



VA Puget Sound Health Care System American Lake Division

Psychology Doctoral Internship Program Brochure 2021 – 2022





**Department of
Veterans Affairs**

Affiliated with the University of Washington

Table of Contents

TRAINING COMMITTEE	5
ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM	6
Overview	6
Mission	6
Vision	6
Core Values	6
ABOUT THE AMERICAN LAKE DIVISION	7
ABOUT THE TRAINING PROGRAM	8
Accreditation Status	8
APPIC Membership Status	8
Mission	8
Philosophy	9
Overview of the Training Program	9
Psychology Setting	9
Program Aims	9
Major Aims	10
Required PWCs	10
Intern Preparation	11
Diversity Statement	11
Preparation for Licensure	12
Administrative Policies and Procedures	12
THE TRAINING YEAR	13
Program Structure	13
Facility and Training Resources	14
Research	15
Service	15
Provision of Education	15
Seminars and Other Educational Offerings	16
<i>Intern Didactic Series</i>	16
<i>Psychology Service Seminar Series</i>	16

<i>Psychology Service (MHS) Journal Club</i>	16
<i>Intern Group Supervision of Supervision</i>	16
<i>Intern Group Supervision of Assessment</i>	16
<i>VHA Mandatory Training for Trainees (MTT)</i>	16
<i>UW Psychiatry Grand Rounds</i>	17
<i>Madigan Professional Development Series</i>	17
<i>Other Off-Site Training Opportunities</i>	17
<i>Intern Lunch</i>	17
Supervision.....	17
Evaluation	18
Requirements for Successful Completion	18
ROTATION DESCRIPTIONS	20
ADDICTION TREATMENT CENTER	20
CLINICAL GEROPSYCHOLOGY	23
MENTAL HEALTH CLINIC	25
MHC NEUROPSYCHOLOGY.....	27
PAIN CLINIC	29
PTSD OUTPATIENT CLINIC (POC).....	33
PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI).....	35
PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC) / SERIOUS MENTAL ILLNESS (SMI) .	37
SUBSTANCE TREATMENT AND RECOVERY (STAR) PROGRAM	39
VETERANS INTENSIVE PTSD (VIP) PROGRAM.....	41
ALUMNI	55
2019 Graduates.....	55
2018 Graduates.....	55
2017 Graduates.....	56
2016 Graduates.....	56
2015 Graduates.....	56
2014 Graduates.....	56
2013 Graduates.....	57
APPLICATION PROCEDURES	57
APPIC Match Codes	57
Intern Recruitment and Selection	58
Internship Admissions, Support, and Initial Placement Data	58
Characteristics of Successful Applicants	61

EEO and Prohibited Discrimination.....	62
Due Process	63
<i>Grievance</i>	63
<i>Informal Problem Resolution</i>	63
<i>Mediation</i>	63
<i>Formal Notice and Hearing</i>	63
<i>Appeal</i>	64
Applications and Interviews.....	64
Interview Notification Date.....	65
NORTHWEST LIVING.....	66
Housing	66
Climate	66
Transportation	67
Recreational Activities	67
Entertainment, Culture, and the Arts	67

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Mark Reger, PhD

Chief of Psychology, Ad Hoc Member



Entrance, American Lake Division

ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM



Overview

With a reputation for excellence in caring for our Nation's Veterans, VA Puget Sound strives to lead the nation in terms of quality, efficiency, and public service. As the primary referral site for VA's northwest region, VA Puget Sound 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 both 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 preventative 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 Programs. The American Lake Division of VAPSHCS is located in Lakewood, WA, a major suburb of Tacoma. 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 more than 800 individuals employed at this campus.

American Lake's Psychology Internship Training Program has been training doctoral psychology interns since the 1950s.

ABOUT THE TRAINING PROGRAM

Accreditation Status

The Doctoral Internship Program is accredited by Commission on Accreditation (since April 1977) and our next site visit is expected in 2022.

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

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

APPIC Membership Status

The Doctoral Internship and Postdoctoral Residency Programs at American Lake are proud Association of Psychology Postdoctoral and Internship Centers (APPIC) member programs.

Questions related to APPIC Membership can be directed to APPIC Central Office:

Association of Psychology Postdoctoral and Internship Centers
17225 El Camino Real
Onyx One - Suite #170
Houston, TX 77058-2748
Phone: (832) 284-4080
Email: appic@appic.org
Web: <http://www.appic.org>

Mission

Training provided through the American Lake Psychology Training Programs (Internship and Residency) supports the Mission of VA Puget Sound to “Honor America’s Veterans by providing exceptional and innovative care that improves their health and quality of life,” and the national VA Missions of patient care, education, research, and serving as back-up to the Department of Defense.

The Training Program has a specific mission, as captured in the following statement:

“It is the mission of the Psychology Internship Training Program at the American Lake Division of VA Puget Sound to ensure that Veterans and others across the nation have continuing access to highly qualified, ethical, and professional health service psychologists who integrate science into their practice, with sensitivity to and knowledge about the influence of ethnic, cultural, and individual differences on their psychological services.”

Philosophy

It is our belief that excellence in health service psychology requires attention to ethics, diversity, science, and practice. The internship program at American Lake draws from the Scientist-Practitioner model, which requires the integration of science and practice. We subscribe to the belief that interns pursuing a career in clinical work should follow scientifically proven practices, and that those who become researchers should utilize clinical sensitivity and insight in designing and implementing their research.

Overview of the Training Program

The doctoral internship at American Lake provides supervised health service psychology (HSP) experience to doctoral candidates in Clinical or Counseling Psychology who are enrolled in programs accredited by the Canadian Psychological Association (CPA), the APA CoA, and/or another VA recognized accrediting body (e.g., PCSAS).

Psychology Setting

The Psychology Service at the VAPSHCS is comprised of over 120 psychologists, over 50 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 the doctoral-level psychologists affiliated with the American Lake Division 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 Aims

Our aims reflect our belief that a psychologist is defined both by specific training received and, more importantly, by the attitude with which clinical and research problems are approached. Our aims also support the VA's broader mission of training psychologists competent and committed to practice in public service settings.

Our internship program is developed from the basic perspective that a health service psychologist should be broadly trained in accordance with the Profession-Wide Competencies (PWCs) defined by the APA. We believe a practitioner must be a generalist before becoming a competent specialist. To that end, internship training at American Lake is designed to provide clinical experience across the spectrum of psychological skills, while allowing for some experience in specialty or focus areas, as well as involvement in research. We expect interns to participate in a range of placements that foster acquisition of PWCs, complement their individual training to-date, and further their professional development and career plans.

Interns should seek out and be exposed to a wide array of patients and problems and should work with a variety of programs and supervisors. Interns in our program are expected to further develop already-acquired PWCs. Likewise, interns in our program are expected to have exposure to, and/or direct clinical experiences with, patients that represent a cross-section of the diverse Veterans served at VAPSHCSs American Lake Division and to acquire sensitivity to, and

knowledge of, cultural differences, as well as other individual differences that influence the manner in which services are provided.

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 four overarching aims and the nine PWCs are addressed within those aims:

Major Aims

Our internship program's major **aims** include:

1. Preparation for effective, entry level functioning in complex and comprehensive public service environments.
2. Development of professional identity that includes valuing justice, integrity, respect, and ethical practice.
3. Commitment to the appreciation, generation, and application of scientifically derived knowledge, including the integration of science with practice.
4. Commitment to and respect for individual and cultural diversity.

Required PWCs

The focus of the internship year is on the acquisition of Profession-Wide Competencies in health service psychology. Please see American Psychological Association, Commission on Accreditation. 2015. Standards of Accreditation for Health Service Psychology. Retrieved from <http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf> and the APA's 2012 Competency Benchmark Revision for further elaboration on these competencies (<http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>).

Science: 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.

Individual and Cultural Diversity: Possess and utilize awareness, sensitivity, and skills during professional interactions with diverse individuals, groups, and communities who represent various cultural and personal backgrounds, and characteristics defined broadly and consistent with APA policy.

Ethics and Legal Standards: Awareness of legal issues and application of ethical concepts and behaviors regarding professional activities with individuals, groups, and organizations.

Professional Values, Attitudes, and Behaviors: Behavior and comportsment that reflect the values and attitudes of psychology.

Communication and Interpersonal Skills: Practice conducted with personal and professional self-awareness and reflection, awareness of competencies and appropriate self-care. Relate effectively and meaningfully with individuals, groups, and/or communities.

Intervention Skills: Interventions designed to alleviate suffering, and to promote health and well-being of individuals, groups, and/or organizations. Integration of research and clinical expertise in the context of patient factors.

Assessment Skills: Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

Supervision: Supervision and training in the professional knowledge base 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.

Intern Preparation

Incoming interns are required to be enrolled in doctoral programs in Clinical or Counseling Psychology that are accredited by the CPA, the APA CoA, and/or another VA recognized accrediting body (e.g., PCSAS). To be eligible to attend internship at American Lake, incoming interns must have adequate academic preparation, including that all coursework required for the doctoral degree must be completed prior to the start of the internship year, successful completion of any qualifying or comprehensive doctoral examinations, successful proposal of dissertation, be in good academic standing with the home graduate program, have provided face-to-face intervention to adult patients, have conducted face-to-face assessment with adult patients, have received individual supervision with direct observation of their graduate level clinical work, and meet the eligibility requirements for VA employment. Applicants must meet the eligibility qualifications for psychology training within the Department of Veterans Affairs: <https://www.psychologytraining.va.gov/eligibility.asp> - these include, but are not limited to: U.S. Citizenship, completion of our application materials, and VA employment requirements. Note: All applicants who are U.S. citizens, required to register for the Selective Service, born after December 31, 1959, and 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, TQCVL verifications (see <https://www.va.gov/OAA/TQCVL.asp>), and possible drug screening. Finally, because internship is part of the doctoral training requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year.

Diversity Statement

The Psychology Training Committee at the VA Puget Sound, American Lake Division is committed to fostering an appreciation for multiculturalism and preparation for research and practice in a multicultural society among our trainees and staff. We believe it is crucial to understand how facets such as race, ethnicity, language, immigration history, sexual orientation, gender, age, disability, health status, national origin, indigenous heritage, socioeconomic status, education, and religious/spiritual views powerfully shape an individual's life and experience as well as inform our own clinical practice. Our Psychology Training Program is thus dedicated to creating an environment focused on increasing the knowledge of, and competence around,

multicultural issues. In service of this aim, we formed a Diversity Committee which actively creates opportunities for our trainees and staff to discuss, experience, and learn about multiculturalism. We also encourage trainees and staff to explore their own multicultural identity to help build personal and professional awareness of their own unique experiences. We prioritize these opportunities as we believe that rich educational experiences are gained when we learn and work with people from a multitude of backgrounds. We hope you will join our program and welcome your participation in continuing to cultivate an inclusive workplace and community.

Preparation for Licensure

The program prepares interns to meet licensure requirements for Washington State <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist/LicenseRequirements>. If you have plans to practice in a particular jurisdiction outside of Washington, please contact that jurisdiction's licensing board to seek clarification. Licensing information can be found via the Association of State and Provincial Psychology Boards (ASPPB) at <http://www.asppb.net/>.

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. Administrative Leave may be applied for (e.g., for conference presenting, dissertation defense, postdoctoral interviews) and is reviewed on an individual basis.

Holidays and Leave: Interns usually receive the 10 annual federal holidays. (On occasion, not all 10 fall within a training year; e.g., federal employees are not paid for a holiday that falls on the first day of work, which can impact the total stipend slightly as well). 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.

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

Due Process: Impairment and grievance procedures are consistent with VA Human Resource regulations and outlined in the Psychology Internship Training Manual which is made available to interns as they enter the program and is provided to any interested party upon request

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. Currently, the annual stipend at American Lake is \$28,586.

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 **July 19, 2021**. VA interns are eligible for health insurance (for self, spouses, and legal dependents) and for life insurance, just as are regular employees.

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

THE TRAINING YEAR

Program Structure

The internship begins in late July every year. The dates for the 2020-2021 training year are **July 19, 2021 through July 15, 2022**. 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 training needs and interests before choosing 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 very few and extremely rare exceptions, all rotations will occur at the American Lake Division. To assure breadth of training, 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.

