

VA Puget Sound, Seattle

Psychology Internship Program

Applications due: November 1, 2023

Information in this brochure is current as of July 15, 2023

## Accreditation Status

The doctoral internship at **VA Puget Sound, Seattle** is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the calendar year **20****25**.

**Questions related to the program’s accredited status should be directed to the Commission on Accreditation:**

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE

Washington, DC 20002

Phone: (202) 336-5979

Email: apaacred@apa.org

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## The Impact of COVID-19 on Services and Training

## Seattle experienced the first outbreak of COVID-19 in the U.S. In order to provide a safe environment for patients and providers, our site rapidly scaled up our already extensive telehealth capabilities. As of March 2019, almost all outpatient visits (and many inpatient visits) have been conducted virtually utilizing VA’s sophisticated virtual platforms. Some settings (e.g., Inpatient Spinal Cord Injury Service) necessarily require providers to be on site to provide services to physically incapacitated patients. In such situations, patients and staff are tested routinely, and are scrupulous in their use of recommended PPE and diligently practice public health precautions. Because interns select their own placements in our program, interns can choose the settings and the modalities of care that they feel best provides them with a safe working environment. Currently, many trainees at our site are providing in-person care with appropriate health precautions (e.g., inpatient settings), some are providing telehealth services from the facility, and finally, others have chosen a hybrid approach (i.e., providing telehealth from the facility on some days and from home on others).

## The volatile nature of the pandemic makes it impossible to predict today how circumstances on the ground will look in the fall of 2024, when we begin a new cycle of training. Nonetheless, we can guarantee you that our facility is fully committed to following public health guidelines that are based solely on the best available scientific evidence, to making your health and safety our number one priority, and – given the constraints imposed by necessary health restrictions – to providing you with the highest quality training experience that we can devise. We pledge to do all of this in a straightforward and transparent manner, so that you can make fully informed decisions about your own health and safety.

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## Application & Selection Procedures

**Eligibility**

Doctoral students in APA, CPA or PCSAS-accredited Clinical or Counseling Psychology programs are eligible to apply. All coursework required for the doctoral degree must be completed prior to the start of the internship year, as well as any qualifying, comprehensive, or preliminary doctoral examinations. We prefer candidates whose doctoral dissertations will be completed, or at least well under way, before the internship. However, because internship is part of the doctoral training requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year. Persons with a PhD in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible. Applicants must be U.S. citizens. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, age, racial, ethnic, sexual orientation, disability or other minority status.

Applicants must meet the eligibility qualifications for psychology training within the Department of Veterans Affairs, which are described at <https://www.psychologytraining.va.gov/eligibility.asp>. These requirements include, but are not limited to, the following. Applicants must be U.S. citizens.The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this training experience and fit the above criteria, you will have to sign it. All trainees will have to complete a Certification of Citizenship in the United States prior to beginning the training year. We are unable to consider applications from anyone who is not currently a U.S. citizen.

The VA conducts drug-screening exams on randomly selected personnel as well as new employees. Trainees are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff. Acceptance of trainees is contingent upon the results of a federal background check and a health status verification (see <https://www.va.gov/OAA/TQCVL.asp>). Failure to meet these qualifications, or failure to pass a federally mandated background check for employment, could nullify an offer to an applicant.

As an equal opportunity training program, our program welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability, or other minority status. The program considers that a diverse learning community is a tangible benefit to all. The program adheres to VA Equal Opportunity policies, available at <http://center.pugesound.med.va.gov/sites/seo/Documents/SitePages/Equal%20Employment%20Opportunity.aspx>.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members.  There are infrequent times in which this guidance can change during a training year that may create new requirements or responsibilities for HPTs.  If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.”

**VA Drug-Free Workplace Program Guide for Veterans Health Administration (VHA) Health Professions Trainees (HPTs)**

In 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, setting a goal to prevent Federal employee use of illegal drugs, whether on or off duty. In accordance with the Executive Order, VA established a Drug-Free Workplace Program, and aims to create an environment that is safe, healthful, productive, and secure.

As you might already know:

• All VHA HPTs are exempt from pre-employment drug-testing.

• Most VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.

• All VA employees appointed to a TDP (including HPTs) must sign a Random Drug Testing Notification and Acknowledgement Memo.

• All HPTs in TDPs are subject to the following types of drug testing:

o Random

o Reasonable suspicion

o Injury, illness, unsafe or unhealthful practice; and

o Follow-up after completion of a counseling or rehabilitation program for illegal drug use through the VA Employee Assistance Program (EAP).

Here are a few additional points:

• VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. Contact the local VHA HR office for more information about EAP.

• VHA HPTs will be given the opportunity to justify a positive test result by submitting supplemental medical documentation to a Medical Review Officer (MRO) when a confirmed positive test could have resulted from legally prescribed medication.

• Prior to being notified of a drug test, VHA HPTs may avoid disciplinary action by voluntarily identifying themselves to EAP as a user of illegal drugs. Disciplinary action will not be initiated if the HPT fully complies with counseling, rehabilitation and after-care recommended by EAP, and thereafter refrains from using illegal drugs. Note: Self-identification must happen prior to being notified of a drug test. This option is no longer viable once an HPT has been selected for a drug test. However, be aware that VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:

• Is found to use illegal drugs on the basis of a verified positive drug test (even if a drug is legal in the state where training); or

• Refuses to be drug tested.

**Application procedure**

Our program utilizes the AAPI Online. Applicants are required to submit:

1. a cover letter that briefly describes your qualifications and career aspirations,

2. a completed AAPI,

3. three letters of recommendation,

4. a current CV, and

5. a transcript from all graduate programs attended.

No additional materials are required. All application materials for the 2024-2025 year must be submitted through the APPIC portal by midnight EST on November 1, 2023.

**Selection**

Our selection criteria are based on a goodness-of-fit model. On the one hand, we look for interns whose academic and scientific background, clinical experience, and personal characteristics give them the knowledge and skills necessary to function well in a fast-paced, academically oriented Medical Center internship setting. At the same time, we look for interns whose professional goals are well suited to the experiences we offer such that our setting would provide them with a productive internship experience.

The ideal candidate has demonstrated strengths in clinical work, research productivity, academic preparation, and personal characteristics related to the profession. Because our training program emphasizes a scientist-practitioner model in a public-sector health care setting, we prefer applicants who have experience in working with complex and challenging patients, as well as a track record of research productivity. In addition to these selection factors, we strive to compose our incoming class with a variety of interns, who can bring to our setting diverse experiences, backgrounds, perspectives, and knowledge. Differences enrich the learning environment for everyone.

All applications are reviewed for eligibility and initial screening in the order that they are submitted. We notify all applicants about the status of their applications no later than December 1, but usually quite earlier. Subsequently, our Selection Committee (composed of faculty and trainee representatives) closely reads all applications remaining under consideration. The Selection Committee provides multiple readings of each application as we proceed to compose our Match list.

Each year, we have many more qualified applicants than we can accommodate. For the 2023-2024 year, we received 172 applications. From the initial pool, we retain a list of approximately 50 finalists. These finalists will be invited to attend a virtual Open House in December, followed by individual virtual interviews with the Training Director throughout January.

All finalists will be included on our Match list, from which ten positions are filled. Details about our virtual interview process will be provided to finalists at the time of their interview notification. Because we anticipate the need for continued health and safety precautions during the upcoming recruitment season – and to reduce the burden and expense of interview travel -- we will not host on-site interviews but will make every effort to provide applicants with as much information about our setting, culture, and training resources as feasible.

**OPEN HOUSE – SAVE THE DATE**

Finalists will be invited to attend a virtual Open House on Wednesday, December 13, 2023, from 8:30am to 1:00pm Pacific. This important informational session will include:

1. An overview of the program by the Training Director.  At the least, this session will include information about a) our training philosophy and program culture; b) our opportunities in clinical care, diversity, ethics, professional education, and research; c) our approach to supervision; and d) training program outcomes.  In deciding to include you as a finalist, we will have already determined that you’d do very well here and - we think - that we’d do very well by you. Our job in this session will be to let you see more of ourselves so *you can decide* if we seem like a good fit for *what you need* at this time in your professional development*.*  Because our written materials are fairly detailed, this overview will assume that applicants are already familiar with the information in our brochure, so that the overview can more intently focus on the educational culture and practices of our program, which we feel makes our setting somewhat distinctive.
2. A Supervisor panel.  Supervisors are the primary resource of any educational program. Quality supervisors are the hallmark of a quality internship program. During our virtual Open House, you’ll hear from a panel of representative supervisors about how we approach supervision in a variety of patient care settings so that you can form your own impression of our faculty’s quality, energy, and commitment to training. And, finally,
3. An Intern panel. While our brochure is the single best source of information about our program, current trainees are certainly another great source - and we’re happy to say, are always our best advertisement. In deciding upon a program, it’s critical that applicants can assess the satisfaction of the current intern cohort.

In addition to our virtual Open House, we’ll offer brief (30-45 minute), individual interviews to finalists throughout the months of December and January, beginning after the Open House on Dec 13. These are truly intended to be conversations about what you’re looking for in an internship, based on your interests and your career aspirations. That is, what do you want to do in your career and how can we, specifically, help you get there? These individual meetings are not meant to be a rehash of your cover letter. Instead, we mean them to be collegial conversations about how you want to build your career and how we can contribute to your advancement.

**Contacting current interns**

Current interns are one of the best sources of information about our program.  We strongly encourage applicants to talk with current interns about their satisfaction with the training experience.  At the time we send interview invitations, we will also include contact information for current interns.

**Couples**

We are happy to consider applications from couples. The APPIC computer match system is capable of accommodating couples who wish to intern in the same geographic area. There are at least five other APA-accredited programs within commuting distance of our program (the University of Washington School of Medicine, the University of Washington Counseling Center, the American Lake VA, Madigan Army Medical Center, and Western State Hospital).

**Schedule**

The internship is full time for a year beginning July 15, 2024. Interns are given credit for 2080 hours of training for the full year, which is designed to meet all state licensure requirements, including those few states that require a 2000-hour internship. Interns work a 40-hour week, and exceed this only in the urgent clinical situation, or by personal choice (to conduct dissertation or extracurricular research, or to pursue some other personal goal).

**Stipends**

By February 1, 2024, we expect VA Central Office to confirm the stipend amount we will receive for the 2024-2025 internship year. While this information will be available prior to the Match Rank Order List submission deadline, at this time we cannot guarantee the exact amount of funding we will receive. VA stipends are locality-adjusted to reflect relative costs in different geographical areas. For the current year, we received stipends of $36,948 each.

**Benefits**

VA interns are eligible for health insurance (for self, legally married spouses, and legal dependents) in the same manner as regular employees. Unmarried partners are not eligible for health benefits. Recently, eligibility for FEDVIP (Federal Employees Dental and Vision Insurance Program) has been expanded to include temporary employees. Health Professions Trainees (HPTs) who work 130 hours or more per month for at least 90 consecutive days may be eligible.

**Leave**

Interns accrue 13 days of vacation and 13 days of sick leave in addition to 11 Federal holidays. Interns are granted additional release time to attend professional conferences and educational programs.

**Liability Protection**

 When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the

 Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

***The training setting***

 **Veteran’s Health Administration** Our training program is sponsored by the Veteran's Health Administration (VHA) and is integrated into the overall educational mission of VA Puget Sound, Seattle (colloquially known as the Seattle VA). The primary mission of the VA is to improve the health of the veteran population by providing primary care, specialty care, extended care, and related support services in an integrated health care delivery system. Since 1946, the VA has developed affiliations and training programs for the added purpose of maintaining and improving the quality of care for veterans, of assisting in the recruitment and retention of highly capable staff at VA facilities, and of continuously improving the quality of patient services by promoting an academic atmosphere of inquiry. To achieve these ends, the VA is legislatively mandated by Congress to support the training of health care professionals (including psychologists) for its own system and the nation.

 **The VA Puget Sound Health Care System** The VA Puget Sound Health Care System consists of two VA Medical Centers, approximately 45 miles apart, at the Seattle and American Lake (Tacoma, WA) campuses. It is administratively centralized, offering an extensive range of mental health, behavioral health, and medical services at the two facilities. The Seattle and American Lake divisions have separately accredited training programs. Although the programs are independent of each other, they also operate with considerable cooperation. They have similar training schedules, may share some seminars and workshops, and based on availability, allow trainees from each site to broaden their training by taking advantage of opportunities at the other site. Because they are separately accredited, each training program is administratively autonomous.

 **The Seattle VA Medical Center** The Seattle division of VA Puget Sound is housed in a large Medical Center atop Beacon Hill, a residential neighborhood of Seattle. The Medical Center campus consists of two large hospital structures, surrounded by a variety of outpatient facilities. The main hospital tower, which opened in 1985, has an inpatient capacity of 208 beds. Inpatient services include General Medicine, Medical Intensive Care, Cardiac Care and Rehabilitation, Marrow Transplant, Hemodialysis, Neurology and Neurosurgery, General Surgery, Surgery Intensive Care, Physical Medicine and Rehabilitation, Oncology, Spinal Cord Injury, Acute Psychiatry, and Palliative and Nursing Home Care. In addition, the Medical Center has busy emergency and consultation/liaison services. Outpatient programs include a large Mental Health Clinic, Recovery-oriented clinics for patients with Serious Mental Illness, PTSD clinics for both men and women, extensive substance abuse programs, and multiple medical clinics offering training in health psychology and behavioral health. Clinical services occur in interprofessional environments in which care is designed to be holistic and patient centered. This extensive range of innovative services is part of the reason that the Seattle VA is recognized in the community as an outstanding example of public sector health care.

 **The Seattle VA Psychology Service** The Psychology Service is comprised of psychologists at the two divisions, under the overall leadership of the Chief of Psychology. At the Seattle Division, the psychology service currently consists of 70+ doctoral-level psychologists, ten doctoral interns, and 17 postdoctoral fellows. Most psychologists work primarily as clinical providers as a member of an interprofessional team, where they provide a range of psychological services appropriate to that setting. Psychologists are located in all of the mental health and substance abuse settings, as well as in a large number of medical settings. Numerous faculty members devote their time primarily or exclusively to clinical research activities.

 Administratively, the Psychology Service is primarily affiliated with the larger Mental Health Service Line, but also consists of faculty that cut across all service lines (Mental Health, Medicine, and Rehabilitation Care). The Mental Health Service Line is composed of providers from all mental health disciplines, including psychology, psychiatry, social work, and mental health nursing. More than 500 providers from these four disciplines currently work in the Mental Health Service, assisted by more than 100 support staff. Similarly, psychologists working in Medicine and Rehabilitation Care settings are joined by literally hundreds of other providers and staff in those service lines.

# While psychologists have major clinical and teaching responsibilities, many have chosen to commit considerable time and energy to additional professional activities, including research, administration, and involvement in state and national professional organizations. These various professional activities are valued and strongly supported by the Psychology Service and Medical Center. The Service has a history of encouraging excellence in individual professional pursuits: staff members encourage each other—as well as interns—to develop expertise in those areas of interest to each individual.

# As a teaching hospital, we place a high value on maintaining a fertile academic and intellectual environment. Supervisors hold academic or clinical faculty appointments in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Some hold appointments in other academic departments as well (including the UW Department of Psychology and UW Department of Rehabilitation Medicine). As a teaching hospital affiliated with the University of Washington, psychologists are active in training interns, fellows, medical residents, and students from a variety of disciplines. Each year, more than 500 medical students and more than 1,000 allied health professionals are trained at the Seattle VA – one barometer of the intensity of training activities in the Medical Center. As part of their duties in a busy teaching hospital, psychologists keep current with new developments in evidence-based practice as a part of their involvement in training, supervision, and clinical research.

