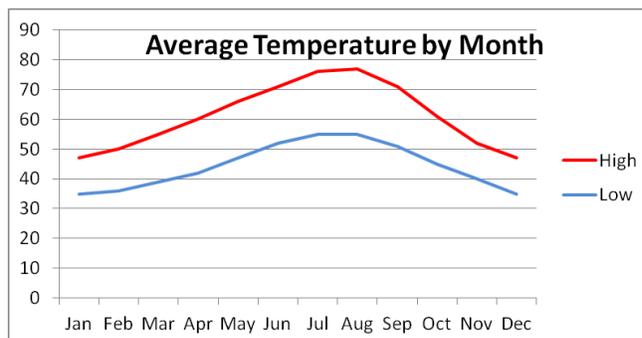
## NORTHWEST LIVING

The American Lake Division of the VA Puget Sound Health Care System is located in Lakewood, a residential suburb of Tacoma, Washington. Lakewood, a city of about 58,000 people, is located within Pierce County (population of 795,225). Downtown Tacoma is 13 miles from Lakewood, and Seattle is about an hour away by freeway.

The population of the greater Puget Sound region is approximately 3.9 million. The Puget Sound holds two of the United States' busiest ports: the Port of Seattle and the Port of Tacoma. As such, the area has historically been an international hub for transportation, shipping, and industry. It is now also known for being the home of high technology development, the aerospace industry, and its military bases, some of which include Joint Base Lewis-McChord (Army/Air Force). In fact, the American Lake Division shares its border with Joint Base Lewis-McChord (JBLM). JBLM is a joint military base of the United States Army and Air Force located in Pierce and Thurston Counties in Washington. The joint base was established in February 2010 from the merger of two previously separate but geographically contiguous military bases: the Army's Fort Lewis and the Air Force's McCord Air Force Base. JBLM has more than 25,000 soldiers and civilian workers. The post supports over 120,000 military retirees and more than 29,000 family members living both on and off post. Fort Lewis proper contains 86,000 acres, while McCord Field sits on approximately 3,712 acres. The principal Army maneuver units stationed at JBLM are U.S. I Corps, 2nd Brigade, 3rd Brigade and 4th Brigade 2nd Infantry Division; all of which are constituted as Stryker brigades. It is also home to 17th Fires Brigade, the 62nd Medical Brigade, the 593rd Sustainment Brigade, the 555th Engineer Brigade, the 42nd Military Police Brigade, the 201st Battlefield Surveillance Brigade, the 11th Signal Brigade, the I Corps NCO Academy, Headquarters, the Western Region Cadet Command, the 1st Personnel Support Group, 1st Special Forces Group (Airborne), 2d Ranger Battalion, the 75th Ranger Regiment, and Headquarters, 5th Army (West). Air Force units on JBLM (at McCord Field) include 62nd Airlift Wing, 446th Airlift Wing. The 1st Air Support Operations Group provides Air Liaison Officers for I Corps.

### Climate

The area enjoys a temperate marine climate with infrequent extremes. Although rainy days are frequent during the winter months, rainfall amounts are typically light to moderate. There is usually at least a few days of snow at sea level during the winter months.



### ***Transportation***

Most employees commute by car and are rarely more than 25 minutes driving time from American Lake, but some do commute from Seattle. The local bus system provides regular transportation throughout the Tacoma area. Seattle-Tacoma International Airport, 25 miles away, provides worldwide travel through many commercial airlines on frequent schedules. Rail and bus travel is similar to that of other major US cities.

### ***Recreational Facilities***

"Sea level to ski level in two hours" is no exaggeration. Puget Sound, which is five miles away, has 20,000 shoreline miles with bays, coves, and islands to attract the boating, fishing, and clamming enthusiasts. Mount Rainier (14,400 ft), Crystal Mountain, Alpental, Snoqualmie Pass, and other nationally known winter sports areas are within 75 to 100 miles. Sekiu, Westport, LaPush, and other Pacific Ocean sites provide excellent deep sea fishing for salmon and bottom fish. There are more than 15 public golf courses within 20 minutes driving time from the Medical Center, most of which are open year round. The range of outdoor activities is extensive; among the most popular are hiking, skiing and snowboarding, boating, biking, fishing, backpacking, and mountain climbing. The scenic beauty of the Cascade and Olympic Mountain ranges, the ocean, Puget Sound and the San Juan Islands, three National Parks and many state parks are all easily accessible.

### ***Entertainment***

Tacoma and Seattle have many fine restaurants and nightspots. The Pacific Northwest is known for good theater, with several professional theaters in Seattle and additional community and college playhouses in the South Sound. Several new art centers have recently been completed. Spectator sports of all kinds are available within the Seattle-Tacoma area, including college and professional baseball, basketball, soccer, and football, as well as horse, automobile, and hydroplane racing. The Tacoma Dome provides many exciting events including ice hockey, rodeos and exhibitions as well as wide ranging concerts.

### ***Culture and the Arts***

The Tacoma and Seattle area also hosts a diverse array of cultural history and arts venues ranging from museums to theaters to community parks and gardens. Although most of these outings carry an admission fee, many of the public venues have free admissions on certain days of the month. Free museum days, for example, are on the first Thursday of every month in Seattle and the third Thursday of every month in Tacoma.

## APPLICATION AND SELECTION PROCEDURES

### **Requirements for consideration for a position in our training program include:**

- 1) Compliance with Eligibility Requirements for all VA Psychology Training Programs, available at: [www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp)
- 2) Completion of an APA, CPA, or PCSAS-accredited doctoral program in clinical or counseling psychology
- 3) Completion of an APA, CPA, or PCSAS-accredited pre-doctoral internship or any VA internship training program that has applied for APA accreditation.
- 4) U.S. Citizenship
- 5) Completion of our application materials

**Note:** All applicants who are male U.S. citizens born after December 31, 1959 who are not otherwise exempt must show proof of Selective Service registration as part of their VA application. Acceptance of residents is contingent upon the results of a background check and possible drug screening.

### **Equal Employment Opportunity and Prohibited Discrimination**

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361.

### **Required application materials must be submitted by:**

Professional Geropsychology Track:	December 15, 2016
Clinical Neuropsychology Track:	December 15, 2016
PCMHI/Chronic Pain Track:	December 15, 2016
Behavioral and Cognitive Therapy (PTSD) Track:	December 15, 2016
Trauma /Substance Use Residential Treatment Track:	December 15, 2016

### **Required application materials include:**

1. Graduate Transcripts
3. Three Letters of Recommendation
4. Curriculum Vita
5. Work sample: One de-identified clinical case conceptualization that includes diagnostic formulation, treatment goals, intervention strategy, and how clinical choices were informed. For the clinical neuropsychology track, please submit one de-identified comprehensive assessment report.

All application materials should be uploaded to the APPA CAS system:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

**Candidates will be notified of interview status by the following dates:**

Professional Geropsychology Track:	1/11/2017
Clinical Neuropsychology Track:	1/11/2017*
PCMHI/Chronic Pain Track:	1/11/2017
Behavioral and Cognitive Psychology (PTSD) Track:	1/11/2017
Trauma/Substance Use Residential Treatment Track:	1/11/2017

\*Please note that our Clinician Neuropsychology track is independent and does not participate in the APCCN match, nor will we be conducting interviews at INS. Due to the special considerations of this field of residencies, applicants will be notified of interview status by Jan 11 2017 at the latest. Interviews will be conducted by phone and offers made on a rolling basis, prior to the INS conference.

For all other tracks:

**Residency offers will be made on Monday, February 27, 2017 per the 2017-2018 APPIC Selection Guidelines. More information on the APPIC selection guidelines (for both postdoctoral programs and postdoctoral applicants) can be found at: <https://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>.**

**Selection Process:**

Our selection criteria are based on a goodness-of-fit model. We look for postdoctoral residents whose academic background, clinical experience and personal characteristics give them the knowledge and skills necessary to function well in our setting and within the specific postdoctoral track. At the same time, we look for postdoctoral residents whose professional goals are well suited to the experiences we offer such that our setting would provide them with a productive postdoctoral training experience. In addition to these selection factors, we like to compose our incoming class with a variety of postdoctoral residents: from different kinds of programs; from different geographic areas; of different ages, backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology.

All applications are initially reviewed for eligibility in the order that they are submitted. As noted, we notify all applicants on the status of their applications by January 11. Subsequently, our Selection Committee (composed of Training Committee staff and supervisors) closely reads all applications remaining under consideration. The Selection Committee provides multiple readings of each application and retains a list of finalists who are being considered for ranking. The Selection Committee will invite applicants being considered for interview\*. We offer phone, v-tel, or in-person interviews to provide convenience to our applicants. In addition, those applicants being considered for ranking are invited to attend an optional Open House (all postdoctoral residents and the majority of the postdoctoral training staff participate in this event).

*\* Applicants requiring any interview accommodation due to disability are asked to request such assistance at the time they receive notification of interview.*

### **Open House**

Applicants selected to participate in an interview may attend an Open House on **Wednesday, February 1<sup>st</sup>, 2017**. The purpose of the open house is to assist applicants in deciding how to rank our program by providing an opportunity for the candidates to visit the facility, talk with our current postdoctoral residents, have questions answered, and meet some of our psychology staff. Perhaps most importantly, it provides an opportunity to experience the atmosphere and attitude of the program. Although the open house can be a helpful resource for the applicant, we understand that postdoctoral interviews incur a huge financial burden on applicants. Thus, we view attendance at the Open House as optional. We strongly encourage participation in the Open House in order to get a sense of the culture and “feel” of our training program. Please note that our ranking of candidates is based on the written application packet, work sample, and interview. An applicant choosing to visit our site, or not, is not a factor in our ranking of candidates.

