



Predoctoral Internship in Health Service Psychology

VA Central Western Massachusetts Healthcare System

[General Mental Health Internship Track \(Leeds/Northampton\)](#) Match Number: 133511
[Community-Based Outpatient Psychology Track \(Springfield\)](#) Match Number: 133513
[Integrated Outpatient Behavioral Health Track \(Worcester\)](#) Match Number: 133512

<https://www.psychologytraining.va.gov/northampton/index.asp>

Applications due November 1, 2024

2025-2026 Training Year: July 14, 2025 – July 17, 2026

COVID-19 Update

In 2020 the VA Central Western Massachusetts psychology training program quickly transitioned to primarily telehealth, telework, telesupervision, and other virtual training. These capabilities have continued in some form ever since. Most psychologists and all interns are working primarily on-site, providing a blend of in-person and telehealth care. While it is difficult to predict how mental health service delivery and psychology training will continue to evolve during the 2024-2025 training year, it is likely that the use of telehealth and associated technology will continue to be a part of the experience. In recognition of this, our interns are provided with VA laptops in support of smoother telework and tele-training experiences.

Accreditation Status

The Doctoral Internship in Health Service Psychology program at the VA Central Western Massachusetts Healthcare System is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Our most recent site visit was in June 2023, when we were awarded the maximum accreditation cycle of 10 years. The CoA can be reached at APA Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242; (202) 336-5979, (202) 336-6123; TDD/TTY (202) 336-6123).

Application & Selection Procedures

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

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

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

**Due to the COVID-19 pandemic we will consider applicants whose experience approximates these minimum numbers.*

Additional Criteria of Interest

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

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

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

Application Procedures

- Note: Our VA Healthcare System has **six** internship positions available across 3 tracks:
 - General Mental Health track (match #133511) at Leeds/Northampton (Edward P. Boland VA Medical Center): 4 positions
 - Integrated Outpatient Behavioral Health track (match #133512) at Worcester (Community-Based Outpatient Clinic): 1 position
 - Community-Based Outpatient Psychology track (match #133513) at Springfield (Community-Based Outpatient Clinic): 1 position

- If you wish to apply for one or more of these positions, please submit a complete APPIC Universal Internship Application at [Liaison Outcomes](#) by November 1, 2024. This should include:
 - The APPIC Universal Internship Application – indicating the track(s) to which you are applying
 - A cover letter describing your interest in the particular track(s) to which you are applying
 - Current Curriculum Vita
 - Official transcripts of all graduate work
 - Three letters of recommendation from faculty or training supervisors

Interviews

Personal interviews are offered to those applicants still being considered after the review of their application and supporting materials. Invitations to interview will be made by December 15, 2024, and all-virtual interviews are tentatively scheduled for the following dates:

- Monday, January 6, 2025: Outpatient Clinic, Worcester, MA
- Tuesday, January 7, 2025: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- Wednesday, January 8, 2025: Outpatient Clinic, Worcester, MA
- Thursday, January 9, 2025: Edward P. Boland VA Medical Center, Leeds/Northampton, MA
- Friday, January 10, 2025: Outpatient Clinic, Springfield, MA
- Monday, January 13, 2025: Outpatient Clinic, Springfield, MA

In addition to prioritizing safety for our interns, supervisors, and the larger community, we are committed to creating more egalitarian access to training experiences and reducing financial, geographic, and other potential barriers. Therefore, our interviews will be 100% virtual (video) again this year. We plan to have one of the interview days for each site in the afternoon as a courtesy to applicants from non-EST time zones. The other interview day programming will occur in the morning.

The VA CWM training program abides by APPIC and APA guidelines in the selection of interns. As required under APPIC policies, offers to interns may not be made before selection day. Further, the VA Medical Center is an Equal Opportunity Employer. Accordingly, the selection of interns is made without discrimination.

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

Please contact the Director of Training, Christina Hatgis, PhD, at (800) 893-1522 ext. 6635, or by email at Christina.Hatgis@va.gov with any questions you might have.

Psychology at VA CWM

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

The Predoctoral Internship in Health Service Psychology at VA CWM is within the Mental Health Service Line. The program is operated by the Psychology Training Committee and is composed of the doctoral psychology staff of the Mental Health and Primary Care Service Lines. The Training Committee is composed of approximately 40 psychologists who work in a variety of settings. The program has enjoyed APA approval since 1979, and it has successfully passed the accreditation site visit process throughout the course of its existence. The VA Central Western Massachusetts Healthcare System is fully accredited by The Joint Commission and is affiliated with the UMass Chan Medical School.

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

VA CWM Setting

VA CWM provides psychiatric and medical care to a population of more than 120,000 men, women, and transgender Veterans (of which approximately 20,000 are actively enrolled in services) in western and central Massachusetts. Those Veterans served by the medical center are predominantly male; however, the number of female and transgender Veterans seeking services increases every year. The Edward P. Boland VA Medical Center in Leeds/Northampton operates acute and sub-acute inpatient units, a residential PTSD unit, an off-campus Compensated Work Therapy Transitional Residence Domiciliary, and a nursing home care unit. Outpatient treatment is provided through the Primary

Care Service, the outpatient Mental Health Clinic, and Community-Based Outpatient Clinics (CBOCs) in Fitchburg, Greenfield, Pittsfield, Springfield, and Worcester. A comprehensive range of psychiatric treatment modalities includes (but is not limited to) individual and group therapies, comprehensive assessment procedures, preventive health and educational programs, rehabilitative medicine services and vocational rehabilitation programs. There are also specialized programs in neuropsychological assessment, long-term care psychiatry, geriatric evaluation, and the treatment of substance use disorders and posttraumatic stress disorder.

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

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

Training Model and Program Philosophy

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

The Psychology Training Program is committed to a practitioner-scholar model of internship training. We believe in the development of psychologists who have sufficient depth and breadth of knowledge and skills to provide empirically supported treatments to diverse patient populations in interdisciplinary settings. We believe in the provision of patient-centered care that maximizes individual strengths, promotes human dignity, and values individual differences. We are committed

to fostering a supportive, inquisitive, and open learning environment that places a premium on professional growth and scholarly development. We strive to model openly our own willingness to learn and to grow as psychologists as we examine and continually revise the services we provide to ensure that they remain current, relevant, and scientifically sound. We endeavor to create a training environment where the intern can develop the competencies and knowledge base needed to eventually practice professional psychology at the independent level, feel supported in the development of her/his/their sense of identity as a professional psychologist, and feel challenged and inspired to continue to question, learn, and grow across an entire professional career.

All training experiences follow a logical progression toward increased complexity and independence. The interns' overall knowledge base and theoretical sophistication are increased through didactic input in individual and group supervision, clinically oriented seminars, and various lectures offered through the Education Department. Training experiences build gradually over the course of the year, with interns taking on more responsibility as the year progresses. Within several of the rotations, interns begin by co-facilitating groups with the supervisor. They are expected to be able to lead groups independently by the end of the rotation. Similarly, interns may first learn to administer unfamiliar assessment instruments via practice-administrations with their supervisor. As they gain competency with test administration and interpretation, they are presented with opportunities to continue to progress to a "monitoring" level of practice (e.g., they begin to administer tests to their clients and interpret them on their own, prior to supervision). Interns also take on more responsibility in the didactic component as the year progresses, leading case conferences and conducting a didactic seminar.

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

Program Goals

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

1. Develop a sense of professional responsibility and an identity as an ethical psychologist who is a consumer of research, a critical thinker, and a practitioner of empirically-sound treatment.
2. Develop the ability to integrate empirically supported interventions with theoretically-sound approaches to the treatment of veterans.
3. Demonstrate proficiency in psychodiagnostic assessment.

4. Develop the ability to effectively evaluate programs/treatments, consult with colleagues/multidisciplinary staff/other interested parties, and provide clinical supervision.

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

Program Structure

In line with our commitment to foster a supportive, inquisitive, and open learning environment, our training program actively involves interns in decision-making processes about their education and training. Throughout the training year, interns collaborate with the Director of Training and the Training Committee to discuss their training interests and development. These discussions include assessments of the intern's strengths and areas which may benefit from further development. Rotation selections are derived from this collaborative process. Near the beginning of the internship year, interns complete a self-assessment that is reviewed by the Director of Training. This self-assessment is designed to help the intern identify and clarify broad goals for the upcoming internship year. At the beginning of each training experience, the supervisor and intern work collaboratively to develop a training agreement or contract.

Supervision and Didactic Training

Individual and Small-Group Supervision

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

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

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

Case Conference Presentations

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

Didactic Seminars

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

Program Evaluation

Interns are expected to complete and present a formal program evaluation/quality improvement study (i.e., not original research) related to an assessment or treatment program. This may include a pre-post evaluation of an empirically supported treatment as applied to group psychotherapy, or an “n of one” evaluation of an individual case, with multiple measures applied at pre-, mid-, and post-intervention. Examples of previous evaluations by interns include: clinical efficacy of CPT; outcome evaluation of ACT protocol on PTSD unit; using the Acceptance and Action Questionnaire; evaluation of intern responses to didactic seminars; evaluation of Mood Monitor Implementation on Acute Inpatient Unit; outcome evaluation of ACT-based anger group; program evaluation of PTSD Unit's Family Day; evaluation of how to improve outreach efforts to Veterans through the OEF-OIF-OND program; and Evaluation of Care for Transgender Veterans at VA CWM.

Distance Technology

As of the writing of this brochure, we continue to operate under evolving pandemic/post pandemic circumstances. Prior to COVID-19, the Training Program did not typically employ distance education technologies for training. However, we now regularly use VA-approved video conference platforms. We use distance technologies to facilitate access to activities across the wide-spanning reach of our healthcare system. The determination of whether clinical and training activities can occur in person versus remotely (using distance technology) involves a range of factors including judgment by supervisors and guidance from our governing bodies (APA, APPIC, VA/OAA, MA Board of Registration of Psychologists). As was the case prior to the pandemic, interns enrolled in certain Ancillary Rotations, (such as CPT or ACT) which teach empirically based psychotherapies, may receive additional consultation by national experts via phone or video-teleconference. This consultation is integrated into their overall supervision by the primary supervisor overseeing that particular training experience. As the training landscape has been permanently transformed post-pandemic, we now have a Telesupervision Policy available in the Psychology Internship Policy and Procedures Manual of our training program linked on our training program website [VA Central Western Massachusetts Healthcare System - Psychology Training](#).

Intern Resources

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

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

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

Administrative Policies and Procedures

Stipend and Benefits

Interns earn an annual stipend for internship training positions of \$38,673. The internship training

position entails 2080 hours of training, including holiday and leave, over 52 consecutive weeks. The training is structured as a full-time, 40-hour Monday through Friday week. Interns are eligible for health insurance (for themselves, their legally married spouse, and legal dependents) and for life insurance. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service retirement or leave. The United States Government provides liability protection for trainees acting within the scope of their educational programs under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C. 2679 (b) – (d). Interns who participate in training a minimum of 130 hours per month meet the eligibility requirements for Federal Employee Health Benefits (FEHB). Interns can enroll in FEHB on their first day at VA and be covered by the first pay period. Interns accrue 4 hours of vacation (Annual Leave) and 4 hours of sick leave for each full two-week pay period for a total of 13 days (104 hours) in each category. Interns are also allocated 6 days of Administrative Leave for professional activities such as conferences, educational experiences, and post-doctoral fellowship interviews. In addition, there are 11 federal holidays. Maternity/paternity leave is available with the caveat that alterations in training plans might be needed to ensure that interns complete a full 12-month training experience. Unused annual leave is paid back to interns at the end of their 1-year appointment; unused sick leave *may* transfer to their next VA duty station, if applicable, depending on the gap in service and local jurisdiction.

Due Process General Guidelines

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

Evaluation of the Training Program

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

Requirements for Successful Internship Performance and Completion

The VA CWM internship is comprised of a 12-month fulltime training experience. Interns are expected to participate in clinical, didactic, case conference, team building, and consultation activities throughout the training year. Some commuting between sites is expected, depending on track assignments. Opportunities are provided in each rotation or track within the program to train and demonstrate competency in each of the Profession-Wide Competencies and Program-Specific Aims. The rotations, tracks and competency areas are detailed in subsequent sections of this manual. Interns are evaluated six times during their training year, with written and verbal feedback at each time point.

Feedback is also integrated within supervision on an ongoing basis. Interns are given ample written and verbal notification of any concerns that might impact their successful completion of internship and multiple forms of support for remedying these concerns to successfully complete their internship. As further detailed in the section below on Evaluation Procedures, the Minimum Level of Achievement (MLA) required for completing internship is 4 out of 5 on each item at the end of trimester three (T3).

To graduate from internship, interns must complete the full 2080-hour internship (which includes all forms of paid leave), with a minimum of 25% of on-duty time spent as direct service hours, providing services to patients.

General Mental Health Internship Track – Leeds/Northampton (4 Positions) Edward P. Boland VA Medical Center Campus Match Number 133511

Overview

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



During our orientation, interns are able to meet with the rotation supervisors and learn about available rotations. They consult with the Training Director and submit preferences for the four-month rotations they would like. Each rotation involves 28 hours per week over the course of four months. There are currently six options for Primary Rotations (note that training rotation availability may fluctuate from year-to-year based on factors such as staffing and programmatic changes): **Assessment, Health Promotion and Disease Prevention (HPDP) with Primary Care-Mental Health Integration (PC-MHI), MST Women’s Mental Health, Outpatient Behavioral Health Interdisciplinary Program (BHIP), Residential Rehabilitation Treatment Program-PTSD Track (RRTP-PTSD), and Substance Use Disorders Treatment (SUD-RRTP & IOP).** It should be noted that VA CWM has more rotations than intern positions. This typically allows interns more of a choice in selecting training experiences that promote the development of necessary clinical skills. Rotations are designed to provide interns with training and practical experience in three broad areas essential to a clinical psychologist: assessment/ diagnosis, psychotherapy (including empirically supported approaches to treatment), and consultation. Consultation typically involves discussion of particular cases and clinical problems; and frequently involves program development, with a particular emphasis on the incorporation of evidence-supported approaches to treatment. For all intern training and educational activities, standardized evaluations occur at regular intervals. Interns are evaluated

6 times throughout the year (at the midpoint and endpoint of each trimester). A primary supervisor is identified who will be responsible for ensuring completion of the 2 written evaluations during each trimester. The rotations that are offered currently and the training they provide in the three aforementioned areas are listed below:

Assessment

(*NOTE: This rotation is on temporary hiatus as of the beginning of the 2025/26 training year.)

