VA Puget Sound Health Care System American Lake Division

Clinical Psychology Internship Program 2017 - 2018

Department of Veterans Affairs

Affiliated with the University of Washington

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ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM

Overview

With a reputation for excellence in caring for of 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 Health Care System provides care for Veteran populations encompassing Alaska, Washington, Idaho and Oregon. Since its inception, VA Puget Sound 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 several community-based outpatient clinics. They are located in Bellevue, Bremerton, Federal Way, Mount Vernon, North Seattle, Port Angeles, and South Sound (Chehalis).

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

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 predoctoral psychology interns since the 1950s.

.

THE TRAINING PROGRAM

Overview

The Clinical Psychology internship program at American Lake provides intensive clinical, administrative, and research training. We view psychology as a leadership profession that drives innovations in clinical care and mental health research. Our generalist training program is open to students from APA-approved clinical, counseling, and combined professional-scientific graduate programs. Students accepted into our program join treatment teams in providing services and join the community of psychologists at American Lake. Interns are accorded initial responsibilities commensurate with their skill levels at the beginning of each rotation. 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 rotation, the intern is expected to function as a full contributing member of the clinical team. This "hands-on" experience forms the foundation of the 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, 52 of whom are assigned to the American Lake Division. The Psychology Service, under the leadership of Dr. Mark Reger, is primarily affiliated with the larger Mental Health Service, though consists of staff that cut across service lines (e.g., Geriatrics and Extended Care; General Medicine Service; Anesthesiology; Rehabilitation Medicine). Internship training at the American Lake Division is provided by 52 doctoral level psychologists, and supplemented by professionals from other disciplines. Psychologists work in clinical care programs, providing clinical, administrative, and/or research functions, depending on the needs of the particular program.

Program Goals and Objectives

The American Lake internship program is founded on the view that a health services psychologist must be a broadly trained "generalist" before she or he can become a competent specialist. Thus, our competency based pre-doctoral internship training program is designed to provide a variety of clinical experiences while allowing some freedom to begin developing a particular area of focus. Interns successfully completing the internship program will have professional entry level skills in a wide array of clinical, administrative, and research responsibilities fulfilled by psychologists in the VA.

Moreover, interns will have successfully attained proficiency in the Core Competencies listed below. Based on their rotation choices, interns become knowledgeable about clinical issues related to specific patient groups and specialty areas such as geriatrics, addictions, and PTSD. They will be well informed about the wide array of mental health issues experienced by a veteran population, and have opportunities to participate in a number of clinical, administrative, and research programs.

The intern's transition from "student-in-training" to entry-level health services psychologist is as important to this program as the acquisition of technical skills. Interns are expected to develop professional relationships with other clinical staff and to participate as active and valuable members of the treatment team. Interns are partners in the development of training goals for their internship year.

The program has 4 overarching aims and 9 core competencies within those aims:

Programmatic Aims

Aim 1: Development of a professional identity that includes self-awareness and effective functioning in the context of a public health care system.

Associated Competencies: Professional values, attitudes, and behaviors; communication and interpersonal skills; consultation and interprofessional skills; ethics and legal standards.

Means: Clinical rotation documentation requirements; supervision; case consultation; assessment documentation requirements.

Aim 2: Development of competence in the provision of evidence based practices in health services psychology.

Associated Competencies: Intervention skills; assessment skills.

Means: Clinical rotations; assessment requirements; didactics.

Aim 3: Commitment to the appreciation, generation, and application or scientifically derived knowledge.

Associated Competencies: Research

Means: Didactics; research projects; evidence based practices across rotations.

Aim 4: Commitment to and respect for individual and cultural diversity.

Associated Competencies: Individual and Cultural Diversity.

Means: Didactics; diversity mentorship program; clinical supervision; assessment supervision.

Competencies

The focus of the internship year is upon the acquisition of general competency in health services psychology. Please see the APA's 2012 Competency Benchmark Revision for further elaboration on these competencies (http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx).

Intervention Skills: Intern must demonstrate the ability to work effectively with diverse populations, and with a variety of presenting problems. He/she must be able to provide interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations. Intern must demonstrate sound professional judgment, especially with regard to recognizing and responding appropriately to severe psychopathology and to the potential for harm to self or others.
Assessment/Evaluation: Intern must demonstrate the ability to assess patients with a myriad of presenting problems and individual differences, using a variety of instruments. Skills in the assessment of personality, differential diagnoses, and clinical interviewing are required. Knowledge of and skill in neuropsychological testing is additionally encouraged.

Research: Intern must demonstrate an understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge. Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities

Professional Values, Attitudes, and Behaviors: Intern must demonstrate behavior and comportment that reflect the values and attitudes of psychology.

Communication and Interpersonal Skills: Intern must demonstrate a practice conducted with personal and professional self-awareness and reflection; with awareness of competencies; with appropriate self-care. Relate effectively and meaningfully with individuals, groups, and/or communities.

Individual and Cultural Diversity: Intern must demonstrate an awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal background and characteristics defined broadly and consistent with APA policy.

Ethics and Legal Standards: Intern must demonstrate the ability to apply of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations.

Supervision: Intern must demonstrate an understanding of the models of supervision, supervision competencies, and training in the professional skill of enhancing and monitoring the professional functioning of others.

Consultation and Interprofessional Skills: Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines. The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

Administrative Policies and Procedures

Leave: See OAA national policies, as well as the Office of Personnel Management (www.opm.gov) for full information on leave and benefits for VA personnel. Authorized Absence may be applied for and is reviewed on an individual basis.

Privacy: Our privacy policy is clear: 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 and outlined in the Psychology Internship Training Manual.

Stipend: Interns receive a competitive stipend paid in 26 biweekly installments. VA internship stipends are locality adjusted to reflect different relative costs in different geographical areas. The last stipend increase went into effect in February, 2010. Currently, the stipend at American Lake is $25,675 annually.

Benefits: Internship appointments are for 2080 hours, which is full time for a one year period. Start dates for the internships range from June 17 to September 1, with the specific start date decided by the training director at the site. At American Lake, the start date is always in August. VA interns are eligible for health insurance (for self, spouses, and legal dependents) and for life insurance, just as are regular employees.

Holidays and Leave: Interns receive the 10 annual federal holidays. In addition, interns accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as an intern, for a total of 104 hours of each during the year.

Administrative Leave: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given administrative leave 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 Administrative Leave are reviewed on a case by case basis by the Training Directors and cannot exceed 5 days per training year.

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).

THE TRAINING YEAR

Program Structure

The internship begins in late August every year. **The dates for the 2017-2018 training year are August 7, 2017 to August 3, 2018.** During the initial orientation to the training year, interns become familiar with the various clinical/research programs and learn about specific training opportunities. They meet with the Training Director(s) to establish their needs and interests before choosing their rotations.

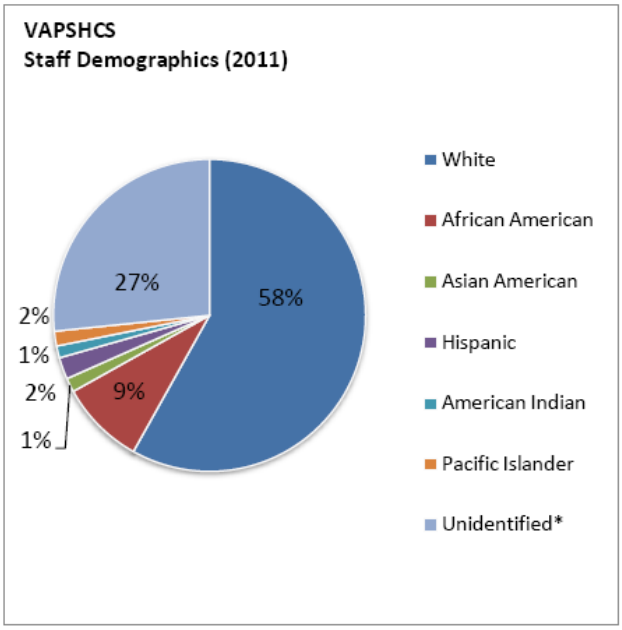
The program employs a four-month rotation structure, allowing for three rotations during the internship year. Rotations are based on a 40 hour work week, with training program requirements accounting for a portion of the overall time commitment. With few exceptions, all of the rotations will occur at the American Lake Division. To assure breadth, at least one rotation must focus primarily on psychological intervention, and no more than 2/3 of the training year may be focused primarily on neuropsychological assessment.

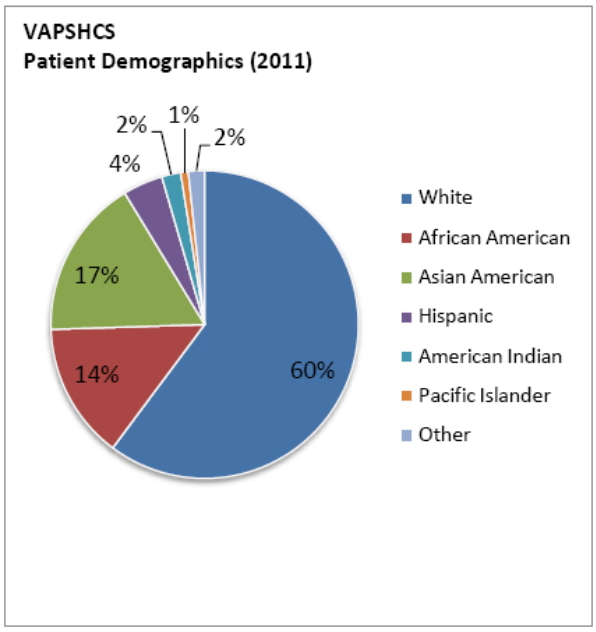
Diversity

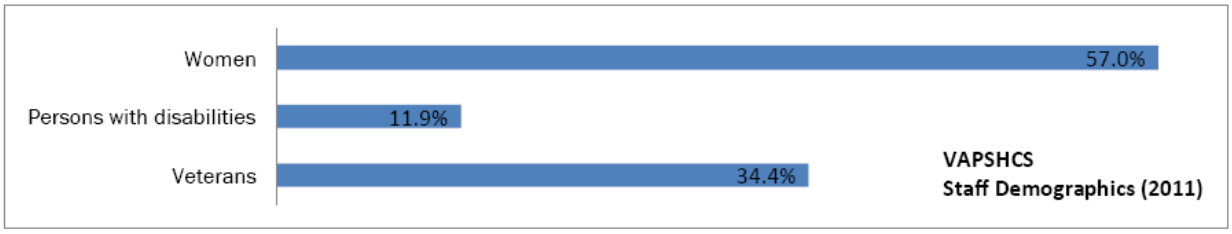
The psychology training program at VA Puget Sound American Lake is sensitive to individual differences and diversity, and is committed to practice that is culturally sensitive. We value greatly the complexity and richness of cultural diversity, and strive to foster an environment that actively promotes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

Training Experiences: A number of clinical and training opportunities exist within the program, including taking part in the American Lake Division's Diversity Workgroup. This workgroup is part of a national network of VA workgroups that challenge 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.

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. Activities in the region are as diverse as its people, from Improv theatre and jazz clubs, sports to ethnic and cultural celebrations, lectures, comedy and other live performances.







As the American Lake Psychology internship 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 had training exchanges with Joint Base Lewis McChord and Western State Hospital, as well as 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 interprofessional 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 include 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.