### **Contacting current postdoctoral residents**

Current postdoctoral residents are one of the best sources of information about our postdoctoral program. We strongly encourage applicants to talk with current postdoctoral residents about their satisfaction with the training experience. Please feel free to email the Training Director or Associate Director and request to speak with an postdoctoral resident. Your request will be forwarded to the current postdoctoral residents and a postdoctoral resident will contact you.

Questions about the residency programs and application process can be directed to the current training director, Dr. Sylvers: [Patrick.Sylvers@va.gov](mailto:Patrick.Sylvers@va.gov); to our Associate Director of Training, Dr. Fikkan: [Janna.Fikkan@va.gov](mailto:Janna.Fikkan@va.gov); or to our Interim Training Director (as of Jan 1, 2017), Dr. Aosved: [Allison.Aosved2@va.gov](mailto:Allison.Aosved2@va.gov).



## PROFESSIONAL GEROPSYCHOLOGY TRACK

### **Preceptor (Interim): Annie Mueller, Ph.D**

VA Puget Sound Healthcare System, American Lake Division (116a)  
9600 SW Veterans Drive  
Tacoma, WA 98493  
Telephone: 253-583-2743  
**Email:** Anne.Mueller@va.gov

**Length of Training:** One year

**Number of residents:** 1

**Overview:** The mission of the training program is to prepare residents to function as independent scholar practitioners in the field of professional geropsychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of biopsychosocial issues related to aging and treatment of those issues using cutting edge treatment modalities befitting an ever changing health care system. Residents will work in an interprofessional context including physicians, nurses, social workers, occupational therapists, recreational therapists, dieticians, physical therapists, and chaplains. The program adheres to the Pikes Peak Model (*Knight et al., American Psychologist, 2009, 64, 205-214*) for specialty training in professional geropsychology, as described by Division 12, Section II of the American Psychological Association (APA), and meets post-doctoral training requirements for board certification, as specified by the American Board of Geropsychology. Our Geropsychology Residency program received the 2016 Excellence in Geropsychology Training Award from the Council of Professional Geropsychology Training Programs (CoPGTP).

The resident works 60% in rotations under the Geriatrics and Extended Care service line with the remaining 40% spent within other settings of care serving older adults (Telemental Health, Dementia Special Care Unit, or applied clinical research).

### **Major Rotation**

**Geriatrics and Extended Care (GEC) Service Line:** Residents spend 60% of their time over the course of the year training in rotations under the GEC service line, consisting of the residential Community Living Center (CLC), the Geriatric Outpatient Clinic, and end-of-life care. The GEC Service Line has its own accredited Geriatric Medicine Fellowship; the psychology resident will be integrated into these training experiences as appropriate. The resident will be responsible for direct patient care, consultation, and staff education. The primary supervisor for the primary care portion of the fellowship is Dr. Lane.

Dedicated in 2010, the CLC at VA Puget Sound American Lake is a state-of-the-art, LEED-certified facility based around a new concept called “cultural transformation” that encourages individualized care and involves the input of staff, residents, and family members. A culturally transformed community is an environment that treats residents as a whole, based on their individual medical, psychological, social, and spiritual needs. The CLC provides short- and long-term care for medically compromised Veterans, including those in Hospice for end-of-life care. Work in the CLC provides residents with exposure to

unique clinical, ethical, and legal challenges of caring for Veterans across various stages of life and illness.

In addition to the CLC, residents also participate in the Geriatric Outpatient Clinic which serves older adults with particularly complicated medical and/or psychiatric presentations requiring geriatric specialization. Housed within a multidisciplinary geriatric medical team, this clinic offers opportunities for longer-term psychotherapy with a particularly complex sub-population of older adults. The resident is responsible for direct patient care, consultation, and staff education.

### **Minor Rotation**

Residents have the option of spending 40% of their clinical time in the following rotations:

**Telemental Health:** Telemental Health services are utilized to increase access to care for rural and highly rural Veterans and those for whom traveling to the clinic is otherwise contraindicated. Within VA, there is a growing emphasis on the development, integration, and use of Telemental Health services. There are high demands for geropsychology services given the burgeoning population of aging Veterans with limited access to VA clinics. Telemental Health services is quickly integrating within VA as a primary mode of therapy to reach a larger expanse of Veteran populations, increasing the demand for future psychologists able to provide therapy to patients with significant and often complicated functional disabilities and/or limited access to care. Geropsychology is well-suited for this need; experience utilizing this treatment modality will position residents for future careers in VA. As part of this experience, residents would work through the Mental Health Service Line's Telemental Health program to deliver psychotherapy services using telehealth technology. Dr. Mueller is the primary supervisor in telemental health.

**Dementia Special Care Unit (DSCU):** Residents choosing the DSCU as their minor rotation gain exposure to specialized therapy approaches, specialty assessments, and non-pharmacological interventions to manage challenging behavioral issues. Housed within the CLC, the DSCU team comprises geriatricians, geropsychiatrists, chaplains, nurses, nurse practitioners, social workers, rehabilitation specialists, dietitians, and geropsychologists. Residents' primary responsibilities include providing direct patient care, family consultation, and staff education. Additionally, residents have the opportunity to supervise psychology interns in DSCU. Dr. Lane is the primary supervisor in the Dementia Care Unit.

**Geropsychology Research:** Residents have the option of dividing their minor rotation and spending 20% of the time in clinical research. This may involve partnering with psychologists on ongoing research projects or pursuing a Quality Improvement project of their own. Examples of research include: demonstration projects focused on PTSD and Memory problems, including the creation of educational pamphlets and treatment manuals for a Memory Skills Group; and Quality Improvement projects focused on age differences in Veterans' treatment adherence upon referral to specialty care. Current and future research may involve a continuation of these projects, including developing psychoeducational treatment protocols focused on brain health, memory skills, and other age-related issues.

### **Clinical Geropsychology Specialization Competencies**

*Professional Geropsychology* has been recognized as a proficiency area by the American Psychological Association and the related guidelines for competence have been approved by APA Council in 2003; they appear on the APA website. This emphasis area involves training in the following thirteen areas of competency:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging
- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Special issues in assessment of older adults
- Treatment of older adults
- Prevention and Crisis intervention Services with older adults
- Consultation
- Interface with other disciplines
- Special ethical issues in providing services to older adults.

**Didactics:** In addition to participation in the monthly general seminar attended by all residents, geropsychology offers a number of specialty specific didactics. Weekly geropsychology lectures from multiple sources are designed to prepare the resident for board certification.

**Required:**

- Geropsychology Seminar Series
- Geriatric Research, Education, and Clinical Center Lectures Series
- National VA Geriatric Mental Health seminars
- Geriatric Medicine Journal Club
- Psychology Service Journal Club
- Psychology Service Didactic Series

**Optional:**

- University of Washington, Geriatric Medicine Grand Rounds University of Washington, Psychiatry Grand Rounds
- Neuropsychology Seminar Series
- Interprofessional Didactic Series

***Core training faculty:***

**Douglas Lane, Ph.D., ABPP** is a geropsychologist assigned to the Geriatrics and Extended Care Service. He also is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine. He completed a Ph.D. in Clinical Psychology through the University of Kansas, pre-doctoral internship training in the United States Army Medical Department, and a post-doctoral fellowship in psychology through the Yale University School of Medicine. He is board-certified in Geropsychology and Clinical Psychology by the American Board of Professional Psychology (ABPP), and is a member of the ABPP/American Board of Geropsychology itself. Additionally, Dr. Lane serves on the board of the Council of Professional Geropsychology Training Programs. Beginning in 2017, he will serve as President-Elect for the Society of Clinical Geropsychology (APA Division 12/2). He is licensed in Washington State. He is a former United States Army officer as well. Interests include older adult mental health care, healthy aging, mental health service in long term

care settings, and clinical instruction/training. His theoretical orientation is integrationist, incorporating cognitive-behavioral, interpersonal, existential, and contemporary psychodynamic systems.

**Annie Mueller, Ph.D.** is a geropsychologist in the Mental Health Clinic. She received her Ph.D. from the University of Colorado at Colorado Springs in Clinical Psychology with a curricular emphasis in geropsychology. She completed her internship at the American Lake VA, where she also completed her postdoctoral fellowship in geropsychology. She is licensed in Washington state. Dr. Mueller serves on the Diversity Committee at American Lake, and is the Telemental Health Clinical Champion for the Mental Health Clinic. She additionally serves as the Social Media Overseer for the Society of Clinical Geropsychology (APA Division 12, Section II). Her clinical interests include aging and mental health, end-of-life issues, aging and diversity, and telemental health. When not at work, you can find Dr. Mueller running, hiking, reading, or planning her next international adventure.

**Emily Trittschuh, Ph.D.** is a clinical neuropsychologist with the Geriatric Research, Education, and Clinical Center (GRECC). She completed her PhD in Clinical Psychology at Northwestern University with a pre-doctoral internship at Brown University. Her postdoctoral fellowship was in Neuropsychology at the Northwestern University Feinberg School of Medicine's Cognitive Neurology and Alzheimer's Disease Center. Licensed in the states of Illinois and Washington, she is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her clinical interests involve early diagnosis of neurodegenerative disease and her research has focused on the prevalence/incidence of Mild Cognitive Impairment, aging, dementia, late effects of head injury and GWAS studies of AD phenotypes. She leads a Clinical Demonstration project (VISN 20) which is focused on Dementia Education and Memory Skills training for older Veterans with PTSD. She is a member of the national VA Dementia Education Workgroup and is Chair of the VAPSHCS Psychology Professional Standards Board. She is on the Alzheimer's Association King County Advisory Board.