# It's worth noting that psychologists have been appointed to high-level leadership positions throughout the Medical Center (and within the national VA system), reflecting both the capabilities of individual psychologists and the high regard in which psychologists are held. These leadership positions allow psychologists to influence the shape of service delivery at the Seattle VA and provide role models for professional functioning in a complex public-sector health care system.

 **Description of service recipients** The Seattle VA is designated as a 1A (High Complexity) Medical Center. As such, it provides services to a large and diverse patient population, providing a rich resource for training. Patients seek care for a broad range of health conditions, and range in age from 18 to more than 90. In previous decades, Vietnam veterans constituted the largest cohort of patients treated. However, we now have a large, and rapidly increasing, cohort of Iraq and Afghanistan (OIF/OEF) veterans receiving care at our facility, due both to the intensive outreach programs established by the VA in Washington State and to our proximity to many military bases in the Puget Sound region. The majority of patients served are adult male veterans, though an increasing number of female veterans receive treatment at the VA. Although women comprise a minority of patients treated, there are a number of programs exclusively for women veterans in single-gender care settings, including specialized health services and treatment programs in Primary Care, trauma, and substance use.

 Facility-wide data indicates that one-quarter of veterans self-identify as racial or ethnic minority, including African American (11%), Asian American/Pacific Islander (4%), Latino/a (3%), Native American (2%), and multi-racial (3%). These numbers closely approximate population demographics in the Seattle urban area. As a 1A facility with specialized services in Rehabilitation Care, a regional Center for Polytrauma, and VA Centers of Excellence (each) in Spinal Cord Injury, Multiple Sclerosis, Amputation and Limb Loss, Gerontology, and Parkinson’s disease, the Seattle VA provides wide-ranging services to patients with physical and sensory disabilities. Moreover, our site has been at the forefront of VA-wide efforts to expand services to rural communities, and to underserved and stigmatized groups, by developing telehealth programs to deliver evidence-based mental and behavioral health care to veterans in remote and rural communities, as well as programming and services specific to sexual and gender minority (SGM) veterans. Finally, the program views military culture as a distinctive subcultural identity - with its own values, norms, and rules of behavior – that influences patients’ development, their self-concept, their experience of health and illness, and their interactions with providers and the larger healthcare system.

## Training Model and Program Philosophy

 **Program philosophy and values** The structure and activities of the internship program are reflections of core values shared by the training staff:

**Training is based on the scientist-practitioner model.** Our program accepts the view that highly capable clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by the experience of working with patients who struggle with important human concerns and sufferings. Therefore, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge. At the same time, we hope to acknowledge the complexities of real patients and the limitations of our empirical base.

We aim to produce psychologists who can contribute to the profession by investigating clinically relevant questions through their own clinical research or through program development and outcome evaluation. While individual interns may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that scientists will practice with a clinical sensibility. In that regard, we do not view the scientist-practitioner model as a continuum in which clinical and research interests coalesce at different poles. Instead, we view scientific-mindedness and knowledge of the discipline as a critical foundation for all activities of the health service psychologist, including those who develop careers devoted exclusively to direct clinical service.

**Training is the focus of the internship year.** Service delivery is an essential vehicle through which training occurs, but it is secondary to the educational mission of the training program. Toward this end, interns are encouraged in a variety of ways to plan their training experiences in a manner that maximizes their individual learning goals, in alignment with the program’s overarching goals for intern performance. Supervision is an integral part of the overall learning experience: the faculty is committed to providing quality supervision and active mentoring in support of the interns’ attainment of program competencies and individual goals.

**Broad and general training is an important foundation for professional competence.** Our program is based on the view that a professional psychologist must be broadly competent before she or he can become a skillful specialist. While graduate school prepares students to master the body of knowledge and principles of psychological science, the internship year allows interns to apply this body of knowledge to new clinical situations and problems.

This intensive clinical experience is designed to help interns master the common principles and practices that form the foundation of clinical patient care. Moreover, the program recognizes that a professional psychologist must be capable of thoughtfully applying psychological principles to the solution of complex problems, rather than merely applying prescribed solutions to narrowly defined complaints. In this regard, our aim is to provide training that not only prepares an intern for the problems of today, but also assists them to develop the thinking and personal skills needed to successfully tackle the problems and challenges that will arise in the course of a long professional career.

Generalist training provides a broad view of psychological practice, intended to encourage creative problem solving of real-life dilemmas, utilizing evidence-based psychological principles and good clinical judgment. It is intended to help interns think and practice as psychologists and to prepare them for careers in a variety of settings. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves. Training is preparation for the future.

**Training is individualized.** The internship year allows for the consolidation of professional identity and the development of Health Service Psychology (HSP) competencies. Because interns function at a more advanced level than doctoral students, they can assume greater responsibility for clinical care, teaching, and research activities. We also strive to build professional identity and responsibility through involvement in the training process itself. Toward this end, interns are called upon to take responsibility for many decisions that impact their learning experiences. With help from their supervisors, interns construct an individualized learning plan that identifies the goals and experiences of importance to the intern and outlines a strategy for achieving these within the framework of the program’s expected competencies and learning outcomes. **As a part of this strategy, interns are responsible for selecting the clinical settings in which they will work, as well as selecting the supervisors with whom they will train. The program does not assign placements or supervisors.**

**Training is collaborative.** Teamwork sets the tone at the Seattle VA. The complexity of issues tackled by today's professional psychologist – clinical, research, or administrative problems – requires collaboration and cooperation with other psychologists as well as members of other disciplines. Thus, an important part of professional development involves experience working as a colleague with others in achieving common goals. Interns are expected to work and learn with trainees from a variety of other disciplines and to establish collaborations with other practitioners in clinical and research projects.

**Training is sensitive to individual differences.** Our program is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of what it is to be human- -- including human variations and differences. Our practice is additionally improved as we come to better understand the complex forces that influence a person's development, including cultural, social, historical, systemic, and political factors. For these reasons, professional growth requires that we expand beyond our own vision of the world and learn to see through the perspective of others; that we continually reflect upon our own implicit and explicit biases; and that we monitor and adjust our impact on patients and other professionals to improve healthcare outcomes. When this growth occurs, our practice can be more responsive to the needs of individuals and less constrained by our personal histories and limitations.

Sensitivity to individual differences and an understanding of the underlying cultural and social forces that operate in a pluralistic nation are especially relevant in a public-sector health care system that provides care to a great diversity of patients, many of whom are socially disenfranchised or marginalized, and some of whom suffer from disabling conditions as a direct consequence of social policy (e.g., combat, institutionalized sexual harassment). At the same time, for some patients, we must understand that the VA itself – as an institution of government -- is an example of the societal and institutional forces that have negatively impacted their lives.

For these reasons, the training program places high value on attracting a diverse group of trainees and on maintaining a continual awareness of cultural issues that impact professional practice. To this end, the training program includes an advisory Diversity Committee comprised of faculty, interns and fellows. The mission of the Diversity Committee is to develop structures and programs that support recruitment and retention of diverse trainees, expand and continually improve diversity education, and promote a positive training climate for all trainees. The program recognizes that attracting and nurturing a diverse group of interns is important in providing quality patient care, in providing a quality educational environment, and in creating a fair and respectful work atmosphere.

**Training prepares interns for a variety of professional roles.** Historically, assessment and intervention were the cornerstones of psychology practice. In modern health care, the roles available to psychologists are considerably broader. While assessment and intervention skills remain important competencies, our program provides experience and training in the additional array of HSP competencies, including but not limited to consultation, teaching, supervision, clinical research, administration & management, leadership, and program development & outcome evaluation. Broad training in psychology practice is the best preparation for the future.

**Training prepares interns to assume professional responsibility.** The internship provides an opportunity for full-time involvement in a professional role that requires personal commitment. Interns are accorded increasing responsibility for decision-making during the year, approximating that of faculty members in most respects and to the extent possible within the constraints of a supervised training experience. In turn, they are expected to confront problems in a professional manner, formulate courses of action appropriate to their assessment of situations, follow through on decisions, and keep their supervisors informed. Decisions must be made in the face of time pressure and very real pragmatic considerations, which include the patient and his/her family, Medical Center and community resources, and the preferences of other providers. Understanding and operating within a complex healthcare system in a manner that maximizes benefit for the patient is an important aim of psychology training.

While training in HSP competencies is a primary activity of the program, we also strive to build professional identity and responsibility through involvement in the process of the training program itself. In addition to assuming responsibility for clinical care, interns are called upon to take responsibility for many decisions that impact their learning experiences. Most importantly, interns are responsible for selecting their clinical placements and supervisors, and for specifying their individual learning goals, which in concert with program-wide competencies, form the bedrock of their internship curriculum. As in any professional setting, such decisions are impacted by a myriad of factors: the needs and preferences of other trainees and supervisors, institutional opportunities and constraints, as well as the training needs of the individual intern. We believe that an important part of modern professional training includes just such experience in decision-making in the context of a complex healthcare system.

Interns are expected to be active participants in shaping their training experiences in a variety of other ways. In addition to taking responsibility for their own learning by identifying individualized learning goals, interns actively participate in their own education by self-reflection and self-evaluation, by identifying learning needs and fulfilling them by seeking relevant education and experiences, and by providing feedback and evaluation of supervisors and training experiences. Interns are also expected to participate in the development and improvement of the training program itself. They are called upon to take active and responsible roles in their clinical placements, on the Training Committee that formulates training policy and procedures, and on various other committees that conduct the business of the program, including Diversity, Internship Selection, and Didactics committees. Interns' attention is also focused on professional standards and guidelines, ethical issues, and laws bearing on the responsibilities of professional psychologists. Through these means, our intent is to approximate full professional functioning in so far as is possible during the internship year.

## Program Aims

Internship provides a year of intensive, supervised clinical experience, intended as a bridge between graduate school and entry into the profession of psychology. The clinical immersion that is made possible only by an extended, time-intensive clinical experience propels the development of doctoral students in a manner that cannot be duplicated by clinical experiences of shorter duration and intensity (i.e., practicum). The degree of challenge and responsibility possible only in an immersion experience are two major factors that make an internship year the *integrative* experience that pushes doctoral students to think and act in ways that are more complex, articulated, and higher order.

The primary **aim** of our internship program is to prepare interns for successful entry into postdoctoral or entry-level professional positions, particularly in VA Medical Center, Academic Health Center (AHC), Medical School, or academic departments of psychology.

HSP competence is primarily achieved through supervised practice in a variety of treatment settings over the course of the internship year. Seminars, case conferences and workshops augment this intensive clinical experience. Our intention is to build upon an intern's knowledge base of psychological science, and to extend this knowledge to specific situations and problems encountered during the internship year. Interns are closely involved in patient care in all treatment settings, taking increasing responsibility for treatment decisions as their skill and knowledge increase. Our experience is that the combination of intensive clinical practice, supervision, didactics, directed readings, research involvement and self-reflection provides interns with the necessary building blocks for later independence.

By the end of the internship year, interns can expect to have developed and refined their skills in psychological assessment as well as in a variety of treatment modalities, including individual and group psychotherapy. Interns will learn to effectively communicate their observations and opinions in interprofessional settings, and polish those interpersonal skills needed to work effectively with patients and colleagues. Interns will be able to generalize these skills to other settings, problems, and populations. Interns can also expect to further develop their knowledge of, and sensitivity to, the cultural, ethical, and legal issues that impact upon psychological practice. Finally, interns can expect to develop a more accurate understanding of their own strengths and limitations, and to become more confident in deciding when to act independently, and when to seek consultation.

The intern's developing sense of him or herself as a professional is as important as the development of skills. Professional identity includes several components. In part, it involves understanding the unique skills and perspective one brings as a psychologist to an interprofessional environment, while at the same time, appreciating how these qualities intersect with the contributions of other disciplines. A second component involves an understanding and demonstration of professional behavior and conduct, including the ethical and legal guidelines related to professional practice. An additional component involves navigating the transition from the student role to the professional role, and all that this implies in terms of self-image, responsibility, decorum, and demeanor. In short, our internship program emphasizes that *how* we practice can be as important as *what* we practice.

Differences in life experience, belief systems, and career goals are often important factors that add depth to the learning environment. Because we learn a great deal from each other as colleagues, we encourage diversity in opinion and practice. This is grounded in the belief that our understanding and compassion is deepened when we engage with those who are different from ourselves. The program also recognizes that the development of professional identity takes a different course for everyone, and that our discipline is enriched by the variety of career pathways available to psychologists. Internship provides a time for each person to experiment with the variety of roles and activities available in psychology. Interns are encouraged to develop their individual strengths, and at the same time, enjoy the freedom of "trying on" new or foreign roles.

## Program Structure

**Rotation Structure** The internship year is divided into three 4-month rotations. This division of time is designed to allow for *breadth* of experience, while still providing sufficient time within a setting to achieve *depth* of experience. Since most clinical settings are available on a full-time basis (36 hours), the simplest rotation schedule would consist of three different placements during the year, thereby maximizing depth of experience in each of these three settings. Currently, 27 clinical placements are available to choose from, each with different strengths and opportunities, and many having multiple supervisors with whom to work.

Other rotation options are available that increase the flexibility of this basic plan, further allowing interns to individualize the training experience. For example, interns can put together two half-time (18 hours) placements in most settings or augment a full-time placement by working one day per week in a different setting to pursue a specialized interest (i.e., 28 hours + 8 hours). Previous interns have most commonly used this latter opportunity to conduct mentored research. Some have used this option to follow individual patients or groups for the entire year.

This summary of our rotation structure might be easier to understand by showing examples of actual intern schedules from the past. In the first example, the intern begins the year in the PTSD Outpatient Clinic, and then carries a handful of cases from this clinic throughout the remainder of the year, while working in two additional clinical settings in the second and third rotations. This plan maximizes long-term clinical involvement. In the second example, the intern maximizes research involvement by devoting one day per week to clinical research in the first two rotations and expanding this to half-time research in the final rotation. In the third example, the intern focuses on clinical training, without carry-over of clinical duties from one placement to another and foregoes research involvement.

**Intern A**

1st rotation PTSD Outpatient Clinic (36 hours)

2nd rotation Mental Health Clinic (28 hours)

 PTSD Outpatient Clinic – continuing detail (8 hours)

3rd rotation Primary Care Clinic (28 hours)

 PTSD Outpatient Clinic – continuing detail (8 hours)

**Intern B**

1st rotation Inpatient Rehabilitation and Polytrauma Clinic (36 hours)

Rehabilitation Research (8 hours)

2nd rotation Spinal Cord Injury Unit (28 hours)

Rehabilitation Research (8 hours)

3rd rotation Pain Clinic (18 hours)

 Rehabilitation Research (18 hours)

**Intern C**

1st rotation Addiction Treatment Center – CORE (36 hours)

2nd rotation Intensive Outpatient Program (18 hours)

 Mental Health Clinic (18 hours)

3rd rotation PTSD Outpatient Clinic (18 hours)

 Couple and Family Program (18 hours)

**Placement selection** The internship year begins with a week of orientation during which interns are acquainted with the internship program, the training faculty, and the placement opportunities. Interns hear presentations from each supervisor regarding the learning experiences available in his or her setting, as well as the expectations for interns within the various programs. During the week, interns are asked to review their own training needs, and are advised with reference to their individual interests, prior experience, and demonstrated technical, interpersonal, and organizational skills. At the end of orientation week, interns select placements for the first four-month rotation. Interns negotiate their rotation choices with each other and present a plan that meets their training needs to the Training Committee. Interns propose the second and third rotation placements to the Training Committee a month before the beginning of those rotations, though typically, interns map out their year-long plan during orientation week.