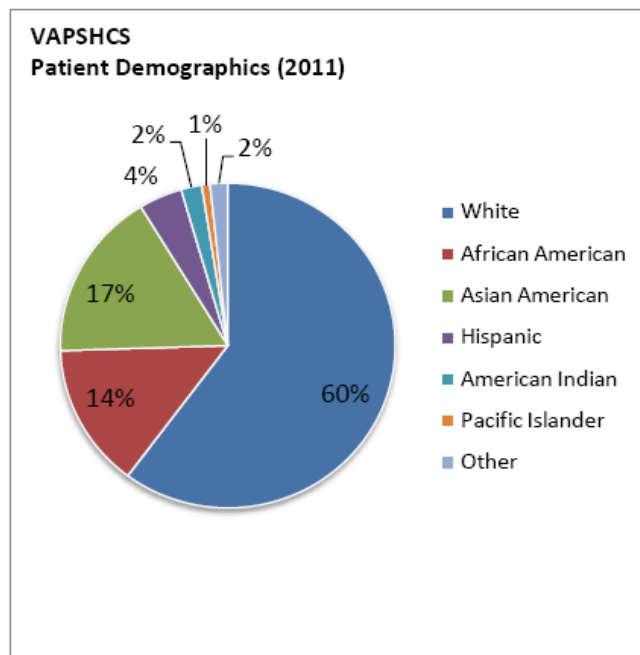
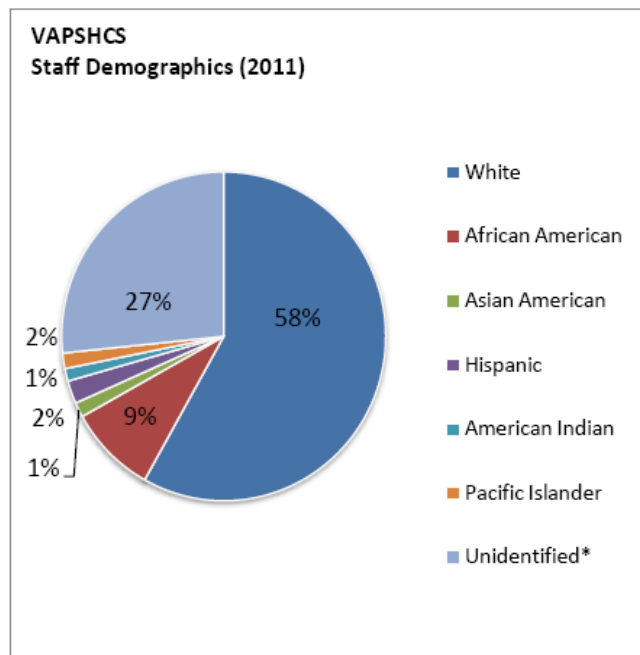
Diversity

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, marital/parental status, social economic status, etc.). Moreover, the concept of diversity is a central component of the Psychology Training Program, both at the doctoral internship and postdoctoral residency level.

A number of clinical and training opportunities exist within the program related to diversity, including participation in the American Lake Division's Diversity Committee, which is a subcommittee of the Training Committee. This Committee challenges trainees and faculty alike in their awareness and implementation of individually and culturally informed best practices.

There are a number of ways for interns to participate in Diversity Committee-related activities. For example, trainees are encouraged to participate in monthly Diversity Committee meetings. These meetings provide opportunities to discuss Committee-related activities such as the Mentoring Program, seminar and didactic presentations related to multiculturalism, and developing new learning opportunities for the Psychology Service. In terms of the Diversity Mentorship Program, interns are encouraged, but not required, to participate in this program by receiving mentorship from staff members. In addition to the Mentorship Program, Diversity Committee members have created and continue to implement community experiential exercises as well as host consultation groups which include outside speakers and clinical case presentations. The Diversity Committee is very interactive and encourages trainees to consider the impact of multicultural issues in everyday clinical and research practice.

In addition to the diversity within the training programs, 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 of 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.



Facility and Training Resources

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 often has *didactic* training exchanges with Joint Base Lewis McChord and Western State Hospital, as well as the Seattle Division of the VAPSHCS, 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 ensure high-quality training in the service of Veterans' healthcare. There is dedicated office space as well as laboratory space in the research areas. 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

While the primary focus of the internship year is the development and refinement of clinical skills, the internship program at American Lake values the integration of research into psychological practice. As such, a portion of the training year is focused on psychological research. Interns are required to develop a research project at the outset of the training year, in consultation with the Training Directors and Research Lead. Dissertation research is not an acceptable option for this training requirement. We define the Science competency broadly and think of three categories of research falling under this broad umbrella. These include traditional research (e.g., RCTs, empirical projects requiring IRB review, meta-analyses, review papers), utilizing an implementation science (IS) framework to ask systems-based questions to evaluate models of care, and utilizing program evaluation and quality assessment/improvement (QA/QI) frameworks to illustrate clinical service challenges, opportunities, and potential solutions. Thus, an intern research project may take several forms, to include the following:

- Participate in an ongoing research project here at VAPSHCS (e.g., Mental Health Research, GRECC, etc.)
- Participate in an approved research opportunity connected to the intern's home university (not dissertation)
- Conduct a meta-analysis in an area of the intern's interest
- Complete a literature review and research methods section for relevant research that could be done here or taken to post graduate work
- Complete a grant proposal
- Complete an Implementation Science project to assess a systems level question
- Complete a Quality Assessment/Improvement project to assess a clinic/program level question
- Conduct an approved research project based off an open dataset (e.g., Pew Research Center, General Social Survey, etc.)

Interns *may* allocate up to four hours per week for research over the course of the training year, depending on the scope of their project. Interns must complete a research product (e.g., poster, presentation, or manuscript submission; grant submission; or, IS or QA/QI report) by early July and present their final project at the annual Research Colloquium – a part of the end-of-year psychology training retreat.

Service

Interns are asked to assist in the development and administration of the Training Program by participating in committees and activities. These opportunities include, but are not limited to, service on the Training Committee, service on the Diversity Committee, service on the Education and Didactic Committee, presentations to Psychology Service, participation in internship Interview Day, and/or assistance with development of orientation and training week for incoming interns.

Provision of Education

Interns are expected to engage in the education of others and there are many opportunities to do so. These opportunities may include, and are not limited to, education to service recipients and their family members in clinical placements, presentation to peers and senior peers (e.g., internship didactic series, integrated postdoctoral didactic series), presentations to Psychology Service (e.g., journal club series, seminar series, Training Day, etc.), presentation to interprofessionals within or outside of VA Puget Sound (e.g., clinical team meetings, leadership

team briefings, etc.), outreach to community groups, and/or consultation to interprofessional staff and/or trainees.

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, administrative, clinical issues in psychology, culture and psychology, and current topics in clinical research. 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. Interns may elect to give a presentation to the service during the course of the training year. This is a **required** training activity.

Psychology Service (MHS) 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 having the opportunity to lead one meeting over the course of the training year.

Intern Group Supervision of Supervision

Interns are additionally **required** to participate in a weekly competency-based group supervision of supervision series with their fellow interns. This is 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 series is based on Falender's Competency-Based Supervision model (Falendar & Shafranske, 2004).

Intern Group Supervision of Assessment

Interns are **required** to participate in a weekly group supervision of assessment series with their fellow interns. This is a special series on assessment whereby interns are afforded an opportunity to develop their assessment competency via discussion, review of readings, role-play, and review of assessment case materials under the supervision of assessment supervisors in the program who take turns leading this supervision hour.

VHA Mandatory Training for Trainees (MTT)

The MTT course includes all content necessary for trainees to practice safely and effectively in VA. Please go to the following website, which will direct you to the TMS portal, to complete: <http://www.va.gov/OAA/mandatory.asp>. This is **required** prior to beginning internship training.

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. Presenters at the Grand Rounds include both Department faculty and speakers from other institutions around the country. Grand Rounds typically occurs twice per month (generally every other Friday from 13:00 to 14:00). A yearly schedule, as well as access to the live telecast may be accessed at http://www.uwpsychiatry.org/education/grand_rounds/index.html. Attendance is optional.

Madigan Professional Development Series

The American Lake Psychology Training Program enjoys a strong training relationship with Madigan Army Medical Center, located at nearby Joint Base Lewis-McChord. American Lake interns are occasionally invited to join the active duty Army psychology program's educational and training experiences over the course of the training year. Participation in these events is optional.

Other Off-Site Training Opportunities

Additional off-site training opportunities are available over the course of the training year through the University of Washington, the Seattle Division of VAPSHCS, Western State Hospital, and 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 Administrative Leave on a limited case-by-case basis.

Intern Lunch

90 minutes per week can be aside for interns to meet and share concerns about issues of mutual interest. Interns are to be released from competing activities during this meeting time. The Psychology Training Committee strongly encourages interns to meet together; however, participation in the intern lunch meeting is not required.

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) that aligns with the APA Board of Educational Affairs (BEA) Guidelines for Clinical Supervision in Health Service Psychology <http://www.apa.org/about/policy/guidelines-supervision.pdf>. 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 primary supervisor provides ongoing formative evaluation and two summative evaluations of the intern's performance, including integrating evaluative feedback from other supervisor's involved in the intern's training (e.g., secondary clinical supervisor, assessment supervisor, group supervision supervisor, research project mentor). 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. 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.



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 Supervisors' Meeting 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 Successful Completion

Consistent with APA CoA expectations, we have identified clear minimum levels of achievement (MLAs):

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

- Establish training goals and rotation objectives that are consistent with the Psychology Training Program's training goals
- For the first and second training rotations, obtain ratings of at least a "3" in all of the Competency Ratings areas on Supervisor's End-of-Rotation Evaluation
- Attend and actively participate in each of the required seminars and training activities described earlier in this manual
- Not be found to have engaged in any ethical, legal, or conduct violations

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

- Successfully complete the required three assessments

- Successfully complete the research project
- By the end of the third rotation, obtain ratings of “5” in all of the Competency Ratings areas on Supervisor’s End-of-Rotation Evaluation
- Not be found to have engaged in any ethical, legal, or conduct violations
- Deliver all signed evaluations and training logs (annual training goals, supervision contracts, rotation training goals, mid-rotation evaluations, end-of-rotation evaluations, log of internship activities [hours, didactic, assessment], research goals, mid-research evaluation, end-of-research evaluation, mid-year goals, and final internship report).

ROTATION DESCRIPTIONS

Rotations and specific training experiences that are available during COVID-19 may depend on local infection rates, local clinical policies, and leadership decisions. Currently, almost all outpatient visits are conducted virtually utilizing VA's sophisticated telehealth platforms. The volatile nature of the pandemic makes it impossible to predict today how circumstances on the ground will look in the fall of 2021, when we begin a new cycle of training. Nonetheless, our facility is fully committed to following public health guidelines that are based solely on the best available scientific evidence, to making your health and safety our number one priority, and – given the constraints imposed by necessary health restrictions – to providing you with the highest quality training experience that we can devise. We pledge to do all of this in a straightforward and transparent manner.

ADDICTION TREATMENT CENTER

The American Lake Addiction Treatment Center (ATC) is an outpatient-based specialty program focused on the treatment of substance use disorders as well as other co-occurring mental health diagnoses. The 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. The population ranges widely in age and is ethnically and racially diverse; approximately 40% of the patients served in the ATC are legally mandated to treatment. Typically, our patients have substantial disruption in their significant relationships; most are divorced or separated. Many are unemployed and 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 recovery goals 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. The ATC also offers both office-based and clinic-based buprenorphine, as well as methadone via our Opioid Treatment Program.

Profession-Wide Competencies addressed on this rotation include: Ethics and Legal Standards, Individual and Cultural Diversity, Professional Attitudes, Values, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, and Consultation and Interprofessional Skills.

Staff:

Drs. Elisia Yanasak, Sareeta Beeram, Troy Robison, Sean Robinson and Matthew Coopersmith are the supervising psychologists on this rotation.

Training:

An intern who chooses this rotation will have the opportunity to function as a member of the inter-professional treatment team delivering services to Veterans seeking care for substance use problems. The intern may serve as a 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 work with selected patients individually utilizing a short-term therapy approach; will have the opportunity to participate in weekly support groups as a co-leader; and will conduct intake assessments for selected patients. Interested interns may also participate in our dual disorder group that is designed to address both the addiction and mental health needs of the patients with serious and persistent mental illness and co-occurring substance use disorders. In addition, the ATC program offers specialty groups in which an intern may choose to participate. Examples include a mindfulness meditation group, a support group for patients in our opioid treatment program, and Seeking Safety.

Supervision:

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary team meetings. Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can usually accommodate one intern at a time.

A Week in the Life...

Addictions Treatment Center (ATC)



Erica Nichols
University of North Texas (PhD)
Clinical

Monday

A.M. Intake with Veteran entering substance abuse treatment

P.M. Co-facilitate weekly support; Individual supervision; Individual therapy/case management; Treatment team meeting

Tuesday

A.M. Co-facilitate intensive outpatient group; Individual therapy/case management

P.M. Individual therapy/case management; Intern check-in with Training Directors; Intern didactic series

Wednesday

A.M. Individual consultation; Individual therapy/case management; Co-facilitate intensive outpatient group

P.M. Individual therapy/case management; Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer consultation

Thursday

A.M. Individual supervision; Individual therapy/case management; Co-facilitate intensive outpatient group

P.M. Individual therapy/case management; ATC team meetings

Friday

A.M. Individual supervision; Group supervision; Co-facilitate mindfulness-based relapse prevention

P.M. Research time

CLINICAL GEROPSYCHOLOGY

Interns on this rotation will be exposed to the core professional attitudes and values necessary for working with older adults, as well as major ethical concerns unique to this population. Working with older people, and those at end of life, requires a dedication to self-awareness in practice as well. Older age is itself a facet of diversity, and within this population other facets of diversity include physical and cognitive limits, gender, ethnicity, LGBTQ status, religious status, and socioeconomic status. The rotation is based in the Geriatrics and Long-Term Care Service. As such, interns are exposed to an interdisciplinary and team-based approach to care, in a medical setting. Clinically, this rotation provides experience in consultation and psychotherapy with an older adult population. Assessment opportunities arise, but these are secondary in nature. There are no opportunities for research on this rotation. However, we adhere to common standards and current grounding in established treatments and geropsychological theory. The rotation is best suited for an intern who plans to engage in older adult care to some extent (even if not exclusively) as their career proceeds.

This rotation was developed to meet the standards established in the Pikes Peak Competencies for geropsychology training. Program competencies specifically addressed within this rotation experience include Assessment, Intervention, Ethics and Legal Standards, Professional Communication, and Individual & Cultural Diversity.