**Amanda Ernst Wood, Ph.D.** is a Mental Health Research psychologist a VA Puget Sound and a Clinical Associate Professor with the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Wood received her Ph.D. in Clinical Psychology from the Graduate School of Psychology at Fuller Theological Seminary. She completed her predoctoral internship at the VA Puget Sound, American Lake Division, and her postdoctoral fellowship in Chronic Mental Illness and Neuropsychology at the University of Washington/VA Puget Sound Health Care System. She is currently licensed in the state of Washington. Dr. Wood's research interests include the treatment substance abuse and PTSD.

## CLINICAL NEUROPSYCHOLOGY TRACK

**Preceptor: Brett Parmenter, PhD, ABPP**

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**Length of Training:** Two years

**Number of residents:** 2 (1 per year)

**Overview:** The mission of our training program is to prepare residents to function as independent practitioners in the field of clinical neuropsychology. The resident will be affiliated with the Outpatient Mental Health Neuropsychological Consult Service and the Center for Polytrauma Care. The program is designed to prepare residents for careers focused on outpatient neuropsychological evaluations and treatment, with particular expertise in working with Veterans. Training will include attention to military culture, VA-specific issues, and common symptom presentations in Veteran populations. Clinical, didactic, and scholarly activities are aimed at developing advanced knowledge of brain-behavior relationships. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA).

**Goals:** Postdoctoral education and training is designed to promote an advanced level of competence in the specialty of clinical neuropsychology. This includes expertise within the seven core domains highlighted in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (assessment, intervention, consultation, supervision, research and inquiry, consumer protection and professional development). An overarching goal is to prepare residents for successful completion of board certification in clinical neuropsychology through the American Board of Professional Psychology/American Board of Clinical Neuropsychology.

At the completion of the residency, residents are expected to demonstrate the following:

1. Development of advanced skill in neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
2. Development of advanced understanding of brain-behavior relationships;
3. Scholarly activity, e.g., submission of a study or literature review for poster presentation, publication, platform presentation; or a quality improvement (QI) project relevant to clinical practice.
4. A formal evaluation of competency in Criteria 1 through 3;

**Program Structure:** At minimum, the resident will see 2-3 neuropsychological cases per week across various clinics (as described below). They may also conduct individual and group psychotherapy that primarily focuses on cognitive remediation and psychoeducation; the frequency and intensity of therapy involvement will vary depending upon prior training experiences and career goals. Psychological interventions will also include feedback about assessment results and education for the patient and families.

The first year of the residency program will focus on general training in advanced skills needed for professional practice in clinical neuropsychology. In the second year, the resident will have the opportunity to work with faculty to develop a more individualized training plan that best fits their training needs and career goals, and may request additional training within an area of focus or specialty clinic. This may include geriatric neuropsychology, supervision of more junior trainees, or program development/evaluation. Throughout both years, training will address issues specific to Veteran populations and military culture. The level of training in these areas will depend on the experience and background of the resident. Residents will work with a variety of neuropsychology supervisors during the course of their residency. Currently, four neuropsychology faculty contribute to supervision.

***Outpatient Mental Health Neuropsychology Consult Service:*** Residents serve as consultants and provide assessments as part of Mental Health Neuropsychology. Patients are referred to this service from a variety of sources; referrals typically include traumatic brain injury, various dementias, epilepsy/seizure disorder, stroke, and cognitive dysfunction secondary to medical or psychiatric conditions. The resident may also elect to participate in capacity referrals or the cognitive component of an organ transplant evaluation when available. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, data integration and written report, and feedback to patients, family members, and the referral source. The majority of evaluations are completed at the Mental Health Clinic, although neuropsychological evaluations may also be completed through the Community Living Center. Opportunities for neuropsychology-specific group interventions are available and include psychoeducational/cognitive rehabilitation interventions. Advanced trainees will have the opportunity to work with a psychometrist.

***Center for Polytrauma Care:*** The VA Polytrauma System of Care provides comprehensive, interdisciplinary care to Veterans who have sustained traumatic brain injuries. At VA Puget Sound, services are provided on an outpatient basis to individuals in the postacute phase. We serve as the consultation and referral site for the geographic region of Alaska, Idaho, Oregon and Washington. The majority of our patients are Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND), have sustained one or more deployment-related mild TBIs/concussions, and typically present with co-occurring posttraumatic stress symptoms and chronic pain. We also receive referrals to assist with care planning for other populations served through the Rehabilitation Care Service, such as stroke, brain tumor, and anoxic/hypoxic injury. Our Polytrauma team is comprised of professionals from several disciplines, including physiatry, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, social work, and nursing.

Neuropsychology contributions in the Center for Polytrauma Care are wide-ranging, depending on Veterans' presenting concerns and prior treatment history. Residents will gain experience determining when cognitive assessment is indicated, and will be exposed to the many other roles that neuropsychologists can play in healthcare settings. They will further their understanding of the complex relationships between neurological, emotional, and personality factors, and how these interact with pain, sleep, motivational issues, and other variables to influence cognitive functioning. A strong emphasis is placed on psychoeducation to Veterans and family members, and on facilitating connection with relevant care offerings. When testing is performed, this emphasis is reflected in written reports and feedback to patients, with the overarching goal of turning recommendations into action. Commensurate with their prior experience and training, residents will conduct individual and group psychotherapy and

cognitive skills training. They may also develop intervention skills in coping and adjustment to disability. Advanced trainees will have the opportunity to work with a psychometrist.

**Didactics:** In addition to participation in the general seminar attended by all residents, clinical neuropsychology offers a number of specialty-specific didactics. Weekly neuropsychology and rehabilitation psychology lectures are designed to prepare the resident for board certification. Residents help to organize the weekly in-house neuropsychology seminar series, which includes presentations by clinical neuropsychology supervisors and research staff, VA neurologists, and neuropsychology residents

**Required:**

- Neuropsychology Seminar Series – one hour per week
- Neuropsychology Journal Club – one hour per month
- Neuropsychology Case Consultation – one hour per month
- Interprofessional Didactic Series – one hour per month
- Psychology Service Journal Club—one hour per month
- Psychology Service Didactic Series—one hour per month

**Optional:**

- Rehabilitation Psychology Didactic Series- one hour per week
- Geriatrics and Extended Care Journal Club -- one hour per week
- Geropsychology Didactic Series – one hour per week
- Geriatric Research, Education, and Clinical Center Lectures Series – two hours per month
- University of Washington, Neurology Grand Rounds – one hour per month
- University of Washington, Psychiatry Grand Rounds – one hour per month

***Core training faculty:***

**Sarah Noonan, PhD** is a clinical neuropsychologist in Rehabilitation Care Services, working primarily within the Center for Polytrauma Care. She earned her Ph.D. in Clinical Psychology, with a specialization in neuropsychology, from the San Diego State University/University of California, San Diego joint doctoral program. She completed her internship and postdoctoral fellowship within the VA Boston Healthcare System, where she received advanced clinical training in neuropsychological assessment, cognitive rehabilitation, and evidence-based treatments for PTSD, and conducted research within the Boston Attention and Learning Laboratory and the VA Boston Neuroimaging Research Center. She is licensed in Washington State. Her professional interests include mTBI/concussion diagnosis and treatment in combat Veterans, holistic cognitive interventions, and neuroplasticity.

**Brett Parmenter, PhD, ABPP** is a clinical neuropsychologist in the Mental Health Clinic. She received her PhD in Clinical Psychology from the University of Kansas. She completed her pre-doctoral internship at Yale University School of Medicine and her postdoctoral fellowship in Clinical Neuropsychology at State University of New York at Buffalo School of Medicine and Biomedical Sciences. She is licensed in the state of Washington and is Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She is board certified in Clinical Neuropsychology through the American Board of Professional Psychology/American Board of Clinical Neuropsychology. She is a Board

Member of the American Academy of Clinical Neuropsychology Foundation (AACNF), where she serves as Secretary and Chair of the Development Committee. Clinical and research interests include cognitive functioning in multiple sclerosis, performance validity testing, and how medical and mental health factors contribute to cognitive complaints.

**Jordan Robinson, PhD** is a clinical neuropsychologist in the Mental Health Clinic. He received his PhD in clinical psychology from the University of Wisconsin-Milwaukee. He completed his predoctoral internship at the Clement J. Zablocki VA in Milwaukee, WI. He completed a two-year APA-accredited postdoctoral fellowship in clinical neuropsychology at the Michael E. DeBakey VAMC in Houston, TX. Clinical and past research publications include the areas of PTSD, epilepsy, memory disorders, psychometrics, and performance validity testing.

**Troy J Stettler, PsyD** is a clinical neuropsychologist in the Mental Health Clinic. He earned his Psy.D. in Clinical Psychology from Pacific University, Oregon. He completed his clinical internship at the Pittsburgh VA and a two-year postdoctoral fellowship in Clinical Neuropsychology at the Loma Linda VA. He is licensed in the state of California. Clinical/research interests include performance validity testing and utilization of neuropsychology within the VA system. He is also interested in differing approaches to neuropsychological feedback.

## PRIMARY CARE MENTAL HEALTH INTEGRATION/CHRONIC PAIN TRACK

**Preceptor: Mary Catherine Kane, PhD**

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**Length of Training:** One year

**Number of Trainees:** 1

**Overview:** The PCMHI/Pain track is an opportunity to advance those skills that will allow the resident to function as an independent psychologist at the conclusion of the training year, with competence in working within an integrated, interprofessional outpatient health care setting with an emphasis in improving well-being and function. To reach this goal, the resident will be immersed in an array of clinical experiences that will allow for further development of assessment, case conceptualization and treatment planning, psychotherapy (individual, group), and consultation/liaison with an outpatient population living with chronic conditions and/or those seeking healthy lifestyle changes. In addition to direct clinical work, residents will have the opportunity to develop professional skills, particularly as they relate to diversity, ethics, and legal issues, and will devote time to scholarly inquiry activities.