**Supervision** Training is provided through an apprenticeship model in which interns develop professional knowledge, skills, and attitudes by working side-by-side with supervising psychologists. All our supervisors have major patient care or research responsibilities. Many of them also provide leadership in administration, training, and research. Because interprofessional teams provide patient care in all our clinical settings, interns also have frequent and close contact with faculty and trainees from many other disciplines. This apprenticeship model allows for frequent direct observation of supervisors by interns, as well as allows for immediate consultation, feedback, and instruction.

Interns can expect regular and intensive individual supervision that challenges them to thoughtfully examine what they do. Supervisors provide a minimum of two hours per week of scheduled, face-to-face individual supervision for each intern. Supervision practices will vary across settings, but by far, co-treatment and direct observation are the most common sources of supervisory information. Interns can expect that their supervisors will have plenty of opportunity to develop the sort of first-hand knowledge of their work that is necessary to provide helpful feedback and instruction. In addition, interns receive at least two more hours of supervision each week (and often, considerably more) through other structured activities that aim to advance the development of intern competencies, including patient care rounds, case review, post-intervention “debriefing”, and “on the fly" consultation (with supervisors, other psychology staff, and treatment unit staff).

***Evaluation of intern progress***

**Overview** A variety of evaluation methods are used in the training program. Because feedback and instruction are most valuable when immediate and specific, supervisors and interns are expected to exchange feedback routinely as a normal part of their daily interactions (formative evaluation). In addition, written evaluations are completed at the middle and end of each rotation (summative evaluation). Evaluations focus on the program’s expected competencies, taking into account the learning goals and activities identified by each intern in their individualized learning plan. Evaluations are discussed between the intern and the supervisor and may be modified by their consensus before being finalized.

It is always expected that supervisors would have previously identified and discussed with the intern any concerns that are registered in a summative evaluation. That is, concerns should not be raised for the first time in a written summative evaluation but will have been raised earlier during on-going formative evaluation, such that the intern has numerous early opportunities to correct her/his performance. Faculty members meet routinely to discuss interns' progress, for the purpose of identifying additional supports and resources that may assist interns in attaining the program competencies. In addition, interns are asked to critique themselves in accordance with their own goals and with program performance expectations.

Overall, we aim to sustain an “evaluation-rich” learning environment in which teachers and learners habitually reflect upon themselves, and in which they exchange feedback in an on-going, supportive, and validating manner. Evaluation, when practiced well, should involve dispassionate critique aimed to improve the performance of interns (as well as the program itself), rather than criticism, which interferes with accurate self-reflection, impairs relationships between learners and teachers, and impedes progress.

**Intern self-evaluation** Interns are asked to evaluate themselves as a routine part of the evaluation process, and as a practice in developing a high degree of professional self-reflection and awareness. At the start of the year, interns meet individually with the Training Director and with their primary supervisor to assess their prior training and to identify strengths and weaknesses that would impact their internship experience. These are subsequently addressed in the individualized learning plan (Goals) that each intern develops. As the year progresses, interns are periodically asked to evaluate their progress in terms of their original training goals, to modify their goals and activities as appropriate, and to plan for attaining these goals during the remainder of the year.

**Informal evaluation** Formative evaluation (e.g., casual feedback) occurs on a regular basis. At the end of the first month, each intern meets individually with the Training Director to review their adjustment to internship, their self-assessment, and their training plan, in order to maximize the intern’s learning experience. As part of the supervisory relationship, supervisors are expected to routinely exchange feedback with interns regarding the intern's performance, the supervision relationship and process, and other aspects of the overall learning experience. These discussions ensure that any difficulties or special training needs are identified at an early point in the internship so that remedial recommendations or assistance can be offered in a timely manner. They also provide an opportunity for on-going evaluation and improvement of the program.

**Formal evaluation** At the middle and end of each rotation, interns receive a written evaluation of their performance in the program. Forms are provided to supervisors that structure the feedback specifically to the program’s expected competencies. Additionally, verbal summative feedback is provided regarding the intern's achievement of her/his individualized learning plan. Evaluation is expected to be as specific as possible and communicated in a respectful and validating manner.

**Seminars**  An extensive array of didactic offerings is available to interns, designed to complement the experiential nature of internship training. Didactics are offered in two forms:

The Internship program sponsors at least fifty hours of seminar specifically oriented to the training needs and interests of the intern class. While specific topics vary from year to year depending on the needs of the intern group, the seminar series always includes 1) a review of foundational skills necessary for clinical practice in a Medical Center, 2) extension of already-learned skills to new practice settings, 3) a review of professional, cultural, legal and ethical issues related to Medical Center practice, and 4) preparation for entry into the job market. The overarching goal of the internship seminars is to provide an integrative experience at the culmination of graduate training.

In order to meet the individualized needs of interns, the program also requires each intern to attend fifty additional hours of education in any area of personal interest. These hours can be accrued by attending seminars that are offered by various departments on almost any given day throughout the Medical Center, or by attending professional conferences and conventions. For example, the Mental Health and Medicine services sponsor numerous educational offerings of interest to psychologists, including case conferences, journal clubs, lectures, and research forums. Interns are given release time to take advantage of educational offerings, both inside and outside the facility, in order to enrich their clinical training and to build the habit of life-long learning.

**Research activities** Research in the VA has always provided a valuable tool for improving patient care, and in the recruitment of clinical providers and scientific staff. Currently, there are more than 800 active, funded research projects at VA Puget Sound.

Principal Investigators represent virtually every major clinical department in the Medical Center. In addition, researchers are gathered together in a host of National VA Centers of Excellence and special emphasis programs sited at VA Puget Sound. These Centers are established with specialized funding in order to conduct and disseminate research, education and best clinical practices in various domains deemed as priorities for the nation-wide effort to improve the quality of veteran health:

While the primary focus of internship is the development of clinical skills and professional behavior, interns are strongly encouraged to continue involvement in research and scholarly activities. Internship provides a unique opportunity to become involved in on-going research projects, or to generate and initiate research derived from your own clinical experience (most feasible for those who wish to stay for fellowship). Many faculty members encourage and make available part-time rotations specifically focusing on research (on-going projects are likely to be at different stages of development, including grant preparation, data collection, data analysis, and manuscript preparation). Such collaborative research efforts have led to many publications and professional presentations by interns.

Interns especially interested in developing research careers can take advantage of many resources associated with our postdoctoral program, including web-based education, research mentoring, postdoctoral didactics, journal clubs, works-in-progress meetings, research workgroups and teaching opportunities. Because we aim to support research activities that build upon the graduate school experience, we do not provide release time for dissertation work, preferring that these responsibilities be completed prior to, or outside, the internship.

Interns who choose to pursue clinical research during the year can reserve one day of protected time per week throughout the year. Additionally, interns can expand this protected time in the second or third rotation by completing a half-time clinical research placement under the supervision of an individual research mentor.***Put another way, up to 28% of time can be set aside for research over the course of the year.***

**Diversity Program Development**. Interns with an interest in program development and diversity education are invited to participate in the training program’s advisory Diversity Committee. The mission of the Diversity Committee is to support recruitment and retention of diverse trainees, enhance diversity education, and promote a positive and inclusive training climate. The Committee’s current projects include development and maintenance of shared diversity resources for all Seattle VA psychologists; development of a mentorship program for diverse trainees; and expansion of a clinically focused diversity seminar series for the internship program. Interns who wish to serve on the Diversity Committee may volunteer to support ongoing projects or spearhead new projects agreed upon by the committee. Committee service can complement other aspects of training (e.g., placements, seminars, research) by providing an opportunity to translate ideas into on-the-ground programmatic changes that can have positive impacts on education and workforce development.

**Postdoctoral Fellowships** The Seattle VA supports an extensive, APA-accredited postdoctoral training program. The purpose of the Fellowship program is to train professional psychologists for eventual leadership roles in clinical services, research, and education – particularly in Medical Center, public sector, and academic settings. Postdoctoral training at the Seattle VA is designed to develop psychologists who can direct clinical programs, effectively teach and train other professionals, provide expert patient care, carry out programmatic research, and design innovative clinical services. These capabilities are best achieved through advanced training in the science of psychology complemented by intensive clinical experience in a focus area or a recognized specialty. A postdoctoral fellowship also serves as preparation for licensure and independent functioning as a professional psychologist.

For the 2022-2023 year, we received funding for 17 fellowships:

* One 1st year and one 2nd year fellowship in trauma-related research
* One 1st year and one 2nd year fellowship in Rehabilitation Psychology
* One 1st and one 2nd year fellowship in Neuropsychology
* One fellowship in Pain and Behavioral Medicine
* One fellowship in Mental Health Intensive Services (Urgent Care)
* One fellowship in Mental Health (Anxiety and Mood Disorders)
* One fellowship in Comprehensive Dialectical Behavior Therapy (DBT)
* One fellowship in Couple and Family Health
* Two 1st-year and one 2nd year fellowships in substance use disorders
* Three fellowships in Primary Care / Mental Health Integration

The PTSD fellowship provides 75% protected research time. All other fellowship tracks emphasize clinical training, with an allocation of 20% protected research time. A full description is available in our Fellowship brochure, available at <https://www.psychologytraining.va.gov/seattle/>

The Seattle VA also houses a Center for Health Services Research and Development (HSR&D). This Center funds research projects related to health care service and delivery (e.g., healthcare disparities, cost-effective interventions). As part of its training function, it offers Health Services Research Fellowships, which can provide postdoctoral funding for up to two years. Additional research fellowships are available through Research and Development (R&D), and the Center of Excellence in Multiple Sclerosis. These research fellowships (HSR&D, R&D, and CoE for MS) are available on a competitive basis. Finally, numerous additional clinical or research fellowships are available in other local training sites, including the UW Department of Psychiatry and Behavioral Sciences, UW Department of Psychology, UW Department of Rehabilitation Medicine, Western State Hospital, Madigan Army Medical Center, and private clinical research centers (e.g., Evidence Based Treatment Center of Seattle).

Postdoctoral fellowships at the Seattle VA are advertised nationally and awarded on a competitive basis. Positions are not reserved for internal applicants. However, because we attract highly accomplished interns to our training program, our own interns tend to compare extremely favorably with candidates from other programs applying for these postdoctoral positions. As a result, a large majority of our postdoctoral fellows have been graduates of our own internship program. Our preference is to provide our interns with an uninterrupted sequence of training through the fellowship year(s)

## Training Experiences

**Internship Placements** Interns select placements from among the treatment programs described below. These treatment programs are most easily described by grouping them into three broad categories: Addiction Treatment, Health Psychology, and Mental Health. In addition, most interns elect to complete half-time research placements, which are arranged on an individual basis with research mentors (and so, are not described in this brochure in a standardized manner).

Because we value flexibility, breadth, and self-determination, our interns are not restricted to tracks. However, we also recognize that interns might wish to focus their training in recognized specialty areas (e.g., Geropsychology, Rehabilitation Psychology, Neuropsychology, and Clinical Health) or in an area of clinical focus (e.g., PTSD, Substance Abuse, Primary Care). We can easily accommodate such “self-tracking”:

For those individuals who intend to pursue postdoctoral training in Neuropsychology, our program offers placements that fulfill APA Division 40 requirements. For example, an intern could select placements throughout the year that provide advanced experience in cognitive assessment:

* Mental Health Neuropsychology Service
* Geriatrics Research, Education, and Clinical Center (GRECC) Neuropsychology
* Rehabilitation Care Service- Inpatient, Outpatient Polytrauma, and/or Outpatient Rehabilitation
* Spinal Cord Injury Service
* Geropsychology

For those individuals who intend to pursue Geropsychology, our program can offer placements consistent with the Pike's Peak Model for Training in Professional Geropsychology. Interested individuals could spend the year in the following settings:

* Community Living Center
* Palliative Care Consult Service
* Geriatrics Research, Education, and Clinical Center (GRECC) Neuropsychology
* Mental Health Neuropsychology Service
* Supplementary options:
	+ Spinal Cord Injury Service
	+ Couple and Family Program

For those individuals who intend to pursue Rehabilitation Psychology, our program can offer placements consistent with APA Division 22 requirements. Interested interns could spend the year in the following settings:

* Inpatient Rehabilitation Care
* Outpatient Rehabilitation Care
* The Center for Polytrauma Care
* Spinal Cord Injury Service
* Supplementary options:
	+ Pain Clinic

For those individuals who intend to pursue specialization in Clinical Health, interested interns could spend the year in the following settings:

* Pain Clinic
* Primary Care/Mental Health Integration (Primary Care Clinic)
* Primary Care/Mental Health Integration (Women’s Health Clinic)
* Marrow Transplant Unit / Psycho-oncology
* Spinal Cord Injury Service
* Rehabilitation Care Services

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#### Addiction Treatment placements

1. **Addiction Treatment Center (ATC):**

**ACCESS** Assessment, Consultation, Connection, Engagement and Stabilization Services

1. Assessment, Engagement and Consultation Service (AEC)
2. Substance Use Disorders Intensive Outpatient Program (SUD- IOP)

**OTP**         Opioid Treatment Program. Federally certified program providing methadone withing a contingency management-based program.

**CORE** Full range of psychiatric severity, treatment for co-occurring disorders, and women-specific programming

1. **Center of Excellence in Substance Addiction Treatment and Education (CESATE):**

**Research Placements** Half-Time Research Placement (18 hours)

Research Detail (8 hours)

**Overview** The Addiction Treatment Center (ATC) serves as a clinical training site for medical students, psychiatry residents, chaplains and individuals working on graduate degrees in nursing, social work, and psychology. In addition, the ATC is host for research projects evaluating treatment methods, treatment outcome, and the examination of biological and psychosocial factors associated with addictive behaviors.

Substance Use Disorder treatment at VA Puget Sound (across both Seattle and American Lake Divisions) is delivered through a variety of inpatient, residential, and outpatient clinical care programs that are integrated to provide comprehensive treatment for individuals with alcohol and drug use difficulties and other addictive behaviors.  A large proportion of patients also have concurrent mental health disorders.  The ATC has a clear purpose to provide compassionate care and instill hope in recovery. The Addiction Treatment Center offers both short- and long-term rehabilitation and recovery services and maintains a commitment to the continuity of care for veterans with substance use problems.  The program is state approved to provide substance use treatment to legally referred veterans in Washington.  Although all veterans are assigned one treatment staff person as their care coordinator, most treatment services in ATC are provided in a group format. The ATC also has a strong commitment to interprofessional treatment, which is reflected in a staff comprised of psychologists, psychiatrists, social workers, nurse practitioners, nursing staff, and chaplaincy.

The ATC veteran population is heterogeneous and exhibits a wide range of both substance use as well as other mental health difficulties. ATC programming is designed to assist veterans with all treatment goals, and incremental change in the direction of wellness is viewed as success. The services provided by ATC include assessment and triage, specialized focus and attention on engagement and motivational enhancement, inpatient detoxification and stabilization, medication-assisted treatments, intensive outpatient programs, treatments for co-occurring disorders, contingency management interventions, urine toxicology screening, medication monitoring, overdose prevention, and continuing care services. Specialized services include: 1) treatment for women in a gender-sensitive environment 2) contingency management for stimulant, cannabis, and opioid use, 3) evaluation and treatment of chronic pain patients at risk for substance use disorders, and 4) specialized treatment for opiate use disorders including methadone, buprenorphine, Sublocade and Vivitrol.