Staff:

Dr. Douglas Lane is the supervising psychologist for Interns in this rotation. Other staff include the current geropsychology post-doctoral fellow.

Training:

Interns entering this rotation are expected to already have a solid grounding in psychotherapeutic work, with comfort using techniques from major theoretical orientations (CBT, ACT, IPT, etc). The intern will see inpatients, outpatients, and consult as part of treatment teams. Serving in a consultative role requires the intern to develop abilities in peer consultation and communication outside of traditional mental health disciplines. The intern is expected to generate a scholarly presentation for the Geriatrics and Extended Care journal club series. There are also didactic seminars available through the GRECC, MH Neuropsychology, and Geriatric Medicine.

Supervision:

Interns will be provided with two hours of individual supervision per week as well as 1 hour of group supervision together with the geropsychology fellow. The fellow will also provide tiered supervision for the intern. Direct observation is provided via co-therapy, live observation, and/or tape review. Dr. Lane also employs “shadowing” whereby the intern and Dr. Lane see patients together, in some circumstances.

Capacity and Time:

This rotation can usually accommodate one intern at a time. It is not open first rotation.



Allison Jay
University of Colorado,
Colorado Springs (PhD)
Clinical

Monday

A.M. Supervision; Psychotherapy sessions - Blue Team Primary Care

P.M. Psychotherapy sessions - Blue Team Primary Care; Neuropsychology Seminar

Tuesday

A.M. Report writing; Geriatrics Journal Club; Interprofessional team meetings

P.M. Couples Dementia Group; Dementia Special Care Unit team meeting; Intern check-in with Training Directors; Intern Didactic Seminar

Wednesday

A.M. Geriatrics Didactic; Dementia care unit intake evaluations; Psychotherapy sessions; Capacity evaluations; Assessments

P.M. GRECC seminar; Psychotherapy sessions - CLC; Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal Club/Staff meeting/Peer Consultation

Thursday

A.M. Supervision; Report writing; Patient consultations

P.M. Family Caregiver Education Group; Report writing

Friday

A.M. Assessment supervision; Work on research project

P.M. Intern lunch; Work on Chief Intern projects/tasks

MENTAL HEALTH CLINIC

The Mental Health Clinic (MHC) is the specialty mental health service's all-purpose mental health outpatient clinic, which serves patients reflecting the full spectrum of mental health needs. This patient population ranges widely in age 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, nurses and advanced practice nurses, social workers, occupational therapists and psychiatrists.

Profession-Wide Competencies addressed on this rotation include: Assessment, Intervention, Ethics and Legal Standards, Individual and Cultural Diversity, Consultation and Professional Skills, Professional Attitudes, Values, and Behaviors, and Consultation and Interpersonal Skills.

Staff:

Drs. Russell McCann, Eric Clausell, Janna Fikkan, Dan Fischer, and Annie Mueller are the clinical supervisors for this rotation. Dr. David Correia is a consulting psychologist on this rotation.

Training:

The intern's core experiences on this rotation embody the essence of this training program's generalist philosophy, emphasizing evidence-based individual, couples' and group psychotherapy, psychological assessment, and psychological consultation with an interprofessional staff. The intern will engage in clinical assessment and treatment of our Veterans, will navigate ethical issues as they arise with our population, and will work with the diverse life experiences represented within our clinic. The intern will operate as a member of a Behavioral Health Interdisciplinary Program (BHIP) team.

Supervision:

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary BHIP team meetings (to be assigned based on primary supervisor). Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can usually accommodate two interns at a time.

A Week in the Life...

Mental Health Clinic (MHC)



Kathryn Oost
University of Montana (PhD)
Clinical

Monday

A.M. Supervision; Individual Psychotherapy Sessions

P.M. Research Time

Tuesday

A.M. MHC Team Meeting; Psychological assessment/report writing

P.M. Co-lead Relationship Skills Group; Intern check-in with Training Directors; Intern Didactic Series

Wednesday

A.M. PE Consultation Group; Individual Psychotherapy sessions; Diversity Mentor meeting

P.M. Individual Psychotherapy Sessions; Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer Consultation

Thursday

A.M. Supervision; MHC Couples Psychotherapy Intake

P.M. MHC Individual Sessions for Couple Work

Friday

A.M. Group Assessment Supervision; Administrative Time for Service/Committee projects

P.M. Intern Lunch; Couples Psychotherapy Sessions

MHC NEUROPSYCHOLOGY

While MHC Neuropsychology is housed in the Mental Health Clinic, we are a generalist neuropsychology clinic that receives consults from throughout the hospital. Our most common referral sources are the Mental Health, Neurology, and Primary Care Service Lines. The patient population ranges from Veterans in their 20's to those in their 90's and is ethnically and racially diverse. In addition to our general outpatient clinic, we evaluate Veterans who are residing in the Community Living Center (CLC) either for long-term care or shorter-term respite care. We also see Veterans who are residing in the Domiciliary for various programs including intensive PTSD treatment and substance use treatment. We have a clinical database that can be used for QI opportunities (and potentially research).

Profession-Wide Competencies specifically addressed within this rotation include Assessment, Ethics and Legal Standards, Individual and Cultural Diversity, Consultation and Professional Skills, Professional Attitudes, Values and Behaviors, and Consultation and Interpersonal Skills.

Staff:

Primary supervisors on this rotation are Drs. Amsden, Parmenter, and Sanchez.

Training:

Interns on the MHC Neuropsychology rotation will work primarily with one supervisor although might have opportunities to see cases with another supervisor. They might also work with a postdoctoral resident in Clinical Neuropsychology as part of their training. The focus of this rotation is on neuropsychological assessment and the intern will be scheduled to see at least one case per week. This will include chart review, interview, testing, scoring, report write-up, and feedback. These are cases scheduled to see the supervisor, which allows for close supervision on every case. We follow a developmental model for supervision to allow the intern to take more of a lead in the cases seen as the rotation progresses. While on this rotation, in addition to the regular intern didactics, interns are required to attend the weekly Neuropsychology Seminar, monthly Neuropsychology Journal Club, and monthly Neuropsychology Case Consultation.

Supervision:

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary BHIP team meetings (to be assigned based on primary supervisor). Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can usually accommodate 1 intern at a time.



Amy Claxton
University of Massachusetts,
Amherst (PhD)
Clinical

Monday

A.M. Supervision; Neuropsychological Assessment

P.M. Neuropsychological Assessment; Neuropsychology Seminar

Tuesday

A.M. Mental Health Clinic Team Meeting; Assessment Scoring

P.M. Feedback session; Intern check-in with Training Directors; Group Assessment Supervision; Intern Didactic Seminar

Wednesday

A.M. Assessment report writing; Neuropsychological Assessment

P.M. Report and note writing; Supervision of Supervision Seminar; Psychology Service Seminar series/Psychology Service Journal club/Staff Meeting/Peer consultation

Thursday

A.M. Supervision; Report writing; Feedback session

P.M. Feedback session; Neuropsychology Case Consultation; Neuropsychology Journal Club

Friday

A.M. Work on research project

P.M. Intern Lunch; Admin time to work on Service/Committee projects/tasks

PAIN CLINIC

The pain clinic consists of a multidisciplinary team approach to chronic pain. There are two psychologists, a physician, a physical therapist/PTA, a pharmacist, two physician assistants and three nurses who work together to administer comprehensive pain management care for veterans with complex chronic pain. The clinic practices from a Biopsychosocial approach, which drives much of the treatment. Mindfulness, ACT, and CBT are strong components in the clinic. The multidisciplinary approach to pain management consists of integrating disciplines to assess and treat pain through behaviorally based methods.

In participating in this rotation, the intern develops the following Profession Wide Competencies: Consultation and Professional Skills, Intervention, Individual and Cultural Diversity, Professional Attitudes, Values and Behaviors, and Consultation and Interpersonal Skills.

Staff:

Dr. Lauren Hollrah is the supervising psychologist on this rotation. Other staff include, Erik Clarke, Ph.D., Stephen Hedt, PA-C, Mary Muth, PA-C, L.Ac., Kathy Rinehart, Pharm.D., and Bernard Canlas, M.D.

Training:

The rotation consists of educational classes for veterans about complex chronic pain, led by the Clinical Providers. There are also groups related to Mindfulness-based and ACT approaches to the management of chronic pain. In addition to individual sessions, the pain clinic also assesses veterans from a co-disciplinary standpoint where an intake and subsequent follow-ups are done with the PA and psychologist at the same time.

The Outpatient Functional Restoration Pain Program (oFRPP) is a 2 days/week program, four hours each day for 8 weeks. There are Physical Therapy groups, Psychology groups and Mind-Body groups led by each of the disciplines. This program was originally CARF accredited in September 2015. It was re-accredited in August 2018. There is also a Residential Functional Restoration Pain Program (rFRPP), which is a 5 week program, where the participants live in the Domiciliary on campus. Veterans attend programming from 9am to 3pm, which consists of physical therapy, psychology groups, mindfulness, relaxation, general health and holistic approaches to pain management. The intern will participate in leading groups, co-leading groups, providing individual therapy and co-disciplinary treatment. There will be many opportunities to learn what it is like to be a part of a multidisciplinary team, working closely with other disciplines and collaborating on patient care and program development.

Supervision:

Interns will be provided with two hours of individual supervision per week and will attend weekly interdisciplinary team meetings. Direct observation is provided via co-therapy, live observation, and/or tape review. Trainees may also attend the Wednesday noon Rehabilitation Psychology didactics with Seattle via VTEL and the SCAN ECHO collaboration with the DOD for didactics and case presentations.

Capacity and Time:

This rotation can usually accommodate 1 intern at a time.



Jennifer Bayer
University of Iowa (PhD)
Clinical

Monday

A.M. Co-disciplinary appointments; Research

P.M. Psychotherapy Mindfulness or ACT group; Research; Education and Didactic Committee Meetings

Tuesday

A.M. Orientation group; Team meeting; Supervision; Functional Restoration Program Progress Review

P.M. Psychotherapy sessions; Intern check-in with Training Directors; Intern Didactic Seminar

Wednesday

A.M. Co-disciplinary appointments; Psychotherapy sessions: Diversity Mentoring

P.M. Psychotherapy sessions; Supervision of Supervision Seminar; Psychology service meeting /Psychology Seminar/Psychology Journal Club/Peer Consultation

Thursday

A.M. Team meeting, Psychotherapy sessions; Functional Restoration groups

P.M. Functional Restoration groups

Friday

A.M. Individual supervision; Assessment supervision; Psychotherapy sessions

P.M. Psychotherapy sessions; Intern lunch

WESTERN TELEMENTAL HEALTH NETWORK (WTN)

The WTN is a clinical team that focuses on using technology to augment and improve access to mental health care. Clinically, WTN's primary function is to provide mental health services via clinical video teleconferencing (CVT) to Veterans at community-based VA clinics or non-VA locations (e.g., home). Veterans receiving services through WTN have a variety of clinical presentations, but most typically include trauma-related, anxiety and depressive disorders. WTN serves Veterans in a variety of different VISNs, including VA Puget Sound. The WTN Veteran population demographics are generally consistent with those of the VA Puget Sound mental health service population; however, the WTN population is notably more rural and whiter than this reference group. A majority of WTN's clinical services are delivered in an individual format, but group options exist and may expand. WTN strongly emphasizes evidence-based psychotherapy. Assessments are primarily for diagnostic or measurement-based purposes. WTN works closely with the Promoting Access to Telemental Health (PATH) program, which also provides telehealth services in VAPS. Clinicians from WTN and PATH meet together for team meetings and case consultation, integrating clinicians from both the American Lake and Seattle divisions (and beyond!).

This rotation addresses the following Profession-Wide Competencies: Consultation and Professional Skills, Intervention, Individual and Cultural Diversity, Professional Attitudes, Values and Behaviors, Consultation and Interpersonal Skills.

Staff:

Dr. Carrie Holtzman is the supervisor for this rotation. Dr. Erika Shearer provides consultation for this rotation. Clinically, the WTN program includes psychologists and psychiatrists at both the American Lake and Seattle divisions of VAPS, as well as providers from the Portland VA Health Care system. Providers in WTN tend to telework at least part time and serve Veterans both within and outside WA state (trainees who join this rotation will serve only WA-based residents).

Training:

The intern on the WTN rotation will learn how to provide mental health services via CVT and leverage other technologies in practice. The intern will have an opportunity to learn and apply treatments such as prolonged exposure therapy (PE), cognitive processing therapy (CPT), acceptance and commitment therapy (ACT), behavioral activation (BA), and cognitive behavioral therapy for insomnia (CBT-I). The intern will have an opportunity to learn and use assessments such as the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). The intern will participate in educational and research efforts.

Supervision:

Interns will receive two hours of individual supervision per week. Interns with interest in ACT and/or CBT-I groups may receive additional consultation via CVT from Dr. Erika Shearer. This additional consultation does NOT count toward the internship individual supervision requirement. Direct observation of the intern's clinical work may include co-therapy/assessment and or live observation. The intern may also capture audio from sessions to support treatment fidelity. The intern will take part in a weekly consultation meeting with the larger WTN and PATH Service.

Capacity and Time:

This rotation is usually able to accommodate up to one intern at a time, with the determining factor being space availability. This experience will likely be available most rotations.

A Week in the Life...