*Primary Care Mental Health Integration (PCMHI)*

The resident in PCMHI practices consultation, collaboration, and intervention within a primary care medical setting. The resident spends most of his/her time training in a fast-paced, dynamic environment with Patient Aligned Care Teams (PACT). As part of this training, the resident provides a variety of behavioral health services including same day “curbside” consultation and treatment collaboration, functional assessments, and risk assessments. The resident will receive training in the use of brief evidence based treatments to improve veteran psychological well-being and health functioning with an emphasis in chronic pain management.

The resident attends weekly Primary Care staff and nursing meetings and daily PACT “huddles.” Three important emphases throughout the residency training year are: learning to develop strong, collaborative working relationships with PACTs; decreasing stigma related to the utilization of behavioral health services among Veterans; improving Veterans’ health using brief, evidence based interventions targeting health behavior change.

The resident will receive training in Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, mindfulness meditation, and hypnosis strategies for chronic pain. Ample opportunity will be available to engage in program development activities designed to integrate chronic pain management in primary care by providing staff education, collaborative behavioral health interventions that support medical treatment, shared medical appointments and individual and group-based treatments. Research opportunities are also available.

### *Pain Clinic*

The outpatient pain clinic and functional restoration programs are part of anesthesiology service line and are staffed by psychologists, physician assistants, nurse practitioners, nurses and physical therapists. The functional restoration program consists of a time-limited and intensive treatment experience. A core tenant in treating chronic pain is whole-person and patient-centered health care, and this rotation facilitates interprofessional training at its core. The resident's training opportunities include conducting interprofessional clinical interviews, administering evidence-based group and individual psychotherapy related to chronic pain management, and consultation with providers from other clinics. The primary theoretical framework for intervention is Acceptance and Commitment Therapy. Residents would also gain familiarity with other evidence-based interventions, such as mindfulness-based interventions, cognitive behavioral therapy, self-hypnosis, and Mantram repetition.

**Goals:** Postdoctoral education and training is designed to promote an advanced level of competence in the specialty of clinical psychology, with particular emphasis on functioning within primary care teams and in service of Veterans with chronic pain and other health limitations. The resident and his or her primary supervisor will collaborate to devise a training plan that is based on the resident's training goals and needs, previous experience, and patient care needs.

At the completion of the residency, residents are expected to demonstrate the following:

- Development of advanced skill in delivering time-limited psychological services within outpatient and residential interprofessional medical settings;
- Development of advanced understanding of the relationship between chronic physical illness/pain and psychological distress;
- Preparation for board certification in clinical psychology by the American Board of Professional Psychology.

**Didactics:** In addition to participation in the weekly general seminar attended by all residents, this residency offers a number of specialty specific didactics.

### **Required:**

- Primary Care/Chronic Pain Seminar Series – Approximately one hour per week
- University of Washington/DOD/VA Tele-pain conference – One hour per week
- Interprofessional Didactic Series – One hour per month
- Psychology Service Journal Club – One hour per month
- Psychology Service Didactic Series – One hour per month

### ***Core Training Faculty***

**Amee J. Epler, PhD** is the Program Manager of Primary Care Mental Health Integration at the American Lake campus. She received her PhD in Clinical Psychology from the University of Missouri-Columbia. She completed her pre-doctoral internship at the University of Mississippi Medical Center/VA Consortium in Jackson, MS. She is licensed in the states of Mississippi and Washington. Her theoretical orientation is primarily behavioral within a dialectical framework. Dr. Epler has received advanced training on internship and as a VA Staff Psychologist in Dialectical Behavior Therapy, Prolonged Exposure, Cognitive Processing Therapy, ACT for Depression, Problem Solving Therapy, CBT for

Insomnia, and Motivational Interviewing. Her professional interests include brief interventions for primary care settings, health behavior change, and integrated care models.

**Lauren Hollrah, PsyD** is a clinical pain psychologist in the Pain Clinic at the VA PSHCS. She earned her doctoral degree in Clinical Psychology from Pacific University. She completed her pre-doctoral internship at the Northampton VAMC in Northampton, MA and her residency at a multidisciplinary pain management clinic, Progressive Rehabilitation Associates in Portland, OR. She also helped to develop a multidisciplinary pain management program for Peace Health Southwest Hospital. Dr. Hollrah specializes in the behavioral treatment of chronic pain and the psychological issues that arise from chronic health conditions. Her primary theoretical orientation is Acceptance and Commitment Therapy (ACT), and has received specialized training in ACT on internship, residency and continues to be involved in ACBS and the implementation of ACT in the Pain Clinic. She is licensed in both Oregon and Washington. Her professional interests include the development of Functional restoration Programs, and utilization of chronic illness management skills like mindfulness, stress management, and instilling hope for re-engaging in an active and vital life.

**Mary-Catherine Kane, PhD** is a psychologist in Primary Care Mental Health Integration at the American Lake campus. She completed her Ph.D. in Counseling Psychology at Western Michigan University. Her pre-doctoral internship was at the VA Medical Center, Battle Creek MI. She is licensed in the state of Washington. Dr. Kane has received advanced training on internship and as a VA Staff Psychologist in CBT for Depression, Cognitive Processing Therapy, and Motivational Interviewing. In addition to her clinical responsibilities, she is the Regional Interprofessional Training Coordinator and Associate Director of Psychology in the Center for Excellence in Primary Care Education at Puget Sound. Her professional interests include generalist clinical practice, training interns and residents, and program development and evaluation of Primary Care Mental Health Integration processes and patient outcomes.

**Jason Katzenbach, PhD** is a psychologist in Primary Care Mental Health Integration. He received his Ph.D. in Counseling Psychology from Brigham Young University. Prior to coming to American Lake, Dr. Katzenbach worked as a postdoctoral fellow in integrated primary care mental health at the WJB Dorn VA Medical Center in Columbia, South Carolina and completed his pre-doctoral internship at the Boise VA Medical Center in Boise, ID. He is currently licensed in Washington State. Dr. Katzenbach's clinical interests include short-term psychotherapy, health behavior change, chronic pain management, practical use of psychotherapy outcome data to improve treatment, evidence-based group process, career counseling, and integrating recovery and well-being focused interventions into clinical practice. Dr. Katzenbach's theoretical orientation is integrative and incorporates aspects of Acceptance and Commitment Therapy, Existential Therapy, and Client Centered Therapy.

**Russell McCann, PhD** is Deputy Director of the Promoting Access through Telemental Health (PATH) Service. Dr. McCann received his PhD in Clinical Psychology from Seattle Pacific University, completed internship at Washington State University Counseling and Testing Services and his postdoctoral fellowship in Military Research Psychology at the National Center for Telehealth and Technology. Dr. McCann is a licensed psychologist in Washington. Dr. McCann specializes in mental health services delivered via clinical video teleconferencing (CVT). He has a broad interest in using technology to augment and facilitate access to mental health care. Dr. McCann has been trained in the use of behavioral activation (BA), cognitive processing therapy (CPT), prolonged exposure therapy (PE), and virtual reality exposure therapy (VRET). Dr. McCann is an acting assistant professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington and maintains an academic focus

on the use of technology in mental health care. Dr. McCann's administrative duties center around the management and expansion of telemental health operations.

**Kristen Perry, PhD** is a psychologist in Primary Care Mental Health Integration at the King County Community Based Outpatient Clinics (CBOCs), and serves as the Telehealth Champion for this team. She is also a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She received her PhD from Seattle Pacific University and completed internship at the American Lake Division of the VA Puget Sound Health Care System. She is licensed in Washington. Her clinical interests are in providing brief psychotherapy for behavioral health problems, such as chronic pain and diabetes management. Current research interests include integration of primary care and mental health, provider use and perceptions of technology in practice, and measurement of treatment progress and outcomes.

**Laura Tuck, PsyD** is a rehabilitation psychologist in the Comprehensive Pain Program. Dr. Tuck completed her Psy.D. in Clinical Psychology from Pacific University where she was in the health psychology track. She completed her internship focusing on health psychology at the Alaska VA HCS and a rehabilitation psychology fellowship at the Cleveland VAMC focusing on spinal cord injury, chronic pain, physical medicine and rehabilitation, and headache management. She worked at the Memphis VAMC specializing in pain management for people who have SCI/D prior joining the American Lake Division of VA Puget Sound. Her theoretical orientation is cognitive behavioral. Dr. Tuck's clinic and research interests focus on engagement in adaptive health behaviors, disability and quality of life, response to injury/illness, advocacy, telehealth, program development, and early career and trainee professional development. She is licensed in the state of Idaho.

## BEHAVIORAL AND COGNITIVE PSYCHOLOGY (PTSD EMPHASIS) TRACK

**Preceptor: Allison Aosved, Ph.D.**

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**Overview:** The mission of the Behavioral and Cognitive Psychology (PTSD Emphasis) training program track is to prepare residents to function as independent clinical scientists in the field of clinical or counseling psychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of the etiology, comorbidities, and treatment of trauma related disorders, including PTSD. The track includes a **major area of study** on the attitudes, knowledge, and skills in the area of Behavioral and Cognitive Psychology (BCP). This track integrates clinical work along with opportunities for teaching, administrative, research, and supervisory experiences within the context of outpatient PTSD treatment. Residents rotate through the PTSD outpatient clinic (POC) and may have minor clinical rotations in other settings utilizing BCP for the assessment and treatment of PTSD and co-occurring disorders. Specifically, residents spend approximately 80% time in the outpatient PTSD clinic and may spend up to 20% of their time in another relevant clinical setting.