The following services describe the many programs in which addiction treatment is provided:

**Assessment, Consultation, Connection, Engagement and Stabilization Services (ACCESS)** is an interprofessional team consisting of psychology, social work, nursing, and psychiatry staff that operates the **Assessment, Engagement and Consultation services (AEC)** and the **Substance Use Disorders** **Intensive Outpatient Program (SUD-IOP)**.

**AEC** provides the first contact a veteran has with ATC, including screening, comprehensive assessment, and treatment recommendations to all veterans seeking substance use treatment. AEC meets twice a week and evaluates 20-60 patients per month, with ample opportunities to work with veterans who are diverse in gender identity; sexual orientation; racial, ethnic, and cultural identity; service branch and era; psychosocial needs; substance use and mental health concerns. Diagnosis, disposition, and recommendations are made through interprofessional team dialogue.

**SUD-IOP** is a 3-5 week program designed to provide structured support to assist veterans in reaching their individualized goals. The program approach is informed by both Recovery and Harm Reduction principles. SUD-IOP veterans participate in a cohort psychotherapy group on Mondays, Wednesdays, and Fridays and meet 1:1 weekly, or as needed with their care coordinator. Veterans are also encouraged to include additional groups from CORE programming. Group topics include interpersonal-learning psychotherapy, relapse prevention education, ACT principles, harm-reduction principles, and mind-body approaches (mindfulness, Tai Chi). The interprofessional SUD-IOP team meets once a week for rounds and consultation. Consultation is also provided during the weekly ACCESS team meeting. Given SUD-IOP serves all veterans in ATC, the patient population is diverse and includes both female and male veterans with a range of substance use disorders and co-occurring mental health presentations; common co-occurring diagnoses are PTSD, depression, anxiety, and SMI. The goal of SUD-IOP is to: assist in establishing initial stability (including support via outpatient detoxification as indicated); assess and initiate care for co-occurring medical and mental health disorders; provide brief individual psychotherapy; support psychosocial stability; assist in developing treatment goals; provide norming to group psychotherapy process; provide initial alcohol and drug psychoeducation; and promote engagement in continuing care. A valuable feature of SUD-IOP is that the time-limited nature of the program allows interns to follow a number of patients through a full iteration of IOP, allowing the opportunity to witness relatively rapid behavior change, mood improvement, and progress on goals.

In addition to operating AEC and SUD-IOP, the ACCESS team also serves a number of clinic-wide functions including managing inpatient and outpatient consults, coordinating medically managed withdrawal services, promoting engagement in care, offering low-barrier access to care, and telehealth services.

Psychology interns can choose ACCESS as a secondary, or half-time, placement that includes AEC and/or SUD-IOP, with opportunities for diagnostic evaluation, individual and group psychotherapy, crisis intervention, case management, team and hospital-wide consultation, treatment planning, and program development and evaluation.

**Opioid Treatment Program (OTP)** is licensed by the federal government to provide medication-assisted treatment (i.e., methadone or buprenorphine) for Veterans with opioid use disorders and operates its own on-site medication dispensary. Veterans present to the clinic dispensary for observed dosing and participate in a behavioral contingency management system based on treatment progress, including the results of urine toxicology. The interprofessional staff of OTP provide psychoeducation, care coordination, health maintenance interventions, overdose education and naloxone distribution, psychotropic medication management, and both group and individual psychotherapy services. OTP is the only clinic licensed to provide methadone for opioid use disorder; thus, it serves Veterans of all genders with a full range of co-occurring psychiatric issues and severities.

OTP treatment staff facilitate a CBT-SUD group as well as interpersonal-learning psychotherapy groups. Many OTP staff are also involved in staffing a cross-clinic medication clinic for veterans prescribed office-based buprenorphine. Individual psychotherapy and/or long-term interventions are provided as clinically indicated.

**Co-occurring Recovery (CORE) Program**offers a broad range of evidence-based interventions and recovery resources to Veterans who want to change their relationship with one or more substances, including Veterans who are seeking to address substance use, mental health and psychosocial concerns. Veterans referred to the CORE program may be new to treatment, returning to care, or stepping down from more intensive care (e.g., SUD IOP). Treatment is Veteran-centered and informed by biopsychosocial, Recovery and Harm Reduction models. Most Veterans receiving care have one or more co-occurring mental health diagnoses, and CORE provides services to individuals with varying degrees of symptom severity. In addition, CORE serves the needs of many legally referred Veterans (~30% of referrals) as ATC is state approved to provide legally mandated treatment.

CORE offers a variety of evidence-based treatments to match Veterans’ substance-related treatment goals (e.g., abstinence, moderated use, harm reduction) and preferred intensity of care. Modalities include evidenced-based skills groups (e.g., CBT for SUD, mindfulness-based relapse prevention, DBT crisis skills, ACT), psychotherapy process groups, chaplain-led spirituality and grief support groups, individual time-limited evidenced-based therapies (e.g., MI, MET, PE, CPT, COPE, contingency management), case management, legal reporting, medication for alcohol/opiates/tobacco, psychiatric medication management, and crisis intervention. Extended hours (Tuesday evenings and Saturday mornings), drop-in groups and telehealth appointments are available to reduce barriers to care. Weekly interdisciplinary staff meetings include representation from chaplaincy, psychiatry, social work, and psychology. Trainees interested CORE placement may take advantage of opportunities to acquire/increase skills in comprehensive biopsychosocial assessment and substance use disorder diagnosis, case conceptualization and care coordination, group facilitation and individual EBPs. In addition, trainees may choose to include or emphasize focused programming as follows:

**Women’s Programming within CORE** provides services to women-identifying Veterans with substance use and co-occurring disorders within both women-only and mixed-gender frameworks. Women-identifying veterans are welcome in all general CORE programming. In addition, women Veterans entering ATC are offered gender-sensitive care, including initial evaluation by a female staff member, assignment to a female care coordinator, and treatment in women-only groups and/or with a female psychiatrist if preferred. In addition to other CORE services, women’s programming includes:

* Skills group incorporating DBT skills, CBT for SUD, & relapse prevention
* Interpersonal process group for harm reduction & continuing care
* Referral to additional women-only groups across mental health service

**Co-occurring disorders emphasis within CORE**(moderate to severe co-occurring disorders treatment) emphasizes treating Veterans with both substance use disorders and significant mental health disorders of moderate to severe acuity, including PTSD, bipolar disorder, schizophrenia, and other psychotic disorders and significant cognitive difficulties. Programming for this emphasis supports interns compassionately helping Veterans learn how to cope with their substance use and mental health concerns. In addition to other CORE services, co-occurring disorders programming may include

* Skills and process groups specific to Veterans with co-occurring disorders
* Group incorporating DBT skills to cope with emotional crises and reduce harmful behaviors
* Individual EBPs focused on treating co-occurring disorders (e.g., COPE, CPT, PE, CBT for depression, etc.)

**Contingency management** for stimulant, cannabis, and tobacco abstinence is an evidence-based, brief treatment that selectively reinforces urine toxicology screens that are negative for the target substance. Trainees can choose a full-year detail in this program for between 2-3 hours per week.

**CESATE**

In recognition of the burden of disease and mortality associated with SUDs, the Veterans Health Administration designated enhancement funds in the early 1990s to establish Centers of Excellence in Substance Addiction Treatment and Education (CESATE). The CESATEs serve as national resources, with a mission of improving the quality, clinical outcomes, and cost-effectiveness of health care for veterans with SUDs. In 1993, the Seattle CESATE was the first of two national CESATEs to receive funding. Since its inception, the Seattle CESATE’s service goals have been to 1) develop, implement, evaluate, and disseminate best clinical practices and educational initiatives along the continuum of care for SUDs, 2) provide education and training in treatment of SUDs, 3) provide consultation and technical assistance to program managers, medical center leadership and VA Central Office on issues relevant to quality care of veterans with SUDs, and 4) conduct clinical, health services, and educational research to improve the health of veterans with SUDs. Additionally, we remain alert to national trends in substance misuse (e.g., the opioid epidemic), related consequences (e.g.., intentional and unintentional overdose) and gaps in healthcare services (e.g., improving access to care), as well as new treatments and VA priorities (e.g., measurement-based care).

Our research efforts fall largely into the following categories:

1. Intervention development and evaluation (e.g., randomized controlled trials)
2. Dissemination and implementation research
3. National program evaluation
4. Use of “Big Data” to understand national trends and care utilization

We welcome the opportunity to partner with psychology interns in the context of research placements within our Center.

Eric Hawkins, PhD, and Tracy Simpson, PhD are psychologists in CESATE who are available as mentors and research supervisors. Please see staff biographical sketches at the end of this brochure for more information about their individual areas of research. Psychologists in the Addiction Treatment Center include Michelle Borowitz, PhD., Anja Cotton, PsyD, Tory Durham, PhD. Sergio Flores, PsyD, Carl Kantner, PhD., Elizabeth Konichek, PhD., and Yoanna McDowell, PhD.

**Health Psychology placements**

The Health Psychology placements include programs that serve patients with medical, behavioral health, and physical rehabilitation concerns. Psychologists in these programs offer psychological approaches to the management of medical problems, consultation and teaching to medical practitioners, and psychological assessment and psychological care within medical settings. These placements include:

1. Primary Care
	1. Primary Care/Mental Health Integration (Primary Care Clinic)
	2. Primary Care/Mental Health Integration (Women’s Health Clinic)
2. Behavioral Medicine
	1. Pain Clinic
	2. Marrow Transplant Unit
3. Geropsychology
	1. Community Living Center & Palliative Care Consult Service
4. Rehabilitation Psychology
	1. Rehabilitation Care Service
		1. Inpatient Rehabilitation
		2. Outpatient Rehabilitation
		3. Center for Polytrauma Care
	2. Spinal Cord Injury Service
5. Neuropsychology
	1. Mental Health Neuropsychology Service
	2. GRECC Neuropsychology
6. **Primary Care**

The Primary Care Clinic and the Women’s Health Clinic are both sites of co-located behavioral health services within primary care. While there are differences in the clinics, the psychology staff work together as one administrative team and share many aspects of the PCMHI model of care and training endeavors such as the didactics offerings.

**1a. Primary Care Mental Health Integration (PCMHI) – Primary Care Clinic**

The Primary Care Clinic (PCC) is a fast-paced outpatient medical setting that serves as a training site for the Center of Excellence in Interprofessional Collaboration (CoE). Psychologists and interns work in an interprofessional environment, providing consultation to primary care providers, as well as providing functional assessment, triage, and brief treatment for patients with a wide range of behavioral/mental health and medical issues. The overall goals of the PCMHI training experience are to strengthen interns’ abilities in adapting evidence-based interventions to a variety of clinical presentations and gain skills and experience working as integral team members in an interprofessional setting. The PCMHI team consists of a social worker, six psychologists, two psychiatrists, two nurse care managers, a peer support specialist, and additional trainees (psychology fellows and psychiatry residents).

Primary care patients present with a broad range of concerns. Patients are commonly referred for assistance managing physical/medical issues, trauma- and stress-related disorders, depression, anxiety, substance abuse, and relationship concerns. Since patients' presenting problems are wide in scope, interns will strengthen their diagnostic skills and learn to develop brief treatment plans that promote functional improvement (e.g., return to work, improved management of diabetes). Interns will also have the opportunity to utilize a range of brief, evidence-based treatment interventions (e.g., brief therapy for PTSD, motivational enhancement to improve diabetes management, cognitive behavioral treatment of insomnia, stress management, mindfulness and acceptance-based interventions for behavioral health, behavioral activation for depression, and communication skills).

Intern responsibilities include staffing the “Starr Mental Health” clinic, which is a rapid access service that provides brief assessment and triage to patients who are typically referred following an appointment with their primary care provider. Although historically this service was a same-day, walk-in clinic, treatment delivery in the context of the pandemic has expanded significantly to include the option for a telephone triage visit that can be arranged subsequent to the initial referral. While providing services in the Starr Mental Health clinic, interns will learn to manage patients’ varying levels of need and acuteness and provide brief assessment and treatment planning, as well as conduct risk assessments and safety plans for patients who are at increased risk of harm to themselves or others. Interns will have the opportunity to develop interprofessional consultation skills and co-manage patients with complex medical conditions with professionals from across disciplines. This experience provides interns with the opportunity to become more familiar with chronic disease conditions (e.g., diabetes, hypertension, obstructive sleep apnea), psychotropic medications, and biological influences on patients’ overall functioning and psychological well-being.

The veterans served by PCC are primarily male, but are otherwise diverse in race, ethnicity, age, sexual orientation, disability status, socioeconomic level, immigration status, religious and spiritual identities, and housing status. The PCC’s Homeless Patient Aligned Care Team shares a hallway with PCMHI, providing ample opportunity to treat veterans who are homeless. PCMHI psychologists are committed to providing interns training in culturally competent care for diverse veterans.

Interns interested in this placement need not have previous experience with medical patients, but can benefit from having strong diagnostic skills, as they will be exposed to patients with a wide range of diagnoses and levels of functioning. Interns will have flexibility in organizing their time and priorities. There are many activities in which interns can involve themselves, including promoting the whole health of veterans through brief individual and group therapy that is conducted either in-person or via clinical video teleconferencing. A valuable component of this experience is the opportunity for interns to participate in a diverse range of interprofessional training opportunities, including providing consultation to medical residents through CoE and participating in shared medical appointments and in-room health coaching. Interns can also participate in various CoE conferences that address interprofessional care, with topics that include clinical case discussions and quality improvement projects. Interns will have ample opportunities to experience and explore different ways of functioning as a psychologist in a medical setting as well as expand their understanding of and competency with interventions targeting the behavioral aspects of medical illness.

Robert Bailey, PhD, Andrew Paves, PhD, are psychologists in PCMHI.

**1b. Primary Care Mental Health Integration (PCMHI) – Women's Health Clinic**

The Women's Health Clinic (WHC) is a part of the Primary Care Mental Health Integration Program, and a training site of the CoE in Interprofessional Collaboration. WHC is an outpatient primary and specialty (Ob/Gyn) care setting that addresses the healthcare needs of women and transgender/gender diverse veterans. This clinic currently serves approximately 2,500 women veterans. The clinic is staffed by an interprofessional team that includes permanent staff and trainees from across disciplines (e.g., internal medicine, nurse practitioner, social work, pharmacy, gynecology, nursing and psychology/psychiatry).

The WHC embraces an integrative approach to health care in which the role of behavioral and psychological health care is valued. This is reflected in the co-located, collaborative care model of primary care mental health service in WHC. Behavioral/mental health practitioners have been integrated in WHC since the 1990s. The relatively small scale of the WHC promotes a high degree of collaboration between interprofessional team members who work together to address veterans’ physical and psychological well-being. The PCMHI team in WHC has added staffing in 2022 with some additional focus on VA’s Whole Health model, focused on integrative, holistic care based around Veterans’ values.