Research Project

The internship program at American Lake adheres to the Scientist-Practitioner model of training. As such, a portion of the training year is focused on clinical and administrative research. Interns are required to develop a research project at the outset of the training year, in consultation with the Training Director(s) and Vice Chair, Research. Dissertation research is not an acceptable option for this training requirement. Interns are expected to write an APA-style manuscript detailing their project and give an oral presentation by the end of the training year. An intern research project may take several forms, to include the following:

1) Participate in an ongoing research project here at VA Puget Sound (e.g., mental health research program, GRECC, etc.).
2) Participate in an approved research opportunity connected to the intern's home university (not to include dissertation research).
3) Conduct a meta-analysis in an area of the intern's interest.
4) Write a grant proposal.

Interns may allocate up to four hours per week to research over the course of the training year. Interns give their final oral presentation at the annual Research Colloquium, a part of the end-of-year psychology training retreat.

Recent intern projects include:

- Qualitative analysis of verbal fluency output in Mild Cognitive Impairment, Alzheimer's disease, and Parkinson's disease.
- Program Evaluation project examining primary care provider experiences with mental health integration in a primary care setting.
- Development of a 10-week group intervention for Veterans with PTSD.
- Program Evaluation project examining POC clinicians' experiences in learning and implementing evidence-based treatments for PTSD.
- Psychosocial, behavioral, and motivational determinants of methamphetamine use among Veterans suffering from methamphetamine abuse.

Psychological Assessment

Formal psychological assessment is an important part of a psychologist's training and identity, and a core competency in our program. Interns are required to complete a minimum of one comprehensive assessments during each rotation (totaling at least 3 over the course of the year). Interns must demonstrate the ability to assess patients presenting with a myriad of difficulties and individual differences, using a variety of instruments. Skills in the assessment of personality and cognition/intellect, as well as the clinical interview, are required. Knowledge of and skill in neuropsychological testing is additionally encouraged. Further, the required assessments will be completed no later than 30 days prior to the end of the training year.

Chief Intern

Interns have the opportunity to interview for one of two chief intern positions at the beginning of the training year. The Chief Interns function in an administrative role within the training program. Responsibilities include administration and coordination of the Intern Didactic Series, Psychology Service Seminar Series, and Mental Health Service Journal Club; serving in the role of secretary during the Psychology Service meetings; coordinating assessment schedules; and functioning as a liaison between the Training Director(s) and the intern class.

Seminars and Other Educational Offerings

Education is an integral part of the training year, with a variety of opportunities available throughout the training year. Interns play an important role in shaping these didactic and other educational experiences by completing evaluation forms, participating in an end-of-year review with the Training Director(s), and active involvement with the Psychology Training Committee.

Intern Didactic Series: The Intern Didactic Series is a weekly training experience comprised of a number of topics in the areas of professional development, administration, clinical issues in psychology, culture and psychology, and current topics in clinical research. In addition, this includes a special series on supervision and consultation whereby interns are afforded an opportunity to provide in-vivo peer supervision and consultation in concert with select senior psychologists in the program. **This is a required training activity.**

***Psychology Service Seminar Series*:** The Psychology Service 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, and are drawn from within the VA, nearby educational and governmental institutions, as well as from private practice. Each intern is expected to make a minimum of one empirically-based presentation to the staff during the year as part of this seminar series. **This is a required training activity.**

Interprofessional Didactic Series: The Interprofessional Didactic Series is a monthly training in collaboration with the VA Seattle and Boise Divisions. These trainings focus on issues related to providing patient-centered care and learning to work seamlessly with providers from other professions, such as psychiatry, nursing, social work, and occupational therapy. **This is a required training activity.**

Mental Health Service Journal Club: The purpose of the MHS Journal Club is to facilitate the review of a specific research study and to discuss implications of the study for evidence-based clinical practice. A journal club has been defined as an educational meeting in which a group of individuals discuss current articles, providing a forum for a collective effort to keep up with the literature. There are many advantages of participating in a journal club, including keeping abreast of new knowledge, promoting awareness of current clinical research findings, learning to critique and appraise research, becoming familiar with the best current clinical research, and encouraging research utilization. **Interns are required to participate in the monthly MHS Journal Club, with each intern leading a minimum of one meeting over the course of the training year.**

Intern Consultation Series: Interns are additionally **required** to participate in a monthly peer consultation series with their fellow interns. This time is to be used to discuss cases, professional development issues, and any other relevant training issues.

Steven C. Risse Memorial Lecture Series: The Risse Lectures is an annual seminar series co-sponsored by the psychology training program at American Lake. This series provides half- and full-day trainings on a variety of mental health topics relevant to VA providers. **This is a required 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. Grand Rounds typically occurs twice per month.

Madigan Professional Development Series: The American Lake Division enjoys a strong training relationship with Madigan Army Medical Center, located at nearby Joint Base Lewis-McChord. American Lake interns are regularly 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. Participation in these events is strongly recommended.

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 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. Two additional hours per week of structured supervision (group-based or individual) are also provided. Overall responsibility and coordination of supervision and training rest with the Psychology Training Directors at American Lake, in conjunction with Chief, Psychology Service.

Supervisors vary in their theoretical orientation and supervisory style. Each, however, is committed to providing a meaningful training experience, and provides supervision using the Competency Based Supervision framework (Falendar & Shafranske, 2004). A supervision contract is negotiated between the intern and supervisor at the beginning of each rotation, addressing the content and goals of the rotation and focus of the supervisory sessions. The

supervisor's goal is to establish a collegial supervisory relationship in which both participants benefit professionally from the experience. A mid-rotation discussion between intern and supervisor addresses progress in meeting specified goals and allows for mid-course corrections as needed.

Evaluation

Each supervisor provides ongoing formative evaluation and two summative evaluations of the intern's performance. One of the summative evaluations, occurring mid-rotation, focuses on the specific competencies required of all interns. The second evaluation is completed at the end of the rotation, and is based not only upon these competencies, but also upon the achievement of the agreed upon goals and professional performance expectations that served as the focus of supervision throughout the rotation. Both evaluations are discussed by the supervisor and intern and can be modified by their consensus. Copies of the end-of-rotation evaluations become part of the information sent to the intern's graduate director of clinical training, providing feedback about the internship year.

Both summative evaluations are retained after the internship is completed and provide a basis for letters of recommendation. Successful completion of the training year rests on successful completion of each rotation and the required training activities (see below).

Patio Across From Exercise Hall

The intern provides an evaluation of the training experience at the mid-way point and at the end of each rotation. Further, at the end of the training year, the intern provides an overall evaluation of his/her internship experience. Both interim and final evaluations provided by the interns assist the program in its self-assessment process.

Supervisory staff meet monthly in the Psychology Steering Committee to review intern progress as well as to discuss general issues related to the training program.

Training staff and interns meet monthly or as needed to discuss policy concerns and evaluation procedures.

Requirements for Completion

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

Requirements for Successful Completion

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

In order for Interns to maintain good standing in the program they must:

- For the first and second training rotations, obtain ratings of at least a "3" (Expectations for the Beginning of Internship) in all of the Competency Ratings areas on Supervisor's End of Rotation Evaluation.
- Establish training goals and rotation objectives that are consistent with the psychology training program's training goals.
- Attend and actively participate in each of the required seminars and training activities listed above, to include leading a minimum of one seminar and one journal club during the training year.
- Not be found to have engaged in any significant ethical transgressions.

In order for Interns to successfully complete the program, they must:

- Successfully complete the required three (3) assessments, as well as the research project.
- By the end of the third rotation, obtain ratings of "4" in all of the Competency Ratings areas on Supervisor's End of Rotation Evaluation.
- Not be found to have engaged in any significant ethical transgressions.
- Deliver all signed evaluations and training logs (annual training goals, supervision contracts, rotation training goals, mid rotation evaluations, end of rotation evaluations, assessment log, patient hours log, research goals, mid research evaluation, end of research evaluation, mid-year goals, and final internship report).

ROTATION DESCRIPTIONS

ADDICTIONS TREATMENT CENTER

Supervisors: Zeba Ahmad, Ph.D. Cody Bullock, Ph.D. Alycia Wendler, PhD
Elisia Yanasak, Ph.D. Troy Robison, Ph.D.

Overview

The American Lake Addictions Treatment Center (ATC) is a primarily outpatient based treatment program. Associated with the program is a 24-bed residential housing domiciliary component for patients who are homeless, live too far from the center to reasonably commute for intensive treatment, or who require a period of residence in a substance-free structured environment to attain or maintain a clean and sober lifestyle while beginning treatment. The treatment philosophy of the program is that people drink and use drugs to change their feelings, thus creating the illusion of meeting their needs for sustaining relationships, fulfilling worthwhile roles in life, having primary control over the directions of one's life, physical well-being, and pleasurable leisure activities. We accept that patients presenting for treatment may be at different levels of readiness for change in their addictive behavior, using the stages of change model as a conceptual framework for viewing patient motivation.

The ATC patient population is comprised of persons who have ongoing problems with alcohol and/or prescribed or illicit substances, with alcohol being the most common drug of choice. Typically, these patients have substantial disruption in their significant relationships; most are divorced or separated and unemployed. Many are homeless. Concomitant medical problems related to substance abuse are common.

Treatment offerings are individualized with the range of services provided being based on the patient's identified needs and readiness for change. Offerings may vary from abstinence monitoring on a weekly basis and weekly group therapy, up to intensive, 12-week rehabilitation focused treatment with both group therapy and psychoeducational classes. Intensive programming is also provided to Veterans in the Substance Use Residential Rehabiliation Treatment Program (SA RRTP). Each patient is assigned to a primary service provider who serves as case manager for the patient during his or her episode of care within the clinic.

Waiting Room, ATC

There are currently three psychologists assigned to the clinic, with one formal supervisor as well as two consultants. An intern who chooses this rotation will have the opportunity to function as a member of the interprofessional treatment team delivering services to an alcohol and drug dependent population. The intern may serve as co-therapist in one of the multiple intensive outpatient therapy groups that meet three times per week; will serve as a case manager for selected clients in the program; will have the opportunity to work with selected patients individually utilizing a short-term therapy approach; will have the opportunity to

participate in orientation groups and early recovery support groups as a co-leader; and will have the opportunity to conduct psychodiagnostic assessments for selected patients. The intern may also choose to focus on providing intensive treatment to Veterans in the residential treatment program, including ACT, CBT and a variety of psychoeducation groups. Interested interns may also participate in our dual disorder groups that are designed to address both the addiction and mental health needs of the patients with serious and persistent mental illness and co-occurring addictive disorders. In addition, the ATC program offers several specialty groups in which an intern may choose to participate. Examples include a depression group, a mindfulness meditation group, a support group for patients in our opioid treatment program, a 12 step facilitation group, a group focused on healing from childhood trauma and/or domestic violence, and Seeking Safety.

This rotation is considered a full time or half time rotation; however for those new to the treatment of substance abuse, a full time rotation is preferable.

Recommended Reading

Alcoholics Anonymous (2002). Alcoholics Anonymous: *The Big Book* (4th Ed.). New York, NY: Alcoholics Anonymous World Services, Inc

Bowen, S., Chawla, N., & Marlatt, G.A. (2010). *Mindfulness-Based Relapse Prevention for Addictive Behaviors: A Clinician's Guide*. New York, NY: Guilford Press.

Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for persons with co-occurring disorders. Treatment improvement protocol (TIP) series 42 (*DHHS Publication No. SMA 05-3922). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Center for Substance Abuse Treatment. (1999). *Enhancing motivation for change in substance abuse treatment. Treatment improvement protocol (TIP) series 35 (*DHHS Publication No. SMA 99-3354). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Leshner, A. (1997). Addiction is a brain disease, and it matters. *Science*, *278(1)*, 45–47.

A Week in the Life…

Addictions Treatment Center

Erica Nichols
University of North Texas (Ph.D.)

Monday

A.M. Intake with veteran newly entering substance abuse treatment; Co-facilitate psychoeducation group for veterans with co-occurring disorders.

P.M. Individual supervision; Individual therapy and case management. Attend weekly intern didactic series

Tuesday

A.M. Co-facilitate after-care group; co-facilitate intensive outpatient group.

P.M. Co-facilitate mindfulness-based treatment group for veterans with co-occurring disorders; Attend weekly clinical staff meeting.

Wednesday

A.M. Co-facilitate weekly mindfulness group; Co-facilitate intensive outpatient group.

P.M. Individual therapy and case management; Attend psychology service seminar series.

Thursday

A.M. Co-facilitate opiate substitution support group; Co-facilitate intensive outpatient group.

P.M. Co-facilitate mindfulness-based treatment group for veterans with co-occurring disorders; Case management and individual therapy

Friday

A.M. Individual therapy and case management; Attend weekly individual supervision

P.M. Intern lunch; individual therapy and case management

Clinical Geropsychology

Supervisor: Douglas W. Lane, Ph.D., ABPP

Community Living Center
VA Puget Sound, American Lake

Overview

Geropsychology is devoted to helping older persons and their families achieve optimal quality of life as they age, and address problems associated with aging so as to maximize well-being. It can be conceptualized as an intersection between clinical psychology, behavioral medicine, and neuropsychology. The Clinical Geropsychology rotation provides interns with exposure to the professional attitudes, base of knowledge, and clinical skills required for practice in geriatric clinical psychology. No prior experience in this area is required. It is a full-time rotation and consists of both clinical and didactic experiences. The potential exists for research involvement based on individual interest, although the rotation is designed primarily to provide applied information and training. The rotation is intended to prepare interns for future training in geriatric psychology/neuropsychology (e.g. postdoctoral work). Completing this rotation by itself will not render the intern fully proficient in geriatric psychology, but will provide a broad introduction to this area of practice. The rotation is designed to be in compliance with current national standards, such as those established by the American Psychological Association (Guidelines for Practice with Older Adults) and the National Conference on Training in Professional Geropsychology (June, 2006, aka the Pike's Peak Model).

Community Living Center

At the Community Living Center (CLC), the intern will work in an interprofessional setting including physicians, nurses, social workers, occupational therapists, recreational therapists, dieticians, physical therapists, and chaplains. This part of the rotation is housed in the Geriatrics and Extended Care Service Line which has its own accredited Geriatric Medicine Fellowship; the intern will be integrated into these training experiences as appropriate. The intern will be responsible for direct patient care, consultation, and staff education. The intern will also attend didactic programs and staffing within the Geriatrics and Extended Care Service. Two hours of formal, individual supervision will occur per week *as well as informal, on-the-spot supervision which is readily available and provided as needed.* In addition, Dr. Lane utilizes a mentor approach in which the intern "shadows" the supervisor while attending to selected cases. An effort to transform the culture of care in the VA Community Living Centers nationwide ("Cultural Transformation") is currently ongoing, and these principles are integral to our work as well.

Recommended Reading

American Psychological Association (2004). Guidelines for psychological practice with older adults. *American Psychologist, 59(4),* 236-260.

Garnefsky, N., Kraaij, V., DeGraaf, M., & Karels, L. (2010). Psychological intervention targets for people with visual impairments: The importance of cognitive coping and goal adjustment. *Disability and Rehabilitation, 32(2),* 142-147.

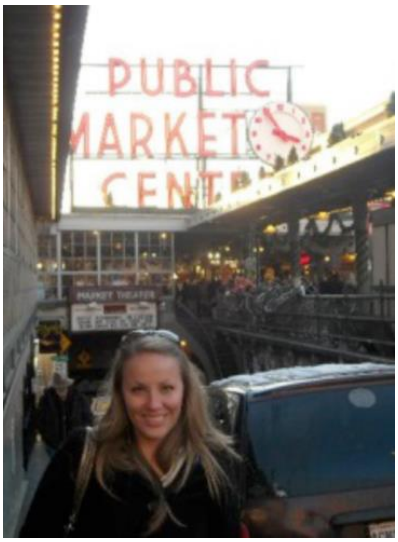
Lichtenberg, P.A., et al. (1998). Standards for psychological services in long-term care facilities. *The Gerontologist, 38(1),* 122-127.

Zarit, S., & Knight, B. (Eds.) (1996). *A Guide to Psychotherapy and Aging*. Washington, DC: American Psychological Association.

Zarit, S., & Zarit, J. (2011). *Mental Disorders in Older Adults* (2nd Ed.). New York, NY: Guilford Press.

A Week in the Life…

Clinical Geropsychology



Allison Jay
University of Colorado,
Colorado Springs (Ph.D.)

Monday

A.M. Bedside intake evaluations; psychotherapy sessions; Blind Rehab team meeting

P.M. Cognitive screenings; Intern Didactic Seminar

Tuesday

A.M. Report writing; Geriatrics Journal Club; interprofessional team meetings; Memory Disorders Clinic case conference

P.M. Dementia Special Care Unit team meeting, family meeting for discharge planning

Wednesday

A.M. Hospice/Palliative Care team meeting; bedside intake evaluations; conduct staff training; consultation with Social Work

P.M. Psychotherapy sessions; supervision; Psychology Service meeting

Thursday

A.M. Neuropsychological Assessment

P.M. Report writing

Friday

A.M. Follow-up consultation with GRECC regarding shared patients; Work on research project

P.M. Intern lunch; psychotherapy sessions; work on admin projects.

Geriatric Neuropsychology

Supervisor*: Emily Trittschuh, Ph.D.*

Overview

The Geriatric Neuropsychology rotation, housed in the Geriatric Research, Education and Clinical Center (GRECC) , provides specialized experience in geriatric neuropsychological assessment in a consultation-based clinic. The intern will gain special experience in assessing and treating patients with Alzheimer's disease, the most common form of dementing illness, as well as other, less common forms of dementia. The intern will also be an integral part of an interdisciplinary team that includes geriatricians, psychiatrists, psychologists, and nurses.

Typically, one intern will take a full-time rotation in GRECC during the first rotation and another intern will take a full-time rotation during the second rotation. We have often had the first rotation intern choose to stay on with GRECC in a part-time capacity for later rotations in the training year. Rotation activities will include neuropsychological assessment of patients from the Memory Clinic sponsored by the GRECC. Training in assessment will include chart review, an interview with the patient and collateral, administration of neuropsychological tests, scoring test results, and writing a consultative neuropsychological report. An important part of our provision of clinical services is conducting an hourlong feedback appointment for the Veteran and their loved ones a few weeks after the evaluation. This session pulls together all the skills important to a clinical neuropsychologist – for example, providers give feedback on results (using lay language), conveyance of often difficult diagnoses, managing family dynamics, behavioral management, and even some memory skills training. This rotation also includes training in a multi-disciplinary team assessment approach, including diagnostic case conferences and consultation with professionals from other disciplines, other service lines, and even other facilities. The intern may travel to the Seattle division of the VA one day per week to take advantage of the full range of GRECC activities. Shuttle service from American Lake is available.

This experience will provide a valuable opportunity for interns to be part of an integrated clinical service team. Interns will be given the opportunity to participate in research projects if they so desire. The intern may also participate in community education programs provided by GRECC staff members. Finally, the intern will participate in GRECC didactic activities such as regular seminars, journal clubs and case presentations. At least some prior experience in neuropsychological assessment is recommended. ***This rotation will not be available during the third rotation of the training year.***

Recommended Reading

Bush, S., & Martin, T. (Eds.) (2005). *Geriatric Neuropsychology: Practice Essentials*. New York, NY: Taylor and Francis.

Mental Health Clinic

Supervisors: Carol-Lynn Becker, Ph.D. Eric Clausell, Ph.D.
Janna Fikkan, Ph.D. Alycia Zink, Ph.D.
Mark Soelling, Ph.D., ABPP

Reception Area, Mental Health Clinic

Overview

The Mental Health Clinic (MHC) is the Medical Center's all-purpose mental health outpatient clinic, which serves patients reflecting the full spectrum of mental health needs. Whereas there are specialty care lines within Mental Health Service for specific diagnoses, any and all veterans with mental health concerns can receive services from this program, which aims to provide a level of care appropriate to the veterans' needs in a timely fashion. This patient population ranges in age from early 20s to mid-90s, and is ethnically and racially diverse; approximately one-third of patients are women. Among the patients served in the MHC, all diagnoses are represented (depression is most common, followed by anxiety) with the majority of patients presenting with co-morbid conditions. The MHC staff includes psychologists, nurse practitioners, social workers, occupational therapists and psychiatrists.

The intern's core experiences on this rotation embody the essence of this training program's generalist philosophy, emphasizing evidence-based individual, couple's and group psychotherapy, psychological assessment, and psychological consultation with an interprofessional staff. Further training opportunities can include co-leading psychoeducational classes, program design and evaluation, exposure to program management issues, and clinical and administrative activities. While the intern will have a primary supervisor who is a psychologist, he/she may also work with other MHC staff members depending upon areas of interest and current availability.

The MHC can be selected for a full-time or half-time rotation.

Recommended Reading

Beck, J. (2011). *Cognitive Behavior Therapy: Basics and Beyond* (2nd Ed.). New York, NY: Guilford Press.

Goodheart, C., Kazdin, A., & Sternberg, R. (2006). *Evidence-Based Psychotherapy: Where Practice and Research Meet.* Washington, DC: American Psychological Association.

Greenberger, D., & Padesky, C. (1995). *Mind Over Mood*. New York, NY: Guilford Press.

Hayes, S., & Smith, S. (2005). *Get Out of Your Mind, and Into Your Life*. Oakland, CA: New Harbinger Publications.

Salsman, N., & Linehan, M. (2006). Dialectical-Behavioral Therapy for Borderline Personality Disorder. *Primary Psychiatry, 13(5),* 51-58.

A Week in the Life…

Mental Health Clinic

Erika Megumi Shearer
University of Nevada, Reno (Ph.D.)

Monday
A.M. Psychotherapy session; Clinical intake
P.M. Psychotherapy session; supervision; Intern Didactic Series

Tuesday
A.M. Clinic intake; clinic team meeting; psychotherapy session
P.M. Lead Coping with Trauma group; psychotherapy sessions

Wednesday
A.M. Clinic intake; psychotherapy session; Co-facilitate Chronic Pain Group
P.M. Supervision; Psychology Training Committee Meeting; Psychology Service Seminar

Thursday
A.M. Lead Mindfulness Meditation Group; lead Anxiety Management Group; psychotherapy session
P.M. Co-facilitate Hoarding and Cluttering Group; psychotherapy session; co-facilitate Holistic Pain Management Group

Friday
A.M. Psychological assessment/report writing
P.M. Intern lunch; work on research project; work on admin projects

MENTAL HEALTH RESIDENTIAL REHABILITATION AND TREATMENT PROGRAMS

Supervisors: Simon Kim, Ph.D. Jessica Pelton, Ph.D.