**Length of Training:** One year

**Number of Residents:** 1

**Goals:** Postdoctoral education and training is designed to promote an advanced level of competence as a Clinical or Counseling Psychologist with a specialty of Behavioral and Cognitive Psychology (CBP).

At the completion of the residency, residents are expected to demonstrate the following:

- Development of advanced skill in the core profession wide competencies of Integration of Science and Practice, Individual and Cultural Diversity, and Ethics and Legal Matters;
- Development of advanced skill in the program specific competencies of Professional Relationships and Communication, and Teaching and Education;
- Development of advanced skill in the BCP competencies of Knowledge of BCP Theories, Evidence-Based Assessment, BCP Case Conceptualization, BCP Treatment Planning, Evidence-Based BCP Intervention, and Evaluation;
- Development of advanced understanding of Posttraumatic Stress Disorder (PTSD);
- Development of a professional identity as a Clinical or Counseling Psychologist with specialized expertise in BCP, especially as applied to the assessment and treatment of PTSD;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal, quality improvement project, or outcome assessment;
- Preparation for state or provincial licensure or certification for the independent practice of psychology;
- Preparation for requirements for board certification in Clinical Psychology, Counseling Psychology, and/or Behavioral and Cognitive Psychology by the American Board of Professional Psychology.

## **Clinical Settings:**

### *PTSD Outpatient Clinic (POC)*

#### **Overall Treatment Model**

The Posttraumatic Stress Disorder (PTSD) Outpatient Clinic (POC) is a specialized, outpatient clinic that provides evidence-based, trauma-focused treatment for veterans who struggle with PTSD as a result of their military service. Treatment in the POC is largely group-based, with a number of treatment options available to help prepare a veteran for an evidence-based, PTSD-focused intervention. Such evidence-based, PTSD-focused interventions may occur within a group or individual format.

The POC recognizes that many veterans who struggle with PTSD may not feel ready to directly address the traumas they experienced. Treatment is available for veterans who do not yet feel ready to address their trauma experiences, but who recognize that a goal of their program involvement is to be able to do so; this is often referred to as Phase 1 or the Preparation Phase of POC treatment. These treatments include the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP), Cognitive Behavioral Therapy for Insomnia (CBT-I), Anger Management, and Seeking Safety.

For those Veterans who are ready to engage in trauma-focused work, treatment is available that has been scientifically shown to be effective, including Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE); this is often referred to as Phase 2 or the PTSD/Trauma Focused Phase of POC treatment. Exposure, Relaxation, and Rescription Therapy (ERRT-M) for nightmares is also available to Veterans struggling with chronic, trauma-related nightmares. ERRT-M includes the use of exposure techniques and thus is included as a Phase 2 or PTSD/Trauma Focused treatment option.

Aftercare is also available to help Veterans maintain the gains they have achieved and to pursue further engagement in life. Many of the aftercare services are available outside of the POC in other VA clinics. Aftercare is often referred to as Phase 3 or the Transition Phase of treatment in the POC. Aftercare may also take place outside of the VA within various community programs.

The overarching goal of the POC is to assist veterans in their recovery from the disabling and distressing consequences of their condition. For some veterans, this may be remission of PTSD, for others it may be a lessening in the symptoms with which they struggle, while for other veterans it may be seeking to improve the quality of their lives in spite of having PTSD. For all veterans who enter into treatment, the objective of the clinic is the same, that is, to assist in their efforts to change and to have a more meaningful life.

## **The Role of the Residents:**

### *PTSD Outpatient Clinic (POC)*

A resident's duties in the POC are to provide mental health treatment to include intake interviews, integrated assessments, collaborative treatment plan development with Veterans, and time-limited focused interventions on both an individual and group basis. Comprehensive psychodiagnostic assessment may be required for Veterans with complex symptom presentations. A resident may also be asked to help develop tailored services for the unique needs of patients, such as designing assessment batteries or intake procedures. Residents will coordinate care with other members of the Veteran's interdisciplinary care team, including medical staff, rehabilitation specialists, and family members, as necessary.

While on the POC rotation, the resident typically functions as the primary therapist for the Veterans on his/her caseload. The Veterans served by the POC often present with a variety of co-morbid disorders and psychosocial issues that necessitate interventions in addition to those that are trauma-focused. Residents are important members of the POC team, participating fully in administrative and case consultation meetings. Residents will also have the opportunity to engage in administrative projects, research tasks, and may have supervisory experiences with other trainees.

**Teaching Methods:** There are several methods that are used to train the PTSD Resident, and they include:

*Didactics:* In addition to participation in the weekly general seminar attended by all residents, the PTSD program offers a number of specialty specific didactics. Approximately 40-50 hours of BCP and PTSD psychology didactic trainings are designed to provide the resident with advanced knowledge of BCP and PTSD and to prepare the resident for board certification. The didactic training may occur via online trainings, webinars, in-person lectures, experiential trainings, and/or case conferences and may include some of the optional offerings listed below. Didactic trainings are individually tailored with the resident during the course of the training year; thus, some of the optional offerings below could be required for any given resident depending on his/her needs.

*Required Didactics:*

- BCP and PTSD Seminar Series – Approximately 40-50 hours over the course of the training year, to be determined based on resident's individual learning needs;
- Postdoctoral Seminar Series –4 hours per month, to be determined collaboratively with each Residency class;
- Psychology Service Journal Club – One and a half hours per month (3<sup>rd</sup> Wednesday at 3pm);
- Psychology Service Seminar Series – One and a half hours per month (4<sup>th</sup> Wednesday at 3pm)

*Optional Didactics:*

- University of Washington, Psychiatry Grand Rounds – Two hours per month (1<sup>st</sup> and 3<sup>rd</sup> Fridays at 12pm);
- National Center for PTSD Didactic Series – One hour per month (3<sup>rd</sup> Wednesday at 11am);
- VA National Military Sexual Trauma (MST) Didactic Series – One and a half hours per month (1<sup>st</sup> Thursday at 9am);
- VA NW MIRECC (VISN 20) Didactic Series- Two hours per month (1<sup>st</sup> and 3<sup>rd</sup> Wednesdays at 12pm).

*Supervision:* Dr. Allison Aosved provides leadership for the BCP (PTSD Emphasis) track of postdoctoral program. Dr. Aosved serves as the primary advisor and is typically the primary POC clinical supervisor, with other staff psychologists and professionals from other disciplines serving as supervisors and consultants as needed. While Dr. Aosved and has typically been the primary POC clinical supervisor for the resident the determination of a primary clinical supervisor in both POC and in any minor rotation is a collaborative process with the resident that takes into account his/her training needs and preferences. The other licensed psychologists who may supervise the resident include: Noelle Balliett, Ph.D., Jennifer King, Ph.D., Dave Slagle, Ph.D. , Dale Smith, Ph.D., and Ruth Varkovitzky, Ph.D.

The resident will receive both individual and group supervision where BCP, clinical, career development, teaching, and scholarly activity are addressed. The resident may also have the opportunity to supervise other trainees under the guidance of clinical staff, when feasible. In addition, the resident will have opportunities to work closely with professionals from other disciplines with different areas of expertise. Residents have opportunities to directly observe licensed staff psychologists in practice. For example, residents will observe licensed psychologists conduct intakes, other evaluations, or engage in other clinical or professional activities, and senior staff may co-lead a group with the resident.

### **Scholarly Activity, Research, and Program Development:**

Involvement in evaluation that embodies the integration of science and practice is an important component of the BCP (PTSD Emphasis) residency track. The resident will be encouraged to identify research or evaluation activities that would expand his/her current skill set. There are a wide range of opportunities available to the resident that include: participation in ongoing studies, participation in ongoing quality improvement projects, data analysis, preparing papers and presentations, interfacing with the local IRB, etc. Areas of ongoing evaluation include: research on implementation of Unified Protocol in a group format for veterans with PTSD, collaborating on ongoing projects with researchers outside of the POC, and program improvement within the POC. Program improvement and development projects are an area that residents are encouraged to participate in and take the lead in. These projects allow the POC to continuously evaluate our programs and offerings, incorporate new evidence-based interventions, and keep our clinical programs current and responsive to patient needs/preferences.

### ***Core Training Faculty***

#### ***Allison C. Aosved, Ph.D.***

Staff Psychologist, PTSD Outpatient Clinic

Clinical Coordinator, Women's Trauma Recovery Services

VA Puget Sound Health Care System, American Lake Division

Dr. Aosved is a Clinical Psychologist and the Women's Trauma Clinical Coordinator in the PTSD Outpatient Clinic at the American Lake Division. She joined VA Puget Sound after spending seven years with VA Pacific Islands where she served in a variety of roles including staff psychologist in the traumatic stress recovery program, military sexual trauma coordinator, evidence-based psychotherapy coordinator, and most recently director of training for the psychology internship and residency programs. Dr. Aosved currently serves as both a trainer and consultant for the National VA Prolonged Exposure (PE) dissemination initiative. Dr. Aosved was the secretary for the national VA Psychology Training Council (2012-2016) and is currently an Association of Psychology Postdoctoral and Internship Centers (APPIC) board member (2015-2018). Dr. Aosved completed a postdoctoral residency at the National Center for PTSD – Pacific Islands Division after earning her doctoral degree in clinical psychology at Oklahoma State University and completing a doctoral internship at the Seattle Division of VA Puget Sound. Her diversity interests include addressing the needs of underserved populations (including women and LGBT veterans), ensuring evidence-based interventions are culturally accessible to veterans, and working toward social justice. Her professional interests also include behavioral and cognitive psychology, clinical supervision and training, dissemination of evidence-based interventions, program evaluation and quality assurance specific to implementation of evidence-based treatments, and research on sexual violence perpetration and prevention. In her personal time she enjoys time outdoors, relationships with friends and family, crafting, yoga, and vegan cooking and baking.