The intern on this Primary rotation will work closely with [Dr. Malinofsky](#), and [Dr. Britton](#) to provide neuropsychological and psychological assessment services, and individual and group psychotherapy. Dr. Fearing is a clinical neuropsychologist and certified Mental Health Compensation & Pension (C&P) Examiner. Dr. Malinofsky is a neuropsychologist and psychotherapist, and Dr. Britton is a clinical psychologist with the Acute Psychiatry unit in Leeds.

The Assessment Plus rotation provides experience in a few clinical settings, allowing interns to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remain consistent. In each setting, you will be involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. A training goal will be to complete at least 2 assessment (neuropsychological/psychological) batteries with full reports. However, because students in different graduate programs have vastly different levels of training and experience in testing, basic skills in testing are assessed at the beginning of the rotation. Interns who require further training and/or experience to establish these basic skills are provided with testing assignments designed to develop these skills. If basic testing skills are already established at the beginning of the internship year, the assessment rotation takes the form of more advanced testing experiences working toward increasing levels of independence. Interns will participate in at least 4 hours of weekly supervision, split up between the three primary rotation supervisors, with additional time provided as needed for observation and didactic instruction.

Neuropsychology Service: Testing consults are submitted by a range of VA CWM providers. A significant number of referrals are placed to assess memory and cognitive changes. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses and recommendations for treatment planning. In addition to a full range of neuropsychological measures, structured and semi-structured interviews may be utilized such as the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Interns may also administer and interpret objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), and Personality Assessment Inventory (PAI) among others.

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

1. Identify, review, and discuss relevant assessment supervision literature.

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

Inpatient Psychological Services (4 Lower): 4Lower, the Acute Psychiatry unit in Leeds, and the only acute unit for VA Central Western Massachusetts, offers acute psychiatric stabilization and detoxification from substances. There are 20 beds for male and female adult and older adult Veterans experiencing a range of psychotic, mood, anxiety, substance-related, and adjustment disorders. Intern opportunities include: interdisciplinary treatment teamwork, and a consultation role; group psychotherapy (ACT, DBT skills, STAIR, MI, SST); assessment and evaluation; suicide and homicide formal risk assessments; personality assessment and mood assessment (especially “Is it Bipolar Disorder or Borderline Personality Disorder?”); PTSD assessment with the CAPS or PCL-5; treatment planning; and individual psychotherapy. If the intern’s schedule allows, they will also be exposed to the Engaged Work Team (EWT) meetings and observe how change occurs when teamwork involves staff across disciplines.

Supervision Provided

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

Research

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

Health Promotion and Disease Prevention (HPDP) with Primary Care-Mental Health Integration (PC-MHI)

The Health Promotion and Disease Prevention (HPDP) rotation is supervised by [Jennifer Brown](#), Ph.D., [Courtney Morris](#), Ph.D., and [Ariel Laudermitz](#) Ph. D. This clinical experience offers interns the opportunity to work within multidisciplinary and interdisciplinary teams in the treatment of co-morbid medical and psychological conditions. Interns will gain exposure to and expertise in performing clinical work in both the Primary Care and Mental Health Service Lines. Working closely with the Primary Care-Mental Health Integration (PC-MHI) psychologist, interns will receive “warm handoffs” from Primary Care team members and learn to do triage assessments and brief psychotherapy interventions. Additionally, interns selecting this rotation will work with Veterans dealing with the following Population Health concerns: chronic pain management, weight management, diabetes management, and tobacco cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and facilitate behavioral medicine groups, and provide consultative services to various other disciplines. Please note that assessment, psychotherapy, and consultation opportunities may occur in person, via telephone/teleconference, and/or via VA Video Connect (VVC) depending on the needs of the Veteran and clinical team.

Supervision Provided

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

Research

On this rotation, interns will be provided opportunities to identify, apply, and disseminate applicable knowledge from research into their direct clinical service. They will be expected to assist in the collection and analysis of data in the service of programmatic evaluations. Additionally, interns will learn how to apply Evidence-Based Practices in working collaboratively with colleagues in the Primary Care, Specialty Care, Pharmacy, and Sensory and Physical Medicine Rehabilitation Service Lines. Interns will gain expertise in patient-centered communication, cognitive-behavioral techniques, and motivational interviewing strategies.

Assessment

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

Chronic Pain: Interns may participate in Interdisciplinary Pain Team (IPT) assessments with a psychiatrist and physical therapist. Interns will have the opportunity to learn how to conduct

biopsychosocial pain assessments with the expectation that they will take more of a leadership role toward the latter part of the rotation. Interns will also engage in ongoing treatment outcome assessment using several pain-specific and other questionnaire measures.

Weight Management: Interns may have the opportunity to observe and take a leadership role in pre- and post-psychological evaluations for bariatric surgery.

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

Transplant Evaluations: Interns may have the opportunity to observe and take a leadership role in pre-transplant psychological evaluations.

Psychotherapy

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

Chronic Pain: Interns will have an opportunity to learn and utilize the Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) protocol, an evidence-based psychotherapy for the treatment of chronic pain. Interns may also co-facilitate Active Management of Pain (AMP) groups with their supervisor a physical therapist. AMP trains Veterans struggling with chronic pain in fundamental pain self-management strategies that help them manage those aspects of pain that are within their control and better engage those aspects of life that are meaningful to them.

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

Tobacco Cessation: Interns will have the opportunity to provide integrated tobacco cessation treatment in PC-MHI and through the tobacco cessation program which serves all VA Central Western Massachusetts locations. In collaboration with the Veteran's Primary Care team and other mental health providers, interns will learn how to develop collaborative goals with Veterans (e.g., reducing intake of tobacco, working toward a quit date), integrate the use of Nicotine Replacement Therapy (NRT) medication, and provide brief behavioral individual treatment. Interns, utilizing a four-session protocol, will take a lead role in tobacco cessation groups.

Consultation

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

Chronic Pain: Interns may provide consultation to Interdisciplinary Pain Team and other colleagues regarding chronic pain. Interns may also be involved in writing consult reports for the Interdisciplinary Pain Team and participating in Stratification Tool for Opioid Risk Mitigation (STORM) reviews for Veterans deemed at high risk and very high risk for adverse outcomes related to their opioid medication use.

Diabetes: Interns may have the opportunity to work closely with the multidisciplinary Diabetes Management team from the fields of Endocrinology, Nursing, Pharmacy, Mental Health, Primary Care, and Nutrition. In this role, interns would attend team meetings and huddles when the schedule permits.

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

Supervision Training

Interns will have the opportunity to learn how to provide feedback in a supervisory capacity on the HPDP rotation. In addition to learning supervision theory and evidence-based techniques, interns will obtain clinical experience through a variety of methods tailored to the intern's specific strengths and clinical goals.

MST Women's Mental Health

The intern on this rotation is supervised by [Dr. Shani Ofrat](#), [Dr. Sabina Camponogara](#), [Dr. Julie Weismore](#), and [Dr. Caitlin McLean](#). On the MST/Women's MH rotation, the intern will gain experience in individual psychotherapy for women Veterans and Veterans with MST. The intern will also co-facilitate group psychotherapy for Veterans who have experienced military sexual trauma, struggle with symptoms of PTSD, or could benefit from learning mindful self-compassion. The intern will develop an understanding of the emotional, cognitive, behavioral, moral, and social impacts of MST on Veterans, as well as some of the overlaps and distinctions in the treatment of sexual trauma compared with treatment of other trauma types. This will include training and supervision in the delivery of trauma-informed care. The intern will learn about the unique biological and social impacts of sex and gender on women veterans' clinical presentations and therapeutic needs. In addition, the

intern will have the opportunity to gain experience in program development and consultation as it relates to Veterans with MST and/or women veterans.

Supervision Provided

The intern will be provided a minimum of three (3) individual hours of supervision per week on this rotation with licensed psychologists, in-person or via video. Supervision sessions will regularly include discussion of general clinical issues and topics such as ethical and legal standards, and professionalism. There are up to 4 options for supervisors for this rotation, depending on availability. Each trainee will pick 3 supervisors, depending on interests and availability.

Research (when available)

The intern will be involved in diagnostic assessment and the delivery of manualized individual therapeutic interventions to women Veterans, within the context of a VA-funded research study. Therapeutic interventions include Mantram Repetition Program group and may also include conducting individual psychotherapy using the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders and Adaptive Disclosure for moral injury. The intern will learn how to consume research and use it to guide treatment with individual psychotherapy cases. Additional clinical research training may be available, which will be tailored to the intern's professional goals and interests. These therapeutic interventions will be supervised by Dr. Caitlin McLean.

Assessment

The intern will develop their skills in conducting comprehensive diagnostic interviews (e.g., SCID, CAPS-5), engage in differential diagnosis, and sensitively assess women veterans across a wide-range of concerns. The intern will engage in one intake per week for women veterans and veterans with MST. The intake will be supervised by Dr. Camponogara. These biopsychosocial evaluations will be used in developing case conceptualization, accurate diagnoses, and treatment planning. The intern will have the opportunity to develop skills in PTSD assessment and shared-decision making with Veteran, including utilizing the CAPS-5 assessment, providing diagnostic feedback to Veterans, and discussing evidence-based treatment options. This will be supervised by Dr. Weismore. In addition, the intern will learn how to utilize measurement-based care to measure Veterans' progress toward their treatment goals and to inform treatment decisions. The intern will have the opportunity to conduct pre/post evaluation of group members using self-report measures.

Psychotherapy

The intern will have the opportunity to learn and implement individual evidence-based psychotherapy approaches with Veterans with PTSD related to MST, and/or women Veterans with a wide-range of diagnostic presentations. On average, interns carry a caseload of 2-6 individual therapy cases throughout the rotation. The intern will have the opportunity to develop competence in at least one evidence-based treatment (i.e., WET for PTSD, CBT for Insomnia). The intern will learn how to tailor evidence-based treatments to fit the specific concerns and needs of women Veterans or Veterans with MST. Individual therapy experiences will be supervised by Dr. Ofrat, Dr. Camponogara, Dr. Weismore, and/or Dr. McLean depending on the intern's training goals.

The intern will co-facilitate multiple weekly groups. These groups include the following, but may change between trimesters and years:

- Mindful Compassion Group (in person or VVC) with Dr. Weismore: This is a 24-week rolling admissions, all gender group for Veterans in the MHC.
- The Courage Group for MST (VVC only) with Dr. Ofrat: This is a 12-week outpatient, single gender, closed cohort model for veterans with MST experiences.
- Life After Trauma Group (VVC only) with Dr. Weismore: This is a 24-week rolling admissions, all gender group for Veterans in the MHC.
- Mantram Repetition Program with Dr. McLean: This is a 6-week group with women and nonbinary Veterans.
- Mindfulness Based Stress Reduction with Dr. McLean: This is a 6-week group for women and nonbinary Veterans.

Consultation

The intern may be involved in consultation to staff on their work with Veterans with MST or Women Veterans.

Supervision Training

The intern will have the opportunity to learn and practice supervision skills by:

- designating supervision time for reviewing articles and discussing supervision methods and competencies
- setting up role plays between the intern and supervisor, using case examples, in order to provide modeling of supervision.

In addition, the intern may have the opportunity to engage in peer supervision and training with fellow interns, as well as provide training/supervision to graduate students.

Additional Learning Opportunities

The intern will have the opportunity to attend regular trainings for women veterans, including the monthly national Women’s Mental Health Teleconference that presents most up to date research and clinical information relevant to women veterans’ mental health. Additionally, the intern in this rotation can complete relevant trainings on topics of interest including reproductive mental health, CAPS-5 assessment, risk assessment, and MST.

Outpatient Behavioral Health Interdisciplinary Program (BHIP)

The intern on this rotation works closely with a subset of supervisors from the Behavioral Health Interdisciplinary Program (BHIP). Interns in this rotation will learn to work with a broad range of clinical presentation as well as various psychological interventions. Treatment modalities may include individual and group psychotherapy, case management, pharmacotherapy, psycho-educational groups and consultation with other programs and staff. BHIP staff is comprised of clinical psychologists, clinical social workers, psychiatrists, clinical pharmacists, nurse practitioners, and Registered Nurses. Throughout the year interns from these various disciplines may train in the BHIP. Primary rotation supervisors are: Drs. [Clark](#), [Tormey](#), [Stedman](#), [Weismore](#), and [Muniz-Rodriguez](#), and the intern will have two, with cases equally divided between them.

BHIP staff provide comprehensive evaluation and treatment for the full range of psychological diagnoses seen in adults. Both acute and chronic psychiatric patients are treated. Treatment duration may be limited to brief crisis intervention or may be longer-term. Psychology interns are expected to video-record their therapy sessions. These are often reviewed by supervisors and collaboratively discussed in supervision for a more in-depth training experience. Additionally, when available, supervisors may observe live sessions over video telehealth or in-person, particularly towards the beginning of the rotation. Supervision will be provided from a developmental model, so that more attention and training is given in early stages of the trimester and gradually reduced. Supervisors are trained in various theoretical approaches ranging from relationship-focused integrative therapy to various “evidence-based psychotherapies” (EBPs). Interns will receive three hours of individual supervision per week, and additional informal supervision as warranted.