Overview

The Mental Health Residential Rehabilitation and Treatment Programs (MHRRTP)/Domiciliary provides residential care and a supportive community while Veterans participate in specialty care for Addictions, PTSD, and/or community reintegration (i.e., return to work and securing stable housing). The Domiciliary ("Dom") houses up to 64 Veterans (24 for Addictions, 20 for PTSD, and 20 for homelessness). Specialty care is provided by the Addiction Treatment Center, the PTSD Outpatient Clinic, and Vocational Services, respectively, while the Dom provides a supportive therapeutic community. Residents of the DOM are given the time and support to work on treatment issues to help improve their quality of life and achieve a more positive life balance. Although Veterans come to the DOM for a range of reasons, all Veterans are working towards the common goal of recovery. Of note, the Dom is continually examining process improvement and program development opportunities to insure the services provided meet the needs of our Veterans. As such, an interested intern would have a unique opportunity to experience and contribute to this continual growth and change.

The Dom offers a number of rich opportunities for psychology interns in the areas of direct care, treatment development, quality improvement/program evaluation, and providing education and consultation to staff. The interprofessional treatment team consists of Psychologists, Physician Assistants, RN's, LPN's, Health Technicians, Social Workers, an Occupational Therapist, a Peer Support Specialist, and Social Service Assistants. An intern's clinical duties may include providing diagnostic assessment, case management, individual treatments, group treatments, and support of the therapeutic community/millieu. In terms of treatment development, an interested intern would be asked to assess the need for a group treatment and then develop and offer the group to the Dom residents with that particular need. Additionally, interns may be involved in existing or developing quality improvement and/or program evaluation projects. Interns may also provide in-service training to staff on a pertinent topic (for example, the Therapeutic Community Model or recovery-oriented services in residential care). Consultation with the interprofessional team would be ongoing and an important function of an intern in the Dom, as well. The rotation can either be a half time or full time experience depending on the interests of the intern.

Recommended Reading

Corrigan, P.W. & Ralph, R.O. (2005). *Recovery in Mental Illness: Broadening Our Understanding of Wellness*. Washington, DC: American Psychological Association.

De Leon, G. (2000). *The Therapeutic Community: Theory, Model, and Method*. New York, NY: Springer Publishing.

Hayes, S.C., Follette, V.M., Linehan, M.M. (Eds.) (2004). *Mindfulness and Acceptance: Expanding the Cognitive-Behavioral Tradition*. New York, NY: Guilford Press.

Miller, W.R. & Rollnick, S.P. (2002). *Motivational Interviewing: Preparing People for Change* (2nd Ed.). New York, NY: Guilford Press.

Research Report Series: Therapeutic Community. (N.D.). Retrieved June 23, 2011 from http://www.drugabuse.gov/ResearchReports/Therapeutic/Therapeutic2.html

A Week in the Life…

Mental Health Residential Rehabilitation and Treatment Program

Gareth Holman
University of Washington (PhD)

Monday

A.M. Outpatient PTSD treatment sessions; MHRRTP "pass policy" committee meeting

P.M. Supervision; Intern Didactic Series

Tuesday

A.M. Outpatient PTSD couples therapy; MHRRTP-PTSD Treatment Team meeting;

P.M. MHRRTP program development tasks (e.g., writing/revising repair counsel procedures); staff meeting; Resident Community meeting

Wednesday

A.M. Outpatient PTSD treatment sessions; MHRRTP resident assessment; lead Mindfulness group

P.M. Psychology training committee tasks; Intern consultation group

Thursday

A.M. MHRRTP Program development tasks (e.g., writing/revising resident and staff program orientation material); DCHV treatment team meeting

P.M. Work on research project; supervision

Friday

A.M. MHRRTP Leadership Meeting; work on admin projects; lead MHRRTP Goal Support group

P.M. UW Psychiatry Grand Rounds; intern lunch; MHRRTP resident assessments

Neuropsychology

Supervisors: Troy Stettler, Ph.D. Sarah Noonan, Ph.D.
Brett Parmenter, Ph.D., ABPP Jordan Robinson, Ph.D.

The Neuropsychology rotation consists of broad and varied training experiences across the Center for Polytrauma Care (CPC); the Geriatric Research, Education, and Clinical Center (GRECC); and the Mental Health Clinic (MHC). Psychology interns have the opportunity to work within interprofessional physical medicine, neuropsychological, and rehabilitation psychology teams. The primary focus of this training rotation is neuropsychological intake and assessment with the production of results that are communicated to the patient/family and the interprofessional team. This rotation provides the opportunity to learn about complex factors affecting cognitive function including, but not limited to, brain injury, dementia, and stroke. Training in assessment will include chart review, a brief interview with the patient, administration of neuropsychological tests, scoring test results, writing a brief neuropsychological report, and providing feedback to patients and their families. There are also opportunities to participate in therapy groups within this rotation.

The CPC is a Level II Polytrauma Network Site providing consultation and treatment services to Veterans in the states of Washington, Oregon, Idaho and Alaska as well as parts of California and Montana. The CPC is comprised of an interprofessional rehabiliation team that includes physiatry, neuropsychology, rehabilitation psychology, speech therapy, occupational therapy, physical therapy, recreational therapy, prosthetics, social work, and vocational rehabilitation. The patients served are predominantly (but not exclusively) OIF/OEF/OND combat veterans between the ages of 21 and 35. Patients enrolled in the CPC for ongoing treatment have multiple combat injuries and/or traumatic brain injury of varying severity with functional cognitive deficits.

The MHC is the largest clinic within the mental health service line and provides assessment and psychotherapy services to Veterans of all ages suffering with a broad range of psychological disorders. The intern will gain experience assessing complex cases encompassing a wide array of cognitive complaints, as well as making recommendations for treatment and follow-up services.

Recommended Reading

Attix, D., & Welsh-Bohmer, K. (Eds.) (2005). *Geriatric Neuropsychology*. New York, NY: Guilford Press.

Brenner, L., Vanderploeg, R., & Terrio, H. (2009). Assessment and diagnosis of mild traumatic brain injury, posttraumatic stress disorder, and other Polytrauma conditions: Burden of adversity hypothesis. *Rehabilitation Psychology*, *54,* 239-246.

Craft, S. (2009). The role of metabolic disorders in Alzheimer Disease and Vascular Dementia: Two roads converged. *Archives of Neurology, 66 (3)*, 300-305.

Gironda, R., et al. (2009). Traumatic brain injury, polytrauma, and pain: Challenges and treatment strategies for the polytrauma rehabilitation. *Rehabilitation Psychology, 54,* 247-258.

Howe, L. (2009). Giving context to post-deployment post-concussive-like symptoms: Blast related potential mild traumatic brain injury and comorbidities. *The Clinical Neuropsychologist, 23,* 1315-1337.

Petersen, R. (2011). Mild Cognitive Impairment. *New England Journal of Medicine, 364*, 2227-2234.

Trittschuh, E., et al. (2011). Effects of varying diagnostic criteria on prevalence of Mild Cognitive Impairment in a community based sample. *Journal of Alzheimer's Disease, 23,* 1–11.

Schneiderman, A., Braver, E., & Kang, H. (2008). Understanding sequelae of injury mechanisms and Mild Traumatic Brain Injury incurred during the conflicts in Iraq and Afghanistan: Persistent postconcussive symptoms and Posttraumatic Stress Disorder. *American Journal of Epidemiology*, *167(12),* 1446-1452.

Uomoto, J., & Williams, R. (2009). Post-acute polytrauma rehabilitation and integrated care of returning Veterans: Toward a holistic approach. *Rehabilitation Psychology, 54*, 259-269.

A Week in the Life…

Neuropsychology

Amy Claxton
University of Massachusetts- Amherst (PhD)

Monday
- A.M. Report writing
- P.M. Administrative work; Intern Didactic Series

Tuesday
- A.M. Individual Supervision; prepare cases for afternoon case presentations
- P.M. GRECC didactic series; present cases during Group Supervision; feedback sessions with patients/families

Wednesday
- A.M. Neuropsychological evaluation (clinical interview, testing)
- P.M. Individual supervision; Psychology Service Seminars

Thursday
- A.M. Neuropsychological evaluation (clinical interview, testing)
- P.M. Scoring and report writing; feedback sessions with patients/families.

Friday
- A.M. Scoring and report writing
- P.M. UW Psychiatry Grand Rounds (via live feed); intern lunch; work on research project

PAIN CLINIC

Supervisors: Lauren Hollrah, Psy.D. Laura Tuck, Psy.D.

Overview

Chronic pain is a ubiquitous comorbidity within the VA system and a critical area of training need for future psychologists who intend to work anywhere within VA or other health care settings. Psychologists working in the pain clinic see patients from across the entire facility, both within and outside of the specialty mental health care setting.

Pain clinic

The pain clinic is part of anesthesiology service. It is staffed by psychologists, psychiatrists, physician assistants, and physical therapists. A core tenant in treating chronic pain is whole person and patient-centered health care, and this rotation facilitates interprofessional training at its core. Rotation experiences include conducting interprofessional clinical interviews, administering evidence-based group and individual psychotherapy, and consultation with providers from other clinics. The rotation also include didactics related to health psychology more broadly.

Recommended Readings

Gatchel, R.J., McGeary, D.D., McGeary, C.A., & Lippe, B. (2014). Interdisciplinary chronic pain management: Past, present, and future. *American Psychologist, 69(2),* 119-130.

POSTTRAUMATIC STRESS DISORDER

Supervisors: Allison Aosved, Ph.D. Noelle Balliett, Ph.D.
James Dillon, Ph.D. Julie Sharrette, Ph.D.
Ruth Varkovitzky, Ph.D. Jennifer King, Ph.D.
Michelle Loewy, Ph.D. Margaret Schwartz Moravec, Ph.D.
David Slagle, Ph.D. Dale Smith, Ph.D.

Overview

There are two clinics at the American Lake division that focus specifically on the treatment of PTSD: the PTSD Outpatient Clinic (POC) and the Veterans Intensive PTSD (VIP) program.

POC

The PTSD Outpatient Clinic (POC) offers an integrated array of specialized treatment services for veterans with military-related PTSD to include veterans who have served in combat and those who have experienced a military sexual trauma. Over two thousand veterans per year receive care from the POC, with the range of services provided to each dependent on his or her clinical needs. These services may include any combination of evidence-based individual and group psychotherapy and case coordination.

A series of time-limited offerings form the core of most clients' treatment experiences, with specialized services available to women veterans via the POC's Women's Trauma Recovery Program (WTRP). The WTRP provides group and individual psychotherapy to women who suffer with PTSD following traumatic experiences in the military. WTRP interns an opportunity to learn about the challenges and intricacies of treating military sexual trauma.

Specialized services for treating comorbid PTSD/substance use disorders are also available through the rotation. This service provides evidence based treatment for Veterans who are actively abusing substances and suffering PTSD. Interns participating in delivering this specialized service will engage in individual and group psychotherapy and learn the latest therapeutic technologies for treating this challenging comorbidity.

The range of experiences afforded an intern assigned to the POC includes all major facets of a psychologist's role in a health care system like the VA. An intern may, for example, be actively involved in the assessment and treatment of patients and be available for consultations. Opportunities also exist for an intern to assist in administrative tasks as well as to conduct research.

The POC rotation is a full-time placement.

VIP

The VIP is a 3-week intensive outpatient treatment program for Veterans suffering with military-related PTSD. Services in the VIP include an evidenced-based group therapy treatment protocol, evidence-based individual therapy, and comprehensive psychological evaluation when clinically indicated. Interns assigned to the VIP can expect to be immersed in an intensive treatment experience. An intern will follow patients throughout the entire patient-experience of the program, provide individual therapy services to the patients they are assigned, and consult with team members and other providers to formulate a post-discharge treatment plan.