**Noelle E. Balliett, Ph.D.**

Staff Psychologist, PTSD Outpatient Clinic

VA Puget Sound Health Care System, American Lake Division

Dr. Noelle Balliett received her Ph.D. in Clinical Psychology from the University of Tulsa, and completed a postdoctoral fellowship in Anxiety and Trauma at the VA San Diego Healthcare System. Dr. Balliett's clinical interests include: treatment and assessment of PTSD, nightmares and sleep impairments, comorbid anxiety disorders, and improvement of functional outcomes. She has expertise in Exposure, Relaxation, and Rescription Therapy-Military (ERRT-M), a manualized, evidence-based treatment for trauma-related nightmares. Dr. Balliett currently serves on the psychology training committee at American Lake. Dr. Balliett's research and teaching interests include clinical outcomes for trauma-focused therapy, integration of targeted sleep protocols into treatment, and supervision. Her orientation is primarily cognitive-behavioral, but also includes an interest in mindfulness and motivational interviewing techniques. Dr. Balliett's professional diversity interests include the impact of cultural factors on evidence-based psychotherapies, improvement of access to services, and working with historically marginalized populations. In her time outside of work, she enjoys time with friends and family, cooking, gardening, reading, sampling various ethnic foods, and playing with her dog.

**Jennifer C. King, PhD.**

Staff Psychologist, PTSD Outpatient Clinic

VA Puget Sound Health Care System, American Lake Division

Dr. King is the POC's co-occurring substance use/PTSD specialist and serves as the liaison between the POC and Addiction Treatment Center (ATC). Prior to her position in the POC, she worked as a graduate psychologist in the Substance Abuse Residential Rehabilitation Treatment Program at VA St. Louis Health Care System. Dr. King completed her doctorate at Palo Alto University and her internship at VA St. Louis Health Care System. Dr. King's diversity interests include working with underserved populations, particularly Veterans and offenders. Her professional interests include co-occurring substance use and PTSD in the Veteran population. In fact, her current position at American Lake is actually her dream position! In addition to treating Veterans with co-occurring substance use and military-related PTSD, she is also interested in evidence-based treatments, particularly Prolonged Exposure, "killing" and combat trauma specifically, harm reduction, age of substance use initiation and its implications, psychological assessment, and offender rehabilitation. In her time outside of work, she enjoys eating, cooking, a little too much television than is probably advised, movies, concerts (she has been known to travel all over the country to see her favorite bands), traveling, sitting in the sun, and spending time with friends and family.

**David M. Slagle, Ph.D.**

Staff Psychologist, PTSD Outpatient Clinic

VA Puget Sound Health Care System, American Lake Division

Dr. Slagle is a staff psychologist in the POC. One of his many roles in the POC has been implementation Barlow's Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in group format. Dr. Slagle completed graduate school at the University of Wyoming, followed by internship at the Medical University of South Carolina and Department of Veterans Affairs Medical Center Consortium. Dr. Slagle completed a postdoctoral fellowship at the University of Washington Center for Anxiety and Traumatic Stress, where he received advanced training in Prolonged Exposure for PTSD. Dr. Slagle joined the VA

Puget Sound Health Care System in 2008, working on VA Cooperative Study 566 (Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom: A Longitudinal Cohort Study) and providing psychotherapy in the PTSD Outpatient Clinic at the Seattle Division. Dr. Slagle joined the American Lake PTSD Outpatient Clinic as a staff psychologist in 2011. His professional interests include psychological trauma and psychotherapy process. In his time outside of work, he attempts to keep up with his four-year-old son; time permitting, he enjoys a good work of fiction and a fine cup of tea.

***Dale E. Smith, Ph.D.***

Program Manager, PTSD Outpatient Clinic  
VA Puget Sound Health Care System, American Lake Division

Dr. Smith is the longest standing member of the POC and has served as its Team Leader since its inception in September 1991 when it was first established as a Substance Use/PTSD Clinical Team. He attended the University of Florida where he earned his doctorate in social psychology and the University of Washington where he received postdoctoral respecialization training in clinical psychology. He completed his psychology internship in the Department of Psychiatry and Behavioral Sciences at the University of Washington's School of Medicine soon after which he was offered a position here at American Lake. Dr. Smith's diversity interests include how beliefs are shaped by sociopolitical cultures within and across time as well as the diversity that is obscured by the apparent differences in race, gender, age, and the like. He has held faculty positions in the University of Florida's Criminal Justice Program, The American University's School of Justice, and the University of Washington's Law and Society Program, which is a reflection of his early training as a social-community psychologist. His interest in systems and organizations has lent itself to Dr. Smith assuming a role as a program manager for over twenty years. He enjoys a good cup of coffee and weekend breakfasts out, living in Seattle, and his day-to-day family life.

***Ruth L. Varkovitzky, Ph.D.***

Staff Psychologist, PTSD Outpatient Clinic  
VA Puget Sound Health Care System, American Lake Division  
Assistant Professor, Department of Psychiatry and Behavioral Sciences  
University of Washington School of Medicine

Dr. Varkovitzky's role in the POC is to provide individual and group psychotherapy, as well as to conduct research about PTSD and treatment outcomes. She currently co-facilitates two groups in POC: Cognitive Behavioral Therapy for Insomnia (CBT-I) and Women's Unified Protocol for the Treatment of Transdiagnostic Emotional Disorders (UP). When working with patients individually, her offerings include: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Skills Training in Affective and Interpersonal Regulation (STAIR). She received her Ph.D. in Clinical Psychology from Northern Illinois University, followed by pre-doctoral internship at the Cincinnati VA Medical Center and postdoctoral residency at the Raymond G. Murphy VA Medical Center in Albuquerque, New Mexico. Her professional interests include provision of mental health for women Veterans, training/supervision, and multicultural issues. In terms of research, she is currently sub-investigator for VA Puget Sound on a nationwide study comparing outcomes among Veterans with PTSD receiving either CPT or PE. She is also studying treatment outcomes in POC, specifically related to feasibility and effectiveness of UP. In her time outside of work, she enjoys hiking in the many beautiful outdoor areas in the Pacific Northwest, and especially loves Point Defiance, Rattlesnake Ridge, Mount Rainier, and Cape Flattery.

## TRAUMA AND SUBSTANCE USE RESIDENTIAL TREATMENT TRACK

**Preceptor: Margaret Schwartz Moravec, Ph.D.**

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**Length of training: One year**

**Number of residents: 1**

**Overview:**

The mission of this residency is to prepare residents to function with advanced competence in providing specialized mental health treatment for Post-Traumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) with a Veteran population in a residential treatment environment. The resident will have opportunities for hands on learning related to evidence based practice with both PTSD and SUD, and will have opportunities for both short and longer-term therapy with Veterans who have complex medical, psychiatric, and psychosocial needs (e.g., homelessness) and who are admitted to the Mental Health Residential Rehabilitation Treatment Programs (MHR RTP).

The MHR RTP provides high-quality residential rehabilitation and treatment services for Veterans who may have complex substance use, mental health, medical, and vocational concerns. The MHR RTP identifies and addresses goals of rehabilitation, functional restoration, recovery, health maintenance, improved quality of life, and community integration. Clinical interventions and treatment goals vary based upon which program Veterans are admitted to, and range from 4 weeks to 6 months of intensive treatment focus.

The MHR RTP is comprised of 5 specialty treatment programs located both at the American Lake Division campus and community houses, located in Tacoma, Washington. The programs include 1) Substance Abuse (SA DOM – 20 beds), 2) PTSD (Veterans Intensive PTSD Program (VIP) – 18 beds), 3) Domiciliary Care for Homeless Veterans (DCHV – 18 beds), 4) Pain (Residential Functional Restoration Program (rFRP) – 8 beds, and Compensated Work Therapy – Transitional Residence (CWT-TR – 24 beds) program. (Please note that Postdoctoral residents training during the 2017-2018 training year will have the opportunity to work in any of the above listed programs, *with the exception* of the Residential Functional Restoration Program for pain.)

The resident will work exclusively in intensive treatment settings within the Mental Health Residential Rehabilitation Treatment Programs (MHR RTP), primarily with the PTSD, SUD, and DCHV programs. The resident will engage in consultation, care coordination, collaboration, and intervention within an interprofessional treatment team consisting of nurses, physicians, physician assistants, peer support specialists, psychologists, psychiatrists, social workers, social services assistants, and recreation therapists.

### **Training Year Composition**

The resident will spend approximately two weeks at the start of the year immersing themselves in the MHR RTP treatment environment and working in the DCHV program, as described below. They will continue to spend four to eight hours/week working with their DCHV supervisor. The remainder of the year will be split between the Veterans Intensive PTSD (VIP) program and the Substance Abuse residential (SA DOM) program.

#### *Domiciliary Care for Homeless Veterans (DCHV)*

Residents will work with the DCHV psychologist and interprofessional team to increase their ability to work with Veterans with PTSD and complex presentations, including substance use, physical health and psychosocial challenges. Veterans in this program are currently homeless and attempting to reach vocational goals. Veterans remain in the program from three to six months and residents will have the opportunity to identify and work with Veterans with these complex needs for a more prolonged period. Treatment programming is centered on interventions that are evidenced-based and tailored to meet the unique needs of each Veteran from a strengths-based perspective. The resident will gain experience on this rotation with Motivational Interviewing, Cognitive Behavioral Therapy, Dialectical Behavior Skills, interpersonal approaches, milieu therapy, care coordination, PTSD/SUD specialty therapy (based on patient needs and resident interests), managing psychosocial issues, and psychoeducation groups. The recovery model will be a prime focus of the resident's interactions with patients, and will serve as a foundation for the rest of the training year. Residents will increase their ability to coordinate services across the MHR RTP, VA, and with community partners. The resident will also have opportunities to hone advanced skills in interprofessional consultation with medical and mental health staff, with a focus on providing Veteran-centered care. Residents will work intensively in the MHR RTP and DCHV setting for two weeks, and will continue to work throughout the training year with the psychologist here for long-term therapy and coordinating/engaging the therapeutic community, totaling 4-8 hours per week. An interested resident also has the opportunity to develop a training plan with Dr. Peltan, who is part of MINT (the Motivational Interviewing Network of Trainers), to learn advanced skills in Motivational Interviewing-Motivational Enhancement.