The WHC offers interns the opportunity to work within a primary care setting devoted to meeting the needs of women veterans and the gender-specific concerns they present. The veterans referred for behavioral/mental health consultation are referred for a wide range of concerns. These include mood and trauma-related disorders, problems dealing with the health care environment and/or procedures, somatization, chronic pain syndromes including fibromyalgia, high utilization of health care resources, relationship and/or sexual problems, gender transition issues, strained patient-provider relations, and non-adherence with health care recommendations. Veterans are also referred for adjustment to serious health problems, psychosocial losses/stressors, and age-related decline. Reproductive mental health has become a more prominent issue within the WHC as our younger Veteran population has grown and reproductive health services including infertility services, abortion care have been included in the benefits for eligible Veterans.

Women veterans have distinct complexities that require gender specific consideration and treatment approaches. Multiple trauma exposure, including childhood abuse, military sexual trauma, and combat trauma, is highly prevalent in the histories of women veterans, and these histories are associated with significant physical health impairments as well as psychological sequelae. Women veterans present with concerns related to reproductive health, hormonal change over the lifespan, and stresses associated with their key roles in parenting and family relationships. Compared to male veterans, women veterans are more racially and ethnically diverse and join the military from lower socioeconomic backgrounds. There is also a higher percentage of women veterans who identify as lesbian, compared to the civilian women population.

The WHC interns are trained to provide brief assessment, consultation, and brief interventions, including individual and group therapies. Because of the emphasis on brief care, interns learn to focus on essential elements of evidence-informed interventions to foster change. Interns in the WHC are also trained to embrace technology to assist in meeting the needs of women veterans, offering individual and group mental and behavioral health services through clinical videoconferencing, telephone care and by promoting the use of internet-based and mobile technology to support mental health goals. Interns are also involved in providing consultation to the primary care providers and clinic staff on issues of effective patient management. This consultation takes place in a variety of venues, including participation in ad hoc collaborative care conferences. This forum is used to consult with primary care and other providers involved with patient care to promote the team’s ability to provide effective medical care while considering the complex psychological factors that impact women veterans’ medical and psychological well-being. Team huddles that include PCMHI psychologists and other primary care team members occur daily.

The rotation is flexible and typically adapted to address the specific training needs of the intern. A rotation in the WHC is available on a half-time basis. It can also be made available as a briefer half-day or one-day “detail” experience. Male interns are welcome in the clinic but veterans’ preferences for providers would likely make a detail the most viable option for male interns. This placement offers an opportunity for interns to refine assessment and formulation skills, to hone skills for communicating effectively with medical providers, and to address the intersection of physical and mental health in consultation as well as in group and brief individual therapy.

A variety of group therapy experiences are available through a Women’s Health Clinic rotation. The Pain & Health Self-Management Group, a group for women with chronic pain and other chronic health conditions, is one of the groups offered in WHC. The Maternal Health Group is an interprofessional group program for pregnant and postpartum women and provides an opportunity to work side by side with clinic staff of various disciplines. In addition, monthly groups for transgender veterans and for cancer survivors are offered as well as a quarterly “workshop” on menopause.

An intern especially interested in health psychology in primary care or in women's health could maximize their learning opportunity by continuing a four- to eight-hour placement throughout the internship year. A part-time placement in WHC works well with many other rotations including PCMHI in the Primary Care Clinic, Sleep Clinic, PTSD Outpatient Clinic, Mental Health Clinic, and Pain Clinic, depending on the goals of the intern.

Mary Jean Mariano, PhD is the psychologist in Women’s Health Clinic.

1. **Behavioral Medicine**

**2a. Pain Clinic**

The Pain Clinic is an interprofessional outpatient pain-management program for veterans with complex chronic pain. Psychologists work closely with Pain Clinic medical providers (anesthesiologists, other physicians, medical students/residents/fellows, nurse practitioners, pharmacists, physical therapists, acupuncturists, and massage therapists) to deliver a variety of services, including individual and group treatments, evaluation, consultation, and coordination of care for complex patients. Pain psychologists also serve on a variety of hospital, regional, and national VA/DoD pain committees, and are active in program development, quality improvement, research, and pain education at all levels.

Patients are referred from primary care, medical, surgical, psychiatric, and substance use disorder services. Psychologists perform comprehensive pain evaluations with patients referred for interventions and provide consultation on a wide spectrum of problems related to pain, such as medication misuse, maladaptive illness behavior, management of other chronic conditions, and non-adherence to medical recommendations. Patients (and their partners) may engage in group, individual, or couple modalities of psychotherapy, using treatment approaches that include cognitive–behavioral therapy, motivational interviewing, acceptance/mindfulness, and other evidence-based therapies for chronic pain. Most patients also receive medical treatments such as physical therapy, opioid and non-opioid pain medications, or complementary and integrative medicine (CIM). Patients are encouraged to take advantage of technological advances through modalities that include mobile applications and telehealth.

Our treatment approach is based on the biopsychosocial model and our “collaborative self-management” approach to care, which emphasizes establishing a strong working relationship with patients to help them improve their own long-term function and quality of life. That model is being widely adopted as a foundation of pain education in the VA and provides the theory behind clinical approaches unique to our program—including the provision of a pre-clinic pain education series, and the use of a co-disciplinary model of care. Additionally, the Pain Clinic has been instrumental in development of pain-related telehealth within VA, including the “TelePain” model that was developed at VA Puget Sound in 2018 and is now being widely adopted as VA’s national model of telehealth care delivery for specialty pain services.

Interns have the opportunity to conduct interprofessional evaluations and follow-up visits with medical providers who see patients simultaneously with psychologists. Our wide range of patients typically allows interns with interests in special populations to customize their caseloads and experiences based upon specific aspects of diversity (e.g., age, disability, gender, race, ethnicity, rurality, service era, sexual orientation, spirituality). Interns will gain a working knowledge of various pain syndromes and both psychological and medical treatments for chronic pain. They also may choose to co-facilitate a variety of groups and classes, primarily offered virtually. Interns also are encouraged to collaborate in ongoing research, quality-improvement, and program-development projects, or to propose their own ideas.

Examples of training opportunities include:

* Comprehensive Pain Clinic: Interprofessional intake evaluations and progress visits with patients, conducted by psychologists and a Pain Clinic medical provider. Primary goals include obtaining pain and psychosocial histories, developing on-the-spot case conceptualizations, offering biopsychosocial/rehabilitation treatment recommendations, and working with patients to set goals and monitor progress.
* Virtual Pain Education: A one-on-one education session for Veterans and their families which occurs prior to the intake appointment. The session outlines the biopsychosocial model and seeks to motivate veterans to engage in pain self-management strategies. Material is taught by psychologists and other clinicians. Topics include orientation to self-management of complex chronic pain, overview of “disabling beliefs” and the “REHAB” model, what providers can do for pain, and what patients can do. Interns may choose to co-facilitate an education session with a pain psychologist.
* Pain Skills Groups: A rotating selection of pain skills groups offered virtually to veterans within the VA Puget Sound catchment area. Recent offerings have included Acceptance and Commitment Therapy for Chronic Pain (ACTion!), CBT for Chronic Pain, CBT for Insomnia, Mindfulness and Chronic Pain, Pain and the Brain, and Pain and PTSD.
* Individual psychotherapy: Commonly offered individual interventions include CBT-Chronic Pain, ACT for Chronic Pain, Mindfulness, CBT-Insomnia, Behavioral Activation, CPAP Desensitization, Self-Hypnosis for Chronic Pain, sexual health evaluation and treatment, and Motivational Interviewing/Motivational Enhancement Therapy
* Opioid Safety Program (OSP): Comprehensive program to triage and engage patients who are at high risk for misusing opioid medications or have co-occurring psychiatric or substance use disorders.
* National TelePain ECHO: National pain didactics by interdisciplinary pain members, delivered virtually each Thursday 0900-1000 PT.
* Madigan Army Medical Center Pain ECHO: Regional pain didactic and case conference delivered virtually. Co-led by interdisciplinary pain experts at VA Puget Sound and Department of Defense Madigan.
* American Lake Pain Clinic: Multiple meetings and discussions that offer additional opportunities for supervision and learning, including the recently CARF-accredited outpatient Functional Restoration Program. Many of these meetings are accessible via telehealth.
* Opiate Safety Review Board (OSRB): A hospital-wide committee that meets monthly to review complex veteran cases that involve opioid medications and provide recommendations for safe pain management.
* Pain Mini-Residency Program: A standardized, multi-day training program to prepare primary-care providers and other clinicians to deliver biopsychosocial pain services that emphasize rehabilitation and self-management. The program is offered several times a year by Pain Clinic psychologists and other clinicians.
* Pain Procedures: Observation of biomedical procedures for treating chronic pain (e.g., injections, medical branch blocks, radiofrequency ablations, peripheral nerve blocks, spinal cord stimulator trials, acupuncture).
* Pain Physical Therapy: Observation of individual and group physical therapy offerings (e.g., adaptive yoga, tai chi) used to promote active self-management.
* e-Consults: Collaboration with medical staff to review medical records and respond to electronic consults with pain-management recommendations.
* Quality Improvement: Interns may participate in existing quality improvement projects within the Pain Clinic or propose new projects that can be completed within the training year. Examples of existing quality improvement projects include integrating measurement-based care into clinical practice and evaluating the impact of mindfulness on pain outcomes.
* Research: In addition, opportunities may be available to participate in pain-focused research in the areas of national program evaluation, dissemination and implementation research, and use of “big data” and mixed qualitative and quantitative methods to understand how pain care is delivered in VA. Please see staff biographical sketches at the end of this brochure for more information about individual areas of research.

Kelly Chinh, PhD, Jennifer DelVentura, PhD, ABPP, Lisa Glynn, PhD, Ryan Henderson, PhD, and Andrea Katz, PhD are psychologists in the Pain Clinic.

**2b. Marrow Transplant Unit (Psycho-oncology)**

The Marrow Transplant Unit (MTU) is a fast-paced inpatient and outpatient oncology setting. This program was the first of its kind within the VA, with 1,500 marrow (i.e., stem cell) transplants completed as of October 1, 2016. As one of only two stem cell transplant programs within VA, veterans treated on this service travel from across the country and represent many different sociodemographic backgrounds. Most patients are hospitalized on the unit for at least part of their transplant process, with the total duration of inpatient and outpatient treatment ranging from three months to more than a year, depending on the type of stem cell transplant performed and the veteran’s post-transplant medical course. As outpatients, veterans are seen up to 7 days per week during the immediate pre- and post-transplant periods. In the years following transplant, some patients return to Seattle periodically for ongoing assessment of their recovery. At any given time, up to 35 patients are being actively treated by the MTU team.

MTU Psychology services are highly utilized by veterans and caregivers in this setting and are well-regarded by the team. The intern on this rotation gains focused training in both transplant psychology and psycho-oncology, as well as the experience of working on an interprofessional team consisting of physicians, a psychologist, mid-level providers (e.g., nurse practitioners), nurses, pharmacists, a dietician, and a social worker. During the course of a rotation, the intern follows many individuals through the entire treatment process, seeing veterans during inpatient, outpatient, and long-term follow-up phases. After considering the trainee's learning and professional goals, customizing the rotation experience (e.g., matching interests in particular demographic and/or clinical groups, increasing assessment experience) is considered whenever possible.

Clinical care is provided within a biopsychosocial framework and uses empirically supported assessment and intervention strategies (e.g., Cognitive-Behavior Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy skills training, and Motivational Interviewing), including those tailored for cancer (e.g., Individual Meaning-Centered Psychotherapy for Advanced Cancer, Acute Cancer Cognitive Therapy, and CBT + Hypnosis for Fatigue Self-management). Services provided by MTU Psychology include comprehensive pre-transplant mental health evaluations, personality assessment, cognitive evaluation, psychotherapy (with or without inclusion of the Veteran’s caregivers), and caregiver group support. In addition, MTU Psychology serves in a consultation role for psychological issues surrounding treatment, as well as a liaison role between the team and the Veteran/caregiver.

Treatment of both behavioral medicine and traditional mental health challenges is provided by MTU Psychology. Common presenting problems of veterans on this service include management of treatment effects (e.g., changes in appearance, cognitive and/or physical impairment, nausea, fatigue, graft versus host disease), insomnia, pain, adjustment to phase of illness (including end-of-life concerns), and delirium. Additionally, veterans undergoing transplantation are at increased risk of the onset or exacerbation of primary psychiatric disorders, which may become targets of intervention. Following transplant, long-term follow-up patients often present with survivorship issues (e.g., moving back into valued life activities and roles; managing the impact of oncologic treatment on cognition, sexuality/reproductive abilities, and other life activities; worry about cancer relapse; and onset of treatment-interfering behaviors) that benefit from brief psychological assessment and intervention. Both during and after transplant, the relationship between the Veteran and caregiver may complicate medical treatment and become a focus of intervention.

MTU interns are also encouraged to participate in program development/evaluation, administration, and systems-level projects to benefit the veterans, caregivers, staff, and/or Seattle VA. For interns with research interests, collaboration opportunities on papers and talks can be arranged.

This rotation is available as a full-time, full-time less detail, or half-time experience. Targeted details in pre-transplant psychological evaluation, program development/evaluation, and/or research initiatives can also be arranged. A typical week on this rotation would include daily sitting rounds with the team, weekly walking rounds, psychotherapy sessions with veterans, and a psychological evaluation (e.g., pre-transplant, cognitive, or in-depth personality assessments). The intern and unit psychologist work together closely throughout the day, and thus supervision is provided through the week in addition to scheduled times. Vertical supervision by the Behavioral Medicine Fellow may also be available. Interns interested in this rotation do not need to have prior behavioral medicine/health psychology experience; however, successful interns will have strong basic assessment and intervention skills, as well as good interpersonal skills and a high level of professional maturity.

With regard to didactics and other unique learning experiences, MTU interns attend the Behavioral Medicine seminar monthly, assuming that this does not conflict with other responsibilities. They also have the opportunity to observe stem cell transplants and other oncology-related medical procedures (e.g., bone marrow biopsies, chemotherapy, radiation) and clinical meetings (e.g., microscope pathology rounds), depending on their interests. Because of the linkage between the MTU and the Fred Hutchinson Cancer Research Center, opportunities to attend seminars and network with local cancer scientists are rich.

Kaitlin Ohde, Ph.D. is the clinical psychologist on the MTU unit and for transplant psychology.

1. **Geropsychology**

Geropsychology focuses on understanding and helping older persons and their families to maintain well-being, overcome problems, and achieve maximum potential during later life. Core and supplementary rotations in Clinical Geropsychology provide interns with exposure to the professional attitudes, knowledge, and skills essential for practice in geriatric clinical psychology. This includes exposure to the diversity among older adults, the complex ethical issues that can arise in geriatric practice, and the importance of interdisciplinary models of care. Core Geropsychology rotations include experiences in the Community Living Center, and with the Palliative Care Consult Service, including Inpatient Hospice. Supplementary training experiences also include geropsychology experiences in Spinal Cord Injury, Couple and Family Program, and Neuropsychology. Didactic opportunities include Geriatric-Psychiatry Didactics, GRECC Interprofessional Series, and University of Washington’s Geriatric and Palliative Grand Rounds. There may also be opportunities to work with the Ethics Committee, depending on intern training goals and available experiences relevant to geriatrics. No prior experience in Geropsychology is required for these rotations; however, prior experience in residential or inpatient settings, and/or any background in geropsychology, behavioral medicine, rehabilitation, or neuropsychology may allow for a richer training experience on this rotation.