Western Telemental Health Network (WTN)



Jean Kim
University of Southern California (PhD)
Clinical

Monday

A.M. Individual Supervision; Individual psychotherapy sessions

P.M. Administrative time; Individual psychotherapy sessions;

Tuesday

A.M. Individual psychotherapy sessions

P.M. Individual psychotherapy sessions; Intern check-in with Training Directors; Intern Didactic Series

Wednesday

A.M. PE Therapy Consult group; Administrative time; Individual psychotherapy sessions

P.M. TMH didactic (monthly); Administrative time; Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal club/Staff Meeting/Peer consultation

Thursday

A.M. WTN team meeting; WTN case consultation; Co-lead CBT for Insomnia group

P.M. Individual Psychotherapy Sessions; Individual supervision; Diversity Committee Meeting

Friday

A.M. Assessment supervision; Administrative time

P.M. Intern lunch; Research

PTSD OUTPATIENT CLINIC (POC)

The POC is a specialized, outpatient clinic that provides evidence-based, trauma-focused treatment for Veterans who struggle with PTSD as a result of their military service or Military Sexual Trauma (MST). Treatment in the POC is largely PTSD-focused interventions with some preparatory offerings for individuals who may not yet be ready to engage in a trauma-focused interventions. Such evidence-based, PTSD-focused interventions are most likely to be in an individual format. The POC patient population ranges widely in age and is ethnically and racially diverse; approximately sixteen percent of patients are women. Among the patients served in the POC, the majority of patients present with a primary diagnosis of military related PTSD, with many also presenting with co-occurring conditions.

Profession-Wide Competencies specifically addressed within this rotation include Assessment, Intervention, Ethics and Legal Standards, Individual and Cultural Diversity, Consultation and Interpersonal Skills, and Professional Attitudes, Values and Behaviors.

Staff:

Supervisors on this rotation are Drs. Cody Bullock, Jennifer King, Dale Smith, and Alycia Zink.

Training:

The intern's core experiences on this rotation embody the essence of this training program's generalist philosophy, emphasizing evidence-based individual and group psychotherapy, psychological assessment, and psychological consultation with an interprofessional staff. The POC is staffed by six clinical psychologists, two clinical social workers, and two mental health counselors. Additional team members typically include interprofessional trainees (social work practicum student, psychology doctoral intern[s], and a psychology postdoctoral resident). Although the roles and functions of each team member may vary based on discipline and/or expertise, all staff from all disciplines are integral members of this interprofessional team. Each of the POC staff therapists is trained, formally or informally, in at least one of the following evidenced-based treatments with some trained in more: CPT, PE, Exposure, Relaxation, and Rescripting Therapy-Military (ERRT-M), Acceptance and Commitment Therapy (ACT), and Unified Protocol (UP) for Transdiagnostic Treatment of Emotional Disorders.

Supervision:

Interns will be provided with two hours of individual supervision per week and will attend weekly interprofessional POC team meetings. Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can usually accommodate one to two interns at a time, with the limiting factor for a second intern being office space in the clinic to accommodate patient care.

A Week in the Life...

PTSD Outpatient Clinic (POC)



Sandy J. Lwi
University of California, Berkeley (PhD)
Clinical

Monday

A.M. POC Intake

P.M. Psychotherapy sessions; Treatment planning sessions

Tuesday

A.M. Psychotherapy sessions; Supervision; Co-lead Unified Protocol group

P.M. Psychotherapy session; Intern check-in with Training Directors; Intern Didactic Seminar

Wednesday

A.M. Psychotherapy sessions; Co-lead PTSD 101 group; Team meeting

P.M. Psychotherapy sessions; Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer Consultation

Thursday

A.M. POC Intake

P.M. Research; Diversity Mentoring; Diversity Committee Meeting

Friday

A.M. Assessment Supervision; Psychotherapy sessions

P.M. Intern lunch; Psychotherapy sessions; Supervision

PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI)

The PCMHI team provides consultation and collaborative care alongside primary care staff to Veterans with mild to moderate mental health conditions and behavioral health concerns. This multidisciplinary team setting offers same-day access to Veterans enrolled in primary care services, facilitates psychoeducational classes and group therapy, and provides brief, evidence-based, individual therapy to meet a variety of Veterans' needs. Trainees can expect to gain experience with brief functional assessment, risk assessment, treatment planning, intervention skills, consultation, and team-based collaborative care. The PCMHI team serves a diverse population with varying cultural, educational, and religious backgrounds.

Profession Wide Competencies addressed on this rotation include: Assessment and Intervention, Individual and Cultural Diversity, Research, Ethical and Legal Standards, Communication and Interpersonal Skills, Professional Attitudes, Values and Behaviors, and Consultation and Interprofessional Skills.

Staff:

Primary supervisors for PCMHI include: Drs. Josh Breitstein, Emily DiNatale, Amee Epler, Liz Hirschhorn, Mary-Catherine Kane, Lori Katz, Jason Katzenbach, and Burton Kerr. Additional consultants on rotation include: Ms. Candy Campbell, Ms. Kris Delicana, Ms. Traci Donals, Dr. Tom Meacham, and Dr. Luz Starck.

Training:

This rotation is focused on brief, functional assessment and evidence-based therapies. An intern on this rotation may engage in a number of ongoing quality improvement projects, where trainee participation is encouraged at all stages, including project development. The intern will also be exposed to common ethical and legal issues including risk assessment, end-of-life, vulnerable adult status, third-party mandated reporting, ability to make medical decisions, navigating Federal versus State codes, and privacy and confidentiality. Consultation and collaboration with primary care staff is also an integral part of this rotation, including contributing to team meetings, formal didactic opportunities, and team-based treatment planning and interventions.

Supervision:

Interns will be provided with two hours of individual supervision per week and will attend weekly PCMHI team meetings. Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can usually accommodate two interns at a time.

A Week in the Life...

Primary Care Mental Health Integration (PCMHI)



Sam Rennebohm
Seattle Pacific University
(PhD)
Clinical

Monday

A.M. Same Day Access Clinic

P.M. Individual supervision; Co-facilitate ACT for Chronic Pain group

Tuesday

A.M. Individual therapy/follow-up appointments; Informal consultation with PCMHI and Primary Care staff; Rotation Administrative Time

P.M. Group Assessment Supervision; Intern check-in with Training Directors; Intern Didactic Series

Wednesday

A.M. Team meeting; Individual therapy/follow-up appointments

P.M. Individual therapy/follow-up appointments; Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer Consultation

Thursday

A.M. Individual supervision; Individual supervision for minor rotation; Individual therapy/follow-up appointments; Co-facilitate Self-Management for Anxiety Group

P.M. Same Day Access Clinic

Friday

A.M. Research

P.M. Individual therapy/follow-up appointments; Intern lunch

PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC) / SERIOUS MENTAL ILLNESS (SMI)

The PRRC/SMI rotation includes opportunities for individual psychotherapy, group psychotherapy, psychological assessment, and consultation with other members of Veteran's treatment team (e.g., psychiatrists, addictions treatment, inpatient psychiatry, etc.). Research can be included through involvement in quality improvement projects within the PRRC and/or Mental Health Intensive Case Management (MHICM) program. The SMI population often offers significant opportunities to consider ethical and legal standards in the context of psychiatric crises and psychosocial stressors. Individual and cultural diversity is addressed through work with a specialty population (SMI) with Veterans from a range of cultural backgrounds and ages. Additionally, the PRRC receives consults for treatment of complex cases that often benefit from psychological assessment, allowing interns the opportunity to focus on psychological assessment, if desired, on this rotation.

Profession-Wide Competencies addressed on this rotation include: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Communication and Interpersonal Skills, Professional Attitudes, Values and Behaviors, Consultation and Interpersonal Skills, Assessment, and Intervention.

Staff:

Dr. Kristin Gayle is the supervising psychologist on this rotation and Dr. Samantha Overstreet provides assessment supervision. Other staff include social worker Magdaline Hatzikazakis.

Training:

Interns will be responsible for individual therapy, group therapy, case management, and psychological assessment of Veterans with serious mental illness. The balance of the above activities are driven by intern's rotational goals and desired experiences. Additionally, interns will work within a multidisciplinary team with opportunities to consult with Veterans' psychiatrists and other members of their treatment team.

Supervision:

Interns will be provided with two hours of individual supervision per week as well as 2 hours of group supervision (assessment, supervision). Supervisors will offer additional supervision as needed. Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can usually accommodate one intern at a time.

A Week in the Life...

Psychosocial Rehabilitation and Recovery Center (PRRC)



Emily Scheiderer
University of Missouri (PhD)
Clinical

Monday

A.M. MHICM meeting/observation; Individual Psychotherapy Sessions

P.M. Coping with Voices group; Individual Psychotherapy Sessions

Tuesday

A.M. ACT group; Individual supervision; Diversity Mentoring

P.M. Individual therapy cases; Intern check-in with Training Directors; Intern Didactic Series

Wednesday

A.M. Team meeting; Women's Healthy Connections group

P.M. Supervision of Supervision Seminar; Psychology Service Seminar Series/Journal Club/Staff Meeting/Peer Consultation

Thursday

A.M. STAIR group; PRRC Assessment

P.M. Individual therapy cases; Individual supervision

Friday

A.M. 2nd STAIR Group; PRRC Assessment

P.M. Intern lunch; Research

SUBSTANCE TREATMENT AND RECOVERY (STAR) PROGRAM

An intern would be involved in all aspects of this rotation, including conducting group and individual therapy, utilizing evidence-informed treatments as well as case management. An intern would have access to treatments such as ACT, MI, CBT, CBT for SUD, and Mindfulness, among others. An intern would be a member of the interprofessional team which includes multiple social workers, psychologists, an occupational therapist, and medical providers. In addition to STAR specific programming, the intern may be able to, depending on interest, co-facilitate a Dom-wide Seeking Safety group with a STAR treatment team member. Additionally, the intern on this rotation would participate in the greater domiciliary environment by attending staff meetings and community meetings with all Dom Veterans.

The Profession-Wide Competencies (PWCs) that would be addressed in this rotation include:

- ethics & legal standards- through discussion related to Veterans with legal mandates for treatment, child and vulnerable adult abuse reporting policies, treatment interfering behaviors and decisions based on how to manage this in a residential setting, among others.
- individual & cultural diversity- through discussion related to diversity of Veterans presenting to program (age, race, combat exposure, war era, gender, etc.) as well as substances of choice and how that impacts treatment/recovery efforts.
- professional attitudes/values/behaviors- through discussion on these topics from experiences in therapy settings as well as interactions with team members.
- communication & interpersonal skills- through discussion on these topics from experiences in therapy settings as well as interactions with team members.
- intervention- intern will be facilitating and co-facilitating group therapy as well as conducting individual therapy.
- consultation & interpersonal skills- through discussion on these topics from experiences in therapy settings as well as interactions with team members.

Staff:

Dr. Zeba Ahmad-Maldonado is the supervising psychologist on this rotation. Dr. Megan Harned is a consulting psychologist on this rotation.

Training:

Interns will be responsible for managing a small caseload of Veterans in the STAR Program as well as co-facilitating multiple groups per week. An intern would also be expected to attend approximately three Dom team meetings and at least one of STAR team meetings per week.

Supervision:

Interns will be provided with two hours of individual supervision per week and additional supervision as needed. Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can accommodate one intern at a time.

A Week in the Life...

Substance Treatment and Recovery (STAR) Program Mental Health Residential Rehabilitation Treatment Program (MHR RTP)



Maleeha Abbas
University of Wisconsin (PhD)
Counseling

Monday

A.M. General MHR RTP meetings; STAR Team Meeting with Veterans; Individual Therapy

P.M. STAR Team Meeting; Diversity Mentorship Time

Tuesday

A.M. Supervision; STAR Planning Meeting with Veterans; Co-facilitating ACT Group

P.M. Individual therapy; Intern check-in with Training Directors; Intern Didactics; Administrative Time

Wednesday

A.M. General MHR RTP meetings; STAR Team Meeting with Veterans; Intake Assessment; Co-facilitating Relapse Prevention

P.M. Administrative Time; Supervision of Supervision Seminar; Psychology Service Meeting/Psychology Seminar/Psychology Journal Club/Peer Consultation

Thursday

A.M. Supervision; STAR Team Meeting with Veterans; Co-facilitating Relapse Prevention Group

P.M. Individual Therapy; Administrative Time; Diversity Committee Meetings

Friday

A.M. General MHR RTP meetings; Assessment Supervision Meeting; Co-facilitating Communication Skills Group; Individual Therapy

P.M. Administrative Time; Research; Intern Lunch

VETERANS INTENSIVE PTSD (VIP) PROGRAM

The Veterans Intensive PTSD (VIP) program is the residential PTSD program serving Veterans with chronic or complex PTSD, along with other co-occurring disorders, who need a higher level of care than traditional outpatient. The VIP program is part of the larger Mental Health Residential Rehabilitation Treatment Program (MHR RTP). The treatment environment is robust and multifaceted. Interventions are holistic, focusing on recovery from the individual level (e.g., individual therapy using evidence-based approaches), all the way up to the systemic level (e.g., engaging a therapeutic milieu as an intervention.) Treatment is rigorous, as Veterans are expected to engage in multiple forms of therapy at once, and strengths-based, drawing from Veterans' personal resources. Veterans participating in this program range in age, race and ethnicity, co-occurring disorders, combat exposure, and military branch of service, among other diverse factors. All Veterans in this program have experienced some form of military related trauma, and most have additional childhood trauma.