Assessment

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

As part of the rotation, interns will work with Dr. Linderme in the Walk-In Clinic, which provides same-day access for meeting immediate needs and planning further treatment. In this clinic, there is opportunity to enhance skills in clinical decision-making, triage, and brief interventions. The range of

functions is quite broad and can include clinical assessment as part of the hospital admission process, and follow-up post hospital-discharge. Other functions include brief treatment for Veterans who are waiting for long-term treatment, or who need help in determining their ongoing treatment needs. Veterans presenting to the walk-in clinic include a high number of people who have co-morbid SUD or SPMI. This is an interdisciplinary approach that involves working with medical providers, prescribers, and other mental health staff. There is an opportunity to learn about resources within the VA and beyond.

Psychotherapy

Interns will carry an outpatient caseload of approximately 8-10 individual psychotherapy cases. Treatment sessions typically are scheduled for 45 minutes on a weekly basis. Interns may also be expected to participate in group psychotherapy as a co-therapist, depending on who their primary rotation supervisors are. The choice of cases and treatment emphasis will be guided largely by Veteran needs as well as the psychology intern's training needs.

Consultation

Interns will participate in weekly multidisciplinary BHIP staff meetings during which cases may be presented and individualized treatment planning may be conducted. The interns will have many opportunities to consult with members of the multidisciplinary staff or other trainees regarding psychological symptoms, diagnostic assessment, and treatment issues/concerns.

Supervision Training

Interns will have the opportunity to learn and practice supervision skills in BHIP by:

1. Designating supervision time for reviewing articles and discussing supervision methods and competencies.
2. Setting up role plays between the intern and supervisor, using case examples, in order to provide modeling of supervision.
3. In some cases, bi-directional consultation with students in other disciplines (i.e. social work interns, psychiatry residents, etc.) can be done.

Research

Interns gain practice as critical consumers of research in the field of psychotherapy. Current literature and emergent research in various theoretical orientations and psychotherapy approaches are reviewed and discussed with interns throughout the rotation. In doing so, interns can strengthen their ability to choose which therapeutic approach best fits a given clinical scenario.

RESIDENTIAL REHABILITATION TREATMENT PROGRAM-PTSD TRACK (RRTP-PTSD)

The intern on this rotation works closely with [Dr. Cornelius](#) to offer services to Veterans who require treatment for PTSD related to their military service, utilizing the group format almost exclusively. Veterans in this program are placed in a cohort group that is put through six weeks of intensive treatment focusing on trauma-related problems of living.

The program offers extensive training in group psychotherapy for PTSD. Interns can expect to facilitate and co-facilitate therapy groups, meet individually with Veterans for purposes of care coordination and for brief psychotherapy around any special issues that have arisen in treatment. Interns also perform initial psychosocial assessments and risk assessments, develop safety plans and individualized treatment plans, and assist Veterans in developing a plan for discharge. Interns work collaboratively with other staff members from a variety of disciplines.

Assessment

Interns learn to conduct clinical interviews which gather pertinent diagnostic information as well as information pertaining to overall psychosocial functioning. Interns learn to identify comorbid factors that may impact treatment, and which may need to be targeted for intervention as well.

Additionally, interns learn to detect psychological processes that are contributing to trauma-related problems in living (e.g., experiential avoidance, cognitive fusion, excessive attachment to a conceptualized sense of self). Assessment instruments include a biopsychosocial assessment, PCL, the Moral Injury Outcome Scale, and the AAQ2.

Psychotherapy

The PTSD program places a premium on experiential learning in the context of a safe and supportive setting. Acceptance and Commitment Therapy (ACT) is a foundational element of the program and is delivered primarily as a group intervention. Interns gain experience running large ACT groups (12 members) that follow a more structured class-like format and running smaller “breakout” groups (typically 6 members) utilizing the ACT model of psychological flexibility. Interns also gain experience leading extended mindfulness meditations, and facilitating discussions afterwards that model, instigate, and support mindful awareness and acceptance of the present moment.

Consultation

Interns will consult regularly with other VA CWM programs, such as Inpatient Psychiatry, the outpatient Mental Health Clinic, the Intensive Outpatient Substance Abuse Program, and also the local Veteran’s Center.

Supervision

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

Research

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

Substance Use Disorder Treatment – Residential Rehabilitation Treatment Program & Intensive Outpatient Program (SUD-RRTP & IOP)

The intern on this rotation works closely with [Dr. Helbok](#) and [Dr. Jetton](#) to offer services to Veterans who have substance use disorders (SUDs), including Veterans who have co-occurring disorders. Interns on this rotation will gain experience working with veterans in both an outpatient setting (Dr. Helbok) and a residential setting (Dr. Jetton). Both the outpatient and residential treatment programs prioritize Cognitive Behavioral Therapy for SUD, although related treatments such as Contingency Management, Motivational Enhancement Therapy, and ACT/Mindfulness approaches are also used. Experiences with both group and individual therapy are available across settings, although it is likely that training in the residential setting will focus more heavily on groups, while training in the outpatient setting will focus more heavily on individual therapy.

The outpatient training will take place in the SUD Clinic (SUD-C), which offers an Intensive Outpatient Program (IOP) as well as Aftercare groups and EBP-focused individual therapy to veterans with substance use disorders. The residential training occurs in the setting of a 5-week Residential Rehabilitation Treatment Program (SUD RRTP). Both settings treat veterans with a high degree of comorbidity; PTSD is usually the most common co-occurring disorder, however severe depression, anxiety, psychotic and mood disorders are also quite common. Many of the veterans in SUD are also struggling with homelessness, employment difficulties, and legal issues.

Intern responsibilities include co-facilitation of groups, intake assessment and evaluation, treatment planning, and individual psychotherapy. Opportunities also exist to develop and lead groups of the intern's choice. Interns will also join daily morning huddles with an interdisciplinary treatment team (psychiatry, psychology, social work, and nursing), as well as provide consultation with other disciplines. Formal suicide/homicide risk assessment and safety plan development are conducted with acute patients.

Supervision Provided

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

Assessment and Measurement Based Care

Interns will learn to conduct biopsychosocial intake evaluations. The intern may be assigned some newly admitted veterans for intake evaluation and assessment. These assignments will emphasize the development of the intern's ability to formulate diagnostic impressions based on clinical interviewing and testing, and to formulate realistic treatment plans. Interns will learn to conduct a thorough SUD assessment as well as integrate techniques to monitor and assess the treatment of SUDs and co-occurring disorders. This may include the use of the Brief Addictions Monitor-Revised (BAM-R) monthly and BAM-IOP weekly to identify and assess measurement-based care. Other common assessment instruments used may include the Clinician-Administered PTSD Scale (CAPS), the PCL-5, the Montreal Cognitive Assessment (MOCA), and depression screens.

Group and Individual Psychotherapy

Interns will facilitate and co-facilitate various evidence-based groups in the RRTP and IOP from a cognitive-behavioral orientation. Individual therapy cases are varied, and the interventions provided

may be brief or for the duration of the rotation. Interns will receive supervision in evidence-based approaches to treating SUDs, including contingency management, motivational enhancement therapy, and cognitive-behavioral therapy. Interns may also receive supervision in the treatment of a specific disorder or condition in the context of a SUD, including but not exclusive to pain, trauma, insomnia, and depression.

Consultation

The intern will participate in the interdisciplinary daily huddles and interact regularly throughout each day with colleagues in the fields of Psychiatry, Nursing, Social Work, and Primary Care. Huddles focus on treatment planning, evaluation, and behavioral planning for our veterans. Huddles also provide the opportunity for the intern to provide assessment results to the treatment team.

Supervision Training

The SUD rotation will provide psychology interns opportunities to develop supervision skills by working with other trainees and/or staff to learn and integrate specific clinical skills including diagnostic clarification, case conceptualization, and treatment planning.

Program Evaluation

Some interns have developed their program evaluation project during this rotation. Two examples of recent program evaluations are 1) efficacy and cost of a three-week IOP as compared to a four-week IOP and 2) an evaluation of the language we use in the electronic medical records for individuals with substance use disorders.

Research

Interns will be expected to use various VA accessible tools including the VISN 1 Knowledge Library to research specific areas related to their work on the rotation to better inform their direct service and to disseminate current literature to colleagues via team meetings, didactic seminars, and consultation.

Ancillary Rotations

Interns on the General Mental Health Internship Track at Leeds/Northampton are assigned an Ancillary training experience for the entire 12 months, taking their preferences and training needs into account. The supervisor provides clinical supervision for individual cases with specific emphasis according to the supervisor's area of clinical expertise. The Ancillary rotation consists of 8 hours per week, with fluid scheduling, depending on the primary and ancillary rotations and Veterans' availability. Interns meet with all supervisors offering ancillary rotations during orientation and rank their preferences for ancillary rotations. The Training Director make the final decision on Ancillary rotation assignments, after considering the training needs of all interns, supervisor availability, and the Primary rotations selected by interns during the orientation period. At some point prior to or during orientation, interns will complete an initial self-evaluation of their strengths and targeted areas for growth during their internship training year, which will also inform Ancillary assignments. As noted above with Primary Rotations, the availability of a given rotation may fluctuate from year-to-year based on factors such as staffing and programmatic changes.

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

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

Assessment

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

Psychotherapy

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

Consultation

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

Supervision

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

Research

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

ASSESSMENT ANCILLARY – Supervised by [Dr. Fearing](#) & [Dr. Malinofsky](#) (with consultant supervision from [Dr. Grant](#))

The Assessment Ancillary rotation provides experience in a few clinical settings, allowing interns to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remain consistent. In each setting, you will be involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. A training goal will be to complete at least 2 assessment (neuropsychological/psychological) batteries with full reports. However, because students in different graduate programs have vastly different levels of training and experience in testing, basic skills in testing are assessed at the beginning of the rotation. Interns who require further training and/or experience to establish these basic skills are provided with testing assignments designed to develop these skills. If basic testing skills are already established at the beginning of the internship year, the assessment rotation takes the form of more advanced testing experiences working toward increasing levels of independence. Interns will participate in at least 4 hours of weekly supervision, split up between the three primary rotation supervisors, with additional time provided as needed for observation and didactic instruction.

Neuropsychology Service: Testing consults are submitted by a range of VA CWM providers. A significant number of referrals are placed to assess memory and cognitive changes. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses and recommendations for treatment planning. In addition to a full range of neuropsychological measures, structured and semi-structured interviews may be utilized such as the Clinician-Administered PTSD

Scale for DSM-5 (CAPS-5). Interns may also administer and interpret objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF), and Personality Assessment Inventory (PAI) among others.

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

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

Behavioral Health Interdisciplinary Program (BHIP) Individual PSYCHOTHERAPY ANCILLARY– Supervised by [Dr. Clark](#)

Embedded within the outpatient Behavioral Health Interdisciplinary Program (BHIP), this ancillary is distinct from the primary rotation in that it is a year-long (8 hours per week), which will allow for more in depth, longer-episodes of care. To develop breadth of clinical experience, cases will be transdiagnostic and approaches will be multimodal. This type of training will help interns to be marketable and adaptable generalist clinicians, and if needed, hone their skills as an outpatient psychotherapist. Learning to thoughtfully and skillfully select the most appropriate treatments modalities to meet the needs of a wide range of clinical presentations will be a top priority in this ancillary. Interns will get specific training on how to efficiently manage a caseload and navigate administrative tasks within the VA or similar organizations. Without the same time constraints as the primary rotations, this ancillary may allow interns to gain more experience with natural endings to treatment episodes.

Assessment

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

Psychotherapy

Interns will participate in 3 - 5 hours of weekly psychotherapy with clients. Cases will be selected in part by considering the intern's specific training needs and growth edges. If a primary rotation intern is not already co-facilitating, interns may co-facilitate Dr. Clark's OIF/OEF/OND/Gulf War process group.

Consultation

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

Supervision Received

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

Supervision Training

Interns will have an opportunity to learn skills in the provision of supervision through readings, modeling, role plays, or discussion. In some cases, bi-directional consultation with students in other disciplines (i.e. social work intern, psychiatry residents, etc.) can be done.

Research

Interns gain practice as critical consumers of research in the field of psychotherapy. Current literature and emergent research in various theoretical orientations and psychotherapy approaches are reviewed and discussed with interns throughout the rotation. In doing so, interns can strengthen their ability to choose which therapeutic approach best fits a given clinical scenario.

COGNITIVE PROCESSING THERAPY ANCILLARY – Supervised by [Dr. Linderme](#) and [Dr. Weismore](#)

Cognitive Processing Therapy (CPT) is an evidence-based psychotherapy for post-traumatic stress disorder (PTSD). Through CPT training, interns develop the skillset in exploring the impact of trauma on a person's views of self, others, and the world. Interns learn to identify cognitions that are holding a Veteran "stuck." Interns cultivate skills in Socratic questioning and in teaching use of written reflection to explore thoughts towards the goal of identifying more accurate, helpful thoughts. Interns learn to foster and allow space for emotional processing. Interns increase competence in facilitating exploration of the themes of safety, trust, power/control, esteem, and intimacy, which are commonly impacted by traumatic experiences.

During this ancillary rotation, interns will provide outpatient psychotherapy services with individuals struggling with symptoms of PTSD who may present with comorbid diagnoses of mood, anxiety, or substance abuse disorders. Interns will begin this ancillary training experience with training in PTSD diagnostic assessment and the shared decision-making process to assist Veterans in considering evidence-based psychotherapy to process traumatic memories. Interns will complete an application to participate in a two-day regional CPT training and work towards completion of VA CPT certification requirements through provision of CPT services and participation in 6 months of group CPT consultation with a regional CPT trainer.

Assessment

Interns will receive training in use of the CAPS-5 assessment for PTSD as well as more flexible diagnostic assessment of PTSD and other relevant, presenting concerns.

Psychotherapy

Interns will typically carry a caseload of 1-4 Veterans depending upon evolving skillsets and training goals. Interns will learn to facilitate shared decision-making sessions regarding choice to trauma-focused therapy, 12 session episodes of CPT, and follow-up treatment planning appointments.