**Community Living Center (CLC)**

The CLC is a 38-bed inpatient facility based around a concept called “cultural transformation” that encourages individualized care and involves the input of staff, residents, and family members. A culturally transformed community is an environment that treats residents holistically, based on their individual medical, psychological, social, and spiritual needs. The CLC provides short-term care for medically compromised Veterans, including those in Hospice for end-of-life care. The Short Stay/Rehabilitation service bridges the gap between hospital and home. The service is designed for individuals who no longer need hospitalization in an acute care setting, but still require additional medical, nursing, rehabilitative, and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community.

Work in the CLC provides trainees with exposure to unique clinical, ethical, and legal challenges of caring for Veterans across various stages of life and illness. The psychologist is a valued member of the treatment team, providing: screening for cognitive functioning and psychological disorders; individual, family, and group psychotherapy (e.g., cognitive-behavioral, psychoeducational, motivational interviewing, problem-solving, acceptance and commitment therapy); behavioral interventions to address problematic/disruptive behaviors; consultation with other disciplines; psychology education of staff and trainees of various disciplines; and participation in the management of team dynamics.

**Palliative Care Consult Service**

Palliative care is an interprofessional approach to treatment that is provided at any point in the trajectory of an illness for alleviating physical and psycho-social-spiritual suffering, enhancing quality of life, effectively managing symptoms, and offering comprehensive, interdisciplinary support to the patient and family. The Palliative Care consult service is a well-developed interprofessional team consisting of psychology, medicine, nursing, social work, and chaplaincy, which responds to inpatient (acute medicine) and outpatient consults. Hospice refers to an aspect of palliative care devoted to alleviating symptoms and enhancing quality of life. Veterans who are hospice-eligible are individuals who have a prognosis of six months or less, who have accepted that life-prolonging therapy can no longer benefit them, and who are interested in comfort care. Inpatient hospice is an 8-bed unit housed in the CLC and is reserved for Veterans with a prognosis of two months or less.

Working in Palliative Care and Hospice provides trainees with exposure to unique clinical, ethical, and legal challenges of caring for Veterans as they navigate their journey though the dying process. The nature of clinical services that are delivered by the psychologist in Hospice and Palliative Care include: individual, couples and family psychotherapy (e.g., supportive, bereavement, cognitive-behavioral, psychoeducational, life review, meaning-centered/ legacy building, Acceptance and Commitment therapy); intake/diagnostic assessments; interprofessional care planning and consultation; and staff support.

The Core Geropsychology rotation with the CLC and Palliative Care teams may be up to a full-time experience and can accommodate one intern per rotation. The balance of CLC vs. Palliative Care experiences available during a rotation will depend on the current patients’ needs and the intern’s training goals. Supervision occurs in a collegial relationship designed to challenge the intern in areas of their choice. Interns may also choose to take on program development/evaluation projects.

Hallie Nuzum, PhD, is the Clinical Psychologist on the CLC and Palliative Care teams.

**4. Rehabilitation Care Service (RCS)**

The Rehabilitation Care Service (RCS) is an energetic and collegial service that provides inpatient and outpatient care to veterans with a variety of medical conditions, such as multiple sclerosis (MS), traumatic brain injury (TBI), stroke (CVA), limb loss and residual symptoms after COVID-19. Psychologists and interns are appreciated members of interprofessional teams, providing an array of cognitive and psychodiagnostic assessment, group and individual psychotherapy, and team training and consultation. Many of the veterans seen in RCS have psychiatric disorders in addition to physical and neurocognitive changes. Psychologists in RCS have the challenging responsibility of integrating information about personality, emotional functioning, and cognition in a way that facilitates treatment and enhances motivation and ability to participate in rehabilitation. Rehabilitation rotations also frequently include interaction with family members, emphasis on understanding social determinants of health and the role of advocacy in clinical care. In many of the specialty teams within RCS, Veterans are followed for their lifetime.

Research and clinical work are frequently blended in RCS, and several of the training faculty members are involved with significant research activities. The Rehabilitation Care Service (RCS) is home to two national Centers of Excellence within the VA system -- the Multiple Sclerosis Center of Excellence and the VA RR&D Center for Limb Loss and Mobility. Several clinical trials are being conducted within RCS, and interns may have opportunities to participate in these trials as interventionists and/or participate in a research detail related to these projects.

RCS includes multiple possible training experiences. Supervisors will help interns select which combination of the following experiences will help interns best meet their training goals:

1. **Inpatient/Acute Rehabilitation**: Inpatient Rehabilitation is offered to Veterans with recent/acute conditions on a 12-bed inpatient acute unit. Inpatient clinical services typically include providing assessment and brief intervention for adjustment to illness and disability, depression, and anxiety, as well as brief cognitive assessment. The inpatient unit provides an excellent opportunity to provide psychological and neuropsychological consultation to a diverse interprofessional team that includes physicians, nurse specialists, social workers, and speech and language pathologists as well as physical, occupational, and recreational therapists.
2. **Center for Polytrauma Care**: RCS is home to a Polytrauma Network Site - the Center for Polytrauma Care - which is a rehabilitation team dedicated to caring for veterans who are returning from the Middle East with multiple injuries. Most commonly, psychology interns will work with veterans of the Iraq/Afghanistan War who have multiple co-occurring conditions including traumatic brain injury (TBI), PTSD, chronic pain, sleep problems, and cognitive impairments. The Center for Polytrauma Care also sees veterans from Alaska, Idaho, Oregon, and Washington in its role as a regional polytrauma rehabilitation resource. The Center for Polytrauma Care now also provides lifetime follow-up for Veterans from all eras who have moderate to severe TBI. The training emphases in Polytrauma are assessment, psychoeducation, and triage, and evaluations often include comprehensive neuropsychological assessment. Empirically supported therapies offered in Polytrauma include cognitive rehabilitation, limited treatment for PTSD (typically for Veterans with significant cognitive impairment/TBI), hypnosis for chronic pain, and On-TRACC (a hybrid self-management/cognitive rehabilitation intervention that is being offered in 2023-24 as part of a clinical trial).
3. **Outpatient Rehabilitation**: RCS Psychologists are part of multiple specialty interprofessional medical outpatient clinics and provide consultation to patients and medical staff. Outpatient services are provided via several large specialty outpatient clinics, focusing on conditions such as Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), Stroke, TBI, and limb loss. Recently, RCS psychologists have helped develop and become integrated into a new post-COVID-19 clinic which provides interprofessional care to Veterans with chronic symptoms following COVID-19 illness. Outpatient rehabilitation teams typically include physiatrists, speech language pathologists, social workers, vocational, recreational, physical, and occupational therapists. Outpatient clinical services generally include comprehensive assessments (which may include formal neuropsychological evaluations) and rehabilitation psychology interventions (offered in both individual and group formats). As for intervention opportunities, outpatient therapy is available and is usually offered in a brief therapy model though may be available for longer-term interventions as indicated. Sessions may be conducted in-person and/or using telehealth technology to meet with veterans in their home. Psychologists in RCS provide empirically supported treatments to veterans with acquired injuries to address comorbid psychological disorders (e.g., PTSD, depression), pain problems, and sleep problems. Last, several structured (e.g., Cognitive Rehabilitation, Cognitive Behavioral Therapy for Insomnia), skills-based (Mindfulness Mediation and Self-Hypnosis for Chronic pain) and support groups (e.g., Amputee, MS, ALS support groups) are offered on a recurrent basis. Trainees are welcome to participate in any of these assessment or treatment activities.
4. Neuropsychological and Cognitive Assessments within RCS. This rotation allows trainees to hone assessment skills ranging from brief cognitive screening to full neuropsychological batteries with a diverse range of adult who typically have an acquired injury or neurological condition. RCS has a well-stocked neuropsychological testing lab and a full-time psychometrist available to administer and score tests, which provides trainees with an opportunity to focus on test selection, interpretation, and feedback. Assessments conducted on this rotation are integrated with treatment and include providing feedback to veterans, families, and clinical teams is an important role for the psychologists on this service.

Interested interns need not have had previous experience in a rehabilitation setting, but strong assessment and general clinical skills are helpful. Most clinicians can anticipate working with individuals who have disabling injuries or medical conditions at some point in their career, and this is an important aspect of diversity. A rotation in RCS is an excellent way to gain some experience in the intersection of psychology, medicine, and disability. Given the diversity of training experiences available and the benefits of being fully integrated into multiple interprofessional teams, this rotation is offered only as a full-time clinical rotation.

Interns who are particularly interested in Rehabilitation may also participate in several research initiatives on this service as part of a full-time rotation, or as part of a research detail. Interns may also elect to have an increased emphasis on neuropsychological assessments with rehabilitation populations during this rotation. We also sponsor a weekly specialized didactic focusing on Rehabilitation Psychology. All interns are invited to attend didactic opportunities whether or not they are currently completing a Rehabilitation placement.

ON-TRACC Supplementary Rotation/Detail: Dr. Williams is a site principal investigator on a Department of Defense funded study that is examining the impact of a 5-session, individually delivered intervention (called On-TRACC) that combines self-management with cognitive rehabilitation. ON-TRAA is being offered to Veterans in the Center for Polytrauma who have experienced concussion injuries. Interested interns can work with Dr. Williams for a detail up to 8 hours/week focusing on delivery of this clinical intervention within the polytrauma program.

Megan Miller, PhD, Aaron Turner, PhD, ABPP, Madeline Werhane, Ph.D., and Rhonda Williams, PhD, ABPP are the psychologists on this service.

**5. Spinal Cord Injury Service (SCIS)**

The Spinal Cord Injury Service (SCIS) consists of a 38-bed inpatient unit for veterans with spinal cord injuries, as well as an outpatient clinic serving over 800 active patients in five states. An interprofessional treatment team works to meet the comprehensive medical and mental health needs of outpatients and inpatients. The psychologists on this service are highly valued members of the treatment team and provide psychological and neuropsychological assessment, psychotherapy, and program development. Both staff psychologists serve in leadership roles in the Academy of Rehabilitation Psychology and APA Division 22 (Rehabilitation Psychology) and encourage participation in national meetings related to Rehabilitation Psychology and disability.

This rotation is an immersion experience focused on disability response from a personal and societal perspective. The work setting is very dynamic, and a psychology intern takes a leadership role in helping veterans with both recent and remote spinal cord injuries get the most from medical care. SCI Psychology typically addresses vocational changes, cognitive deficits secondary to traumatic brain injury, effective skill building for coping with chronic illnesses/disabilities, identity development as a person with disability, sexual dysfunction, environmental and social (ableist) barriers, grief reactions, family/relationship problems, chronic pain, and substance abuse. Interns rotating on this service develop skills in working closely with an interprofessional team, clarifying and responding to referral questions, formulating appropriate assessment batteries, presenting treatment recommendations, and providing psychotherapy in a behavioral medicine context. Interns have the opportunity to facilitate a weekly support group for veterans with SCI in addition to forming individual and family therapy relationships. Most interns have the opportunity to provide assessment and treatment to newly injured patients, who are followed closely throughout initial rehabilitation. The Spinal Cord Injury and Disorders Service takes on primary care for all SCI patients in the VA, making this rotation exemplary in providing training in interprofessional medical care. Skills in interprofessional care can be generalized to any work setting in the new health care economy.

There are a variety of educational opportunities available on the unit related to the medical and psychosocial aspects of spinal cord injury. Also, interns are encouraged to attend weekly Rehabilitation Psychology didactics. Prospective interns need not have prior experience in a rehabilitation setting; however, prior assessment experience and good clinical skills are helpful. Supervision occurs in a collegial relationship designed to challenge the intern in areas of their choice. Interns may also choose to participate in several research projects on this rotation, and there are opportunities to participate in the hospital ethics consultation service. Seventy-five percent of interns who have completed this rotation have gone on to accept post-doctoral fellowships in Rehabilitation Psychology. A rotation in Spinal Cord Injury Service is available on a full or half time basis, although a full-time rotation allows for a more immersive experience.

Randi Lincoln, PhD, ABPP and Jan Tackett, PhD, ABPP are the psychologists in the SCI Inpatient and Outpatient Programs.

1. **Neuropsychology**

Neuropsychology is the scientific study of the relationships among the human brain, mind, emotions, and behaviors. Clinical neuropsychologists apply their expertise in these areas to evaluate, diagnose, and treat neurocognitive and neuropsychiatric disorders that may stem from the numerous medical, neurologic, psychiatric, and other factors that can affect brain functioning and behavior. The Neuropsychology community at the Seattle VA comprises practitioners in the Mental Health Service (MHS); Geriatrics Research, Education, and Clinical Center (GRECC); Rehabilitation Care Service (RCS); and Spinal Cord Injury Service (SCIS).

Although our specialty neuropsychology clinics are housed in MHS and GRECC, both services receive consults from throughout the medical center, with most common referral sources including Neurology, Mental Health, and Primary Care. We serve a patient population that is diverse in several ways, and particularly with respect to age, SES, and disability status. Cases tend to be complex, often featuring a range of comorbid and interacting medical, neurologic, psychiatric, and/or substance use-related factors. Neuropsychology training is focused primarily on comprehensive outpatient neuropsychological assessment. A particular emphasis is placed on expanding trainees’ skills in clinical interviewing, differential diagnosis and conceptualization of complex cases, and written and verbal communication to patients and other providers. Interns are involved in all aspects of the neuropsychological evaluation, including chart review, clinical interview, test administration and scoring, report preparation, and provision of feedback and psychoeducation to patients and their families. Supervision is collegial and follows a developmental model that allows an intern to take more of a lead in patient care as their rotation progresses, consistent with their advancing clinical competencies. While on neuropsychology rotations, interns participate in neuropsychology-specific didactics (including monthly Case Conference and Neuropsychology Seminar meetings) and are strongly encouraged to attend other neuropsychology-related educational offerings (e.g., UW’s monthly Clinicopathological Correlation Conference, the weekly Know Neuropsychology Didactic Series).

Core neuropsychology rotations include the Mental Health Neuropsychology Service and GRECC Neuropsychology, with supplementary training relevant to neuropsychology available through several other rotations as listed below. Completing a combination of core and supplementary neuropsychology rotations will prepare interns to pursue a 2-year postdoctoral fellowship in clinical neuropsychology in accordance with the APA Division 40 Houston Conference guidelines for neuropsychology education and training. Interns interested in this path are encouraged to consult with the training director and one or more of the neuropsychology supervisors during orientation week to craft a rotation schedule that will support their professional and training goals.

**6a. Mental Health Neuropsychology Service**

MH Neuropsychology is a generalist consult service that receives referrals from throughout the medical center. We see adult patients of all ages, with our evaluations revealing a wide range of diagnoses including neurodegenerative conditions (e.g., Alzheimer’s disease), neurocognitive disorders due to medical/neurologic factors (e.g., vascular dementia, seizure disorders, MS, TBI, cancer), substance-use related cognitive impairment, and primary psychiatric disorders, among others. We also provide pre-surgical neuropsychological evaluations in consultation with our Neurology colleagues as part of candidacy determinations for neurosurgical interventions (e.g., DBS implantation, focused ultrasound) for Parkinson’s disease and other neurological disorders.

This is a **full-time** rotation available to **one intern at a time**. Prior practicum-level experience with neuropsychological assessment is required. Trainees will work with both neuropsychology supervisors while on this rotation, allowing for exposure to multiple styles and perspectives. Interns are scheduled to see one case per week at the start of their rotation, with the goal of increasing to two evaluations per week by rotation’s end. Opportunities for quality improvement (QI) projects are available in this setting, particularly related to enhancing utility of neuropsychological evaluations and reports in the medical center setting and/or improving patient outcomes following neuropsychology feedback (e.g., recommendation adherence).