Profession-Wide Competencies specifically addressed within this rotation include Ethics and Legal Standards, Individual and Cultural Diversity, Professional Attitudes, Values, and Behaviors, Communication and Interpersonal Skills, Intervention, Assessment, and Consultation and Interpersonal Skills.

Staff:

Drs. Margaret Schwartz Moravec and Julie Sharrette are the primary supervising psychologists in this rotation. Dr. Michelle Loewy is a secondary supervising psychologist. Day-to-day, open-door consultation is available and expected with all staff, to include Recreational therapy: Mani Dhami, Social Work: Bryndis Njardvik and Gretchen Soelling, Physician Assistant: John Ramirez, and Nursing: Susan Reeves.

Training:

An intern would be expected to function as a full member of the interprofessional team and would be involved in all aspects of this rotation, which includes facilitating treatment groups, providing individual psychotherapy, and conducting psychological assessments. An intern would have exposure to multiple evidence-based treatments such as Prolonged Exposure therapy and Cognitive Processing therapy. Additional training opportunities in transdiagnostic approaches (e.g., Skills Training in Affective and Interpersonal Regulation/STAIR) and trauma informed care are available (e.g., Adaptive Disclosure). Participation in measurement based care to guide treatment planning is expected for all interns. In addition to VIP specific programming, the intern may be able to, depending on his/her interest, have greater involvement with the domiciliary environment through participation in MHR RTP-wide interventions and meetings. An intern would be expected to attend Dom and VIP meetings each week. In addition to clinical training opportunities, an intern would have the option to participate in program evaluation as an opportunity to blend clinical training and administrative responsibilities and will participate in team led journal discussions.

Supervision:

Two hours of individual supervision per week. Additional individual supervision is provided, as needed. Direct observation is provided via co-therapy, live observation, and/or tape review.

Capacity and Time:

This rotation can usually accommodate one intern at a time.

A Week in the Life...

Veterans Intensive PTSD (VIP) Program



Rosamond J. Smith
University of Louisville (PhD)
Counseling

Monday

A.M. Staff meetings; co-lead Moral Injury group; Psychotherapy session

P.M. Psychotherapy session; Research

Tuesday

A.M. Co-lead STAIR group; Supervision

P.M. Psychotherapy session; co-lead PTSD 101 group; Intern check-in with Training Directors; Intern Didactics

Wednesday

A.M. Staff meetings; Intake/Assessment; Psychotherapy session or Diversity mentoring

P.M. Supervision of Supervision Seminar; Psychology Service Meeting/Psychology Seminar/Psychology Journal Club/Peer Consultation

Thursday

A.M. Co-lead STAIR group; Research supervision

P.M. Supervision; Treatment team meeting; Psychotherapy session

Friday

A.M. Staff meetings; Assessment supervision (group); Research

P.M. Intern lunch; co-lead VIP Huddle; Assessment supervision (individual)

TRAINING FACULTY

Zeba S. Ahmad-Maldonado, PhD is the Program Manager for the Substance Treatment and Recovery (STAR) Program in the MHR RTP. She received her Ph.D. in Clinical Psychology from Seattle Pacific University, completing her 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 was 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. Dr. Ahmad has a special emphasis on diversity related issues.

Niki Amsden, PhD is a clinical neuropsychologist in the MHC. She attended the University of Georgia and completed her doctoral internship at the Long Beach VAMC where clinical interests focused on neuropsychology and general medical consultation. She completed her postdoctoral internship in medical psychology at Oregon Health Sciences University where she emphasized neuropsychological assessment in a consultation-liaison setting. She spent over 25 years in private practice specializing in adult clinical neuropsychological and psychological assessment and treatment with an emphasis on general rehabilitation issues. She consulted for a number of years in both inpatient and outpatient interdisciplinary settings with a wide variety of patient populations including TBI, dementia, and other neurological disorders. Clinical interests include the impacts of psychiatric and chronic medical disorders on cognition. She is licensed in the states of Washington, California, and Oregon.

Derek Anderson, PhD is a psychologist in the Rehabilitation Care Service. He obtained his PhD in Clinical Psychology from Ohio State University and is licensed in Washington state. He completed his doctoral internship at the Seattle VA and postdoctoral residency in Rehabilitation Psychology at the Seattle VA. Clinically, he is interested in adjustment to chronic disabilities and currently conducts brief outpatient neuropsychological assessments as well as provides individual and group psychotherapy. His intervention approaches are guided by empirically supported treatments, including Cognitive Behavioral Therapy (CBT), Behavioral Activation, Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI) and Problem-Solving Therapy techniques to promote mood management, pain management, and optimize response to disability within a rehabilitation setting. As for research, he is most broadly interested in examining response to chronic medical conditions or acquired disability among patients and their family members. His most recent research efforts have included examining mood and social support among patients with limb loss. Additionally, he has been serving as a study therapist for an ongoing grant-funded, multi-site, group intervention for chronic pain management.

Sareeta Beeram, PsyD is a psychologist with the Addictions Treatment Center (ATC). She received her PsyD in Clinical Psychology from Nova Southeastern University. She completed her doctoral internship at the VA Eastern Kansas HealthCare System and is licensed in the state of Kansas. Dr. Beeram's theoretical orientation is Cognitive Behavioral. She completed the Motivational Enhancement Therapy (MET) training program through the VA in 2015 and serves as a national consultant for the MI/ MET training programs. At American Lake, Dr. Beeram serves Veterans in both the outpatient addiction treatment program and the office-based buprenorphine treatment program. She is a member of the American Lake Suicide Risk Reduction Committee. Her professional/research interests include diagnosis and treatment of co-occurring disorders and the role of motivation in engagement and treatment.

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

Joshua Breitstein, PsyD is a psychologist in the Primary Care Mental Health Integration (PCMHI) Clinic. He attended The Georgia School of Professional Psychology, earning his PsyD in 2008. While attending his graduate program, he earned a 2-year Health Professions Scholarship in the United States Army. He completed internship and post-doctoral training at Madigan Army Medical Center where he was trained as a clinical psychologist with a specific emphasis on military psychology. He served on active duty from 2007 to 2011, completing one deployment to Iraq from 2010 to 2011 as the psychologist assigned to the 85th Combat Stress Control Detachment. Dr. Breitstein holds an active psychology licenses in Washington state. His theoretical orientation is cognitive behavioral within an interpersonal framework. Dr. Breitstein received advanced training in sleep medicine at Madigan Army Medical Center. He brings diversity experience working with active duty military populations across all branches of service. Dr. Breitstein clinical and research interest is in the area of sleep medicine. He enjoys mentoring and supervising interns providing trainees with a diverse understanding of military culture and its impact on cognition and behavior. Dr. Breitstein also enjoys training interns in various aspects of sleep medicine and applying these principles to treatment in a primary care setting.

Cody L. Bullock, PhD is a clinical psychologist in the PTSD Outpatient Clinic (POC). He received his PhD from Pacific Graduate School of Psychology at Palo Alto University, with an emphasis in Neuropsychological Assessment. He completed his 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 in Washington state and provides supervision for both clinical practice and psychological assessments. He has completed VA rollout trainings in both MET and PE. He has enjoyed serving on a variety of workgroups with areas including staff education and training on SUDs and specific treatments, review of Suicide Behavior Reports, Psychology Intern training, and Psychological Assessment supervision. His theoretical orientation is primarily CBT-based.

David Correia, PhD is a staff psychologist in the Mental Health Clinic. He received his doctorate in Clinical Psychology from the Pacific Graduate School of Psychology at Palo Alto University. He completed his pre-doctoral internship at the W.G. (Bill) Hefner VA Medical Center in Salisbury, North Carolina. He completed his postdoctoral residency in Behavioral and Cognitive Psychology, PTSD emphasis, at the VA Puget Sound, American Lake Division. His theoretical orientation is primarily cognitive-behavioral. Dr. Correia received advanced training during internship and residency in trauma-focused interventions and completed VA evidence-based treatment rollouts for Prolonged Exposure and Cognitive Processing Therapy. He serves as a consultant on the Assessment Supervision Committee and also serves on the Diversity Committee. His professional interests include case-conceptualization, psychological assessment, professional development of ethnic minorities in psychology, and competency based supervision.

Eric R. Clausell, PhD is a psychologist in the MHC. 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 doctoral internship at Palo Alto VA Health Care System and his postdoctoral residency at Stanford University's School of Medicine. Dr. Clausell received advanced training on internship and residency in Couples Therapy and CBT 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 IBCT 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.

Matt Coopersmith, PsyD is a psychologist in the Addictions Treatment Center (ATC). He completed his doctorate degree in clinical psychology at The Chicago School of Professional Psychology, his doctoral internship at the Psychological Services Center of Pacific University in Portland, OR, and his post-doctoral fellowship at Oregon State Hospital. Dr. Coopersmith is currently licensed in the state of Kansas. His approach to psychotherapy is primarily cognitive behavioral. While working for the State of Oregon, he completed the intensive Dialectical Behavior Therapy training with Behavioral Tech and with the VA, he has completed the Motivational Enhancement Therapy protocol training. DBT and MI are his primary clinical interests.

Larissa Del Piero, PhD is a clinical psychologist in the Rehabilitation Care Service. She obtained her PhD in Clinical Psychology from the University of Southern California and completed a Doctoral Internship at the University of Washington School of Medicine in the Neuropsychology/Behavioral Medicine track. She completed a postdoctoral fellowship in Rehabilitation Psychology with a Neuropsychology emphasis at the Seattle VA. She is licensed in Washington and California. She is currently the psychologist for the TeleRehabilitation Enterprise Wide Initiative (TREWI) team, where she provides rehabilitation psychology and neuropsychology services via telehealth. She additionally serves as the psychologist for the inpatient Blind Rehabilitation Center (BRC), where she conducts psychosocial assessments, low vision neuropsychological assessments, and brief mental health interventions. Her clinical interests and areas of expertise include neuropsychological assessment with rehabilitation populations, mindfulness, acceptance, and family systems-based approaches to coping with physical illness and injury, and adaptation of rehabilitation psychology/neuropsychology services for telehealth.

Emily Dinatale, PhD is a psychologist in the PCMHI Clinic. She attended East Carolina University and completed doctoral internship at Charlie Norwood Veterans Affairs Medical Center/Medical College of Georgia Consortium. She completed postdoctoral residency at the Salem Veterans Affairs Medical Center in Virginia. She has been licensed in North Carolina since 2015. Clinical interests include promoting health management behaviors. Research interests include development and assessment of novel behavioral interventions for diabetes and weight management in underserved populations.

Natalie Dong, PhD, ABPP is a board-certified rehabilitation psychologist. She is the Deputy Chief, Psychology Service and served as the Interim Chief, Psychology Service from December 2014 to October 2015. Dr. Dong is the Director of the Center for Polytrauma Care and the VISN 20 Polytrauma Clinical Program Manager. She received her PhD 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 a Member-at-Large to the Executive Committee of APA Division 22 and also served as an officer and as the Oral Examination Coordinator on the Board of Directors of the American Board of Rehabilitation Psychology. Dr. Dong is an alumni of the APA Leadership Institute for Women in Psychology and an alumni of the 2016-17 Executive Potential Program sponsored by the VA Corporate Employee Development Board.

Amee J. Epler, PhD is the Program Manager of the PCMHI Clinic at the American Lake campus. She received her PhD in Clinical Psychology from the University of Missouri-Columbia. She completed her 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, Acceptance and Commitment Therapy for Depression, Problem Solving Therapy, Cognitive Behavioral Therapy 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 a staff psychologist in the Mental Health Clinic. She received her PhD in Clinical Psychology from the University of Vermont. She completed a pre-doctoral internship at Duke University Medical Center and a postdoctoral fellowship in health psychology at Duke Integrative Medicine. She is licensed in Washington and is Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her theoretical orientation integrates behavioral and interpersonal approaches. She is a national consultant for the Interpersonal Psychotherapy for Depression VA dissemination effort and serves on the Executive Committee of the VA Psychology Training Council. Her professional interests include training and mentoring of interns and residents and professional development of women in the field of psychology. Dr. Fikkan is a co-founder and co-chair of the Women in Leadership SIG for the Association of VA Psychology Leadership.

Daniel J. Fischer, PhD is a psychologist in the MHC. He is licensed in Washington state. Dr. Fischer received his PhD in Clinical Psychology from the University of New Mexico. He completed his doctoral internship at the VAPSCHCS, American Lake Division and his postdoctoral residency in the Center for Excellence in Substance Abuse Treatment and Education (CESATE) at VAPSHCS, Seattle Division. Dr. Fischer has received advanced training in the practice and education of MI and is a member of the Motivational Interviewing Network of Trainers (MINT). He is certified through the VA in CPT and is completing certification in IPT. His theoretical orientation is cognitive behavioral and he identifies as a generalist clinically. His professional interests include issues related to client engagement and retention as well as the training and dissemination of empirically based practices. Additionally, Dr. Fischer serves on the Education Committee.

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 PhD 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 VAPSHCS, 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.

Elizabeth W. Hirschhorn, PhD is a geropsychologist in the PCMHI Clinic and the Interim Associate Training Director for VA Puget Sound Health Care System – American Lake Division. She earned her PhD in Clinical Psychology from the Catholic University of America. She completed her doctoral internship at the VA Salt Lake City Health Care System and her postdoctoral residency in geropsychology at VAPSHCS, American Lake Division. She is licensed in the state of Washington. Her theoretical orientation is primarily behavioral and informed by geropsychological theory. Her professional interests include interprofessional care, utilization of mental health services by older Veterans, and the integration of technology into mental health care. She is a member of the Diversity Committee.