Consultation

Interns engage in 6 months of consultation with others learning to provide CPT. They will have opportunities to develop their skillsets in asking questions, providing suggestions, giving feedback, and communicating effectively with others.

Supervision

The CPT ancillary will consist of weekly, 1-hour individual supervision meetings. There may be occasions where small group supervision (consisting of three or fewer trainees) provides opportunities for role plays or observation. Supervision will include discussion of developing competence in utilizing CPT, session content, intervention choices, ethical and legal standards, and professionalism. Interns will be required to audio record sessions and feedback will be provided during supervision.

Research

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

Group Psychotherapy Ancillary – Supervisors TBD

The intern on this year long ancillary rotation will have the opportunity to work with a variety of clinicians who lead various psychotherapy groups. As a co-facilitator of these groups, the intern will develop this important therapeutic skill set. Group types will vary depending upon which staff are involved, however they could include both time-limited, skills-based groups as well as open-ended, process groups. Group topics may be based on a particular problem (i.e. Depression, Anger, PTSD, MST, etc.), a particular cohort (i.e. gender, war era, etc.) or a particular therapeutic approach (i.e. CBT, ACT, etc.). Group formats may be virtual, in-person, or hybrid. Interns will get training and experience with managing groups from a clinical and administrative perspective.

Assessment

Interns will have opportunities to incorporate assessments into their group therapy experiences, through the use of measurement-based care. Depending upon the particular group, outcome measures may be used pre and post group cohort or throughout the rotation at various intervals.

Psychotherapy

Interns will participate in 3-4 psychotherapy groups throughout the year-long rotation. These will typically be weekly groups. Interns will have one rotation supervisor who meets weekly for supervision, as well as time for planning/debriefing with any additional participating group co-facilitators. The rotation supervisor will get routine updates from additional co-facilitators, to incorporate into supervision throughout the year.

Consultation

Due to the potential to have multiple different group facilitators participating within this rotation, the intern will get the experience to learn from various approaches to group psychotherapy. The intern is encouraged to consult with these clinicians as needed throughout the year.

Supervision Training

Interns may have the opportunity to learn and practice supervision skills by:

1. Designating supervision time for reviewing articles and discussing supervision methods and competencies.
2. Setting up role plays between the intern and supervisor, using case examples, in order to provide modeling of supervision.

Research

Interns gain practice as critical consumers of research in the field of group psychotherapy. Current literature and emergent research in various theoretical orientations and psychotherapy approaches are reviewed and discussed with interns throughout the rotation. In doing so, interns can strengthen their ability to choose which therapeutic approach best fits a particular group dynamic.

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

Prolonged Exposure Therapy (PE) is a time-limited, evidence-based psychotherapy for PTSD consisting of weekly, 90-minute sessions for approximately 10-15 weeks. This experience is a year-long rotation that entails delivering PE to Veterans with PTSD. Interns choosing this ancillary will participate in didactic training, including live and online modalities and experiential role plays to learn the fundamentals of PE. The goals of this ancillary are to develop competency in delivering PE and to promote implementation and sustainability of EBPs for PTSD in the VA. Thus, interns most interested in career goals that allow for this will be prioritized.

Supervision Provided

The supervisor will provide one hour of weekly scheduled virtual or face-to-face supervision for the year, plus ad hoc supervision. Supervision will cover discussing the theory underlying PE, learning the protocol, role-playing various components of each session, case conceptualization, enhancing motivation, learning nuances of the treatment approach,

finding your voice as a trauma therapist, and self-care. Each session will be recorded and reviewed by the supervisor. The supervisor may also ask the intern to review sessions to enhance learning and to enhance supervision skills.

Psychotherapy

Interns will carry a caseload of 2-3 patients throughout the year. The patients' trauma experiences, war era, and demographics will be varied to provide a wide range of experience for the intern. In addition, the intern's area of interest will be considered in choosing cases. If available, interns will also gain exposure to delivering PE multiple times per week.

Assessment

The intern will enhance their assessment skills as they will conduct a preliminary session evaluating the Veteran's current symptoms and appropriateness for the treatment. This may entail reviewing previous PTSD evaluations, administering a Clinician Administered PTSD Scale, or utilizing the PTSD Checklist or PSSI to guide a clinical interview. Interns will also become well versed in Measurement Based Care including discussing rationale, administering PROMs, discussing with Veterans and using MBC to guide treatment.

Consultation

The intern will enhance their consultation skills by working with the supervisor's cases and consultation requests. As the year progresses, we will look for opportunities for the intern to provide consultation and education to colleagues on PE and PTSD specialty care.

Training in Supervision

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

Research Application

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

Research & Clinical Ancillary and Research Mini-Ancillary – Supervised by [Dr. McLean](#) **NOTE: this rotation is on hiatus for the first half of the 2024/25 training year and is pending for the second half of the 2024/25 training year and the 2025/26 training year.**

The goal of this ancillary is to provide training in clinical trial and translational research. Interns on this rotation have engaged in research focused on women Veterans, PTSD/MST, and substance use disorders. When available the ancillary (8 hours/week) is offered to interns at Leeds, Springfield, or Worcester. Combination of other primary rotations with this ancillary is possible and encouraged to interns who want to specialize.

Research Activities

Training activities are tailored to the intern's level of experience and professional goals. This rotation has offered research experience in mental health and treatment development in women Veterans, particularly in the areas of substance use disorders, trauma, and PTSD. Research training can include novel study design, ecological momentary assessment, and qualitative and quantitative methods. Training on the topics of women Veterans, PTSD/MST, trauma-informed research, mindfulness-based interventions, and AUD/SUD research is inherent in the rotation's work. Interns have gained exposure to grant writing and VA institutional review board requirements. There have been opportunities for publication and/or conference presentations, based on the intern's experience, interests, and professional goals.

Clinical Activities

Clinical training within the rotation includes structured clinical assessments of clinical disorders (including PTSD); assessing for and discussing substance use with patients; working with women Veterans; patients with various types of trauma; and delivering empirically-based treatment protocols including transdiagnostic approaches.

Supervision Provided

When offered, interns on this rotation will work closely with Dr. McLean on all aspects of the Rotation. Formal supervision of at least 1 hour per week will be provided. In addition to clinical supervision on diagnostics, assessment, and intervention delivery, Supervision may also include professional development, including pursuing a career in research, integrating research into one's career, strategies for staying current on research, and/or integrating research into clinical work.

Local Information

About the Northampton Area

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

Western Massachusetts also boasts a superb mix of arts and culture, from theater and art galleries to museums, historic homes, and world-class arts, including dance and fine crafts. One of several famous former residents was [Sojourner Truth](#), who once called the Florence area of Northampton home.

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

Transportation

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

Housing

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

Recreation

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

Community-Based Outpatient Psychology Track

(1 Position)

Springfield Community-Based Outpatient Clinic

Match Number 133513



The goal of the Community-Based Outpatient Psychology track at the Springfield CBOC is to train interns in the various clinical roles held by psychologists in a large VA Community-Based Outpatient Clinic. Interns will receive a year-long foundation in the assessment and treatment of mental health and co-morbid conditions in an outpatient setting. In addition to the core experience in the mental health clinic, interns will enhance their knowledge and skills in a variety of specialty clinical rotations, which are divided into two 6-month semesters, one focused on trauma and the other on health psychology. Interns at this site will work alongside the outpatient mental health interdisciplinary team in the Behavioral Health Interdisciplinary Program (BHIP), with the Primary Care-Mental Health Integrated (PC-MHI) program, with the Health Promotion and Disease Prevention (HPDP) program, with the Military Sexual Trauma (MST) treatment coordinator, and at the Springfield Vet Center.

Supervision Provided

During the training year, interns will work with a variety of supervisors. Interns will receive core supervision in the mental health clinic, affording them the opportunity to work with two primary supervisors over the course of the training year and gain exposure to different styles and a variety of treatment approaches. In addition, interns will receive individual supervision on each of their rotations (e.g., PC-MHI, CBT for Chronic Pain, CBT for Insomnia, Health Promotion – Disease

Prevention, Vet Center, Military Sexual Trauma (MST)). Overall, equating to no less than 4 hours of individual supervision weekly.

Supervision Training

The Psychology Intern on the interdisciplinary Springfield team is fortunate to also have opportunities to train alongside trainees of other disciplines, namely a psychiatry resident at the Springfield clinic and a psychology practicum student at the Vet Center. There will be an opportunity to act in the role of supervisor with a fellow trainee, while receiving feedback from an observing licensed professional.

Research, Scholarship, and Professional Development

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

BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM (BHIP)

12-Month Rotation, 16 hrs/week

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

Psychotherapy

Interns will maintain a caseload of individual patients, including but not limited to those referred by Springfield Primary Care Providers, with co-morbid medical and psychological conditions, as well as general mental health issues. Interns will complete two (2) intake assessments per week and provide diagnostic impressions, treatment recommendations and referrals for psychological services. Interns with an interest in EBPs for PTSD have the opportunity to receive VA training in Cognitive Processing Therapy (CPT) and to receive supervision of CPT cases.

Interns will have the opportunity to co-facilitate the **Anger Management Group** with Dr. Joshua Vinocour. This 12-week cognitive behavioral anger management group is designed for Veterans who have substance use and mental health problems co-occurring with anger management problems. It follows a manual developed by SAMHSA. The group learns and practices four types of CBT interventions for anger management, which are theoretically unified by principles of social learning

theory: relaxation training, cognitive interventions, communication skills, and combined interventions.

Assessment

Interns will routinely complete brief mental health intake assessments and/or psychological examinations to aid the BHIP team in identifying treatment needs. Interns may also train in the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), as well as other structured diagnostic interviews for assessment of depression, bipolar disorder, OCD, etc. There may be opportunities for more extensive psychological assessment using standard measures, such as the MMPI or MCMI, to aid in differential diagnosis. Interns will also have routine opportunities to conduct neurocognitive screenings to help develop more firm consultation referrals for neuropsychological testing. More advanced neuropsychological examinations also occur on site, and the intern may be involved based on interest and prior experience.

Consultation

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

Military Sexual Trauma emphasis

6-Month Rotation, 8 hrs/wk.

Working closely with the MST coordinator, Dr. Shani Ofrat, the intern will have the opportunity to focus on treatment for MST-related sequelae, including a primary focus on treatment of PTSD, depression, and substance use related to MST. Less frequently, OCD, self-harm, personality pathology, and bipolar presentations may present. Issues with trust, self-blame, sexual health concerns, anger, and interpersonal issues are common presenting concerns, and interns will use ACT, DBT, and CBT skills, as well as other approaches, to facilitate healing. Interns also have the opportunity to train in CAPS assessment, the gold standard for PTSD assessment, and may learn other assessments as required by patient presentation. Depending on previous training, interns will have opportunity to provide CPT, PE or EMDR to Veterans with MST experiences. Interns will also have the opportunity to learn the Courage Group and/or Warrior Renew protocols for group therapy for survivors of MST and may also use those protocols in their individual work. Supervision and consultation will include consideration of ethical obligations, diversity factors of sameness and difference, and countertransference. Interns will leave this experience with expertise in working with Veterans who experienced MST.

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PC-MHI)

6-Month Rotation, 9.5 hrs/wk.

Primary Care Mental Health Integration (PC-MHI) at the Springfield CBOC is co-located within Primary Care, where approximately 5,800 Veterans per year are seen by eight Primary Care teams, called “Patient-Aligned Care Teams” or “PACT.” PACT provide accessible, coordinated, comprehensive, patient-centered care that encourages Veterans to have a more active role in their health care.

Interns on the PC-MHI rotation in Springfield will have the opportunity to work closely with PCMH psychologist, Dr. Jill Vinocour. Goals of PC-MHI are to increase patient accessibility to mental health care, and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. Interns in PC-MHI will be expected to learn the role of a PC-MHI Psychologist. Foci of this rotation are individual assessment, brief treatment, and consultation to PACT. Interns will assess patients referred to PC-MHI via warm hand-off from PACT and offer treatment recommendations; (e.g. treatment in PC-MHI, referral to Mental Health service) and brief treatment.

Psychotherapy

Interns will provide brief, evidence-based treatment (1-6 visits, 30min in length) to Veterans presenting with general mental health concerns (e.g. depression, anxiety, stress, anger, adjustment to medical condition); as well as those with chronic health conditions that would benefit from behavioral intervention (e.g. diabetes, insomnia, chronic pain, obesity). The majority of clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There will be an emphasis on using motivational interviewing to enhance patient-led activation. When appropriate, the intern will utilize empirically validated or evidence-based treatments.

Assessment

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

Consultation

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

Health Promotion and Disease Prevention (HPDP)

6-Month Rotation, 8hrs/wk.

Interns will work alongside multidisciplinary teams in providing individual and group interventions aimed at the treatment of co-morbid medical and psychological conditions. The specific focus of this experience relates to the following cornerstone Population Health concerns: Pain Management, Weight Management, Diabetes, and Tobacco Cessation. Interns will be trained to conduct biopsychosocial assessments, provide time-limited individual psychotherapy, co-facilitate and

facilitate behavioral medicine groups, and provide consultative services to various disciplines and health coaching for Primary Care and Mental Health staff.

Psychotherapy

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

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

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

Assessment

Interns may have opportunities to conduct transplant or bariatric surgery assessments with Dr. Ariel Laudermith, depending upon availability.

Consultation

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

COGNITIVE BEHAVIORAL THERAPY FOR CHRONIC PAIN (CBT-CP)

6-Month Rotation, 2.5hrs/wk.

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

Vet Center

6-Month Rotation, 8 hrs/wk.