This rotation can also provide supplemental experience for those interns wishing to obtain specialty training in Geropsychology, assuming some prior experience with neuropsychological assessment (e.g., dementia evaluations) – please see the Geropsychology section of this brochure for more information.

K. Chase Bailey, Ph.D., ABPP(CN) and Evan Zahniser, Ph.D., ABPP(CN) are the neuropsychologists on the MH Neuropsychology Service.

**6b. GRECC Neuropsychology**

The Geriatric Research, Education, and Clinical Center ([GRECC](https://www.va.gov/GRECC/pages/Puget_Sound_GRECC.asp)) at VA Puget Sound is one of the 20 VA geriatric centers of excellence focused on aging which were established by Congress in 1975 to improve the health and health care of older Veterans. Each GRECC is responsible for the Veterans Integrated Service Network (VISN) region in which they are based and GRECCs are all affiliated with a major research university. For our GRECC, this would be VISN 20 (serving Alaska, Idaho, Oregon, and Washington) and our academic affiliate is the University of Washington School of Medicine (UW SOM).

GRECC Neuropsychological clinical services are focused on the needs of aging Veterans and thus tend to be evaluations for diagnoses of various neurologic and neurodegenerative diseases, as well as staging/preparatory work-up for neurosurgical interventions (e.g., DBS). Dr. Trittschuh conducts in-person, hybrid, and fully remote (clinic-to-clinic) evaluations, feedbacks, and cognitive interventions with the goal to increase availability of services to rural Veterans, and those with other access challenge to specialty care at the Seattle VA – see [GRECC Connect](https://www.gerischolars.org/mod/page/view.php?id=1066), funded through the Office of Rural Health (ORH).

GRECC offers a **half-time rotation** during the **second rotation for one intern** at a time. Opportunities exist for engagement in ongoing program development and QA/QI projects. Please note that while GRECC training options are somewhat limited for internship year, we offer extensive clinical training and research opportunities at the postdoctoral level through clinical and research fellowships.

Emily Trittschuh, Ph.D. is the neuropsychologist in GRECC. She is the GRECC Associate Director for Education and Evaluation and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the UW SOM.

**6c. Supplementary Neuropsychology experiences**

Other rotations offering advanced experience in cognitive assessment and other topics related to neuropsychology include the Spinal Cord Injury Service (SCIS), Rehabilitation Care Service (RCS; Inpatient Rehabilitation, Center for Polytrauma Care, and/or Outpatient Rehabilitation), and Geropsychology. Please see the descriptions of these rotations elsewhere in this brochure for further information.

**Mental Health placements**

A broad array of mental health clinics offers care to patients with a variety of mental and behavioral health concerns. Treatment is offered by a host of providers, practicing a variety of approaches and modalities. Training opportunities include individual, group, and couple & family therapy, in both the short- and long-term. Placements are available in the following clinics. Additionally, a subset of these placements, when combined, can constitute an intensive SMI training experience.

1. PTSD Outpatient Clinic

 a. Trauma treatment

 a. Women’s programming

 c. DBT skills

2. Mental Health Clinic

 a. Women’s programming

 b. DBT skills

3. Comprehensive Dialectical Behavior Therapy Program

4. Couple and Family Program

5. Mental Health Intensive Services

 a. Acute Inpatient Unit

 b. Intensive Outpatient Program

 c. Psychosocial Rehabilitation and Recovery Program

 **1. PTSD Outpatient Clinic (POC)**

The PTSD Outpatient Clinic (POC) provides care to veterans of all gender identities and all service eras seeking treatment for military-related PTSD. We are an interprofessional team comprised of psychologists, social workers, psychiatrists, nurses, and a peer support specialist. The clinic offers a variety of time-limited and evidence-based individual and group psychotherapy options to address PTSD and related mental health concerns that stem from the experience of combat, military sexual trauma, physical assault, training accidents, disaster recovery, and any other trauma that occurred during the course of military service. In addition to a primary diagnosis of PTSD, veterans enrolled in this clinic also present with co-occurring disorders, most often mood disorders, anxiety disorders, and substance use disorders.

Interns are encouraged to seek supervision and training in evidence-based psychotherapies, most specifically Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). Opportunities also abound for supervision and co-therapy (in groups) in Motivational Interviewing/Enhancement, Dialectical Behavior Therapy (DBT), Mindfulness-based psychotherapy, Acceptance and Commitment Therapy (ACT), Behavioral Activation (BA), and PTSD/SUD interventions.

**Women’s Programming within the POC** serves women veterans with military-related PTSD and co-occurring conditions within a women’s-only and mixed-gender framework based on patient preference. The majority of women veterans served within the POC have experienced military sexual trauma (MST), though many have also experienced duty-related trauma (combat, nursing or medical trauma) and other types of interpersonal trauma (e.g., childhood sexual and/or physical abuse, intimate partner violence). Therapy services and intern opportunities are consistent with those noted above with this population. Women’s only group therapy offerings include a wide array of evidence-based approaches (CPT, ACT, DBT, Mindfulness-based psychotherapy) as well as health behavior/complementary medicine groups.

A rotation in the POC provides an intern with the opportunity to participate in all the functions of the psychologist, including offering individual, couple and group psychotherapy, psychological assessment, case management, team consultation and treatment planning.  This placement is offered as a full-time, half time, or detail placement.

David Pressman, PhD is the Team Leader of the PTSD Outpatient Clinic. Melissa Barnes, PhD, Liz Bird, PhD, Tory Durham, PhD, Natalia Garcia Gonzalez, PhD, Katherine Hoerster, PhD, MPH, and Jane Luterek, PhD, are psychologists in the POC.

**2. Mental Health Clinic (MHC)**

The Mental Health Clinic (MHC) offers outpatient mental health care for a broad range of problems, employing a variety of evidence-based treatment approaches. The interprofessional team consists of psychologists, social workers, psychiatrists, psychiatric nurses, a peer support specialist, and various trainees across disciplines. The MHC psychology staff is one of the largest groups of psychologists practicing at the Seattle VA, with a corresponding wealth of expertise.

Most patients seeking care within the Seattle VA’s Mental Health Service are seen in MHC. As a result, our patients are the most diverse in presentation and provide trainees with the opportunity to obtain generalized training in outpatient mental health and/or to create a specialized curriculum in one or two particular areas (see below). Patients come to us with a range of clinical presentations, including mood and anxiety disorders, serious mental illness, psychotic spectrum disorders, chronic insomnia, PTSD (related to traumas across the lifespan, including childhood abuse and military traumas, for example), personality disorders, somatic disorders, substance use disorders, and relationship distress. Veterans are referred to the MHC from programs such as the Psychiatric Emergency Services (PES), the Intensive Outpatient Program (IOP), or the Primary Care Clinic and Women’s Health Clinic. Once the patient is referred, they are seen through the MHC’s Triage and Rapid Evaluation Clinic (TREC), which is designed to help Veterans quickly access mental health services and receive a comprehensive intake aimed at clarifying diagnostic concerns, assisting with initiation of psychiatric medications, and initiating the treatment planning process.

**Individual psychotherapy:** MHC offers individual psychotherapy in a variety of evidence-based approaches, including CBT, CPT, PE, Behavioral Activation, exposure therapies, ACT, DBT, Motivational Interviewing/Enhancement, Present-Centered Therapy, CBT for psychosis, and Interpersonal Psychotherapy. Couple therapy is also offered via Integrative Behavioral Couple Therapy (IBCT) through partnership with the Couples and Family Program (see section 5 below for more details on CFP program). Interns are encouraged to select psychotherapy cases according to their training goals for both psychotherapy modalities and patient populations.

**Group psychotherapy:** We offer a wide variety of groups that range from evidence-based, manualized treatments that target specific skills and/or disorders to evidence-based transdiagnostic treatments applicable to a broad array of disorders. These groups have included: ACT Skills; DBT skills training; CBT Skills; Unified Protocol for Transdiagnostic Treatment of Emotional Disorders; Transdiagnostic Anxiety Exposure; Exposure for Social Anxiety Disorder; Exposure and Response Prevention for OCD; Attention Skills for ADHD; ACT-based Anger Management; and CBT for Insomnia. We also offer groups that target general skill building, health behavior change, and peer support (e.g., Health and Wellness; Psychotherapy Group for Transgender veterans; Taking Steps to Decrease Health Risks; Crisis Skills, Positive Emotions).

**Psychodiagnostic interviewing and treatment planning:** Interns staff one Triage and Rapid Evaluation Clinic (TREC) per week where new patients present to outpatient mental health for a diagnostic assessment and clinical disposition. Given the broad, diverse range of Veteran patients that present to our clinic, interns can expect to sharpen diagnostic assessment skills for a variety of presenting concerns. Following intake assessment, interns will assist with treatment planning and care coordination.

**Couples Therapy Programming:** Couples and Family services have been identified as a core offering for Outpatient Mental Health Care settings at VA Medical Centers. Scientific research consistently demonstrates that individuals diagnosed with mental health disorders experience improved outcomes when families are active participants in their clinical care. MHC offers training opportunities in couples therapy services through partnership with the Couples and Family Program.   Interns on the MHC rotation have an opportunity to develop competencies in the following domains: 1) dyadic case conceptualization and clinical consultation skills for Veterans and their partners, 2) intervention skills in Integrative Behavioral Couple Therapy (IBCT), the Relationship Tune-up, a 5-session brief couples therapy intervention, or the Restoring Bonds Group, an 8-session relationship skills-based group intervention, and 3) program development and quality improvement projects. Couples therapy is offered as a half-time, or detail placement based upon training goals.

The MHCalso participates in cross-clinic **Women’s Programming** that serves women Veterans with a range of mental and physical health conditions. Interns may elect to treat this population within women-only (e.g. Women’s Coping Skills Group) and/or mixed-gender groups; evidence-based individual therapies; and opportunities for assessment, differential diagnosis, and program development. Interns can participate in the monthly Women’s Consultation Team meetings, which include mental health providers from various outpatient mental health clinics who collaborate on comprehensively serving this population of Veterans.

Kelly Allred, PhD, Charlotte Brill, PhD, Jennifer Buchman, PhD, David Call PhD, Geoff Corner, PhD, Eric Clausell, PhD, Mark Engstrom, PhD, Alvaro Garcia, PhD, and Melanie Harned, PhD are psychologists in the Mental Health Clinic.

 **3.  Dialectical Behavior Therapy Program**

The Dialectical Behavior Therapy (DBT) program is a specialized program that includes two treatment tracks. The **Comprehensive DBT Program** provides one year of intensive, multi-modal treatment to high-risk veterans with borderline personality disorder (BPD) traits. The **DBT Skills Group Program** provides six months of group skills training to veterans with a wide range of presenting problems. Veterans seen in both tracks of the DBT program are referred from other mental health programs, medical clinics, and inpatient units throughout the facility. The DBT team is interprofessional, consisting of psychologists, social workers, and a psychiatrist, and includes clinicians from multiple outpatient mental health services (Mental Health Clinic, PTSD Outpatient Clinic, and the Intensive Outpatient Program).

**DBT Program rotation options:**

**Option 1: Comprehensive DBT Program**

The Comprehensive DBT Program was established at the Seattle VA in 2019 to provide compassionate and evidence-based treatment to veterans with complex and severe mental disorders who are at high risk for suicide and self-injurious behavior. The program provides one year of comprehensive treatment consisting of all four modes of DBT, including individual therapy (1-2.5 hours/week), group skills training (2 hours/week), between-session phone coaching (as needed during business hours), and therapist consultation team (90 minutes/week). The program treats about 20 veterans at a time who: (1) have exhibited repeated behavioral dysregulation in the past year in at least two areas that are potentially self-damaging (e.g., suicidal and self-injurious behavior, substance misuse, physical aggression, spending, reckless driving, binge eating), (2) meet criteria for borderline personality disorder (BPD) or have significant BPD traits, and (3) have not significantly improved despite high use of other mental health services. In addition, veterans treated in this program typically have multiple comorbid disorders (e.g., PTSD, substance use disorders, depression, and eating disorders) and severe functional impairment (e.g., chronic unemployment, limited social support, housing and financial instability). The program provides 1-2 psychology interns with the opportunity to be fully immersed in providing DBT for the entire year (approximately 6-8 hours/week). This intern will engage in all aspects of comprehensive DBT, including clinical assessment, individual and group therapy, crisis management, phone coaching, and DBT consultation team. The intern will receive weekly individual supervision.

**Supervisors:** Melanie Harned, PhD and Natalia Garcia Gonzalez, PhD

**Option 2: DBT Skills Group Program**

The DBT Skills Group Program includes six groups that each enroll up to 10 veterans at a time. Veterans participate in DBT skills group for six months during which they participate in each of the DBT skills modules (mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness). The program is open to any veteran who may benefit from learning the DBT skills. As a result, participants exhibit a wide range of mental health difficulties. Multiple interns have the opportunity to serve as a co-facilitator of a DBT skills group (2 hours/week for at least 4 months) and will receive supervision from the group leader. This program provides interns with an excellent opportunity to learn DBT skills and to practice how to teach them effectively to a heterogeneous population of veterans. Interns can elect to participate in the DBT Skills Group program as part of their primary rotation in either POC, MHC, or IOP.

**Supervisors:** Charlotte Brill, PhD, David Call, PhD, Mark Engstrom, PhD, Natalia Garcia Gonzalez, PhD, Melanie Harned, PhD, and Samantha Yard, PhD

**Additional DBT opportunities:**

Interns may participate in existing quality improvement projects within the DBT program or propose new projects that can be short-term in nature (e.g., one rotation) or can extend for the entire training year. In addition, opportunities are available to participate in DBT-focused research with Dr. Harned.

 **4. Couple & Family Program (CFP)**

The Couple and Family Program (CFP) is a specialized service that provides treatment for veterans with their partners and/or families. Couples and families seen in the CFP are referred from other mental health programs, medical clinics, and inpatient units across the facility. At least 90% of the cases treated within this program involve couple therapy. The CFP treats couples struggling with a wide range of difficulties, such as PTSD and other mental health conditions, adjustment to life cycle and role changes, medical comorbidities, infidelity, parenting stress, sexual concerns, and post-deployment readjustment. The treatment orientation is based on integrative behavioral and family systems approaches. Interns can focus their entire rotation on learning Integrative Behavioral Couple Therapy (IBCT, Jacobson and Christensen, 1996), an evidence-based couple therapy that combines traditional behavioral approaches with acceptance-based strategies. Interested interns also have the opportunity to receive training in The Relationship Tune-up, a five-session brief treatment for couples experiencing mild to moderate relationship stress, and The Relationship Skills Group, a 8-session group intervention combining IBCT and Relationship Tune-up interventions in a group format Other services offered through the CFP include PTSD 101 for Family and Friends, an educational class for relatives and friends of veterans experiencing PTSD and consultation services for couples. In addition, CFP offers two emphasis areas in Sexual Health Assessment & Intervention, and Geropsychology for older adult couples,

Interns in CFP are integrated into the team by engagement in a variety of clinical activities, in addition to opportunities to initiate or collaborate on program development and evaluation projects. For example, interns receive didactic and experiential training and supervision in couples interviewing, assessment, and therapy. Interns may also elect to gain experience in providing relationship skills in a group format, learn sexual health assessment and consultation, or work with older adult couples. There are program development opportunities available for those who would like to further expand our services. The CFP also offers interns opportunities to present to other OPMH teams and are welcomed to co-present with CFP faculty and to develop curriculum.