The VIP is a full-time placement.

Recommended Reading

Monson, C., et al. (2006). Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 74(5),* 898-907.

Peterson, A., et al. (2011). Assessment and treatment of combat-related PTSD in returning war veterans. *Journal of Clinical Psychology in Medical Settings, 18,* 164-175.

Rauch, S., et al. (2009). Prolonged exposure for PTSD in a Veterans Health Administration PTSD clinic. *Journal of Traumatic Stress, 22(1),* 60-64.

Resick, P., et al. (2002). A comparison of cognitive-processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims. *Journal of Consulting and Clinical Psychology, 70(4),* 867-879.

Sharpless, B., & Barber, J. (2011). A clinician's guide to PTSD treatments for returning veterans. *Professional Psychology: Research and Practice, 42(1),* 8-15.

Tedeschi, R. (2011). Posttraumatic growth in combat veterans. *Journal of Clinical Psychology in Medical Settings, 18,* 137–144.

Vujanovic, A., Niles, B., Pietrefesa, A., Schmertz, S., & Potter, C. (2011). Mindfulness in the treatment of posttraumatic stress disorder among military veterans. *Professional Psychology: Research and Practice, 42(1),* 24-31.

A Week in the Life…

Post Traumatic Stress Disorder

Loretta L. Bolyard
University of Montana (PhD)

Monday A.M. Supervision; lead Depression Management psychoeducational series; psychotherapy follow-ups
P.M. Individual Prolonged Exposure Therapy; Intern Didactic Series

Tuesday
A.M. Lead Anger Management psychoeducational series; team meeting; psychotherapy follow-ups; new intakes
P.M. Co-facilitate CPT Group; psychotherapy follow-ups; work on administrative project

Wednesday
A.M. Lead Sleep Management psychoeducational series; psychotherapy follow-ups; new intakes
P.M. Psychology Service Seminar Series

Thursday
A.M. Co-lead Unified Protocol Group
P.M. Individual Prolonged Exposure therapy

Friday
A.M. Lead Depression Management psychoeducational series; psychotherapy follow-ups; new intakes
P.M. Intern lunch; work on research project, work on administrative project

PRIMARY CARE MENTAL HEALTH INTEGRATION/HEALTH PSYCHOLOGY

Supervisors: Amee Epler, Ph.D. Mary-Catherine Kane, Ph.D.
Burton Kerr, Ph.D. Joshua Britstein, Psy.D.
Kimberly Hiroto, Ph.D. Jason Katzenbach, Ph.D.

Overview

Primary Care Mental Health Service (PCMHS) is a relatively new patient care line within the Mental Health Service at the VA Puget Sound Health Care System. The mission of the PCMHS is to improve the health care of veterans by increasing the integration of behavioral health prevention and treatment services into the primary care setting. Interns completing the Primary Care Integration/Health Psychology rotation will have the opportunity to function as an active member of an interprofessional team in three primary settings: (1) *Mental Health Primary Care Clinic*, and (2) *Primary and Ambulatory Care* (Patient Aligned Care Team), and (3) *Home Based Primary Care*.

Main Hospital Building Housing Primary Care

Primary Care Mental Health Clinic

The Primary Care Mental Health Clinic is an interprofessional outpatient mental health service embedded within primary care proper. A primary function of this rotation is to provide interns with experience and training in providing patient-centered care while working collaboratively with providers from other professions. To facilitate learning in this area, interns attend weekly didactics alongside trainees from other healthcare professions.

Psychologists operating in this clinic perform a variety of clinical and consultative functions to include initial assessment, treatment planning and care coordination with providers from other disciplines, and brief individual, couples, and group psychotherapy and psychoeducation for veterans within a primary care setting. As a mental health clinic, the treatment focus is on the treatment of mental health conditions delivered within primary care. Treatment modalities commonly used include psychoeducation, behavioral activation, motivational interviewing, mindfulness-based interventions (e.g., Acceptance and Commitment Therapy), and relaxation training (to name a few). Veterans receiving care in this clinic are quite diverse in age (late teens to 90+), ethnicity, gender, and presenting concerns.

Primary and Ambulatory Care (Patient Aligned Care Team)

Interns in the Patient Aligned Care Team(s) in Primary and Ambulatory Care (a part of General Medicine Service) are primarily providing health psychology services to the full-range of veterans within primary care medicine. Unlike the mental health focus of the aforementioned clinic, psychologists working in this setting are primarily focused on the application of health-behavior change and psychological principles to promote the self-management of chronic *medical* conditions. (e.g., diabetes, obesity, cardiovascular disease, insomnia, chronic pain).

Clinical experiences include (but are not limited to) involvement in the tobacco cessation program, MOVE! weight-loss program, pain management, diabetes self-management programs, brief individual health coaching, motivational interviewing, and consultation.

The Primary Care Integration/Health Psychology rotation is available as a full-time rotation.

Recommended Reading

Elder, J., Ayala, G., & Harris, S. (1999). Theories and intervention approaches to health-behavior change in primary care. *American Journal of Preventive Medicine, 17(4),* 275–284.

Hayes, S., & Smith, S. (2005). *Get Out of Your Mind, and Into Your Life*. Oakland, CA: New Harbinger Publications.

Jakupcak, M., Wagner, A., Paulson, A., Varra, A., & McFall, M. (2010). Behavioral activation as a primary care-based treatment for PTSD and depression among returning veterans. *Journal of Traumatic Stress, 23(4),* 491-495.

Seal, K., et al. (2010). VA mental health services utilization in Iraq and Afghanistan veterans in the first year of receiving new mental health diagnoses. *Journal of Traumatic Stress, 23(1),* 5–16.

Slagle, D., & Gray, M. (2007). The utility of motivational interviewing as an adjunct to exposure therapy in the treatment of anxiety disorders. *Professional Psychology: Research and Practice, 38(4),* 329-337.

Vowles, K., & McCracken, L. (2008). Acceptance and values-based action in chronic pain: A study of treatment effectiveness and process. *Journal of Consulting and Clinical Psychology, 76(3),* 397-407.

A Week in the Life…

Primary Care Mental Health Integration/Health Psychology

Odessa Cole
University of Wisconsin, Madison (Ph.D.)

Monday

A.M. Supervision; Same-Day Access Clinic appointments (2-3)
P.M. Co-facilitate Tobacco Cessation Group; Intern Didactic Series

Tuesday

A.M. Same-Day Access Clinic appointments (2-3)
P.M. Psychotherapy follow-ups; rotation admin (chart review, prepping for group)

Wednesday

A.M. Psychotherapy follow-ups; work on admin projects
P.M. Psychotherapy follow-ups; intern consultation group

Thursday

A.M. Lead "Think Healthy, Stress Less" Group; supervision
P.M. Same-Day Access Clinic appointments (2-3)

Friday

A.M. Work on research project; observe organ transplant evaluation
P.M. UW Psychiatry Grand Rounds (via live feed); intern lunch; Same-Day Access Clinic appointments (2-3)

Psychiatric Acute Clinical Center (PACC)

Supervisors: Richard Beth, Ph.D. Scott Hunt, Ph.D.
Jennifer Broach, Ph.D.

Overview

The PACC clinic provides mental health triage for patients new to mental health, intensive outpatient mental health care to established patients who require a higher level of care than traditional outpatient therapy, ambulatory detox, and acute crisis management for the American Lake division of VA Puget Sound. Staff are made up of a multidisciplinary team that includes psychiatrists, psychologists, social workers, advanced nurse practitioners, and nurses. Interns rotating through PACC have the opportunity to gain exposure to all of the experiences listed above and the majority of their clinical care will focus on two areas of the clinic: mental health triage and the Intensive Outpatient Program (IOP).

Mental Health Triage

While working in mental health triage, the intern will gain experience conducting brief psychodiagnostic assessments with patients presenting for services, working with the patient to identify their presenting problem and goals for treatment, as well as creating a preliminary treatment plan with the Veteran. Interns will learn to use empirically-validated screening measures and clinical templates to allow them to acquire maximal clinical information in a short period. This assessment also allows the intern to educate patients about the treatment model of the Mental Health Service and facilitate enrollment in the appropriate clinic, based on patients' needs.

Intensive Outpatient Program (IOP)

The IOP program at American Lake is a new offering that aims to provide short-term, intensive stabilization to Veterans experiencing a high degree of distress who are either new to mental health care, have experienced an exacerbation of symptoms (e.g., thoughts of self-harm), or who have recently been discharged from inpatient psychiatric care. The model of this program is based on the provision of skills-based group therapy three days per week (M, W, and F), that draws from several different treatment approaches (e.g., Cognitive Behavioral Therapy, Motivational Enhancement Therapy, and Dialectical Behavior Therapy). Patients in this program attend the program for a half-day on days in which they are involved in skills-groups. Alternate days (T, Th) allow for individual sessions to focus on individual stressors, skill building, and treatment planning. Interns on the PACC rotation would be involved in leading or co-leading skills groups and providing individual sessions for crisis management and stabilization.

A Week in the Life…

Psychiatric Acute Care Clinic (PACC)

Michael Earley
University of Maryland(Ph.D.)

Monday A.M. Assessment, individual session
P.M. Supervision, individual session, intern didactics

Tuesday
A.M. Lead Anger Management psychoeducational series; team meeting; psychotherapy follow-ups; new intakes
P.M. Co-facilitate CPT Group; psychotherapy follow-ups; work on administrative project

Wednesday
A.M. Co-lead Coping Skills group; co-lead mindfulness group
P.M. Psychology Service Seminar Series

Thursday
A.M. Individual sessions, supervision
P.M. Assessment, note-writing time

Friday
A.M. Co-lead Anger Management group
P.M. Intern lunch; work on research project, work on administrative project

SERIOUS AND PERSISTENT MENTAL ILLNESS

Supervisors: Kristin Gayle, Ph.D. Ross Melter, PsyD

Overview

Several outpatient programs within the Outpatient Mental Health Services Care Line (OMHS) provide services with a clinical emphasis for individuals diagnosed with serious and persistent mental illness (SPMI). These programs offer a wide range of recovery focused treatment and support services to Veterans experiencing serious and persistent mental illnesses, with schizophrenia being the prevalent diagnosis. While most of these patients have substantial hospitalization histories, the SPMI services within OMHS are directed toward stabilization of functioning on an outpatient basis en route to a recovery focus that facilitates veterans achieving meaningful life goals. There are several programs operating within the spectrum of SPMI services, to include: Mental Health Intensive Case Management (MHICM), Community Residential Care Program (CRC), and the Veterans Recover Opportunity Center (V-ROC) which has undergone renovation to become a Psychosocial Rehabilitation and Recovery Center (PRRC), where interns will spend the majority of their time.

V-ROC is an outpatient transitional learning center designed to promote and support recovery. The mission of the PRRC is to provide Veterans with the skills necessary to set and achieve self-determined goals that result in improved quality of life and community integration. Our treatment team believes that all individuals have the capacity to learn and grow, to live a life that is meaningful, and to attain his or her fullest potential. Our staff embraces a holistic approach to help Veterans develop skills that promote self-acceptance, personal responsibility, empowerment, and hope. We recognize that recovery is not a step-by-step linear process, but rather a journey that occurs over time; therefore, our recovery efforts focus on individual strengths. In addition, we believe that life goals should be chosen by the Veteran; thus, our recovery process is self-defined and self-directed. We strive to provide members with an opportunity to be challenged in a respect based environment. We believe that recovery is a mental, emotional, spiritual, and physical process. We also value constructive activity, self-care, positive relationships, and social support. In order to address these areas, we offer a variety of classes and groups within four major areas. These areas: Illness Management and Recovery, Health and Wellness, Socialization and Coping Skills, and Independent Living Skills and Community Integration.