#### *Veterans Intensive PTSD (VIP) Program*

Residents will work within a team-based setting to provide intensive PTSD specialty treatment to Veterans who are in need of a higher level of care than outpatient clinics can traditionally provide. The VIP Program provides a month-long program of intensive treatment services Monday through Friday for Veterans. Treatment is recovery and phase-oriented driven by both Veteran's readiness for treatment and complexity of treatment needs. Many of our patients have PTSD comorbid with substance abuse, depression, chronic pain, personality disorders, and/or a complex PTSD presentation. Thus, we practice from an integrative theoretical approach to best meet a variety of patient needs. There is significant latitude to tailor this experience to focus on trainee needs and goals. Specific treatments offered include: Prolonged Exposure Therapy, Cognitive Processing Therapy, Behavioral Activation, Dialectical and Behavior Therapy skills training, Interpersonal trauma processing, Adaptive Disclosure, treatment for Moral Injury, Skills Training in Affective and Interpersonal Regulation (STAIR), and psychoeducational groups targeting relationship enhancement, chronic pain, cognitive functioning and anger management. Veterans are provided with individual therapy twice weekly. The content of these sessions is set by the patient and therapist; for example, sessions could focus on self-care and activities of daily living, or could follow a full protocol of Prolonged Exposure therapy. Neuropsychology is embedded within this program, such that staff neuropsychologists attend weekly team meetings, provide group programming, and are able to provide full neuropsychological evaluations, quickly, for Veterans who are presenting

with unclear cognitive profiles. All staff members provide brief personality assessments (e.g., MMPI2-RF) to incoming Veterans, so training in assessment will be an emphasis within this setting.

The VIP program will offer residents a chance to work in an exciting and dynamic environment, in which the treatment team (consisting of psychologists, social workers, a recreation therapist, and a psychiatrist) works cooperatively to provide the best care for each individual patient. Thus, a focus of time spent here will be honing interprofessional communication and consultation skills, in addition to building advanced competence and autonomy with innovative approaches for PTSD. Successful residents are able to use theory-driven and flexible approaches to working with complex patients, using evidence-based therapy models. The resident participates in weekly interprofessional team meetings and is considered an integral member of the treatment team. Residents will work in the VIP program for approximately five and a half months.

#### *Substance Abuse (SA Dom)*

The Substance Abuse Residential Treatment Program (SA DOM) is a 20 bed, 28 day residential program. The program serves both female and male Veterans who are struggling to attain their goals related to addiction recovery. The SA DOM staff represent an interprofessional treatment team, composed of two social workers, two psychologists, one physician assistant, and one registered nurse. Providers in the SA DOM utilize several specialized treatment modalities including Motivational Interviewing, Cognitive Behavioral Therapy for SUDs, Acceptance and Commitment Therapy, Mindfulness Based Relapse Prevention, Behavioral Couples Therapy for SUDs, and Seeking Safety. The program also places an emphasis on improving addiction treatment for racial and ethnic minority Veterans, the neurobiological aspects of SUDs, and medication enhanced treatment for addiction. The primary modality is group treatment, but also includes individual therapy and case management. SA DOM providers frequently collaborate with other VA services including medical providers for detox purposes, housing programs, work therapy programs, medical services, polytrauma, other residential programs addressing PTSD, homelessness, and chronic pain, and additional VA programs for Veterans requiring longer term stabilization. In addition to obtaining experience with brief group and individual evidenced based treatments for SUDs, residents would have unique opportunities to consult and collaborate with medical providers about detox procedures to best meet patient needs. A successful resident would serve as a fully functioning treatment team member and engage in this fast-paced treatment environment. In addition to treatment opportunities, a resident would have opportunities to participate in program development and quality improvement projects. There are also opportunities to participate in an administrative capacity, including facilitating treatment team meetings. An interested resident has the opportunity to develop a training plan with Dr. Ahmad, a national VA consultant for CBT for SUD, to learn advanced skills in CBT for SUD. Residents will work in the SA Dom program for approximately five and a half months.

#### **Goals:**

The training year will be crafted to provide advanced competency as a clinical or counseling psychologist working with Veterans with PTSD and/or SUD, as well as complex comorbidities and psychosocial stressors (e.g., homelessness). We expect these experiences to provide preparation for board certification in clinical or counseling psychology by the American Board of Professional Psychology, depending on resident background and interests, and we aim to make applicants competitive for a staff position in the VA setting.

At the conclusion of the residency, residents will be expected to demonstrate advanced competence in the following skill areas :

- Selection and delivery of appropriate evidence based and/or theory-driven interventions from a patient-focused perspective to treat PTSD and SUDs

- Advanced skill in delivering time-limited treatment
- Conducting psychodiagnostic assessment (including both clinical assessment and personality assessment)
- Providing interprofessional consultation and engaging in collaborative relationships across disciplines, within team settings
- Demonstrate advanced knowledge of the interaction between comorbid PTSD and SUD
- Successfully complete a quality improvement, program development or research project demonstrating knowledge of measurement based care
- Design and delivery of behavioral interventions to create a therapeutic community
- Advanced clinical competencies within a residential care setting and with psychosocial issues (e.g., homelessness)
- Consideration of multicultural diversity and interactional identities

Additionally, residents may have the opportunity to apply for participation in a VA roll-out training for Cognitive Processing Therapy or pursue advanced training in Motivational Interviewing or CBT for SUD, as noted above. Residents may also have the opportunity to provide tiered supervision to psychology interns, utilizing a competency-based supervision framework. Opportunities to work with psychologists in leadership positions may also be available, based on resident goals.

**Required Didactics for Trauma and Substance Use Residential Treatment track:**

- PTSD and SUD focused didactics based on training goals of resident—approximately 1 hour per week; may be delivered in more intensive didactic episodes
- Psychology Service Seminar Series – 1 ½ hours per month
- Psychology Service Journal Club – 1 ½ hours per month
- Interprofessional didactic series – 1 hour per month

**Optional Didactics (may be required based on training needs and goals of resident):**

- PTSD and Co-Occurring Disorders Journal Club– 1 hour per month
- National Center for PTSD Lecture Series—1 hour per month
- VISN 20 MIRECC Didactics—1-2 hours per month
- National MHRRTTP SUD Call – 1 hour per month
- Military Sexual Trauma Conference Series – 1 1/2 hours per month
- VA Multicultural and Diversity Committee Diversity Consultation Call – 1 hour per month
- National SUD Call – 1 hour every other month

**Assessment**

Residents are expected to integrate psychological personality and diagnostic assessment into their ongoing practice of therapy, as clinically appropriate. Assessment opportunities will be an integral part of residents’ work with patients, and opportunities for additional training and experience in this area will be available.

**Program Development/Evaluation (Required Time: 2 hours/week)**

Our postdoctoral residency embraces the relation between science and practice, and it takes many forms for VA psychologists. Thus, opportunities for program evaluation and research mirror this variety of offerings. Residents may work with staff psychologists to engage in quality improvement and measurement or join with ongoing research projects. Residents are expected to complete a quality improvement or research-based product by the end of the training year.

**Supervision**

Residents will receive at least 2 hours of individual, face to face supervision, weekly. Staff members will also offer additional consultation and support as needed. Supervisors' practices represent a variety of theoretical orientations and supervision approaches, yet all supervision will utilize competence-based supervision strategies to help residents meet their goals and competence requirements. Both summative and ongoing formative feedback will be given in accordance with written postdoctoral policies. Group supervision may also be offered in addition to individual supervision requirements, as appropriate.

Residents will also work with the postdoctoral preceptor to devise an individualized training plan for the year, assure program requirements are met, help address any issues or concerns, promote professional development, and to craft a training year which meets resident's interests. The preceptor will function both as an advocate for the trainee as well as a liaison between the training program and the resident.

**Core training faculty:**

**Zeba S. Ahmad-Maldonado, PhD** is the Program Manager for the Substance Abuse Residential Treatment Program (SA-DOM), and Chair of the Diversity Committee, a Committee serving under the Training Committee. She received her Ph.D. in Clinical Psychology from Seattle Pacific University, completing her pre-doctoral internship at the Louis Stokes DVAMC in Cleveland, Ohio. She is licensed to practice in Washington State and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Ahmad's theoretical orientation is Cognitive Behavioral. Dr. Ahmad has been certified in Cognitive Behavioral Therapy for Substance Use Disorders (CBT for SUD) through the VA in 2015. She serves as a national consultant for the VA CBT for SUD training program. Dr. Ahmad's professional interests include serving Veterans diagnosed with Substance Use Disorders, PTSD, and Chronic Pain. She has a special emphasis on diversity related issues.

**James R. Dillon, PhD** is a psychologist in the Veterans Intensive PTSD (VIP) Program. Dr. Dillon earned his Ph.D. in Clinical Psychology at the University of Missouri-St. Louis. He completed his pre-doctoral internship at the Jerry L. Pettis Memorial Veterans Medical Center in Loma Linda, CA and his postdoctoral fellowship in Interdisciplinary Treatment of Substance Abuse at the Puget Sound Healthcare System in Seattle, WA. His theoretical orientation is integrative, a blend of cognitive-behavioral, interpersonal, and acceptance-based approaches. Dr. Dillon is licensed in the state of Washington. His professional interests include trauma and PTSD, the influence of culture on psychological development, gender, moral injury, and LGBT issues.