Lauren Hollrah, PsyD is a clinical pain psychologist in the Pain Clinic at the VAPSHCS. She earned her doctoral degree in Clinical Psychology from Pacific University. She completed her 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. She has developed the Outpatient Functional Restoration Pain Program, that is the only CARF accredited pain program for VISN 20, and housed at the American Lake Campus. 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 ACT. She received specialized training in ACT on internship and residency and continues to be involved in the Association of Contextual and Behavioral Science (ACBS) and the implementation of ACT in the Pain Clinic. She is also certified in CBT for Chronic Pain (CBT-CP). She has been licensed in both Oregon and Washington state since 2011. She also contributes on a national level as a Subject Matter Expert on chronic pain for the Veterans Health Library and is the Section Editor of the VA Pain Management Website – Patient Education. Her professional interests include the development of Functional Restoration Programs, patient education around chronic pain, and utilization of chronic illness management skills like mindfulness, stress management, yoga, and helping Veterans work toward an active and vital life.

Carrie Holtzman, PhD is a staff psychologist with the Western Telemental Health Network (WTN). She earned her PhD in Clinical Psychology from Emory University. She completed her doctoral internship at the Durham VA Medical Center in Durham, NC, where she also completed a postdoctoral residency specializing in trauma recovery. She has been licensed in North Carolina since 2016. Her theoretical orientation is primarily cognitive-behavioral, with an emphasis on interpersonal factors. She has completed VA certification requirements in ACT-D, CPT, and IPT-D, and she serves as a training consultant for the national VA ACT-D training program. Additional clinical interests include provision of evidenced-based psychotherapies via telehealth modalities. She serves as an assessment supervisor and as a member of the Diversity Committee. Her professional interests include training and supervision, and she is a member of the Association of VA Psychology Leadership.

Scott Hunt, PhD is a psychologist in the Psychiatric Assessment and Clinical Care (PACC) Unit. He received his PhD in Clinical Psychology from Fielding Graduate University. He completed both his doctoral internship and a postdoctoral research residency at the VAPSHCS, American Lake Division. Dr. Hunt's clinical orientation is integrative and his clinical interests are in emergency mental health, psychodiagnostics, and assessment. His research at the VA has ranged from biomedical research in antidepressant augmentation to aspects of religiousness in marital quality. He is licensed in WA state.

Mary-Catherine Kane, PhD is a psychologist in the PCMHI Clinic at the American Lake campus. She completed her Ph.D. in Counseling Psychology at Western Michigan University. Her 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-D, CPT, and MI. In addition to her clinical responsibilities, she is the Associate Program Director of Psychology in the Center for Excellence in Primary Care Education at VAPSHCS. Her professional interests include enhancing interprofessional learning and implementation of integrated care, program development and evaluation, health behavior change, and brief interventions for primary care settings.

Burton “T” Kerr, PhD is the Director of Primary Care Mental Health Integration for the VAPSHCS and is a psychologist in the PCMHI clinic at American Lake. He received his PhD in Clinical Psychology from Brigham Young University. He completed his doctoral internship at Walter Reed Army Medical Center, Washington DC and postdoctoral training in Clinical Health Psychology at Tripler Army Medical Center, in Honolulu, HI. 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, more specifically in the areas of sleep medicine, diabetes, and chronic pain.

Simon Kim, PhD is the Associate Director for VA Puget Sound Healthcare System and site administrator for the American Lake Division. Dr. Kim completed his Ph.D. in Clinical Psychology at Georgia State University, his internship at VA Palo Alto and was a postdoctoral resident in Clinical Psychology at Stanford University; he is licensed in Washington state. Prior to becoming the Associate Director of VAPSHCS in 2018, he was the Section Director of Community and Residential Care Services and Chief of the Mental Health Residential Rehabilitation Treatment Program (MHR RTP).

Jennifer C. King, PhD is the co-occurring substance use/PTSD specialist at American Lake and serves as the liaison between the POC and ATC. She received her PhD in Clinical Psychology (with an emphasis in forensic psychology) from Palo Alto University and completed her doctoral internship at VA St. Louis Health Care System. She is licensed in Kansas. Her theoretical orientation is integrative with a foundation in behavioral therapy. Dr. King completed the VA rollout training in Prolonged Exposure in 2015. Her professional interests include co-occurring substance use and PTSD in the Veteran population, Prolonged Exposure, “killing” and combat trauma specifically, harm reduction, age of substance use initiation and its implications, offender rehabilitation, and culturally-informed, inclusive care.

Douglas W. Lane, PhD, ABPP, CPsychol is a geropsychologist in the Geriatrics and Extended Care Service of the VA Puget Sound Healthcare System. He is also a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine. He completed a PhD in Clinical Psychology through the University of Kansas, internship training in the United States Army Medical Department, and a fellowship in psychology through the Yale University School of Medicine. He has also completed post-graduate training in Health Professions Education through the University of Glasgow School of Medicine, Scotland. He is board-certified in Geropsychology and Clinical Psychology by the American Board of Professional Psychology (ABPP). Dr. Lane is the current Past-President of the Society for Clinical Geropsychology/APA Division 12-2. He is licensed in Washington state. He is also a Chartered Psychologist in the United Kingdom (CPsychol). His clinical areas of

interest are psychotherapy with older adults, psychotherapy integration, dementia care, resiliency factors and aging including spirituality, and coping with neurological disorders.

Michelle Loewy, PhD is the Director of Community and Residential Care Services (CRCS) and Chief of the Mental Health Residential Rehabilitation Treatment Program (MHR RTP). Dr. Loewy earned her PhD in Counseling Psychology from the State University of New York at Buffalo. She completed her doctoral internship at VA Western New York Healthcare System. Her professional interests are related to clinical program evaluation, system efficiencies and redesign, team development and trauma-informed care. Her theoretical orientation is integrative, drawing from feminist, systems, behavioral and interpersonal theories. She is licensed in the state of New York.

Russell McCann, PhD is a program manager with the American Lake VA Mental Health Clinic and is an assistant professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington (UW). Dr. McCann received a PhD in clinical psychology from Seattle Pacific University. He completed internship at Washington State University and a postdoctoral residency in military research psychology at the National Center for Telehealth and Technology. Dr. McCann is a licensed psychologist in Washington State. Dr. McCann has been trained in the use of Behavioral Activation, CPT, PE, and Virtual Reality Exposure Therapy. He is recognized by the VA as a Telehealth Master Preceptor and provides telehealth training and consultation. His area of expertise is the use of technology to augment and provide access to mental health services.

Bill Meyer, PhD is a psychologist in the TelePain clinic. He received his M.A. in psychology from the University of Colorado, Colorado Springs and his PhD in Clinical Psychology from the University of Montana. Dr. Meyer completed his doctoral internship at the VA Western New York Healthcare System and postdoctoral residency at the VA Puget Sound-American Lake Division with emphasis in Behavioral and Cognitive Psychology. He is licensed in the state of Washington. His theoretical orientation is integrative and draws from cognitive-behavioral, mindfulness-based and acceptance and commitment therapy modalities. Dr. Meyer has received advanced training in the application of evidence-based psychotherapies in the treatment of PTSD and chronic pain. He is a VA certified provider in Prolonged Exposure therapy and Cognitive Processing Therapy. Dr. Meyer also serves on the American Lake Diversity Committee and is the member-at-large on the Training Committee. Dr. Meyer's professional interests include stigma reduction, function-based treatments for chronic pain and chronic pain and PTSD comorbidity.

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

Annie Mueller, PhD is a geropsychologist in the MHC. She received her PhD in Clinical Psychology with curricular emphasis in aging from the University of Colorado at Colorado Springs. She completed both her internship in clinical psychology and postdoctoral residency in geropsychology at VA Puget Sound, American Lake Division. Her theoretical orientation is

integrative, with emphasis on cognitive behavioral. She has completed VA rollout trainings in CBT for Depression and ACT for Depression. Her clinical interests include aging and mental health, late life anxiety, end-of-life care, chronic illness and disability, and telemental health. She serves on both the Training Committee and the Diversity Committee and is the preceptor for the geropsychology postdoctoral residency. She is licensed in Washington state.

Sarah Noonan, PhD is a clinical neuropsychologist in Rehabilitation Care Services, working primarily within the Center for Polytrauma Care. She earned her PhD 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 residency 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.

Samantha Overstreet, PhD, is a psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). She received her Ph.D. in Clinical Psychology from The University of Tulsa in Tulsa, OK. She completed her doctoral internship at the Hunter Holmes McGuire VAMC in Richmond, VA in their Serious Mental Illness Across the Lifespan track. She went on to complete a post-doctoral fellowship in Psychosocial Rehabilitation and LGBT Healthcare at VA Connecticut Healthcare System in West Haven, CT. She is licensed in Rhode Island since 2017. Dr. Overstreet's theoretical orientation integrates cognitive-behavioral and third-wave modalities, and she is a strong proponent of the recovery model. She has training in evidence-based treatments for serious mental illness, and is a VA-certified provider of Social Skills Training for Schizophrenia. Dr. Overstreet's professional interests include recovery-oriented systems change, personality assessment, and diversity issues, particularly LGBTQ advocacy. She currently serves as an assessment supervisor and as a member of the Diversity Committee.

Brett Parmenter, PhD, ABPP is a clinical neuropsychologist in the MHC. She attended the University of Kansas and completed her doctoral internship at Yale University School of Medicine. Her postdoctoral residency was in clinical neuropsychology at the University at Buffalo/SUNY School of Medicine and Biomedical Sciences. Clinical interests include cognitive functioning in multiple sclerosis, medical factors that affect cognition, and cognitive effects of serious and persistent mental illness. Research interests include cognitive functioning in multiple sclerosis, performance and symptom validity testing, and traumatic brain injury in veterans. Dr. Parmenter serves on the Board of Directors for the American Academy of Clinical Neuropsychology (AACN) and is Treasurer and Chair of the Development Committee for the AACN Foundation. She also is an active work sample reviewer for the American Board of Clinical Neuropsychology. She is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She has been licensed in Washington since 2006.

Larry D. Pruitt, PhD is the Director of Suicide Prevention at both the American Lake and Seattle divisions of VA Puget Sound. He received his PhD in Clinical Psychology from the University of Nevada, Reno. He completed his doctoral internship at the VA Sierra Nevada Medical Center and his postdoctoral fellowship at the University of Washington's Center for Anxiety and Traumatic Stress. He is a Licensed Clinical Psychologist in Washington State and an Associate Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His theoretical orientation is primarily behavioral. Dr. Pruitt has served as a member of the Military Suicide Research Consortium, the Joint DOD/VA Strategic Decision Team in

response to Executive Order 13822, The Department of Defense's Suicide Prevention and Risk Reduction Committee, and the 2019 update to the VA/DoD Clinical Practice Guidelines for the Identification and Management of Suicide Risk. Dr. Pruitt co-chairs the VA Puget Sound Suicide Risk Reduction Committee.

Greg Reger, PhD is the Deputy Associate Chief of Staff for the Mental Health Service at VAPSHCS and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. 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 2005 in support of Operation Iraqi Freedom. Dr. Reger spent 5 years as a civilian employee with the Department of Defense (DoD) 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 Coach mobile application and was recently funded to conduct a pilot trial of patient preferences for PE Coach and the impact of the app on clinically relevant outcomes.

Mark Reger, PhD is the Chief of Psychology and a 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. Dr. Reger's research centers on military and veteran suicide prevention. He has several lines of research in which he is working to develop and test novel suicide prevention interventions. He also conducts epidemiological research on military and veteran suicide. Dr. Reger works to translate science into suicide prevention policy and best practices, and therefore frequently contributes to clinical practice guidelines, national workgroups, and other policy initiatives. Prior to taking his current position, he spent 10 years in the Department of Defense where he led the development and implementation of the Department of Defense's suicide surveillance system. Dr. Reger has served as the principal investigator for multiple large federally funded studies.

Sean M. Robinson, PhD is a psychologist with the ATC at American Lake. Dr. Robinson received his PhD in Clinical Psychology from Nova Southeastern University specializing in addiction and MI. He completed his doctoral internship from Central/Western Massachusetts VA and his postdoctoral residency in quality improvement, leadership, and research for addictive behaviors within the North Texas VA Healthcare System. He is currently licensed in the state of Alabama. Dr. Robinson's theoretical orientation is patient-centered/cognitive behavioral and he is trained in CPT, MI, CBT-I, and CBT-SUD. Dr. Robinson remains active in research (with publications focusing on assessment, diagnostic nosology, psychometrics, and patient-centered advocacy) as well as quality improvement projects (having received his Green Belt certification from Lean Six Sigma in 2017).

Troy Robison, PhD is a psychologist in the Addictions Treatment Center (ATC). He completed his PhD in Clinical Psychology at Ohio University, his doctoral internship at the Cincinnati VA Medical Center, and is licensed in the state of Washington. His approach to psychotherapy is primarily humanistic, with specific interests in mindfulness based interventions and the incorporation of neurobiology into psychological treatments for addiction. He also provides Behavioral Couples Therapy for SUD and gambling addiction treatment in the ATC.