Interns on this rotation will be a part of a multi-disciplinary treatment team, exposed to a variety of clinical activities as well as programmatic opportunities. Responsibilities on this rotation will be designed to meet the goals of the incoming intern. Training opportunities may include leadership or co-leadership of groups, development of new group offerings, serving as a Recovery Coach, chart review, individual psychotherapy, consultation with referral sources and other treatment providers, recovery plan development, and crisis intervention. Interns on this rotation will gain exposure to the process of program redesign as well as ongoing program evaluation in addition to a variety of clinical duties. Previous training with SPMI is not required.

Recommended Reading

Anthony, A., Cohen, M., Farkas, M., & Gagne, C. (2002). *Psychiatric Rehabilitation (2nd Ed.).* Boston: Center for Psychiatric Rehabilitation.

Corrigan, P.W., & Ralph, R.O. (2005). *Recovery in Mental Illness: Broadening Our Understanding of Wellness*. Washington, DC: American Psychological Association.

Deegan, P.E. (1988). Recovery: The lived experience of rehabilitation. *Psychosocial Rehabilitation Journal,* 11(4), 11-19.

A Week in the Life…

Serious and Persistent Mental Illness

Annie Mueller
University of Colorado,
Colorado Spring (PhD)

Monday

A.M. Bridge to Recovery group; CBT Skills group; Individual Supervision
P.M. Recovery Coach meetings; Stress Less Day Group; Intern Didactic Series

Tuesday

A.M. PRRC Staff Meeting; WRAP group; work on administrative minor
P.M. Mystery group; PRRC Orientation for new veterans

Wednesday

A.M. Community meeting; Mind over Mood group
P.M. Mental Gymnastics group; MHS Journal Club

Thursday

A.M. Mental Gymnastics; Community Kicks Group; Peer Support Group
P.M. Health &Wellness group; Individual supervision

Friday

A.M. Recovery Concepts; Stages of Change Group
P.M. Intern lunch; Recovery Coach meetings; work on research project

Telehealth

Supervisors: Russell McCann, PhD

Overview

The Telehealth Service at the American Lake Division uses technological solutions to provide group and individual therapy to highly rural Veterans throughout the region and to Veterans who are otherwise unable to attend appointments at a VA facility. Interns rotating through the telehealth rotation will learn how to use the varying technologies, the implications and nuances of providing therapy services through these modalities, and how to adapt treatments to meet the mode of delivery. Interns will also take part in treatment planning meetings with the telehealth team. This rotation is available on a full-time basis.

ADMINISTRATIVE MINOR

Supervisors: Zeba Ahmad, Ph.D. (Diversity Committee Chair)
Mary Catherine Kane, Ph.D. (Primary Care Mental Health Integration)
Janna Fikkan, Ph.D. (Psychology Training)
Simon Kim, Ph.D. (MHRRTP - DOM)
Michelle Loewy, Ph.D. (VIP PTSD Program)
Dale Smith, Ph.D. (PTSD Outpatient Clinic)
Elisia Yanasak, Ph.D. (Addictions Treatment Center)

Overview

This minor rotation is a training opportunity focused on the role of psychology in leadership positions. An intern in the administrative minor will be involved from four to eight hours per week in tasks mutually agreed upon between the supervisor and intern related to the various administrative activities and responsibilities of the supervisor. These typically would include such things as involvement in performance improvement or quality improvement projects, program design and evaluation, mental health collaborative, and preparation work for Joint Commission and CARF accreditation and reaccreditation. Other duties may include data analysis and graphic and tabular presentation of data, assistance in development or revision of policies and procedures and other preparations for internal and external oversight review. This rotation is **optional**, and may be continued throughout the training year.

The Administrative Minor is available on the second and third rotations (first rotation only by special request).

TRAINING FACULTY

Zeba S. Ahmad, PhD is 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. At American Lake, Dr. Ahmad is the Chair of the Diversity Committee, a Committee serving under the Training Committee. In addition, she is 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.

Allison C. Aosved, PhD is a psychologist and the Women's Trauma Clinical Coordinator in the PTSD Outpatient Clinic. She earned her degree in Clinical Psychology from Oklahoma State University. She completed a doctoral internship at the Seattle Division of VA Puget Sound and postdoctoral residency at the National Center for PTSD, Pacific Islands Division. Dr. Aosved currently serves as both a trainer and consultant for the National VA Prolonged Exposure (PE) dissemination initiative. Dr. Aosved is the secretary for the national VA Psychology Training Council (2012-2016) and an Association of Psychology Postdoctoral and Internship Centers (APPIC) board member (2015-2018). Her diversity interests include addressing the needs of underserved populations (including women and LGBT veterans) and ensuring evidence-based interventions are culturally accessible to veterans. 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.

Noelle Balliett, PhD is a psychologist in the PTSD Outpatient Clinic. She received her Ph.D., in clinical psychology from The University of Tulsa. She completed her predoctoral internship at the Bay Pines VA Medical Center and her postdoctoral residency in evidence-based psychotherapy in the Anxiety Disorders Clinic at the VA San Diego Healthcare System. She is licensed in the state of Washington. Her research focuses on the treatment of trauma related nightmares; the role of sleep in the development and maintenance of PTSD; treatment dissemination; and the impact of sleep on treatment engagement and effectiveness. Her clinical interests include treatment of PTSD and nightmares, use of evidence-based interventions, and culturally informed care. She serves as a national trainer for Exposure, Relaxation, and Rescription Therapy for trauma-related nightmares, and serves locally as the vice chair of education for the psychology internship program at American Lake.

Carol Becker, PhD is a psychologist in the Mental Health Clinic and licensed in Washington state. She received her doctorate in Clinical Psychology from Pacific Graduate School of Psychology at Palo Alto University. She completed her pre-doctoral internship at the Louis Stokes Cleveland VA and her postdoctoral residency in PTSD at the Memphis VA. While she identifies as a generalist, her areas of clinical interest include trauma-focused treatments, survivors of childhood physical and sexual abuse, and couples therapy. She is a certified provider of Cognitive Processing Therapy (CPT), Integrative Behavioral Couples Therapy (IBCT), and is completing requirements for Prolonged Exposure (PE) certification.

Richard E. Beth, PhD is a psychologist in the Mental Health Intensive Outpatient Program (IOP) / Psychiatric Assessment and Clinical Center (PACC). He received his PhD in Clinical Medical Psychology from the University of Alabama at Birmingham. He completed his pre-doctoral internship at Vanderbilt University –Veterans Affairs Internship in Clinical Psychology. His post-doctoral fellowship in clinical psychology was at Birmingham Psychiatry. He is licensed in the state of Alabama. His theoretical orientation is generally behavioral, and with advanced training in Acceptance and Commitment Therapy (ACT), Interpersonal Psychotherapy (IPT), Prolonged Exposure Therapy (PE), Eye Movement Desensitization and Reprocessing (EMDR), and Clinical Hypnotherapy. His professional interests include general clinical practice and trauma work.

Jennifer Broach, PhD is a psychologist in the Mental Health Intensive Outpatient Program (IOP) / Psychiatric Assessment and Clinical Center (PACC). She received her Ph.D. in Clinical Psychology from the University of Arkansas. She completed her pre-doctoral internship through the Clinical Psychology Training Program at the University of Rochester School of Medicine and Dentistry in Rochester, New York. She completed her post-doctoral fellowship at the National Center For PTSD (NC-PTSD), Pacific Islands Division, in Hawaii. Dr. Broach is licensed in the state of Hawaii since 2005. She became certified in Prolonged Exposure Therapy for PTSD through the VA in 2009 and in Motivational Interviewing in 2012. Her theoretical orientation is cognitive behavioral, while practice is integrative. She has experience in general mental health and specialized PTSD treatment. Clinical interests include interventions for posttraumatic stress, motivational interviewing, and risk management/crisis stabilization.

Cody L. Bullock, PhD is a psychologist at the VAPSHCS, American Lake Division, Addiction Treatment Center. He received his Ph.D. from Pacific Graduate School of Psychology at Palo Alto University, with an emphasis in Neuropsychological Assessment. He completed his pre-doctoral internship at Heartland Behavioral Health Hospital through the Ohio Psychology Internship Program, and his postdoctoral residency through the San Francisco VA Medical Center, specializing in Rural Psychology. Dr. Bullock is licensed through Washington State. His theoretical orientation is primarily CBT-based and clinical interests include individual and group therapy utilizing Third Wave and motivational enhancement frameworks, psychological and cognitive assessment, and Contingency Management program at ALVA ATC for stimulant use disorders.

Eric R. Clausell, PhD is a psychologist in the Mental Health Clinic. He is licensed in Washington State. Dr. Clausell received his PhD in Clinical-Community Psychology from the University of Illinois at Urbana-Champaign. He completed his pre-doctoral internship at Palo Alto VA Health Care System and his postdoctoral fellowship at Stanford University's School of Medicine. Dr. Clausell received advanced training on internship and fellowship in Couples Therapy and Cognitive Behavioral Therapy Interventions. His theoretical orientation is cognitive behavioral within an integrative framework. He identifies as a generalist clinically and specializes in couples and family interventions. He is certified through the VA in *Integrative Behavioral Couples Therapy* and provides training and clinical supervision in this therapeutic modality. His professional interests include clinical training and mentoring of interns and residents, particularly in family interventions. In addition, Dr. Clausell is also interested in the role of diversity in clinical practice, particularly LGBT veteran concerns. He currently serves on the Diversity Committee and is a Diversity Mentor for current trainees.

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, mindfulness, and LGBT issues.

Natalie Dong, PhD, ABPP is a board certified rehabilitation psychologist and has served as the Interim Chief, Psychology Service, since December 2014. She is the Director of the Center for Polytrauma Care and the VISN 20 Polytrauma Clinical Program Manager. She received her Ph.D. from the Graduate School of Psychology at Fuller in 2000. She completed her pre-doctoral internship at the VA Los Angeles Ambulatory Care Center and her post-doctoral fellowship in Rehabilitation Psychology at Los Angeles County Rancho Los Amigos National Rehabilitation Center in Downey, CA. She provides program administration, management, and clinical services in the Center for Polytrauma Care at both the Seattle and American Lake facilities of the VA Puget Sound Health Care System. She is licensed as a psychologist in the states of Washington and California. Her clinical interests are in acquired and traumatic brain injury and adjustment to physical disability. Dr. Dong has served as Member-at-Large to the Executive Committee of APA Division 22 and currently serves as Secretary on the Board of Directors of the American Board of Rehabilitation Psychology.

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.

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 became certified in Interpersonal Therapy for Depression through the VA in 2015. Her professional interests include training and mentoring of interns and residents, generalist clinical practice, and professional development of women in the field of psychology.