**Simon Kim, PhD** is Section Director of Community and Residential Care Services and Chief of Mental Health Residential Rehabilitation Treatment Program (MHRRTTP). Dr. Kim completed his Ph.D. in Clinical Psychology at Georgia State University, his internship at VA Palo Alto and was a postdoctoral fellow in Clinical Psychology at Stanford University. Prior to joining the VA Puget Sound Health Care System in 2012, he worked at the VA Palo Alto Health Care System managing their substance abuse residential

rehabilitation treatment program. His areas of professional interests include empirically based treatment and assessment for substance use disorders, dual-diagnosis and brief intervention, multicultural competence/diversity issues, psychotherapy integration, and supervision. He is licensed in the state of Washington.

**Michelle Loewy, PhD** is the Program Manager for the Veterans' Intensive PTSD (VIP) Program. Dr. Loewy received her Ph.D. in Counseling Psychology from the State University of New York at Buffalo. She completed her pre-doctoral internship at VA Western New York Healthcare System. Since then, her focus has been on care delivery and program development within residential settings, with primary emphasis on PTSD and substance use disorders. Dr. Loewy's general clinical interests include treatment and therapeutic outcomes for individuals with PTSD. She is particularly interested in client centeredness in therapy, drawing from Acceptance and Commitment Therapy (ACT), Prolonged Exposure therapy and Solution Focused therapy. Dr. Loewy is also passionate about system issues with regard to patient care, particularly surrounding access to services and patient flow. She is currently licensed in New York State.

**Jon T. Moore, PhD** is a psychologist in the Compensated Work Therapy/Transitional Residence (CWT/TR) program. He received his PhD in counseling psychology from the University of Louisville. He completed his pre-doctoral internship at the Cincinnati VAMC and continued his training in substance use and homeless rehabilitation as a postdoctoral fellow at the VA Palo Alto. Clinically, Dr. Moore uses a Feedback-Informed Treatment framework with theoretical rationales that primarily stem from Emotion-Focused Therapy and interpersonal foundations. Dr. Moore researches secular and religious groups' mental health, spirituality, and dogmatic/biased thinking styles. Dr. Moore is currently using program evaluation data from residential programs to identify the mechanisms of change for Veterans. He also serves as the Research Chair within the Training Committee and as an assessment supervisor. Dr. Moore is licensed in Washington State.

**Jessica Peltan, PhD** is the Acting Program Manager for the Domiciliary Care for Homeless Veterans (DCHV) residential treatment program. She received her PhD in Clinical Psychology from Idaho State University. She completed her pre-doctoral internship and postdoctoral fellowship at VA Pittsburgh Healthcare System. Postdoctoral fellowship was in the area of substance use and trauma, specifically military sexual trauma. She is licensed in the state of Washington. Dr. Peltan utilizes a motivational interviewing and Cognitive Behavioral approach. Dr. Peltan is a national consultant for the Motivation Interviewing-Motivational Enhancement Therapy VA initiative and is part of the Motivational Interviewing Network of Trainers. She also was certified in Cognitive Processing Therapy through the VA in 2013. Her professional and research interests include Veteran populations, substance use disorders, residential treatment, motivational interviewing, and assisting Veterans in returning to stable employment and housing. In addition, Dr. Peltan is a mentor for the diversity mentorship program and a member of the diversity committee. She has research and clinical interests in this area.

**Troy Robison, PhD** is a psychologist in the Substance Abuse Residential Treatment Program. He completed his Ph.D. in Clinical Psychology at Ohio University, his pre-doctoral internship at the Cincinnati VA Medical Center, and is licensed in Washington State. His approach to psychotherapy is primarily humanistic and psychodynamic, with specific interests in mindfulness based interventions and motivational interviewing. Additional professional interests include the treatment of gambling addiction and behavioral couple's therapy for substance use disorders.

**Margaret Schwartz Moravec, PhD** is a psychologist in the Veteran's Intensive PTSD (VIP) program. Dr. Schwartz Moravec received her Ph.D. in Counseling Psychology from the University of Houston,

completed her internship at American Lake VA, and then worked as a postdoctoral fellow in Trauma/Anxiety Disorders at the Houston VA. She then returned to the Pacific Northwest to work in the Veterans Intensive PTSD Program. She currently serves on the psychology training committee at American Lake and as Evidence Based Psychotherapy Coordinator Liaison to American Lake. She serves as the preceptor for the residential treatment postdoctoral fellowship. Her clinical interests include: combat and Military Sexual Trauma, strengths-based approaches, and group therapy processes. She identifies with psychodynamic and interpersonal theoretical orientations. She is licensed in the state of Kansas.

**Julie Sharrette, PsyD** is a staff psychologist for the Veteran's Intensive PTSD (VIP) Program. She completed her doctoral training at Nova Southeastern University, in Davie, Florida, and pre-doctoral internship at Western State Hospital in Washington State. Much of her training is in forensic assessment, and she held a position as a pre-trial forensic evaluator until her employment with Madigan Army Medical Center in 2010. Since that time, her focus has been on military culture, program design, and assessment and treatment of PTSD. Dr. Sharrette was the program lead for the PTSD Clinical Team at Boise VA and assisted in the creation and management of their PTSD Residential Program. She remains focused on delivery of evidence-based treatment for PTSD, including Prolonged Exposure and Cognitive Processing Therapy. Other interests include research and treatment of moral injury, treatment for transgender populations, and program design. She is licensed in Washington and Idaho.

## *Postdoctoral Residency Administrative Staff*

**Zeba S. Ahmad, PhD** is Chair of the Diversity Committee, a Committee serving under the Training Committee, and a psychologist with the Addictions Treatment Center (ATC). She received her Ph.D. in Clinical Psychology from Seattle Pacific University, completing her pre-doctoral internship at the Louis Stokes DVAMC in Cleveland, Ohio. She is licensed to practice in Washington State and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Ahmad's theoretical orientation is Cognitive Behavioral. Dr. Ahmad has been certified in Cognitive Behavioral Therapy for Substance Use Disorders (CBT for SUD) through the VA in 2015. She is a trained consultant for the national CBT for SUD training program through the VA. Dr. Ahmad also serves as the coordinator for the Collaborative Addictions and Pain Program (CAPP), a program that serves Veterans in ATC as well as the Pain Service. Dr. Ahmad's professional interests include serving Veterans diagnosed with Substance Use Disorders, PTSD, and Chronic Pain. She has a special emphasis on diversity related issues.

**Janna L. Fikkan, PhD** is the Associate Director of Psychology Training and a psychologist in the Mental Health Clinic. She received her PhD in Clinical Psychology from the University of Vermont. She completed her pre-doctoral internship at Duke University Medical Center and her postdoctoral fellowship in health psychology at Duke Integrative Medicine. She is licensed in the state of North Carolina and is Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her theoretical orientation is primarily behavioral within an interpersonal framework. Dr. Fikkan received advanced training on internship and fellowship in mindfulness and acceptance-based therapy approaches, including Dialectical Behavior Therapy. She currently serves as a consultant for the VA National Interpersonal Therapy for Depression dissemination initiative. Her professional interests include training and mentoring of interns and residents, generalist clinical practice, and professional development of women in the field of psychology.

**Patrick Sylvers, PhD** is the Director of Psychology Training (through December of 2016) and a psychologist on the Mental Health Clinic and Psychiatric Assessment and Clinical Care teams. He received his PhD in Clinical Psychology from Emory University. He completed his predoctoral internship at the VA Puget Sound, American Lake Division, and his postdoctoral fellowship in Acceptance and Commitment Therapy (ACT) at the VA Puget Sound, Seattle Division. He is licensed in Washington, and an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His theoretical orientation is integrative. He has experience in general mental health and specialized PTSD treatment and serves as a consultant for the VA's ACT dissemination effort. His clinical research interests include the use of behavioral and cognitive-behavioral interventions in the treatment of anxiety and trauma related disorders. He also has secondary research interests in clinical decision making and psychopathy.

**Allison C. Aosved, PhD** is a Clinical Psychologist and the Women's Trauma Clinical Coordinator in the PTSD Outpatient Clinic at the American Lake Division. She serves as the preceptor for the Behavioral and Cognitive Psychology postdoctoral track and will be assuming the role of Interim Director of Psychology Training as of January 2017. She joined VA Puget Sound after spending seven years with VA Pacific Islands where she served in a variety of roles including staff psychologist in the traumatic stress recovery program, military sexual trauma coordinator, evidence-based psychotherapy coordinator, and most recently director of training for the psychology internship and residency programs. Dr. Aosved currently serves as both a trainer and consultant for the National VA Prolonged Exposure (PE) dissemination initiative. Dr. Aosved was the secretary for the national VA Psychology Training Council (2012-2016) and

is currently an Association of Psychology Postdoctoral and Internship Centers (APPIC) board member (2015-2018). Dr. Aosved completed a postdoctoral residency at the National Center for PTSD – Pacific Islands Division after earning her doctoral degree in clinical psychology at Oklahoma State University and completing a doctoral internship at the Seattle Division of VA Puget Sound. Her diversity interests include addressing the needs of underserved populations (including women and LGBT veterans), ensuring evidence-based interventions are culturally accessible to veterans, and working toward social justice. Her professional interests also include behavioral and cognitive psychology, clinical supervision and training, dissemination of evidence-based interventions, program evaluation and quality assurance specific to implementation of evidence-based treatments, and research on sexual violence perpetration and prevention. In her personal time she enjoys time outdoors, relationships with friends and family, crafting, yoga, and vegan cooking and baking.