Orlando Sánchez, PhD is a clinical neuropsychologist in the MHC. He attended Seattle Pacific University and completed his doctoral internship at the University of Miami/Jackson Memorial Hospital where clinical interests focused on neuropsychological assessment and neurorehabilitation of patients with varied neurologic injuries, particularly TBI and CVA/strokes. He completed postdoctoral fellowships in neuropsychology at the Truman VA Medical Center and Minneapolis VA Health Care System with emphasis in: TBI via a national DoD-DVA longitudinal treatment and research program, CVA/stroke, geriatrics – including the Memory Disorders Clinic through GRECC, and polytrauma. He has been licensed in the state of Washington since 2018. Clinical interests include cross-cultural neuropsychology, particularly assessment and treatment pertaining to indigenous peoples of the Americas (North, Central, and South America), cultural competency, and neurorehabilitation. Research/scholarly interests include cultural competency training, acculturation, TBI/PTSD, and health disparities.

Margaret Schwartz Moravec, PhD is a psychologist in the Veteran's Intensive PTSD (VIP) program. Dr. Moravec received her Ph.D. in Counseling Psychology from the University of Houston, completed her doctoral internship at VA Puget Sound, American Lake, and then worked as a postdoctoral fellow in Trauma/Anxiety Disorders at the Houston VA. She returned to the Pacific Northwest to work in the Veterans Intensive PTSD Program, and currently serves on the psychology training committee at American Lake as preceptor for the Trauma and Substance Use in Residential Treatment Focus Area in the Clinical Psychology Fellowship. She is also the Evidence Based Psychotherapy Coordinator at American Lake. She has successfully completed VA roll-out trainings in Cognitive Processing Therapy and Prolonged Exposure. Her clinical interests include: combat and Military Sexual Trauma, working with Women Veterans, interpersonal process approaches, and group therapy processes. She identifies with psychodynamic, interpersonal, and cognitive-behavioral theoretical orientations. She is licensed in the state of Kansas.

Julie Sharrette, PsyD is a psychologist in the VIP Program. She received her PsyD in Clinical Psychology from Nova Southeastern University. She completed her doctoral internship at Western State Hospital in Washington. She has been licensed in Washington State since 2007. Her theoretical orientation is primarily cognitive behavioral. Dr. Sharrette began her training and career with an emphasis in forensic psychology by conducting pre-trial evaluations in the courts and jails. She was involved in research on trauma throughout graduate school and eventually gravitated to clinical work at Joint Base Lewis McChord. There, she worked as a psychologist providing assessment and treatment to active duty soldiers. Dr. Sharrette then became employed at Boise VAMC, working as a psychologist and team lead for the PTSD Clinical Team and PTSD Residential Program. She is trained in CPT, PE, EMDR, and ERRT-M. Her professional interests include psychological assessment, treatment of complex trauma and moral injury, and work with transgender populations.

Erika M. Shearer, PhD is a staff psychologist on the Promoting Access through Telemental Health (PATH) team. She received her PhD in Clinical Psychology from the University of Nevada, Reno and completed her doctoral internship at the VAPSHCS – American Lake division. She completed her postdoctoral residency in Rural Veteran and Telemental Health at the VAPSHCS – Seattle Division. She is licensed in Washington since 2015. Her theoretical orientation is primarily third wave cognitive behavioral therapy and she primarily utilizes evidenced based psychotherapies to include: ACT, PE, CPT, and CBT-I. She is a VISN 20 regional trainer and national consultant for the ACT for Depression VA Training and Dissemination effort and is a VAPSHCS LEAD graduate. Her research interests include mindfulness and acceptance strategies in the treatment of psychological issues related to chronic medical conditions, pain, and all things related to telemental health.

Dale E. Smith, PhD is the Program Manager of the POC. 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 doctoral internship 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 VISN 20 PTSD Mentoring Program. Dr. Smith's diversity interests include how beliefs are shaped by sociopolitical cultures within and across time, and his professional interests include the psychology of trauma. He is also interested in the delivery of patient care and treatment outcomes.

Jay Uomoto, PhD is the Psychology Training Director for VA Puget Sound Health Care System – American Lake Division. He completed a master's degree in theology and doctorate degree in clinical psychology at the Fuller Theological Seminary, Graduate School of Psychology. His internship training was at the University of Washington School of Medicine and there, he completed his postdoctoral residency in clinical geropsychology in the Department of Psychiatry and Behavioral Sciences. He is a Fellow and past President of the APA Division 22 – Rehabilitation Psychology. He serves on the editorial boards of the *Journal of Clinical Psychology* and the *Journal of Head Trauma Rehabilitation*. He has served as the Director or Research Director for several different VA, Department of Defense, and academic organizations. He has served as the principal investigator or co-investigator on multiple NIH grants focused on empirical questions related to the epidemiology of dementia in older Japanese Americans, and treatment interventions for those with Alzheimer's Disease. His other research focus has been in the area of traumatic brain injury rehabilitation. Dr. Uomoto is a licensed psychologist in the State of Washington and is also Certified in Health Care Ethics.

Amanda Ernst Wood, PhD is a Mental Health Research psychologist a VAPSHCS and a Clinical Associate Professor with the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Wood received her PhD in Clinical Psychology from the Graduate School of Psychology at Fuller Theological Seminary. She completed her doctoral internship at the VAPSHCS, American Lake Division, and her postdoctoral residency in Chronic Mental Illness and Neuropsychology at the University of Washington/VAPSHCS. She is currently licensed in the state of Washington. Dr. Wood's research interests include pharmacogenetics, provider burnout, and the treatment substance abuse, depression, and PTSD.

Elisia Yanasak, PhD is the Program Manager of the ATC at VAPSHCS, American Lake Division. She received her PhD at the University of Houston in 2002. She completed her doctoral internship at VAPSHCS, American Lake Division. She completed her postdoctoral residency in the interdisciplinary treatment of substance abuse at the Center of Excellence in Substance Abuse Treatment at VAPSHCS, Seattle Division. She has been licensed in Washington state since 2004. 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. Her research interests include Evidence Based Treatment of SUDs.

Alycia Zink, PhD is a staff psychologist in the PTSD Outpatient Clinic (POC) serving as the Women's Trauma Services Coordinator and Military Sexual Trauma Coordinator for American Lake and neighboring CBOC's. She received her PhD in Clinical Psychology from California School of Professional Psychology with a dual emphasis in Clinical Health Psychology and

Neuropsychology. She completed her pre-doctoral internship at John D. Dingell VA Medical Center in Detroit, Michigan, a two-year postdoctoral residency in neuropsychology at VA Northern California Health Care System, Martinez and is licensed in California. Dr. Zink primarily utilizes Evidenced Based Psychotherapies such as Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy, Prolonged Exposure, and Cognitive Processing Therapy. She serves as a national VA consultant for ACT for Depression, VISN 20 Regional Trainer, President of the ACBS Special Interest Group for the VA and is active in the local ACBS Chapter. Her professional interests include training and mentoring of psychology trainees, program development in mental health settings, and working with female Veterans and survivors of sexual violence. Research interests include working with sexual violence survivors, treatment approaches for adult survivors of childhood trauma, and anything related to ACT.



Lincoln Quote, Community Living Center

ALUMNI

2020 Graduates

University of Massachusetts
Boston, Counseling
Western Michigan University

University of Central Florida
University of North Texas
Fuller Graduate School of
Psychology
University of Alabama

Palo Alto University

Seattle Pacific University

School of Community Health Sciences,
Oklahoma State University
VA Postdoctoral Residency, Outpatient Mental Health
focus, Warren Alpert Medical School of Brown
University/Providence VA Medical Center
VA Staff Position, American Lake
Consultant
VA Postdoctoral Residency, Neuropsychology focus,
Loma Linda VA
Postdoctoral Residency, Sleep and Circadian Health focus,
Stanford University School of Medicine
VA Postdoctoral Residency, PTSD focus, VA Palo Alto
Health Care System
VA Postdoctoral Residency, Behavioral & Cognitive/PTSD
Focus, American Lake

2019 Graduates

University of Louisville, Counseling

University of Montana

Seattle Pacific University

Washington State University,
Clinical

Seattle Pacific University

University of Oregon, Counseling
Utah State University, Combined

VA Postdoctoral Residency, Psychosocial Rehabilitation
and LGBT Healthcare Focus, VA Connecticut
VA Postdoctoral Residency, PCMHI Focus, American Lake
Division
VA Postdoctoral Residency, CESATE Addictions Focus,
Seattle Division
University of Nebraska Medical Center, Clinical
Neuropsychology
VA Postdoctoral Residency, Couple and Family Health
Focus, Seattle Division
VA Staff Position, American Lake Division
Assistant Professor, Western Michigan University

2018 Graduates

University of Wisconsin, Madison
Counseling

University of Iowa

West Virginia University

University of Montana,
Missoula

University of Nebraska, Lincoln

University of Louisville

St. John's University

University of Wisconsin, Madison
Clinical

VA Postdoctoral Residency, Anxiety & Mood Disorders
Focus, Seattle
Seeking Employment
Postdoctoral Fellowship, Research, (Academic Setting)
VA Postdoctoral Residency, Telehealth Focus, Seattle
Division
VA Postdoctoral Residency, PCMHI Focus, American Lake
Division
VA Postdoctoral Residency, CESATE Addictions Focus,
Seattle Division
VA Postdoctoral Residency, Clinical Neuropsychology, VA
Connecticut Healthcare System
Postdoctoral Residency, Fellowship, Research University
of California – San Diego (Academic Setting)

2017 Graduates

University of South Florida	VA Postdoctoral Residency, PTSD and Polytrauma Focus, Salt Lake City
Washington University, St. Louis	University of Wisconsin-Madison School of Medicine and Public Health/Alzheimer's Disease Research Center
University of Toledo	VA Postdoctoral Residency, CESATE Addictions Focus, Seattle Division
Seattle Pacific University	VA Postdoctoral Residency, PCMHI, Seattle Division
University of Southern California	VA Postdoctoral Residency, Telehealth, Seattle Division
University of California, Berkeley	VA Postdoctoral Fellowship, Research, Dementia MIRECC, San Francisco
University of Colorado, CS	VA Postdoctoral Residency, Geropsychology, Boston
University of Arizona	Postdoctoral Residency, Sleep Medicine, Stanford

2016 Graduates

University of Northern Illinois	Postdoctoral Fellowship, Research, Emory University (Academic Setting)
Case Western Reserve University	VA Postdoctoral Residency in Geriatric Neuropsychology
Seattle Pacific University	VA Postdoctoral Residency, Telehealth, Seattle Division
University of Missouri, Columbia	VA Postdoctoral Residency, PTSD, Minneapolis
Arizona State University	VA Postdoctoral Residency, PCMHI, Phoenix
University of Denver	Postdoctoral Residency, Integrated Primary Care, Denver
University of Tulsa	VA Postdoctoral Residency, PTSD, Central Arkansas
Idaho State University	Postdoctoral Residency, Kaiser Permanente Central Valley Consortium

2015 Graduates

University of New Mexico	VA Postdoctoral Residency, CESATE Addictions Focus, Seattle Division
University of Kentucky	VA Postdoctoral Residency, Pain/PCMHI Focus, American Lake Division
University of Nevada, Reno	VA Postdoctoral Residency, Telehealth Focus, Seattle Division
University of Maryland	Private Clinical Postdoctoral Residency
University of Nevada, Las Vegas	Postdoctoral Neuropsychology Residency
University of Oregon	Postdoctoral Clinical Residency
University of Alabama	VA Postdoctoral Residency, Geropsychology, Pittsburgh
CSPP San Francisco	Postdoctoral Research Residency

2014 Graduates

University of Colorado, CS	VA Postdoctoral Residency, Geropsychology, American Lake Division
University of Colorado, CS	VA Postdoctoral Residency, Geropsychology, American Lake Division
University of Maryland	Psychologist position at VA Puget Sound
University of North Texas	VA Postdoctoral Residency, Addictions Focus, Dallas
University of Mississippi	VA Research Fellowship, Ann Arbor (Academic Setting)

University of Nevada, Reno	VA Postdoctoral Residency, Telehealth Focus, Seattle Division
University of Wisconsin, Madison	VA Postdoctoral Residency, Primary Care, Portland
Ohio University	Seeking employment

2013 Graduates

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

APPLICATION PROCEDURES

The doctoral 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 seven funded positions. This equal opportunity program is open to all qualified students (who are US citizens) from APA-accredited, CPA-accredited, and/or another VA recognized accrediting body (e.g., PCSAS) accredited clinical, counseling, and combined professional-scientific graduate programs and abides by the selection procedures used by APPIC (APPIC Site # 1623).

APPIC Match Codes

The doctoral internship program at American Lake is a generalist program. However, due to our Clinical Neuropsychology and Geropsychology training experiences, many people wishing to specialize in those areas apply to our program each year. Thus, the program has three distinct match codes, all are within our generalist program, but the Clinical Neuropsychology and Geropsychology match codes merely guarantee one rotation over the course of the internship year with an emphasis in one of those aforementioned specialties.

Description	Code	Number of Positions
Generalist Program	162311	5
Generalist Program – Geropsychology Rotation	162312	1

Generalist Program – Clinical Neuropsychology Rotation	162313	1
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Intern Recruitment and Selection

The procedures for intern recruitment and selection include development of an internship selection committee composed of American Lake psychologists. The committee is responsible for careful review of applications to the internship program. Each application is reviewed by two psychologists for goodness-of-fit which is determined by strength in a variety of categories, including research skills, scholarly productivity, dissertation progress, diversity, intervention experience with adults, assessment experience with adults, quantity and quality of supervision received, evidence of interpersonal and communication skills, and academic rigor of the doctoral program. The application review ratings are discussed by the full committee and these result in determining interview offers*. Interviews are conducted by American Lake psychologists and, occasionally, postdoctoral residents using a standardized set of questions. The final rank list is determined by a combined score of the application review mean score and interview mean score with the former being weighted more heavily than the latter.