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

SAMPLE TRAINING PLAN

Mental Health and Health Psychology (6 months)

Mental Health Clinic (BHIP): 16 therapy, group therapy and support hours per week
1.5 hours of supervision with Dr. Josh Vinocour

Primary Care – Mental Health Integration (PCMHI): 9.5 therapy, consultation, and support hours per week
1 hour of supervision with Dr. Jill Vinocour

Health Promotion – Disease Prevention (HPDP): 8 therapy and support hours per week
1 hour of supervision with Dr. Laudermith

CBT for Chronic Pain (CBT-CP): 2.5 therapy and support hours per week
0.5 hour of supervision with Dr. Eileen Tam

Didactics / Case Conference / Admin time: 4 hours per week

Mental Health and Trauma (6 months)

Mental Health Clinic (BHIP): 16 therapy and support hours per week
1.5 hours of supervision with Dr. Christine McDannald

Vet Center: 8 therapy and support hours per week
1 hour of supervision with Dr. Kelly McAllister

MST: 8 therapy and support hours per week
1 hour of sup with Dr. Shani Ofrat

Cognitive Behavioral Therapy for Insomnia (CBT-I): 4 therapy and support hours per week
0.5 hour of supervision with Dr. Eileen Tam

Didactics / Case Conference / Admin time: 4 hours per week

TRAINING STAFF LOCATED AT SPRINGFIELD CLINIC:

[Ariel Laudermith, PhD](#)
[Kelly McAllister, PsyD](#)
[Jeffrey McCarthy, PsyD](#)
[Christine McDannald, PsyD](#)
[Shani Ofrat, PhD](#)
[Eileen Tam, PsyD](#)
[Jill Vinocour, PsyD](#)
[Joshua Vinocour, PhD](#)

Local Information

About Springfield

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



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



Integrated Outpatient Behavioral Health Track – Worcester (1 Position)

Worcester Community-Based Outpatient Clinic Match Number 133512



Overview

The Worcester Community-Based Outpatient Clinic (W-CBOC), located in New England's second largest city, functions largely as a free-standing community health clinic, striving to meet the diverse medical and mental health needs of all Veterans in Worcester and the surrounding areas. Most of the 50+ clinical providers comprising Primary Care, Mental Health, Pharmacy and Medical Specialty Care work together in a new building that opened December 2021 (with plans for all services to be provided at this singular location in the near future) as a close-knit community, to provide cohesive, evidenced-based, patient-centered care. The W-CBOC has a long history of prioritizing training across medical and mental health disciplines, having served as a training site for medical and psychiatric residents, social work interns, nursing students, and psychology trainees for many years, having continuously trained pre-doctoral psychology interns from 1988 to date.

To prepare future psychologists for the highest levels of advanced training and employment opportunities, the Integrated Outpatient Behavioral Health track – Worcester (IOBH-W) uses a training approach that balances generalist with specialty training in Mental Health and Health Psychology. Learning to function independently and as a member of a team, as well as in a variety of settings with diverse populations and treatment needs/diagnoses, are

essential skills for today's clinicians. As such, IOBH-W has developed a unique training model that utilizes 12-month training experiences, that allow trainees the opportunity for greater continuity, consistency and depth with supervisors, clinical experiences, and Veterans and their families.

Trainees in Worcester will largely devote their clinical time to the following components: Generalist Mental Health, Whole Health (WH), Primary Care Mental Health Integration (PC-MHI), and Assessment. Opportunities to train within other specialty clinics may become available as staffing permits. On Wednesdays, Worcester interns are engaged (either in person or remotely) in training activities offered at the Northampton VA campus, with the other five VA CWM interns, including didactics, case presentations, and other shared training activities.

The W-CBOC Mental Health Clinic, where most of the internship training occurs, is currently located on the University of Massachusetts Chan Medical School campus in its own VA designated building. This renovated treatment setting is a state-of-the-art facility incorporated within a hospital, training, academic and research campus in the heart of Worcester. Psychology trainees will get exposure and opportunities to learn evidenced-based treatment approaches such as: MI, CBT, ACT-D, CBT SUD, CBT-I, CBT-CP, CSG SUD, CPT, WET, Seeking Safety, DBT, and brief CBT-CP, with diverse adult patient populations and medical/psychiatric presentations (including PTSD/trauma, substance use, depression, anxiety, suicidality, and chronic mental illness).

Over the course of the training year, interns will work with a variety of primary supervisors, affording them the opportunity to gain exposure to different styles, treatment approaches and clinics within a large VA CBOC. Overall, supervision will equate to four hours weekly. Interns are expected to be on-site in the clinic most of the week, with remote work being annually reviewed for approval. Interventions, meetings, and supervision will be conducted in-person and virtually using Microsoft Teams.

Generalist Mental Health Training Program

Interns on this rotation will work with the Mental Health Treatment Team consisting of psychiatrists, psychiatric nurse practitioners, psychiatric registered nurses, a psychiatric nurse with certification in addiction treatment, psychologists, neuropsychologists, neuropsychology fellows, clinical social workers, and a psychology practicum student. Interns will be assigned a caseload of approximately 10 individual therapy cases based on training goals and needs and will function as a full member of the Interdisciplinary Treatment Team providing short and long-term, evidenced-based psychotherapy to a general mental health treatment population, including Veterans with problematic substance use issues. Interns will also have the opportunity for informal and formal case presentations to the Treatment Team, consultation with medical and psychiatric/mental health providers, and participation in the monthly Journal Club.

Psychotherapy

As noted above, interns will have the opportunity to learn, implement and be supervised in several evidenced-based psychotherapy approaches with a diverse Veteran population and diagnostic presentations. Based on training goals and availability of formal training within VA, interns may have the opportunity to obtain a record of completion for training in Cognitive Processing Therapy (CPT) for PTSD.

Interns may also have opportunities to co-facilitate, observe and/or design new group programming. Current groups in Worcester include:

Cognitive Behavioral Coping Skills Group for Substance Use Disorders (CSG-SUD): Evidence-based, time-limited, manualized group intervention that teaches coping skills to assist with making and maintaining changes in substance use, with progress monitoring via measurement-based care (MBC).

Mindfulness and Recovery Group: Open, ongoing group for Veterans at any stage of recovery to learn and practice mindfulness skills.

Recovery Maintenance Group: Skill-based and support-oriented group for Veterans with six months or more of sobriety.

Cognitive Skills Group: Time-limited psychoeducational group run by Neuropsychology focusing on gaining skills, strategies, and tools to improve attention, concentration, learning, memory, organization, and problem-solving.

Past groups in the Worcester clinic that may become available again include:

Managing Anger: Psychoeducational group designed to help Veterans recognize triggers, improve communication, and cope more effectively with anger.

Bereavement Group: Support group for Veterans who have recently lost a loved one.

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

Dual Diagnosis Group: Group for Veterans with co-occurring mental health and substance use disorders using psychoeducation, motivational interviewing, and CBT-based techniques.

Resiliency Group: Support-based group for Veterans building resiliency skills.

Assessment

Interns will routinely administer/interpret specific psychological tests/screening instruments to assist in diagnosis and assessment of treatment progress with their assigned psychotherapy cases. In addition, interns will learn how to assess suicide risk and complete safety planning. Interns may also have the opportunity to participate in Uniform Intake assessments (new patient evaluations/triage) during the training year.

Consultation

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

Supervision

Interns may have the opportunity to begin developing supervision skills, as they participate in a tiered supervisory role, supervising a practicum student during the year, while receiving meta-supervision from one of the MHC psychologists.

Staff: The Generalist Mental Health Treatment Program is coordinated by [Dr. Parkin](#). Supervisors include Dr. Parkin and Dr. Harris.

Whole health

As part of the Whole Health Psychology rotation supervised by the Whole Health Program Manager, the incoming intern will spend 8 hours/week within the Primary Care Service Line, engaging in group and/or individual clinical work. The intern will gain knowledge and skill in the assessment of psychological factors involved in medical conditions and the brief intervention strategies for self-management of those chronic diseases. This may include (but is not limited to) obesity, diabetes, tobacco use, pregnancy, insomnia, chronic pain, and hypertension. The intern will gain skills in assessing, addressing, and improving individual lifestyle behaviors, and subsequently collaborating with physicians to create a comprehensive treatment plan that will benefit the Veterans' overall health. Additionally, there may be opportunities to partner with the Health Promotion and Disease Prevention (HDPD) Psychology intern on group work based on student interest and experience. A focus of this clinical training experience will be on preventative and population health care, learning and providing empirically supported treatments, psychoeducation, and behavioral interventions to support the patients' established goals. All of this will be consistent with the Whole Health model of care that places the Veteran at the center of all wellness and treatment planning. The incoming intern may also be exposed to unique program development opportunities, including physician trainings, employee health initiatives and/or didactics, as appropriate and as time allows. A growing emphasis has been

placed on provider self-care during the COVID-19 pandemic, and unique opportunities to support medical staff may also become available. Services during this rotation will include virtual and in-person work.

Psychotherapy

Interns will be exposed to and have the opportunity to learn a variety of individual and group based WH interventions, including:

Diabetes Prevention Group: Teach skills to lower blood sugar and prevent the development of diabetes mellitus.

Stress Less Group: Four session class that teaches how to increase relaxation response, reduce stress, and strengthen coping skills.

Guided Imagery: Uses mental images and visualization to reduce distress related to musculoskeletal pain, cancer pain, anxiety, PTSD, and other concerns.

MOVE Support Group: Ongoing support group for MOVE program graduates who want continued support related to weight loss.

Assessment

Interns will have the opportunity to administer and interpret the Personal Health Inventory (PHI), among other measures, to assist in diagnosis, treatment planning and treatment progress with their assigned cases on the WH rotation.

Consultation

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

Staff: The Whole Health Program is coordinated by [Dr. Rathke](#). Supervisors include Dr. Rathke and Dr. Brault.

ASSESSMENT

The W-CBOC Assessment rotation provides experience in neuropsychological and psychological assessment. The intern is involved in clinical interviewing, test administration, scoring, report writing, providing patient feedback, and consultation and collaboration with the interdisciplinary team. Interns will have weekly supervision with additional time provided as needed for observation and didactic instruction. In addition to general clinical

topics, supervision sessions will routinely include discussions of ethics in assessment.

Testing consults are submitted by a range of VA CWM providers, including Mental Health and medical providers. To address referral questions, psychodiagnostic assessments will lead to meaningful DSM-5-based differential diagnoses, descriptions of neurocognitive functioning, and recommendations for treatment planning.

Interns may administer and interpret a range of cognitive measures as well as objective and subjective personality tests including the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) and Personality Assessment Inventory (PAI), among others.

Staff: The Assessment rotation is coordinated and supervised by Dr. Ashendorf.

Primary Care-Mental Health Integration (PC-MHI) Program

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

The goals of PC-MHI are to increase patient accessibility to mental health care and assist Primary Care staff with early identification and intervention of maladaptive health behaviors and mental health difficulties. The foci of this rotation are interdisciplinary consultation, individual assessment, and brief treatment. Interns will assess patients referred to PC-MHI via warm hand-off from a PACT member and offer treatment recommendations (e.g., treatment in PC-MHI and/or referral to Mental Health services or Whole Health programs).

Psychotherapy

Veterans may be treated by PC-MHI staff with brief treatment, and if medications are involved, may then be transitioned back to Primary Care staff for ongoing medication management. Some Veterans are seen through the Mental Health Clinic for their medication management and see PC-MHI for short-term therapy interventions. Interns will provide brief (no session ‘limits’ but averaging 1-6 visits, 16-30-minutes in length), evidence-based

treatment to Veterans presenting with general mental health concerns (e.g., depression, anxiety, PTSD, substance use concerns, stress, anger, adjustment to medical conditions), as well as those with chronic health conditions that would benefit from behavioral intervention (e.g., diabetes, insomnia, chronic pain, obesity). Most clinical interventions are short-term, solution-focused, and cognitive-behavioral in nature. There is an emphasis on using motivational interviewing to enhance patient-led activation while collaboratively focusing on the Veteran's goals. Treatment relies on empirically validated or evidence-based interventions within the short-term model of PC-MHI.

Assessment

The PC-MHI Intern will learn how to triage presenting Veterans and help determine disposition at the conclusion of assessment using a brief functional assessment. Developing good clinical judgment is paramount in the PC-MHI rotation and includes assessment of patient needs and effective matching with a patient's level of willingness for treatment. The use of screening measures, including the VA's Clinical Reminders, are incorporated into an evaluation of all biopsychosocial factors affecting patient health outcomes and functioning. Repeated use of measures and tracking of scores helps to target interventions and determine the course of treatment, including referral to higher levels of care if warranted.

Consultation

Interns will provide consultation to Primary Care and Mental Health colleagues regarding mood concerns, chronic pain, weight management, diabetes, and tobacco use and will be involved in responding in writing to consults for these various behavioral medicine services. Interns will attend team meetings and huddles when the schedule permits.

Staff: The Primary Care – Mental Health Integration (PC-MHI) Program is coordinated and supervised by Dr. Catalfamo. A second psychologist, Dr. Sarah Dillon, is also a member of the PC-MHI team at the Worcester CBOC.

MINI-ANCILLARY ROTATION - 12 Months (Wednesday mornings)

Worcester interns historically spent Wednesdays in Leeds at the main VA Medical Center. Since COVID, interns participate virtually in didactics, case conferences, and Training Director lunches with their fellow interns on Wednesday afternoons. Worcester interns spend the morning hours engaged in a mini-ancillary rotation. Currently, training and supervision in Cognitive Processing Therapy (CPT) with Dr. Harris and SMI (Dr. Mattison) are available mini-ancillaries. Rotations may range from 6-12 months, depending upon the intern's interest and the availability of the rotation. (See Mini-Ancillary offerings below.)