Kristin Gayle, PhD is the Program Director for the Serious Mental Illness (SMI) programs and a psychologist in these programs. The SMI programs include the Psychosocial Rehabilitation and Recovery Center (PRRC) and Mental Health Intensive Case Management (MHICM). She received her Ph.D. in Clinical Psychology from Seattle Pacific University in 2009 after completion of internship at the New Jersey VA Health Care System. She began working at the VA Puget Sound, American Lake Division following graduation in 2009. She is licensed in Washington state. Her theoretical orientation is integrative, relying heavily on cognitive-behavioral and interpersonal frameworks. Her professional interests include recovery-oriented treatment, changing cultures to provide more recovery-oriented treatment, and the treatment of serious mental illness.

Kimberly E. Hiroto, PhD is a geropsychologist in the Primary Care Mental Health team. She received her Ph.D. from the University of Colorado at Colorado Springs in Clinical Psychology with a curricular emphasis in geropsychology. She then completed her internship with a geropsychology emphasis at the Palo Alto VA where she remained as the Palliative Care Psychology fellow. She is licensed in California and previously worked in Home-Based Primary Care (HBPC) at the American Lake VA, becoming certified in Problem-Solving Therapy in HBPC. She remains involved in the geropsychology community, serving as the Early Career Psychologist on various APA task forces and committees including: the Task Force to update the APA Guidelines for Psychological Practice with Older Adults, the APA Committee on Aging, and serving on the Working Group on Building Professional Geropsychology Knowledge and Skills for professionals entering geropsychology. Her clinical and research interests include geropsychology training, meaning-making in chronic and life-limiting illness, end-of-life care, and cultural influences in help-seeking.

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 reengaging in an active and vital life.

Scott Hunt, PhD is the Vice Chair for Research on the Psychology Training Committee and a graduate psychologist in the Psychiatric Assessment and Clinical Care (PACC) Unit. He received his PhD in Clinical Psychology with a concentration in Neuropsychology from Fielding Graduate University. He completed his pre-doctoral internship and a post-doctoral research fellowship at the VA Puget Sound Health Care-American Lake Division. He is an applicant for licensure in Washington state and is a Postdoctoral Fellow and Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Hunt's clinical orientation is integrative and his clinical interests are in emergency mental health, psycho-diagnostics, and assessment. His research at the VA has ranged from biomedical research into antidepressant augmentation to the use of technology in the treatment of PTSD and using virtual training environments to train practitioners in Motivational Interviewing.

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.

Lori S. Katz, PhD is the psychologist for the Women's Health Clinic under Primary Care Mental Health Integration. She received her Ph.D. (double major) in clinical psychology and social/personality psychology from the University of Massachusetts, Amherst. She completed her pre-doctoral internship at the VA Long Beach Healthcare System in California. She is licensed in California and a Research Assistant Professor at the University of Southern California (USC). She specializes in the treatment of women veterans and Military Sexual Trauma (MST). She developed the Warrior Renew MST treatment program, and Holographic Reprocessing: A cognitive-experiential treatment for trauma. She is interested in Attachment theory, Psychodynamic, Experiential, Interpersonal, and Acceptance-based treatments.

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.

Burton "T" Kerr, PhD is the Director of Primary Care Mental Health Integration for the VA Puget Sound System and is a psychologist in the PC-MHI clinic at American Lake. He received his PhD in Clinical Psychology from Brigham Young University. He completed his pre-doctoral internship at Walter Reed Army Medical Center, Washington DC and post-doctoral training in Clinical Health Psychology at Tripler Army Medical Center, in Honolulu, Hawaii. Dr. Kerr served 8 years as a psychologist and as an officer with the U.S. Army. He is licensed in the state of Idaho. His theoretical orientation is primarily behavioral. He has experience in general mental health, primary care mental health, and health psychology; particularly in sleep medicine, diabetes, and chronic pain.

Simon Kim, PhD is Section Director of Community and Residential Care Services and Chief of Mental Health Residential Rehabilitation Treatment Program (MHRRTP). 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.

Jennifer C. King, PhD is the co-occurring substance use/PTSD specialist and serves as the liaison between the PTSD Outpatient Clinic (POC) and Addiction Treatment Center (ATC). She received her PhD in Clinical Psychology (with an emphasis in forensic psychology) from Palo Alto University and completed her pre-doctoral internship at VA St. Louis Health Care System. She is licensed in Kansas. Her theoretical orientation is integrative with a foundation in cognitive-behavioral. Dr. King became certified in Prolonged Exposure through the VA in 2015. Her professional interests include co-occurring substance use and PTSD in the Veteran population, 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.

Douglas Lane, PhD, 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. He is licensed in Washington State. He is a former United States Army officer as well. Interests include older adult mental

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.

Ross Melter, PsyD is a psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). He received his Psy.D. in clinical psychology from the Wright Institute in Berkeley, CA. Dr. Melter completed his predoctoral internship at the San Bernardino County Department of Behavioral Health and postdoctoral fellowship at the VA Palo Alto Health Care System with emphasis in Psychosocial Rehabilitation (PSR). His theoretical orientation is integrative and draws from interpersonal, behavioral and mindfulness-based modalities. Dr. Melter has received advanced training in the application of evidence-based psychotherapies with seriously mentally ill (SMI) populations. He is a VA certified provider in Social Skills Training for Schizophrenia and is involved with national dissemination efforts to spread awareness of recovery principles. Dr. Melter's professional interests include stigma reduction, recovery from acute SMI, community integration, self-advocacy and concealable disabilities.

Jon T. Moore, PhD is a graduate 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. Jon is currently applying for licensure within Washington State. Clinically, Jon uses a Feedback-Informed Treatment framework with theoretical rationales that primarily stem from Emotion-Focused Therapy and interpersonal foundations. Jon researches secular and religious groups' mental health, spirituality, and dogmatic thinking styles. Additionally, Jon analyzes evidence-based treatment data for SUD, trauma, and personality disorders within the context of researcher-allegiance bias and other methodological complications. Jon is currently using program evaluation data from residential programs to identify the mechanisms of change for Veterans.

Annie Mueller, PhD, is a geropsychologist in the Mental Health Clinic. She received her PhD in Clinical Psychology with curricular emphasis in aging from the University of Colorado at Colorado Springs. She completed her internship in clinical psychology, as well as a postdoctoral fellowship in geropsychology, at the VA Puget Sound, American Lake Division. She is licensed in Washington state. Her theoretical orientation is integrative, with emphasis on Cognitive-Behavioral, Existential, and Humanistic approaches to care. Her clinical interests include aging and mental health, late life anxiety, end-of-life care, caregiving, and adjustment to chronic illness and disability. She currently serves as Social Media Coordinator for the Society of Clinical Geropsychology (APA Division 12, Section II).

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 Assistant Clinical 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, 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.

Jessica Peltan, PhD is a psychologist in the Mental Health Residential Rehabilitation 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 consultant for the Motivation Interviewing-Motivational Enhancement Therapy VA initiative. 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.

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.

Greg Reger, PhD is the Deputy Associate Chief of Staff, Mental Health, at VA Puget Sound and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He received his PhD in Clinical Psychology from Fuller Theological Seminary in 2004 and completed his psychology internship at Walter Reed Army Medical Center. He is an Army Veteran and deployed to Iraq in support of Operation Iraqi Freedom in 2005. Dr. Reger spent 5 years as a civilian with the Department of Defense leading teams designing, and evaluating technology in support of psychological health. His research has focused on the development and evaluation of virtual reality, mobile applications, and other innovative technologies for psychological purposes. He is currently funded to evaluate a virtual reality patient to support provider training in motivational interviewing. Dr. Reger also led the VA/DoD team that designed the PE (Prolonged Exposure) Coach mobile application and was recently funded to explore how providers are using the features of the app and to develop an intervention to increase full adoption of the application.

Mark Reger, PhD is the Chief of Psychology and an Associate Professor in the Department of Psychiatry & Behavioral Sciences at the University of Washington. He completed his doctorate in clinical psychology at the Rosemead School of Psychology at Biola University, his internship at the American Lake campus of VA Puget Sound, and a three-year NIH NRSA postdoctoral fellowship at the VA Puget Sound and the University of Washington School of Medicine. Prior to joining the VA, Dr. Reger worked as the Deputy Director for the Department of Defense's National Center for Telehealth & Technology (T2), located at Joint Base Lewis-McChord, Washington. He provided senior oversight for six Divisions involved with the research, development, and implementation of technologies to provide behavioral health solutions, assessment, and support to service members, veterans and their families. Dr. Reger's clinical work is focused on geriatric neuropsychology. His research centers on military and veteran suicide prevention. He led the development and implementation of the Department of Defense's suicide surveillance system, and co-authored the DoD's official annual suicide surveillance report for the last seven years. Dr. Reger has served as the principal investigator for multiple large studies including a large federally-funded epidemiological study of military and veteran suicide. He has extensive experience conducting clinical trials, and has authored more than 50 peer-reviewed articles and book chapters on topics including military suicide, post-traumatic stress disorder, telepsychology, neuroendocrinology and research ethics.

Troy Robison, PhD is a graduate psychologist in the Addiction Treatment Center working in the residential addiction treatment program. He completed his PhD in Clinical Psychology at Ohio University, his pre-doctoral internship at the Cincinnati VA Medical Center, and is not yet licensed. His approach to psychotherapy is primarily humanistic, with specific interests in mindfulness based interventions and motivational interviewing. Additional professional interests include the treatment of Gambling Disorder and process addiction, along with 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, and currently serves on the psychology training committee at American Lake. Her clinical interests include: combat and Military Sexual Trauma, working with Women Veterans, strengths-based approaches, and group therapy processes. She identifies with psychodynamic and interpersonal theoretical orientations. She is licensed in the state of Kansas.

Erika M. Shearer, PhD is a psychologist in the Telemental Health Service. She received her PhD in Clinical Psychology from the University of Nevada, Reno. Dr. Shearer completed her predoctoral internship at the VA Puget Sound, American Lake Division, and her postdoctoral fellowship in Telemental Health and Rural Outreach at the VA Puget Sound, Seattle Division. Her clinical and research interests include evidence based practice for patients with co-occurring medical issues and the effectiveness of web-based interventions. She has extensive background in Acceptance and Commitment Therapy (ACT) and other behavioral interventions to improve the quality of life of patients experiencing comorbid chronic pain or other chronic illness. Dr. Shearer is currently pursuing licensure in the state of Washington and upon licensure will be certified in Cognitive Processing Therapy for PTSD.

David Slagle, PhD. is a psychologist in the POC. He was licensed in 2009 in Washington State. 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.

Dale E. Smith, PhD is the Program Manager of the PTSD Outpatient Clinic. He received his doctorate in social psychology from the University of Florida and completed the University of Washington's Respecialization Postdoctoral Training Program in Clinical Psychology. He completed his psychology internship training in the Psychiatry and Behavioral Sciences Department at the University of Washington School of Medicine, and has been licensed in Washington since 1992. He has held faculty positions at the University of Florida, the American University, and the University of Washington prior to his clinical licensure and has held a number of administrative positions since assuming the role of the program director of the specialized outpatient PTSD clinic at American Lake. He is also the lead mentor for the VISN20 PTSD Mentoring Program. He is particularly interested in program evaluation to include measuring treatment outcomes and tracking patient flow.

Mark Soelling, PhD, ABPP is a staff psychologist in the Mental Health Clinic. He received a Ph.D. in Clinical Psychology from the California School of Professional Psychology, Fresno campus. He completed a postdoctoral fellowship in community psychology through the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Soelling is licensed in Washington and received his board certification through ABPP in clinical psychology. His theoretical orientation is cognitive-behavioral; areas of interest include general mental health, major mental illness, combat stress control, and civil commitment. Dr. Soelling is a Clinical Associate Professor, University of Washington School of Medicine, and former chair of the State of Washington Examining Board of Psychology.