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

Internship Admissions, Support, and Initial Placement Data

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.

Internship Program Admissions

Date Program Tables are updated: August 19, 2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The procedures for intern recruitment and selection include development of an internship selection committee composed of American Lake psychologists. The committee is responsible for careful review of applications to the internship program. Each application is reviewed by two psychologists for goodness-of-fit which is determined by strength in a variety of categories, including research skills, scholarly productivity, dissertation progress, diversity, intervention experience with adults, assessment experience with adults, quantity and quality of supervision received, evidence of interpersonal and communication skills, and academic rigor of the doctoral program. The application review ratings are discussed by the full committee and these result in determining interview offers. Interviews are conducted, typically at our on-site interview day, by American Lake psychologists and postdoctoral residents using a standardized set of questions. The final rank list is determined by a combined score of the application review mean score and interview mean score with the former being weighted more heavily than the latter.

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

Total Direct Contact Intervention Hours		YES	Amount: 300
Total Direct Contact Assessment Hours		YES	Amount: 50

Describe any other required minimum criteria used to screen applicants:

Applicants must have successfully proposed their dissertation, be in good academic standing at a doctoral program in clinical, counseling, or professional-scientific psychology that is accredited the APA CoA, CPA, and/or another VA recognized accrediting body (e.g., PCSAS), have completed all basic course work, have completed basic requirements for the doctoral degree except for the dissertation (although we strongly encourage people to complete their dissertations prior to internship), have certification by their Director of Clinical Training (DCT) of readiness for internship (a form for this purpose is provided in the APPIC application forms), have completed of our application materials (AAPI), and have at least four years of pre-internship graduate training by the time the internship begins.

In addition, the Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** **Please read and carefully consider all of these criteria, even if you do not believe they apply to you.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see

section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit

<https://www.va.gov/OAA/TQCVL.asp>

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) *Specific factors.* In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;

(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and

(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) *Additional considerations.* OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

(1) The nature of the position for which the person is applying or in which the person is employed;

(2) The nature and seriousness of the conduct;

(3) The circumstances surrounding the conduct;

(4) The recency of the conduct;

(5) The age of the person involved at the time of the conduct;

(6) Contributing societal conditions; and The absence or presence of rehabilitation or efforts toward rehabilitation.

Characteristics of Successful Applicants

Data from the 2019 – 2020 class:

	Mean	Minimum	Maximum
Adult Intervention Hours	908	778	1013
Adult Assessment Hours	170	101	348
Adult Integrated Assessments	13	6	32
Supervision Hours	494	273	742
Peer Reviewed Publications	3	0	19

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$28,586	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): Leave without pay is managed on a case-by-case basis and in accordance with Office of Personnel Management guidelines: http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/leave-without-pay/		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

	2015-2018	
Total # of interns who were in the 3 cohorts	24	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	1	0
University counseling center	0	0
Veterans Affairs medical center	17	0
Military health center	0	0
Academic health center	4	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

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.

Due Process

Grievance

A trainee has a grievance if they have any concern and believes a complaint related to that is in order. Two primary examples include if a trainee believes that a harmful and serious act or injury has been committed (e.g., requests made of a trainee by any VA employee or consultant to engage in behavior conflicting with the *APA Ethical Principles of Psychologists and Code of Conduct* and *Federal Employee Code of Conduct*, acts of gender or racial harassment, sexual harassment, observance of serious professional misconduct, observation of illegal behaviors, a desire to appeal an unsatisfactory evaluation). Trainees may seek counsel and advice concerning how they should direct a grievance, as well as the substance of their complaint. However, throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. A grievance may be addressed either informally or formally. Usually, an informal procedure should be attempted first. The trainee may attempt a direct resolution of the grievance with the involved party, or may informally address the grievance with a supervisor, the Training Director, or the Chief Psychologist. When resolving problems, or grievances, the APA Ethics Code is to be followed at all times, in particular the standard related to treating others with courtesy and respect.

Informal Problem Resolution

Initially, an intern having a grievance with their supervisor or other staff member should discuss the situation with that individual and seek resolution of the problem. Open and direct communication is recommended. Similarly, approaching (instead of avoiding) the problem directly is also encouraged. Addressing the problem at the lowest level possible is best, although seeking outside consultation and help as soon as it is needed is advised.

Mediation

If an informal resolution cannot be reached, the Training Director or Associate Training Director should be alerted and they may act as a mediator or help to select a facilitator/mediator (from Psychology Service, Mental Health, or the VA EEO's office) who is agreeable to both parties involved.

Formal Notice and Hearing

If a resolution is not reached via mediation the trainee with the grievance can bring it to the Chair of the Training Committee for formal problem resolution. The Training Committee will provide a hearing for the grievance within 5 business days, unless an extension is mutually agreed upon by the Chair of the Training Committee and the trainee with the grievance. The Training Committee gives the Resident and the supervisor (or other VA psychologist) written *notice* of a *hearing* at least 48 hours before the hearing, asks the intern and the supervisor (or other VA psychologist) to present their issues, and may also interview others on matters related to these issues. The Training Committee then makes specific recommendations to maximize training and minimize conflict, along with a time frame for carrying them out. Specific and measurable evidence of success will be specified and expected in the time frame.

Appeal

The Chief Psychologist has minimal involvement in the training programs and rarely has an evaluative role within the programs. Thus, an appeal of the Training Committee decision may be made to the Chief Psychologist (or designee, e.g., Deputy Chief), who will make the final decision. The Chief Psychologist has the ultimate responsibility for the sensitive and appropriate evaluation of all grievances against psychology trainees and Psychology Service personnel. The Chief Psychologist is also responsible for ensuring equitable and unbiased procedures. The Chief will eliminate any conflict of interest in the evaluation of a grievance. The Chief will provide a hearing for the appeal within 5 business days, unless an extension is mutually agreed upon by the Chief and the trainee requesting the appeal. The Chief gives the involved parties written notice of a hearing at least 48 hours before the hearing, asks the involved parties to present their issues, and may also interview others on matters related to the issues.

Disciplinary actions against staff members are the responsibility of the Chief Psychologist (or designee) and of the VA Puget Sound's Human Resources Department.

Intern Grievances with Non-Psychologists and/or people who are not faculty

If an intern has a grievance with someone who is outside of the training programs (who is not a psychologist), the VA Puget Sound Health Care System policies and procedure are followed to address such a grievance. Such grievances are the responsibility of VA Puget Sound's Human Resources Department. All employment-related disciplinary actions are subject to the guidelines outlined in the current VA Employee Handbook.

These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to VA employees and/or psychologists, including:

- EEO Officers, available on-site
- The Washington State Psychology Licensing Board (1-360-236-4910)
- APPIC, 17225 El Camino Real, Onyx One – Suite #170, Houston, TX 77058-2748 (832-284-4080)
- Office of Program Consultation and Accreditation, The American Psychological Association, 750 First Street NE, Washington D.C. 20002-4242 (202-336-5979)

Applications and Interviews

Onsite visits and onsite interviews are not expected for the 2021-2022 class due to COVID-19. More information about scheduling virtual interviews and opportunities to attend virtual presentations about our training program will be forthcoming. Required application materials must be submitted by **NOVEMBER 1, 2020**.

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.

Interview Notification Date

Doctoral Internship Program (all match codes):

December 11, 2020

Contacting Current Interns

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

Questions about the internship programs and application process can be directed to question to Dr. Jay Uomoto at Jay.Uomoto@va.gov.

NORTHWEST LIVING

The American Lake Division of the VA Puget Sound Health Care System is located in Lakewood, a city of about 59,000 people. Located within Pierce County (population of 831,928), Lakewood is 15 miles from downtown Tacoma and 45 miles from Seattle.

The population of the greater Puget Sound region is approximately 3.9 million. The Puget Sound holds two of the United States' busiest ports: the Port of Seattle and the Port of Tacoma. As such, the area has historically been an international hub for transportation, shipping, and industry. It is now also known for being the home of high technology development, the aerospace industry, and its military bases, including Joint Base Lewis-McChord (JBLM). In fact, the American Lake Division shares its border with JBLM, a joint military base of the United States Army and Air Force located in Pierce and Thurston Counties in Washington. 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.

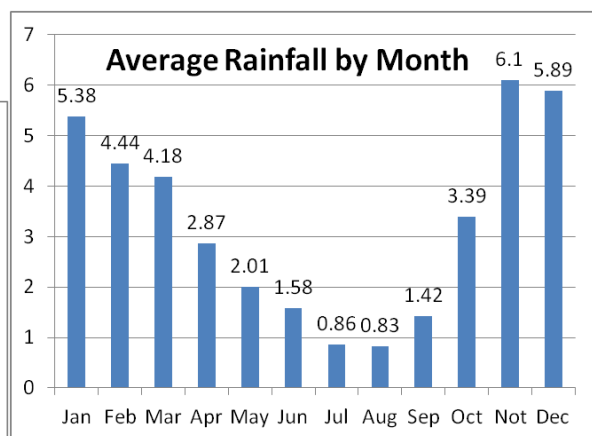
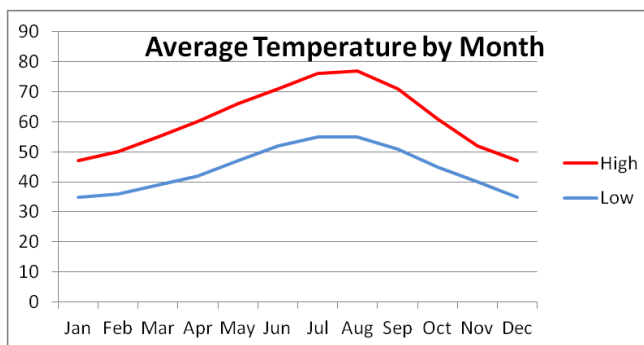
Housing

According to Zillow, the median 3 bedroom house price in Tacoma is around \$270,000, though there is considerable range depending upon neighborhood. The median studio rental price is \$1400/month; median 1 Bedroom rental price is \$1200/month; median 2 Bedroom rental price is \$1300/month; median 3 Bedroom rental price is \$1500/month.

Some interns prefer to live in Seattle and commute to Tacoma. King County (in which Seattle is located) real estate and rental prices are higher than Pierce County (in which Tacoma is located). In Seattle proper, the median 3 bedroom house price is around \$726,000. The mean studio rental price in Seattle is \$2100/month; median 1 Bedroom rental price is \$1800/month; median 2 Bedroom rental price is \$2400/month; median 3 Bedroom rental price is \$2700/month.

Climate

The area enjoys a temperate marine climate with rare summer and winter extremes. Rainy days are frequent during the winter months, averaging about 40 inches of rain per year. There are usually at least a few days of snow during the winter months, though the accumulation is typically minimal. Summers in this region are delightful, with average temperatures in the high 70s with minimal humidity.



Transportation

Most employees commute by car from Tacoma, about 30 minutes from American Lake, but many commute from Seattle, Olympia, and the surrounding areas. There is a free shuttle that runs between the Seattle and American Lake VA campuses to which Veterans and employees have access. The local bus system provides regular transportation throughout the Tacoma area. There is also a commuter rail that connects Tacoma to Seattle, though it does not operate on weekends. Seattle-Tacoma International Airport, 35 miles away from the American Lake VA, provides worldwide travel through many commercial airlines on frequent schedules. Amtrak provides transit from Vancouver, BC to Portland, OR (and beyond), and there are also several bus lines connecting these cities as well.

Recreational Activities

The Pacific Northwest has abundant opportunities for any outdoor activity imaginable. The scenic beauty of the Cascade and Olympic Mountain ranges, Puget Sound and its islands, state parks, and the four National Parks within the Pacific Northwest are all easily accessible. "Sea level to ski level in two hours" is no exaggeration! Point Defiance is a 760 acre park within the city of Tacoma, which offers miles of forested trails, a public beach with kayak rentals, gardens, an off leash dog park, a zoo and aquarium, and a living history museum. Cougar Mountain and Tiger Mountain parks near Issaquah are also great areas for hiking, biking, or trail running enthusiasts. Puget Sound has 20,000 shoreline miles with bays, coves, and islands with plentiful opportunities for boating, fishing, and clamming. Mount Rainier (14,400 ft), Crystal Mountain, Alpental, Snoqualmie Pass, and other nationally known winter sports areas are within 75 to 100 miles. There are more than 15 public golf courses within 20 minutes driving time from the Medical Center, most of which are open year round.

Entertainment, Culture, and the Arts

Tacoma and Seattle have many fine restaurants and nightspots affordable on an intern's stipend. The Pacific Northwest is known for good theater, and Tacoma is no exception. Community and college playhouses abound, and there are a multitude of music venues offering concerts and shows of every genre imaginable. Tacoma also has an independent movie theater, the Grand Cinema, which offers film festivals throughout the year. 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 and Seattle area hosts a diverse array of cultural history and arts venues ranging from museums to theaters to community parks and gardens. Some museums have free admission days, such as the first Thursday of every month in Seattle and the third Thursday of every month in Tacoma. There is also an abundance of local farmer's markets throughout Tacoma and Seattle, many of which are open throughout the year.