Training Staff Located at Worcester CBOC

[Lee Ashendorf, PhD, ABPP-CN](#)

[Megan Brault, PsyD](#)

[Christopher Catalfamo, PsyD](#)

[Lorraine Cavallaro, PhD](#)

[Richard Harris, PsyD](#)

[Christina Hatgis, PhD](#)

[Stacy Parkin, PhD](#)

[Laura Rathke, PhD](#)

Local Information

About Worcester

The Integrated Outpatient Behavioral Health track takes place at the W-CBOC in New England's second largest city, centrally located within 60-90 minutes' drive to Boston, Amherst, Northampton, and Providence. Worcester is rich with intercultural diversity, with many ethnic festivals, markets, and food purveyors catering to its diverse population. Worcester boasts eleven area colleges and universities, including: UMass Chan Medical School, Clark University, the College of the Holy Cross, Worcester State University, Worcester Polytechnic Institute, Assumption College, Becker College, Anna Maria College, Massachusetts College of Pharmacy, Cummings School of Veterinary Medicine at Tufts University, and Quinsigamond Community College. The Worcester Art Museum, Tower Hill Botanic Gardens, and the Worcester Center for Crafts are among the city's treasured cultural institutions. A burgeoning LGBT community offers an annual Pride Celebration that is uniquely integrated within Worcester's historic Canal District neighborhood. For some quiet time, the Insight Meditation Society (IMS) in Barre, MA, 30 minutes from Worcester, hosts internationally renowned Buddhism and mindfulness instructors, offering talks and meditation retreats of any length. Hiking, skiing, rivers, lakes, fishing areas, and rural agricultural towns rich with orchards and world-famous antiques venues surround the city. With a vibrant arts and music scene, world-class performance spaces, such as the Hanover Theater and Mechanics Hall—known for its excellent acoustics, many small music venues across the city, and several annual music festivals, such as the nearby Lowell Folk Festival (the oldest free music festival in the US) there is, maybe, too much to do in one's leisure time.



Transportation

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



Housing

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

Mini-Ancillary Rotations

Worcester interns spend Wednesdays in Leeds or participate virtually in didactics, case conferences, and Training Director lunches with their fellow interns. The CBOC interns (Springfield and Worcester) spend the morning hours engaged in a mini-ancillary rotation. The current offerings include rotations in SMI (Dr. Mattison) and CPT (Dr. Harris). Rotations may range from 6-12 months, -depending upon the intern's interest and the availability of the rotation.

Serious Mental Illness/Recovery Model Mini-Ancillary Option for Worcester and Springfield interns). Supervised by [Dr. Mattison](#)

On this mini ancillary, the intern will learn about Serious Mental Illness (SMI), including the opportunity to work with Veterans who have been diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, longstanding depression, or chronic PTSD. The intern will develop a better understanding of the recovery model versus the medical model of care. The overarching goals of this mini ancillary are to develop skill and comfort in working with Veterans diagnosed with a SMI and a solid understanding of the recovery model. There is a variety of experiences available to the intern on this mini ancillary. Given the time frame of four hours per week, a specific plan will be developed with the intern based on their interests and Veteran availability. Supervision is a minimum of 30-minutes per week.

Assessment

If interested in developing assessment skills for Veterans with SMI, the intern will learn several measures and how to administer them (initially by observing and then by

conducting the assessment with observation, eventually being able to administer them independently), as well as providing feedback. For individual cases, the intern will provide ongoing assessment (i.e., Measurement Based Care (MBC) to guide treatment.

Psychotherapy

The intern may opt to learn Social Skills Training for Schizophrenia, one of the few EBPs for SMI (Dr. Mattison is a regional trainer for SST); learn CBT for psychosis; and/or provide individual therapy to one or more Veterans diagnosed with a SMI.

Consultation

If interested, the intern may be involved in inpatient nursing consultation in the Recovery model and/or consulting to outpatient mental health providers about treatment option for Veterans with SMI.

Research

Research is not part of this mini-ancillary. However, should the intern develop an idea for their program evaluation project that is relevant, this would be fully supported.

Cognitive Processing Therapy (CPT) – See detail within the Springfield and Worcester Track descriptions.

VA CWM Training Staff

The Training Committee is primarily comprised of licensed, doctoral-level psychologists, a number of whom are experts, national consultants, board certified, and/or leaders in their respective specialty areas. All members of the Training Committee were trained in APA-approved programs. Many of our staff are former VA CWM interns (indicated with an *) and/or have served as training directors (indicated with a +). A brief description of each psychologist's educational history and professional interests follows:

Lee Ashendorf, PhD, ABPP-CN⁺, Neuropsychologist, Neuropsychology Postdoc Program Director, Worcester Lake Avenue CBOC

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

Megan E. Brault, PsyD, Whole Health and Integrated Programs Director, Rotation Supervisor, Worcester Lake Avenue CBOC

Dr. Brault received her Doctorate in Clinical Psychology from La Salle University in Philadelphia in 2014. She completed her internship training at the University of Central Florida Counseling Center and a Post-Doctoral Fellowship in Primary Care Behavioral Health at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, MA. She also

completed training through The Department of Family Medicine of the University of Massachusetts in Worcester, MA and is certified in Primary Care Behavioral Health through the Center for Integrated Primary Care. Dr. Brault has worked in adult, family medicine and pediatric primary care settings and has training in weight management, bariatric surgery evaluations, smoking cessation, diabetes management and pain management. Dr. Brault is currently the PC-MHI Psychologist at the Worcester CBOC.

Emily Britton, PsyD*, Staff Psychologist, Inpatient Psychiatry, Rotation Supervisor, Leeds VAMC

Dr. Britton joined the psychology staff at the VA Central Western Massachusetts Healthcare System in 2008, after completing her Doctoral internship here. She received her PsyD from The Wright Institute in Berkeley, California, formerly the psychoanalytic community's west coast bastion, but she focused on Schema and CBT therapy there. She gained three years of experience working with acute, dual diagnosis, and geriatric patients at a community psychiatric hospital in Berkeley, and her research and community-based clinical work was focused on anxiety disorders, Asperger's Disorder, ADHD, and family therapy. Her theoretical orientation most closely matches Acceptance and Commitment Therapy (ACT), and she has additionally been VA-trained in Motivational Interviewing and Problem-Solving Training. She works on the inpatient units in a psychology consultant role. She facilitates groups and organizes the group program on the sub-acute unit, while also completing diagnostic screening, PTSD assessment, and cognitive screening. She is a Green Belt LEAN-trained facilitator for internal projects, and values system redesign procedures, having been a multimedia producer for online technology companies in San Francisco during the "dot.com boom." The subsequent "bust" was one reason for her career change, but if she'd been aware of ACT principles then, she'd say that the change illustrated a shifting toward what is important to her.

Jennifer L. Brown, PhD, Health Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Brown earned her doctoral degree from the University of Florida's Department of Clinical and Health Psychology in 2005, completing her internship training in health psychology with a minor in neuropsychology through the VA Connecticut Healthcare System's West Haven Campus. Her postdoctoral training occurred at Hartford Hospital, within both the Department of Preventive Cardiology and Psychology Testing Service. Dr. Brown joined the VA Central Western Massachusetts Healthcare System in August 2007, working in Primary Care for two years and then Home-Based Primary Care for five years. In her current position as psychologist for the Pain Clinic, Dr. Brown participates in multidisciplinary pain evaluations, coordinates and co-facilitates the Pain School program, and provides both individual and group Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). Dr. Brown is also a member of the Pain Management Oversight Committee and represents VA CWM at VISN pain meetings. Her other responsibilities include providing psychotherapy to individuals with co-morbid medical and psychiatric conditions, conducting pre-surgical evaluations (e.g., bariatric surgery), and serving as Didactics Coordinator for the

internship program. Dr. Brown's treatment approach combines psychoeducation, motivational interviewing, and cognitive behavioral techniques. She is a supervisor for the Health Promotion and Disease Prevention Primary Rotation.

Sabina Camponogara, PsyD*, Staff Psychologist, Sexual Trauma/Women's Psychologist
Women Veterans Mental Health Champion, Rotation Supervisor, Leeds VAMC

Dr. Camponogara earned her PsyD in Clinical Psychology from the University of Indianapolis School of Professional Sciences in 2019 after completing her pre-doctoral internship at VA Central Western Massachusetts Healthcare System. Her dissertation focused on the role of the victim-offender relationship in the development of PTSD for women who experienced interpersonal violence. Following the completion of her internship, Dr. Camponogara joined the Mental Health Clinic team at the Leeds campus as a Staff Psychologist. In this role, she completes outpatient therapy using primarily an evidence-based, cognitive-behavioral approach. Dr. Camponogara is VA certified in Cognitive Processing Therapy for PTSD (CPT) and Cognitive Behavioral Therapy for Insomnia (CBT-I). She also has training and experience with a variety of other therapies, including Cognitive Therapy, Exposure Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Solution Focused Brief Therapy, and Acceptance Based Behavioral Therapy. Dr. Camponogara serves as a supervisor for the Women's Mental Health/MST and CPT rotations.

Brian Canning, PhD, Postdoctoral Psychology Trainee, BHIP Team, Leeds VAMC

Dr. Brian A. Canning's (he/they) academic training was initially in the humanities studying literature and creative writing. He had a career as a finish carpenter before discerning a calling to become a clinician and pursue graduate training. He earned his PhD from Colorado State University where his research focused on existential issues, meaning, and meditation. He completed internship at the Clement J. Zablocki VA Medical Center in Milwaukee, WI. After internship he took his current position in Leeds to complete postdoctoral hours for licensure and work as permanent staff. Dr. Canning's clinical interests include neuropsychological/psychodiagnostic assessment, clinical supervision, meditation, older adults, PTSD/moral injury, ADHD, and spiritual/existential issues. Dr. Canning is a longtime student and practitioner of Zen. Outside of work he can be found enjoying the outdoors with his spouse and dog or playing music.

Christopher Catalfamo, PsyD, Staff Psychologist-PC-MHI, Rotation Supervisor,
Worcester Lake Avenue CBOC

Dr. Catalfamo earned his PsyD in Clinical Psychology from Marywood University in 2020 after completing his internship at the Lebanon VA Medical Center. His research centered on

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examining different healthcare providers' practices for assessing mild cognitive impairment. Following internship, Dr. Catalfamo completed a postdoctoral residency at the Edith Nourse Rogers VA Medical Center during which he focused on interdisciplinary education and program development. While there, he co-led a Motivational Interviewing practice group for clinicians and trainees. He then provided individual and group psychotherapy to a general adult population while working as a psychologist with the UMass Memorial Medical Group Outpatient Psychiatry Department where he utilized training and experience in Cognitive Processing Therapy, Dialectical Behavior Therapy, and Acceptance and Commitment Therapy. He subsequently joined VA Central Western Massachusetts healthcare System as a staff psychologist in PCMHI.

Lorraine A. Cavallaro, PhD⁺, Psychologist, Central Massachusetts Outpatient Mental Health CBOCs Manager, VA Central Western Massachusetts Healthcare System

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

Ian Clark, PsyD, Staff Psychologist, BHIP, Rotation Supervisor, Leeds VAMC

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

Scott Cornelius, PsyD⁺, Staff Psychologist, Specialized Inpatient PTSD Unit (SIPU), Rotation Supervisor, Leeds VAMC

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

Dr. Cornelius utilizes a mindfulness- and acceptance-based approach to behavioral treatment and provides trainings in Acceptance and Commitment Therapy (ACT) around the Northeast. He has been a National Consultant for the VA Acceptance and Commitment Therapy for Depression (ACT-D) rollout since 2010 and became a Regional Trainer for the VA ACT-D rollout in 2017. In addition to ACT, Dr. Cornelius utilizes Prolonged Exposure and is a certified teacher of Integrative Restoration (iRest) Yoga Nidra. iRest is research-based transformative practice of deep relaxation and self-inquiry that has been identified as a Tier 1 Complementary and Alternative Medicine approach to the treatment of PTSD by the Department of Defense. Dr. Cornelius is also a certified yoga instructor who is interested in the application of yoga, mindfulness and iRest to the treatment of PTSD and other problems of living. He is a supervisor for the SIPU Primary Rotation.

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

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

Having a rich range of training and interests, Dr. Grant has worked in multiple areas of practice, including Forensic Examination, Consultation and Therapy (Outpatient Sex Offenders), Community Mental Health, Private Inpatient Psychiatric Hospitals, and Private Addiction Treatment Facilities. Prior to joining our staff in August 2016, she

maintained a busy full-time private practice in South Hadley, MA, providing individual and group therapy to adults and adolescents with a strong focus on gender identity, mood disorders, anxiety disorders, PTSD, grief, and life transitions. She also maintains an Equine Assisted Psychotherapy/Learning practice in Western MA and is a certified Mental Health provider and Equine Specialist via EAGALA. Special interests include Intersectionality of LGBTQIA+, Racial/Ethnic/Citizenship Identities, Age, Life Stage/Health Stage and Veteran Identities, and Ethics. Dr. Grant is a supervisor in the Assessment Primary and Ancillary rotations.

Richard Harris, PsyD, Staff Psychologist, CPT Supervisor, Fitchburg VA Outpatient Clinic

Dr. Harris earned his graduate training in clinical psychology at William James College in Newton, Massachusetts in 2013 with concentrations in Health Psychology and Geropsychology. During graduate school he did externships at Claypit Hill School, McLean Hospital Geriatric Services, Lynn Community Health Center, and Joseph M. Smith Community Health Center. He completed a generalist pre-doctoral internship at the Alaska VA Healthcare System in Anchorage, Alaska, including rotations in Outpatient Mental Health, Health Psychology, Compensation and Pension Evaluations, Local Recovery Coordination, and Domiciliary Dual Diagnosis Treatment. Additionally, he completed a post-doctoral psychology fellowship in integrated care family psychology. Following his fellowship training, Dr. Harris worked as a licensed psychologist in the outpatient behavior health clinic at Providence Alaska Medical Center – Providence Medical Group in Anchorage, Alaska, from 2015-2021. From 2021-2022, Dr. Harris provided individual, couple, and family psychotherapy services at LifeStance Health, Inc. in Northborough, Massachusetts. Dr. Harris currently provides, as part of a multi-disciplinary treatment team, evidence-based treatment and measurement-based care for individuals and couples at the Fitchburg VA Outpatient Clinic. Dr. Harris evaluates and treats Veterans who present with PTSD, Depression, Mood Disorder, Schizoaffective Disorders and co-morbid medical and substance use disorder conditions.