Troy J Stettler, PsyD is a 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.

Emily Trittschuh, PhD 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.

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.

Ruth Varkovitzky, PhD is a psychologist in the PTSD Outpatient Clinic. She received her PhD in Clinical Psychology from Northern Illinois University, followed by an internship at the Cincinnati VA Medical Center and postdoctoral residency (PTSD-emphasis) at the Raymond G. Murphy VA Medical Center in Albuquerque, New Mexico. She is licensed in Washington, and is an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. 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. Her theoretical orientation is primarily cognitive behavioral and integrative. Within POC, she implements Cognitive Processing Therapy, Prolonged Exposure, Skills Training in Affective and Interpersonal Regulation, Unified Protocol for the Treatment of Transdiagnostic Disorders, and Cognitive Behavioral Therapy for Insomnia. Her professional interests include provision of mental health services for women Veterans, training/supervision, multicultural issues, and outcomes research.

Alicia M. Wendler, PhD is a psychologist with the Addictions Treatment Center (ATC). She received her Ph.D. in Counseling Psychology from the University of Missouri-Kansas City, upon completing her pre-doctoral internship at the VA Eastern Kansas HealthCare System in Leavenworth, KS. She is licensed in the state of Kansas. Dr. Wendler's theoretical orientation is integrative. She has been VA certified in Cognitive Behavioral Therapy for Substance Use Disorders (CBT for SUD), Cognitive Processing Therapy for PTSD, Motivational Interviewing, and Cognitive Behavioral Therapy for Depression. She is a national consultant for the CBT for SUD training program. At American Lake, Dr. Wendler serves Veterans in both the outpatient addiction treatment program and the office-based Suboxone program. In addition, she is a member of the American Lake Women's MH Consultation Group. Dr. Wendler's professional/research interests include serving Veterans diagnosed with comorbid substance use and psychiatric disorders, program evaluation, and clinician self-efficacy.

Amanda Ernst Wood, PhD 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.

Elisia Yanasak, PhD is the Program Manager of the Addiction Treatment Center (ATC) at American Lake VA. She received her PhD at the University of Houston in 2002. She completed her pre-doctoral internship at VA Puget Sound Health Care System, American Lake Division. She completed her postdoctoral fellowship in the interdisciplinary treatment of substance abuse at the Center of Excellence in Substance Abuse Treatment at VA Puget Sound Health Care System, Seattle Division. She is licensed in Washington. Her theoretical orientation is primarily cognitive-behavioral. Her clinical interests include the treatment of male and female Veterans diagnosed with substance use and comorbid psychiatric disorders.

Lincoln Quote, Community Living Center

TRAINEES: POST INTERNSHIP EMPLOYMENT

2016 Graduates

University of Northern Illinois	Postdoctoral research residency at Emory University
University of Maryland	VA postdoctoral residency in Geriatric Neuropsychology
University of North Texas	Seattle VA Telehealth Postdoctoral Residency
University of Mississippi	Minneapolis VA PTSD Postdoctoral Residency
University of Nevada, Reno	Phoenix VA PCMHI Postdoctoral Residency
University of Wisconsin, Madison	Integrated Primary Care Postdoctoral Residency in Denver
Ohio University	Kaiser Permanente Central Valley Consortium, Residency

2015 Graduates

University of New Mexico	Seattle VA CESATE Addictions Postdoctoral Residency
University of Kentury	American Lake VA Pain/PCMHI Postdoctoral Residency
University of Nevada, Reno	Seattle VA Telehealth Postdoctoral Resdiency
University of Maryland	Private Clinical Postdoctoral Residency
University of Nevada, Las Vegas	Postdoctoral neuropsychology residency
University of Oregon	Postdoctoral clinical residency
CSPP San Franscisco	Postdoctoral research residency

2014 Graduates

University of Colorado	American Lake VA fellowship in Geropsychology
University of Maryland	Psychologist position at VA Puget Sound
University of North Texas	Dallas VA fellowship in Addictions
University of Mississippi	Ann Arbor VA fellowship in Research Psychology
University of Nevada, Reno	Seattle VA fellowship in Telehealth
University of Wisconsin, Madison	Portland VA fellowship in Primary Care Psychology
Ohio University	Currently seeking employment

2013 Graduates

Nova Southeastern University	McLean Hospital\Harvard Medical School fellowship in Neuropsychology
University of Northern Colorado	Joint Base Lewis McChord fellowship in Research
University of Oregon	Stanford University fellowship in Clinical Psychology
University of North Texas	Boston VA fellowship in Geropsychology
University of Houston	Houston VA fellowship in Clinical Psychology
Ohio University	Loma Linda VA fellowship in Clinical Psychology

2012 Graduates

University of Missouri	postdoctoral fellowship in research
Georgia State University	postdoctoral followship in research
Fuller Graduate School	postdoctoral fellowship in neuropsychology
University of Alabama- Birmingham	postdoctoral fellowship in neuropsychology
Seattle Pacific University	employment in VA telemental health
Texas A&M University	postdoctoral fellowship in research

NORTHWEST LIVING

The American Lake Division of the VA Puget Sound Health Care System is located in Lakewood, a pleasant, well-kept 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 aeropace 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 McChord 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 McChord 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 McChord Field) include 62nd Airlift Wing, 446th Airlift Wing. The 1st Air Support Operations Group provides Air Liaison Officers for I Corps.

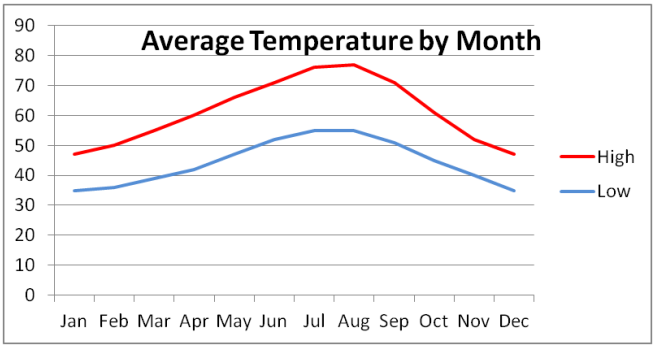
Housing

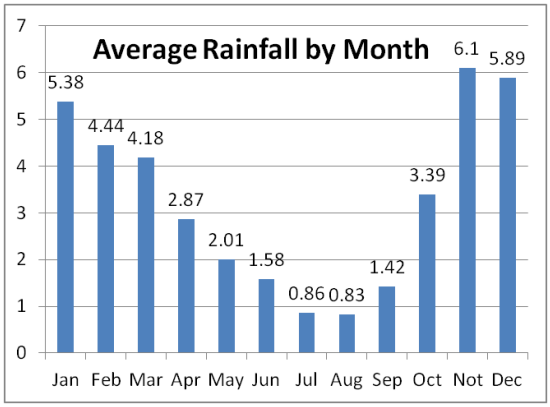
For Pierce County, the median 3 bedroom house price is around $270,000. Because of our proximity to two military bases, there is a broad range in the rental market. The median studio rental price is $648/month; median 1 Bedroom rental price is $750/month; median 2 Bedroom rental price is $895/month; median 3 Bedroom rental price is $1200/month**.**

Some interns prefer to live in the urban areas instead of the suburban neighborhoods. Downtown Tacoma or Seattle would provide this for you. Seattle (King County) rental prices are higher than Pierce County. In Seattle proper, the median 3 bedroom house price is around $405,000. The mean studio rental price in Seattle is $1022/month; median 1 Bedroom rental price is $1245/month; median 2 Bedroom rental price is $1475/month; median 3 Bedroom rental price is $1750/month**.**

Climate

The area enjoys a temperate marine climate with infrequent summer and winter 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 skiing, boating, biking, fishing, backpacking, and mountain climbing. The scenic beauty of the Cascade and Olympic Mountain ranges, the ocean, Puget Sound and its islands, and many national and state parks are all easily accessible over excellent highways.

Entertainment

Tacoma and Seattle have many fine restaurants and nightspots, some of which are even affordable on an intern's stipend. The Pacific Northwest is known for good theater, and Tacoma is no exception. Community and college playhouses abound. 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. For more information on the diversity of offerings in the Pacific Northwest, please visit the Chamber of Commerce sites below:

TACOMA
http://www.traveltacoma.com/

PORTLAND
2 ½ to 3 hour drive
http://www.travelportland.com/

SPOKANE
4 ½ to 5 hour drive
http://www.visitspokane.com/

BRITISH COLUMBIA
4 to 4 ½ hour drive to Vancouver; 2 to 3 hour boat to Victoria
http://www.hellobc.com/

APPLICATION PROCEDURES

The predoctoral internship at **VA Puget Sound - American Lake** is accredited by the Commission on Accreditation (CoA) of the American Psychological Association. The next site visit will be during the **2022** academic year. The CoA can be contacted at:

APA Commission on Accreditation
750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
Email: apaacred@apa.org
Web: www.apa.org/ed/accreditation

American Lake is an APA accredited program currently with eight funded positions. This equal opportunity program is open to all qualified students (who are US citizens) from APA-approved clinical, counseling, and combined professional-scientific graduate programs and abides by the selection procedures used by APPIC (APPIC Site # 1623).

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

1) compliance with Eligibility Requirements for all VA Psychology Training Programs, articulated at: www.psychologytraining.va.gov/eligibility.asp
2) good academic standing at an APA approved graduate program in clinical, counseling, or professional-scientific psychology
3) completion of all basic course work
4) completion of all basic requirements for the doctoral degree except for the dissertation, although we strongly encourage people to complete their dissertations prior to internship
5) certification by the applicant's Training Director of readiness for internship (a form for this purpose is provided in the APPIC application forms)
6) U.S. Citizenship
7) completion of our application materials
8) at least four years of pre-internship graduate training by the time the internship begins

***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 interns is contingent upon the results of a background check and possible drug screening.

Historically, this program has received applications at a ratio of 25:1 from highly qualified candidates for the limited number of internship positions. Our selection criteria include "goodness of fit" between the intern's interests and the training we offer, training experience, academic credentials, writing skills, and dissertation status. We seek a diversity of backgrounds and theoretical orientations among the interns we choose.

Characteristics of Successful Applicants (data from the 2016 – 2017 class):

	Mean	Minimum	Maximum
Adult Intervention Hours	665	426	1136
Adult Assessment Hours	200	132	327
Adult Integrated Assessments	21	7	46
Supervision Hours	356	260	427
Conference Presentations	5	2	12
Peer Reviewed Publications	8	0	19

Applicants wishing to visit and evaluate the American Lake program may do so at an Interview Day scheduled each year in early January. Several training sites in the region coordinate their schedules for the same week in January. For the coming year, Interview Day at American Lake is scheduled for January 4, 2017, from 8am to 4:30pm. Interview Day will consist of presentations by our rotation faculty, meeting the current interns for Q&A, touring our facility, and having 2 – 30 minute interviews with faculty members.***Required application materials must be submitted by NOVEMBER 1, 2016***

These include:

1. Completed APPIC Application
2. Graduate Transcripts
3. Three Letters of Recommendation
4. Vita
5. Certification of Readiness for Internship by Training Director (Form is included in the APPIC application.)
6. Follow AAPI online application procedures.

EEO 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. The regulations governing the Federal EEO complaint process are found in 29 CFR Part 1614.