Christina Hatgis, PhD, Training Director, VA CWM, Staff Psychologist, Worcester CBOC

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

Clinical Psychology Graduate Program from 2011 – 2022.

Craig Helbok, PhD, Staff Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Helbok earned his PhD in Clinical Psychology from West Virginia University in 2004 after completing his pre-doctoral internship at the Pittsburgh VA Medical Center. Dr. Helbok completed a postdoctoral fellowship at the Kansas City VA Medical Center. He has worked as a health psychologist in primary care, tele-primary care, and specialty medicine settings in the Mayo Health System, the Minneapolis VA Medical Center, and the Richmond VA Medical Center. His previous clinical and research experiences have focused in the areas of rural healthcare, eating disorders, and substance abuse. Dr. Helbok is board certified in Clinical Health Psychology. Dr. Helbok serves as a supervisor for the SUD primary rotation.

Christopher Jetton, PhD, Staff Psychologist, RRTP/Domiciliary, Rotation Supervisor, Leeds VAMC

Dr. Jetton grew up in Washington, DC and attended college in Oberlin, OH; he later completed his degree in clinical psychology in 2009 at the University of California, Los Angeles. His primary background is in working with individuals with serious mental illness (particularly psychosis) as well as substance use disorders. He completed his internship and post-doc at the West Los Angeles VA Medical Center, then started as a staff psychologist there in 2013. At the West LA VA he worked in a clinic offering CBT for Psychosis service to Veterans with serious mental illness, before transitioning to work in a medical clinic supporting homeless veterans (Homeless Patient Aligned Care Team, or HPACT). He served as the Mental Health Lead for the Los Angeles HPACT program and then as the Director of the Los Angeles HPACT program for several years. He joined our staff in 2022 and serves as a psychologist in the RRTP/Domiciliary, offering treatment to Veterans with substance use disorders, PTSD, and serious mental illness. He is very glad to be back on the East Coast and closer to family, and to be able to go out hiking in the lush forests of Western Massachusetts.

Jennifer Joyce, PsyD*, Staff Psychologist, Substance Use Disorders Clinic, Rotation Supervisor, Leeds VAMC

Dr. Joyce joined the psychology staff as the PTSD/SUD psychologist in January 2009. She received her degree in clinical psychology from the University of Hartford in Connecticut, where she primarily gained academic and clinical experience providing Cognitive-Behavioral therapy for anxiety disorders and substance use disorders in outpatient and inpatient settings. Her dissertation focused on the subjective experience of individuals with obsessive-compulsive disorder. Her work with World Trade Center and Hurricane Katrina survivors contributed to her growing interest in the treatment of PTSD and trauma-related issues. Dr. Joyce works with the inpatient and outpatient PTSD programs and the Substance Use

Disorders Program to ensure integrated treatment and continuity of care. She is dedicated to the dissemination of Evidence-Based Psychotherapies and serves as the facility's local Evidence-Based Psychotherapy Coordinator and a National VA consultant for Prolonged Exposure Therapy for PTSD. She is a supervisor for the Substance Use Disorder Clinic Primary Rotation and the Prolonged Exposure Therapy Ancillary Rotation.

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

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

Kayla Linderme, PsyD*, Staff Psychologist, Rotation Supervisor, Leeds VAMC

Dr. Kayla Linderme earned her PsyD in Clinical Psychology from Alliant International University San Francisco in 2019 after completing her pre-doctoral internship at VA Central Western Massachusetts Healthcare System. Her interest in working with the Veteran population started while completing her clinical work at practicums in the VA Northern CA Healthcare System. In addition, her dissertation focused on the impact deployment has on military families with young children. Following the completion of internship at VA CWM, Dr. Linderme joined the Mental Health Clinic team at the Leeds campus as a Staff Psychologist. She offers individual and couples therapy utilizing evidence-based treatments through the outpatient clinic, including Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia. Dr. Linderme also works as a provider in the Mental Health Walk-In Clinic where she helps connect Veterans to mental health services, provides brief individual therapy, and conducts crisis management.

Christine McDannald, PsyD, Staff Psychologist, Springfield CBOC, VAMC

Dr. McDannald obtained her PsyD from Ferkauf Graduate School of Psychology in September 2014 after completing her predoctoral internship at Kings County Hospital in Brooklyn, NY. After the completion of her internship, Dr. McDannald worked as a Psychologist at Jamaica Hospital in Queens, NY providing both inpatient acute care and outpatient therapy. She then moved to the Navajo Nation and worked as a Psychologist in an Integrated Behavioral Health Program at an Indian Health Service Hospital in Chinle, AZ. Following Dr. McDannald's return to the northeast, she joined the Mental Health Clinic in the Springfield CBOC as a Staff Psychologist. In this role, she offers individual treatment utilizing evidence-based therapies including Eye Movement Desensitization and Reprocessing Therapy and Cognitive Processing Therapy. Dr. McDannald serves as a supervisor for the Springfield CBOC Mental Health Clinic primary rotation.

Teresa H. Malinofsky, PhD, Neuropsychologist, Case Conference Coordinator, Rotation Supervisor, Leeds VAMC

Dr. Malinofsky earned her PhD in Clinical Psychology from the University of Cincinnati in 1991. Prior to becoming a clinical psychologist and neuropsychologist, she was a music therapist. Past psychology positions include a fellowship position at Harvard Medical School for several years, geriatric neuropsychology (under Marilyn Albert, Mass. General, Harvard Medical School), Weldon Center for Rehabilitation of the Mercy Hospital (as Director of Neuropsychology and Chief Psychologist for the Inpatient Brain Injury Unit), neuropsychology consultant to Statewide Head Injury Program/MRC, geriatric neuropsychology consultant to Baystate Franklin Medical Center. Currently, she is neuropsychology consultant to the Acquired Brain Injury program at MHC, Inc, and LifePath Elder Services. Past teaching includes Biopsychology and Neuropsychology courses and training of practicum students for the PsyD program of Antioch New England Graduate School. She co-edited a book, *The Psychotherapist's Guide to Neuropsychiatry: Diagnostic and Treatment Issues* (1994). Now at VAMC, Leeds, Dr. Malinofsky does neuropsychological assessments, some psychotherapy, and a weekly C&P exam. She has developed a new interest in dissociation, a symptom of PTSD. She coordinates the Intern Case Conference and is a supervisor for the Assessment Primary and Ancillary Rotations.

Michelle Mattison, PsyD⁺, Staff Psychologist, Local Recovery Coordinator, EAP Coordinator, Leeds VAMC

Dr. Mattison recently transitioned to the position of Local Recovery Coordinator (LRC) after serving many years as the primary rotation supervisor on the Inpatient Psychiatry Rotation. As such, Dr. Mattison's role on the Training Committee is evolving. In her role as LRC, she works primarily with Veterans with Severe Mental Illness (SMI) and promotes the concepts of Recovery. She obtained her doctorate degree from the California School of

Professional Psychology - Alameda in 1999 and her undergraduate degree from Smith College in 1989. Her dissertation research was on ego development in female characters in best-selling fiction. She returned to this area to complete her Doctoral internship at this VA, where she trained in the Substance abuse IOP as well as health psychology. Dr. Mattison was then hired as the staff psychologist for the Inpatient units. She also provided Mental Health services for the Nursing Home Care Unit. She served as Psychology Internship Training Director from 2002-2006. She also serves as the Employee Assistance Program (EAP) coordinator for this VA. Motivational Interviewing, Seeking Safety and Social Skills Training for Schizophrenia (SST) are the primary therapies she provides; she is also trained in Integrative Restoration (iRest) and is in the process of becoming a regional trainer for SST. In addition to working with severe and persistently mentally ill, she is interested in psychological assessment; geriatric, and health psychology; and suicide risk assessment and prevention.

Kelly McAllister, PsyD* Clinical Psychologist, Rotation Supervisor (Off-site, Other Agency Supervisor), Springfield Vet Center

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

Jeffrey McCarthy, PsyD* Supervisory Psychologist; Western Massachusetts Outpatient Mental Health CBOC Program Manager; Chair, Disruptive Behavior Committee (DBC); Rotation Supervisor, Springfield CBOC

Dr. McCarthy is the Program Manager for Outpatient Mental Health Services provided at the Western Massachusetts Community Based Outpatient Clinics (CBOCs) of the VA CWM. He serves as Chair of the Disruptive Behavior Committee for the VA-CWM Healthcare System. He also provides clinical services in the Mental Health Clinic at the Springfield CBOC including individual and group psychotherapy, as well as psychological and neuropsychological assessment services. He is an intern supervisor for the Community Based Outpatient Psychology Track located at the Springfield Clinic. He previously worked as the psychologist on the TBI/Polytrauma team and has provided numerous lectures in several venues in the local area on the subject matter. He has been actively involved on the

OEF/OIF Interdisciplinary Team tasked with improving the integration of Mental Health and Primary Care. He received his doctoral degree in Clinical Psychology in 2004 from the Adler School of Professional Psychology in Chicago, while also completing a specialty in Neuropsychological Assessment. He completed his internship training at the VA Central Western Massachusetts Healthcare System, and a portion of his postdoctoral training in the Psychosocial Rehabilitation Fellowship program at the West Haven VAMC. He then worked for almost two years at Neuro-Psychology Associates of Western Massachusetts evaluating and treating patients with various neurological conditions, including traumatic head injuries, progressive dementing disorders, and neurobehavioral disorders, before returning to the VA CWM.

Caitlin McLean, PhD, Research Health Scientist, Worcester Lake Avenue CBOC

Dr. McLean earned her PhD in Clinical Psychology from the University of Nevada Reno after completing her pre-doctoral internship at VA Palo Alto Health Care System. She completed an Advanced Fellowship in Women's Health at VA San Diego Healthcare System and University of California San Diego. She joined VACWM in 2023 as a Research Health Scientist. Her research focuses on the impact of interpersonal trauma (e.g., Military Sexual Trauma) on women's health, improving access to care and evaluating interventions for trauma-related problems. Dr. McLean's work emphasizes mindfulness-based cognitive behavioral approaches, which carries into her clinical interests and expertise. These include Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Exposure Therapy, Adaptive Disclosure for Moral Injury, and the Unified Protocol. She additionally has VA provider status for Cognitive Processing Therapy.

Courtney R. Morris, PhD*, Staff Psychologist, Primary Care Mental Health Integration (PC-MHI) Program, Rotation Supervisor, Leeds VAMC

Dr. Morris joined the psychology staff at the VA CWM in 2016. She received her PhD from the University of Denver in Counseling Psychology in 2014 with an emphasis in health psychology. She completed her pre-doctoral internship training at VA Central Western Massachusetts Healthcare System in 2013/2014, engaged in an APA accredited health psychology fellowship in PC-MHI at the Louis Stokes Cleveland VA in 2014/2015, and was employed with the Syracuse VA working at a CBOC prior to gaining this position. At the CBOC in NY, she provided 50% PC-MHI services and 50% outpatient mental health psychotherapy as well as psychological assessment supervision for the pre-doctoral psychology interns. At her current position in PC-MHI, she provides brief assessment, frequent consultation, referral management, motivational enhancement, and brief psychotherapy treatment for Veterans with chronic disease management and traditional mental health concerns. Dr. Morris incorporates evidence-based psychotherapy in PC-MHI and is VA certified in cognitive processing therapy for PTSD, cognitive behavioral therapy

for chronic pain, and problem-solving therapy for PC-MHI. In addition, she facilitates a weekly, motivational interviewing tobacco cessation group. She is published in areas related to chronic pain and behavioral health. Moreover, she has previous clinical experience as a health coach for Denver Health, and as a permanency social worker with at-risk youth in foster care for a community-based organization in NYC. She is a supervisor for the Health Promotion and Disease Prevention Primary Rotation.

Jennifer Muniz-Rodriguez, PsyD, Staff Psychologist, BHIP Team, Leeds VAMC

Dr. Jeny Muniz-Rodriguez earned her PsyD in Clinical Psychology from Ponce School of Medicine and Health Sciences in 2014, after completing her pre-doctoral internship at the Clinica de Servicios Psicologicos (CSP) in Ponce, Puerto Rico. Dr. Muniz-Rodriguez then went to complete post-doctoral hours at the Behavioral Health Network (BHN) in Holyoke, MA where she received specialized training in Multicultural Psychology. Following her post-doctoral experience, Dr. Muniz-Rodriguez worked at BHN as an Outpatient Clinician offering evidence-based treatments in Spanish and English. Then, Dr. Muniz-Rodriguez joined the Center for Psychological Services at the University of Massachusetts in Amherst in 2017, as a Staff Psychologist, where she utilized evidenced-based treatments with college students. Dr. Muniz-Rodriguez joined the Mental Health Clinic at the Leeds campus as a Staff Psychologist in the fall of 2023. She offers individual therapy utilizing evidence-based treatments through the outpatient clinic, including Cognitive Behavioral Therapy, ACT-D, Dialectical Behavioral Therapy, Solution-Focused Therapy and Motivational Interviewing.

Shani Ofrat, PhD, Military Sexual Trauma Care Coordinator and Springfield Outpatient Mental Health Psychologist, Rotation Supervisor, Springfield CBOC

Dr. Ofrat serves as a supervisor for the outpatient mental health clinic at the Springfield CBOC, where she provides individual and group therapy and assessment to Veterans with a wide range of presenting concerns. Her primary treatment modalities are third-wave behavioral approaches such as Dialectical Behavioral Therapy and Acceptance and Commitment Therapy. She is also interested in Narrative Therapy approaches, and Motivational Interviewing. She also serves as the Military Sexual Trauma treatment coordinator for VA CWM, a role that includes assessment, treatment, education, and advocacy for Veterans with MST, as well as education and consultation for all CWM clinicians. Shani completed a trauma-focused postdoctoral fellowship at the Minneapolis VA, where she also completed internship. She received her clinical psychology doctorate from the University of Minnesota and went to Oberlin College as an undergraduate. She has developed several additional specialty areas, including training medical students and psychology residents in responding to sexually inappropriate behavior in patients, transgender mental health care, and treating sexual health after trauma. She is also passionate about increasing health parity for LGBT Veterans, and sits on the Women Veterans Health Committee. She is

passionate about supervision and training and enjoys exploring multicultural issues and counter-transferential reactions with trainees.

Stacy L. Parkin, PhD, Staff Psychologist, Track Supervisor Worcester Lake Avenue CBOC

Dr. Parkin completed her graduate training in clinical psychology at Fairleigh Dickinson University in Teaneck, NJ, in 2015, during which time she did externships at Four Winds Hospital, Memorial Sloan Kettering Cancer Center, Youth Development Clinic, Bellevue Hospital and North Shore Long Island Jewish Hospital. She completed a generalist pre-doctoral internship at the Gulf Coast Veterans Health Care System in Biloxi, MS, after which she was hired as a staff psychologist on the acute inpatient psychiatric unit. She subsequently was the clinical team lead for the Substance Abuse Psychosocial Residential Rehabilitation Treatment (SARRTP) program at the Biloxi VA, a 30-bed, 28-day inpatient alcohol and drug rehab intensive treatment program, for three years. In 2018, Dr. Parkin transferred to the Southeast Louisiana Veterans Health Care System, where she was the outpatient Substance Use Disorder (SUD) and Ambulatory Mental Health (AMH) psychologist at the Baton Rouge Community Based Outpatient Clinic (CBOC). Prior to returning to her home state of Massachusetts, Dr. Parkin was a detailed psychologist in the outpatient SUD clinic in New Orleans, LA. Her current role as a SUD specialist within a general mental health clinic at the Worcester Lake Avenue CBOC fosters her continued interests in integrating evidence-based treatment modalities as well as measurement-based care in individual and group formats as part of a multi-disciplinary treatment team to assess and treat Veterans who present with primary substance use disorders, serious and persistent mental illnesses, and dual diagnoses.

Laura Rathke, PhD, Staff Psychologist, Rotation Supervisor, Worcester Lake Avenue CBOC

Dr. Rathke earned her PhD in clinical psychology at Palo Alto University (Pacific Graduate School of Psychology), participating in training in VA and community mental health settings. She completed her pre-doctoral internship at the White River Junction VA in Vermont, engaging in rotations in outpatient psychotherapy, PC-MHI, inpatient, residential substance use, health psychology, and neuropsychological assessment. She also completed her post-doctoral fellowship at the White River Junction VA in Vermont with an emphasis in health psychology and integrated primary care, while continuing to do outpatient psychotherapy. She has worked at the Manchester VA in New Hampshire, where she worked in PC-MHI doing brief treatment and Urgent Care performing emergency mental health assessments. She joined the Worcester Community-Based Outpatient Clinic in 2019 and has served as the Primary Care Mental Health Integration (PC-MHI) psychologist since 2020, facilitating brief individual therapy and warm handoffs from primary care providers.

Karen Regan, PsyD, Staff Psychologist, off-site Supervisor, Greenfield CBOC

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

Henry Rivera, PsyD⁺, Program Manager for Outpatient Mental Health, Leeds VAMC

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

Mark Schneider, PhD⁺, Primary Care Psychologist, Whole Health Program Manager, VA CWM

Dr. Schneider graduated from Loyola University of Chicago in 2000. He serves as the Health Promotion Disease Prevention Program Manager for our healthcare system and is in the Primary Care Service Line. Dr. Schneider was previously a supervisor on the Health Promotion and Disease Prevention rotation on the Leeds campus, and he provided supervision to the year-long intern at the Springfield Community-based Outpatient Clinic. Prior to joining our staff, he served as coordinator for the Psychosocial Rehabilitation

and Recovery Center and Compensated Work Therapy programs at the Jesse Brown VA Medical Center in Chicago, Illinois. In addition to his prior VA experience treating Veterans with serious mental illness, Dr. Schneider's clinical interests include health psychology, consultation and liaison with primary care, group/family psychotherapy, and supervision of psychology and medical students. He formerly served as a staff psychologist, consultant to specialty clinics, and Director of Clinical Training in the Mount Sinai Hospital Medical Center in Chicago for several years. This community mental health program located in a hospital setting specialized in the treatment of abused and neglected children and their families. Dr. Schneider's clinical approach is integrative, incorporating elements of psychodynamic theory and Motivational Interviewing techniques within a recovery-oriented framework.

Brittney Stedman, PsyD, Staff Psychologist, BHIP Team, Rotation Supervisor, Leeds VAMC

Dr. Brittney Stedman graduated from William James College in 2016 and has completed practicum, predoctoral, and postdoctoral training at the Edith Nourse Rogers Memorial VA Hospital, VA Southern Nevada Healthcare System, and Louis Stokes Cleveland VA Medical Center, respectively. Prior to joining the Mental Health Clinic at the VA Central Western Massachusetts Healthcare System, Dr. Stedman worked as a staff psychologist at the VA Boston Healthcare System specializing in suicide prevention and serious mental illnesses. Dr. Stedman is certified in Motivational Interviewing and Social Skills Training and has training and experience in Cognitive Behavioral Therapy for suicide prevention, substance use disorders, depression, and psychosis. Dr. Stedman's clinical interests include working with psychiatrically complex Veterans, particularly those who may struggle with addictive disorders, PTSD, and acute suicidality, through the provision of trauma-focused and empirically supported treatments.

Eileen Tam, PsyD, Staff Psychologist, Rotation Supervisor, Springfield CBOC

Dr. Tam completed her graduate training in clinical psychology at Loyola University Maryland. She completed practicum placements at the Baltimore VA Medical Center in the Outpatient Mental Health Clinic as well as at the Perry Point VA Medical Center in the Psychosocial Rehabilitation and Recovery Center for Veterans with severe mental illness. Dr. Tam's interest in continuing to work with Veterans resulted in the completion of a predoctoral internship at the Northport VA Medical Center. She then continued working with Veterans during a post-doctoral fellowship at the West Haven VA Medical Center. Following the completion of her fellowship, Dr. Tam joined the Mental Health team at the Springfield Community-Based Outpatient Clinic as a staff psychologist. In this role, she completes outpatient therapy using primarily a cognitive-behavioral approach. She also facilitates a Relapse Prevention group for substance use disorders as well as a CBT for Chronic Pain

group. In addition, she currently serves as a co-supervisor to interns placed at the Springfield CBOC health psychology rotation.

Dorothy Tormey, PhD*, Didactics Coordinator, Staff Psychologist, BHIP Team, Rotation Supervisor, Leeds VAMC

Dr. Tormey earned her doctoral degree in Counseling Psychology from Lehigh University in 2012 following an internship at the VA Central Western Massachusetts Healthcare System (VA CWM). She completed practicum placements at the Allentown State Psychiatric Hospital in Pennsylvania for adults with severe mental illness and the Allentown Community-Based Outpatient Clinic (CBOC) in Pennsylvania. Her previous experience as a retired Air Force Veteran led to her interest in working with Veterans and shaped the focus of her research and dissertation, identifying and forecasting behavioral health challenges facing returning combat Veterans. Dr. Tormey returned to VA CWM both as a post-doctoral trainee and staff psychologist. She has served as the Didactics Coordinator of the Internship

Program for several years. Combined experiences from post-doctoral work to staff psychologist include providing services to Veterans in the 21-day Intensive Outpatient Program in the Substance Use Disorder Clinic (SUD-C), offering Individual Therapy for Veterans via Tele- Mental Health for the Greenfield CBOC, and (in her current position in the Mental Health Clinic) providing evidence-based therapies for Veterans diagnosed with PTSD and other emotional or behavioral challenges.

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

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

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

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

Sarah Ward, PhD, ABPP-CN, Neuropsychologist, Worcester Lake Avenue CBOC

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

Julie Weismoore, PhD, Staff Psychologist, Rotation Supervisor, Leeds VAMC Dr.

Julie Weismoore received her doctorate in Clinical Psychology from George Mason University. Dr. Weismoore completed pre-doctoral internship training at VA Connecticut

Healthcare System and post-doctoral training at the Stratton VAMC in Albany, NY. She previously worked in the role of PTSD-SUD specialist at the Brockton campus of VA Boston Healthcare System from 2013-2022 and in the role of virtual staff member of the Trauma Recovery section at the Orlando VAMC from 2022-2023. Dr. Weismore co-founded the twice monthly Acceptance and Commitment Therapy consultation group and served as the Site Coordinator of Training for the Brockton-West Roxbury Campuses within the VA Boston Internship Training Program. Dr. Weismore is passionate about psychology and psychiatry education, including supervision training. She has an interest in program evaluation research focused on treatment effectiveness and supervisory competency development and growth. Dr. Weismore is trained in empirically based therapies for PTSD, mood disorders, and substance abuse, including CPT, PE, WET, COPE, STAIR, CBT-SUD, CBT-Insomnia, ACT, DBT and MI.

Trainees

Doctoral Programs of Prior Interns

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

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

Post-Internship Placements of Prior Interns (postdocs and some staff positions)

- Alpert Medical School of Brown University (Postdoc, Research Fellow T32, ACT Fellow), Providence, RI
- Austin Riggs, Stockton, MA
- Bay State Hospital, Springfield, MA
- Behavior Therapy and Psychotherapy Center, University of Vermont, Burlington, VT
- Boston College Counseling Center, Boston, MA
- Brown University Clinical Psychology Training Consortium, Post-Deployment and Readjustment Program, Providence VA, Providence, RI
- Career Development Center of SUNY at Albany, Albany, NY
- Child Guidance Clinic, Springfield, MA
- Community Support Options, Franklin County
- Cutchins Institute, Northampton, MA
- Fletcher Allen Health Care, Burlington, VT

- Headspace Health, Santa Monica and San Francisco, CA
- Institute of Living, Hartford, CT
- Little Rock VAMC, Little Rock, AR
- Lumberg Elementary School, Lakewood, CO
- McLean Hospital/Harvard Medical School, Belmont, MA
- Medical Psychology Center, Beverly, MA
- Menninger Clinic, Topeka, KS
- MultiCare Health System/Good Samaritan Hospital, Puyallup, WA
- Neuropsychology Associates of Western Massachusetts, Springfield, MA
- Pain Clinic, Portland, OR
- Pacific Anxiety Group, Menlo Park, CA
- Portland Psychotherapy Clinic, Portland, OR
- ServiceNet Inc., Northampton, MA
- Tarzana Treatment Center, Tarzana, CA
- The Weight Center, MA General Hospital, Boston, MA
- University of New Haven Counseling Center, West Haven, CT
- University of Rochester's Mt. Hope Family Center, Rochester, NY
- US Air Force
- VA Bedford Medical Center, Bedford, MA: LGBTQ Fellowship, Primary Care Behavioral Health (PCBH) Track, Interprofessional Mental Health Track, MH Clinic
- VA Boise Medical Center, Boise, ID
- VA Boston Healthcare System, Boston, MA
- VA Central Western Massachusetts Healthcare System, Northampton, MA
 - *We have proudly hired multiple interns as full-time staff
- VA Houston, Michael E. DeBakey Medical Center, Houston, TX
- VA Long Beach Healthcare System, Long Beach, CA
- VA Milwaukee Medical Center, Milwaukee, WI
- VA North Texas Healthcare System, Dallas, TX
- VA Phoenix Healthcare System, Phoenix, AZ
- VA Quality Scholars Fellowship, Ralph H. Johnson VA Medical Center, Charleston, SC
- VA Salem Healthcare System, Salem, VA
- VA San Francisco Healthcare System, San Francisco, CA
- VA Togus Medical Center, Togus, ME
- VA West Haven Medical Center, West Haven, CT
- VA West LA Medical Center, Los Angeles, CA
- Wayne County Behavioral Health Network, Rochester, NY
- Yale Child Study Center- Anxiety and Mood Disorders Program, New Haven, CT
- Yale School of Medicine, T32 in neuroimaging and substance, New Haven, CT

Internship Admissions, Support, and Initial Placement Data

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 10/12/2024

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<div><input checked="checked" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
If yes, provide website link (or content from brochure) where this specific information is presented:	
<div>https://www.va.gov/oaa/hpt-eligibility.asp</div>	

Internship Program Admissions

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:

We are a clinically focused internship that offers a deep level of exposure and engagement in all aspects of clinical work. In order to optimize their training experience, we have a strong preference for applicants who are in the advanced stages of progress on their dissertations. Our graduates aim for and attain clinical, clinical/research, program administration, and research post-doctoral fellowships and jobs. We welcome applications from respecialization students who have completed their doctoral degrees in non-clinical, non-counseling fields within psychology and have completed respecialization coursework in clinical or counseling psychology at APA or CPA accredited doctoral programs.

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:

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

- U.S. citizenship,
- Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for selection as a paid VA trainee,
- Submitting to fingerprint and background checks (APPIC Match result is contingent on passing these screens),
- Enrollment in an APA or CPA accredited doctoral program in clinical, counseling, or combined clinical-counseling psychology,
- Approval for internship status by graduate program training director,
- A minimum of 300 intervention hours of direct service during practicum training,
- A minimum of 50 assessment hours of direct service during practicum training,
- Having interests and goals appropriate to our internship program within a VA setting,
- Showing an ability to apply assessment/diagnosis and intervention/treatment knowledge under supervision,
- Demonstrating ethical conduct and interpersonal skills appropriate to the practice of professional psychology.

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

The VA CWM abides VA Directive 5383 – VA Drug Free Workplace Program, which includes a prohibition against staff and health professions trainees’ recreational and medical use of marijuana/cannabis, regardless of its legal status on the state level. More information is available here: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#).

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$38,673	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?		No
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	
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	
Other Benefits (please describe): federal holidays, 6 days of administrative leave for professional activities, maternal/paternity leave.		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	Cohorts ending 2022 - 2024	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
Total # of interns who are still enrolled on internship due to delayed start date		
	PD	EP
Academic teaching		
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center	1	
Veterans Affairs Health Care System	9	
Psychiatric facility	5	
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting		1
Other	1	

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.