Interns will attend a weekly CFP team meeting. In addition, they will participate in the affiliated MHC team meeting and choose one or two consultation groups (i.e., BHIPs) depending on their training goals and clinical interests: (1) MHC BHIP A/B.

Interns will pick up cases through the CFP team meeting and/or directly from the second consultation group they attend (MHC BHIP A/B). The Couple and Family Program is available as a full or half-time rotation.

**CFP Faculty:**

Primary Supervisors

Eric Clausell, PhD, is a staff psychologist and Director of the Couple & Family Program. Dr. Clausell is also a Lead Trainer and Consultant for the VA national dissemination of IBCT Program

Elizabeth Bird, PhD divides her time between the Couples & Family Program and the PTSD Outpatient Clinic. Dr. Bird has a specialty focus in sexual health concerns in romantic relationships. She also leads the Sexual Wellness Assessment and Intervention (SWAI) Clinic.

Geoffrey Corner, PhD, divides his time between the Couples & Family Program and the Mental Health Clinic. Dr. Corner has a specialty in older adult couple and couples with chronic health challenges. Dr. Corner also leads the couple’s skill groups.

 **5. Mental Health Intensive Services**

The Seattle VA offers internship training in providing clinical services to Veterans in need of more intensive treatment (e.g., increased number of sessions, increased frequency of visits, collaboration of clinical services, active assistance with community integration) with a focus on the recovery model. This includes Veterans with serious mental illnesses (SMI) such as severe depression, PTSD, bipolar disorder, psychotic disorders, and personality disorders, as well as those struggling with comorbid substance use disorders and experiencing suicidal ideation either at baseline or in a more acute state. Participation in any of the three Mental Health Intensive Services rotations offers a range of experiences to assist in the development of many core professional competencies. Interns will engage in recovery-oriented care that involves assessment, individual and group psychotherapy, crisis assessment and intervention, case management, and community integration in acute and long-term care settings. Further, interns may elect to participate in the SMI didactic series, specific program development/evaluation, and/or quality improvement projects.

The Mental Health Intensive Services training experience is designed to accommodate psychology interns with a range of prior experience in working with SMI and has the flexibility to be adapted according to the psychology intern’s level of interest in gaining breadth and/or depth in treating Veterans with SMI. For example, interns interested in a full immersion experience may spend the entire year rotating through each of the Mental Health Intensive Services rotations; alternatively, interested interns may choose to incorporate one of the rotations into a more diverse training year. During the internship orientation week, interns could consult with the Internship Training Director and one or more of the Mental Health Intensive Services supervisors to develop a rotation schedule that meets their personal training goals. The Mental Health Intensive Services training program was awarded the 2019 APA Division 18 (Psychologists in Public Service) Serious Mental Illness/Severe Emotional Disturbance Section Excellence in Training Award.

**Acute Inpatient Psychiatry (7West)**

The Acute Inpatient Psychiatry unit (7West) is a 25-bed, locked unit serving veterans of all genders and war eras who need short-term stabilization before transferring to a less restrictive level of care. Two of these beds are reserved for planned medical detoxification admissions from the Addiction Treatment Center (ATC). Many of the veterans admitted to the unit are considered voluntary admissions, however at any given time there may be veterans held for involuntary treatment. The average length of stay ranges from 6-10 days. Treatment includes recovery-oriented group, milieu, and/or individual therapy, medication management, and daily treatment team meetings. Veterans admitted to 7West may have a wide range of difficulties including depression, psychosis, PTSD, substance use, homelessness, suicidal ideation, homicidal ideation, grave disability, mania, and dementia. Interns interested in this fast paced, interprofessional training environment will work closely with providers from a variety of disciplines, including psychiatry, social work, nursing, and occupational therapy. Interns may choose to participate in a wide variety of activities. This could include leading and/or co-leading a variety of skills-focused groups, conducting brief individual therapy, assisting with diagnostic evaluation and clarification, and supporting outpatient care coordination efforts. In addition, there are many opportunities for program development and evaluation while completing a rotation on 7West.

James Madole, PhD is the psychologist on 7West.

**Intensive Outpatient Program (IOP)**

The Intensive Outpatient Program (IOP) delivers mental health care to veterans in need of intensive services for stabilization. The IOP serves veterans in a less restrictive environment by offering a level of care between traditional outpatient mental health programs and the acute inpatient psychiatry unit. Treatment goals are established collaboratively with the Veteran and often focus on symptom stabilization, crisis management, and psychosocial rehabilitation. The IOP is a four-week program that provides assessment, evidence-based individual and group therapy, medication management, and case management services. Veterans in the IOP present with a wide range of difficulties including depression, PTSD, interpersonal stressors, psychosis, and mania. Many of the veterans in the program have recently discharged from the acute inpatient psychiatry unit or have presented for psychiatric emergency services within the last 24 hours.

The IOP team is interprofessional, consisting of psychology, psychiatry, and social work. Psychology interns are involved in all aspects of care and have many opportunities including individual and group psychotherapy, diagnostic evaluation, crisis intervention, case management, team consultation, treatment planning, and program development and evaluation. Interns will have opportunities to provide several evidence-based practices including Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Acceptance and Commitment Therapy (ACT), Behavioral Activation (BA), and Motivational Interviewing (MI). Additionally, the IOP team holds a monthly diversity journal club in which topics related to diversity issues and how they relate to clinical practice in IOP are discussed in team meeting. Due to the fast pace and complexities of a short-term treatment program, IOP is recommended as a full-time rotation.

Kelly Allred, PhD and Samantha Yard, PhD are psychologists in the IOP.

 **Psychosocial Rehabilitation and Recovery Center (PRRC)**

The Psychosocial Rehabilitation and Recovery Center (PRRC) delivers outpatient mental health care to veterans in need of additional support to build and maintain wellness. The rehabilitative services offered are based on the Recovery Model and include assessment, individual and group psychotherapy, crisis assessment and intervention, case management, community integration, and vocational rehabilitation services. The PRRC team is interprofessional, consisting of psychology, social work, psychiatry, and addiction therapy. Treatment is informed by goals established collaboratively between patients and their primary PRRC provider (i.e., Recovery Coach). Veterans in the PRRC present with a wide range of difficulties including depression, PTSD, anxiety, psychosis, mood disorders, emotion lability, and chronic and acute suicidality. Given the nonlinear nature of mental health recovery, Recovery Coaches provide flexible and collaborative care, often modifying treatment plans to meet the specific needs of veterans in response to changes in symptom severity and psychosocial stressors. The goal of this program is to empower veterans to take the lead in their lives by building meaningful and fulfilling experiences outside of mental health treatment.

PRRC primarily functions as a group-based program, offering 10-15 groups per week. Additional training opportunities include individual psychotherapy, case management, treatment planning, consultation, and program evaluation/development (e.g., implementation of a new group offering). Interns will have opportunities to provide several evidence-based treatments including ACT, BA, CBT, CPT, DBT, MI, and Social Skills Training. Unique offerings within PRRC also include Ending Self-Stigma, Community Connection, Healthy Relationships, and Self-Esteem-based groups. They will also participate in the Triage and Rapid Evaluation Clinic (TREC), which is designed to help Veterans quickly access mental health services and receive a comprehensive intake aimed at clarifying diagnostic concerns, assisting with initiation of psychiatric medications, and initiating the treatment planning process. This participation provides additional opportunities to extend competencies in diagnostic assessment, treatment planning, and referral provision.

Jason Chauv, PsyD is the psychologist in the PRRC.

**Additional opportunities in Mental Health Intensive Services:**

**Continuity of Care.** TheMental Health Intensive Services clinics offer an unusual opportunity to engage in Veteran care across varying levels of symptom acuity. A Veteran’s treatment plan may include engagement in one or more of the Mental Health Intensive Services clinics, depending on his or her needs and treatment goals. For example, a Veteran may initiate care on 7West for acute stabilization, discharge to the IOP for continued stabilization, and then transition to the PRRC for ongoing care. Interns may elect to support an individual Veteran across these varying levels of treatment intensity, perhaps over a longer period than one rotation as part of a continuing detail.

**MHIS Didactic Series.** A bimonthly meeting devoted to issues related to assessment and treatment of individuals with SMI. Each didactic seminar is led by providers with expertise in conditions often associated with SMI (e.g., suicidality, trauma, barriers to accessing care, medication compliance). Example seminar topics include evidence-based treatments for schizophrenia, assessment and management of suicide risk, mobile health technologies, and mental health self-stigma. Interested interns may elect to lead or co-lead a didactic seminar on a topic of their choice.

**Research and Program Development.** There are many opportunities to participate in research, quality improvement, and program development. Interns can be involved in existing projects or propose new projects that can be short-term in nature (e.g., one rotation) or can extend for the entire training year. Current projects include:

* Implementing and evaluating measurement-based care in Outpatient Mental Health
* Identifying barriers to engagement and improving outreach efforts to reengage veterans in care
* Examining factors that predict psychiatric inpatient utilization and re-admissions
* Developing and evaluating Outpatient Mental Health programming for veterans and their support people (e.g., family consultation services, psychoeducation materials, group programming)
* Collaborating with DBT experts on full model DBT program development and evaluation
* Investigating a mobile application to increase symptom management among veterans with SMI
* Research examining suicide prevention interventions in veterans

**Additional opportunities in outpatient mental health:**

**Sexual Wellness Assessment and Intervention (SWAI) Clinic.** The SWAI clinic provides assessment and treatment for individuals with sexual concerns. Referrals come from across the hospital (e.g., PCMHI, outpatient mental health, gynecology, pelvic floor PT, primary care). The SWAI clinic primarily focuses on brief (1-2 session) assessments and provides time-limited individual therapy as needed. The SWAI clinic sees patients with a wide range of concerns including sexual desire concerns, sexual function difficulties (sexual arousal, orgasm), compulsive/impulsive sexual behavior, pain during sexual activity, and distress related to trauma history. Assessment and treatment orientation is cognitive-behavioral. Interns can also participate in local and national interdisciplinary meetings focused on sexual health program development, education, and consultation. Interns choosing a detail in the SWAI clinic will engage in directed reading tailored to their learning goals. Within this clinic, data is collected for multiple quality improvement projects and interns can participate in ongoing or intern-lead projects based on their interest.

Interns can participate in the SWAI clinic as a detail with Dr. Elizabeth (Liz) Bird who is in the PTSD Outpatient Clinic and the Couple and Family Program.

**Summary of clinical placements**

To summarize the previous descriptions, the following placements are currently available. Each placement is for a four-month period, and may be full-time, half time, or one-day per week, depending on setting. Additionally, many of these settings provide research opportunities and training.

**Substance Use**

**ACCESS** Assessment, Consultation, Connection, Engagement and Stabilization Services

1. Assessment, Engagement and Consultation Service (AEC)
2. Substance Use Disorders Intensive Outpatient Program (SUD- IOP)

**Team 1**            Opioid Treatment Program

**General Team (TBA)** Full range of psychiatric severity, treatment for co-occurring disorders, and women-specific programming

**Health Psychology and Behavioral Medicine**

1. Primary Care

* 1. Primary Care/Mental Health Integration (Primary Care Clinic)
	2. Primary Care/Mental Health Integration (Women’s Health Clinic)

2. Behavioral Medicine

1. Pain Clinic
2. Marrow Transplant Unit
3. Geropsychology
4. Community Living Center & Palliative Care Consult Service
5. Rehabilitation Psychology
6. Rehabilitation Care Service
	* 1. Inpatient Rehabilitation
		2. Outpatient Rehabilitation
		3. Center for Polytrauma Care
7. Spinal Cord Injury Service
8. Neuropsychology
	1. Mental Health Neuropsychology Service
	2. GRECC Neuropsychology

**Mental Health**

1. PTSD Outpatient Clinic

2. Mental Health Clinic

3. Comprehensive Dialectical Behavior Therapy Program

4. Couple and Family Program

5. Mental Health Intensive Services

 a. Acute Inpatient Unit

 b. Intensive Outpatient Program

 c. Psychosocial Rehabilitation and Recovery Program

## Requirements for completion

The Psychology Internship at the Seattle VA is a generalist program. It is our expectation that interns will utilize their internship year to broaden and extend their practice of psychology rather than strictly narrow their focus. While interns will refine skills already developed in graduate school, we also strongly encourage interns to try new approaches, new techniques, and new perspectives, in pursuit of a well-rounded education.

As a foundation for entry to the profession, interns should have demonstrated competence in the following by the completion of the internship year, as measured by supervisors' and self- evaluations. Many of these outcomes will build upon knowledge and skills already well developed during doctoral training. Internship placements will provide opportunities for further development of these 'cross cutting' competencies, though placements might emphasize some competencies more than others. Additionally, other program components (including didactics, supervision, and clinical research) will provide added challenge and the opportunity for integration. When viewed in context of the entire sequence of training that begins with the first year of doctoral education, the internship year is a keystone experience that provides interns the opportunity to develop these intermediate to advanced competencies.

**1. Research**

Interns are expected to:

* demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
* routinely utilize the scientific literature in the conceptualization, planning and delivery of clinical services

**2. Ethical and legal standards**

Interns are expected to be knowledgeable of and act in accordance with each of the following:

* the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
* relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
* relevant professional standards and guidelines.
* recognize ethical dilemmas as they arise and apply ethical decision-making processes to resolve the dilemmas.
* conduct oneself in an ethical manner in all professional activities.

**3. Individual and cultural diversity**

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skill when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics.

In service of this goal, internsare expected to demonstrate:

* an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
* knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
* the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
* the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

**4. Professional values and attitudes**

Internsare expected to:

* behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
* engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
* actively seek and demonstrate openness and responsiveness to feedback and supervision.
* respond professionally in increasingly complex situations with more independence as they progress across levels of training.

**5. Communication and interpersonal skills**

The program views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for effective service delivery and professional interaction. Interns are expected to:

* develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
* produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
* demonstrate effective interpersonal skills and the ability to manage difficult communication well.

**6. Assessment**

Interns are expected to:

* demonstrate current knowledge of diagnostic classification systems, and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
* demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
* select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
* interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
* communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

**7. Intervention**

Interns are expected to demonstrate the ability to:

* establish and maintain effective relationships with the recipients of psychological services.
* develop evidence-based intervention plans specific to the service delivery goals.
* implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
* demonstrate the ability to apply the relevant research literature to clinical decision making.
* modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
* evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

**8. Supervision**

Interns are expected to:

* demonstrate knowledge of supervision models and practices.
* apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

**9. Consultation and interprofessional skills**

Consultation and interprofessional skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Interns are expected to:

* demonstrate knowledge and respect for the roles and perspectives of other professions.
* demonstrate knowledge of consultation models and practices.
* apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

## Facility and Training Resources

***Intern meeting***   One hour per week is set aside for interns to meet together as a group, in order to provide peer consultation, a forum for mutual professional support, and as an opportunity to learn about the development of collegial professional relationships.  Interns are released from competing activities at this time.

***Staff meetings*** Interns are encouraged to participate as members of the Medical Center's professional community in a variety of ways.  Interns are expected to attend the monthly Psychology Service staff meetings, as well as the staff meetings of the unit(s) on which they work.  Staff meetings provide interns with an opportunity to learn about pragmatic issues of professional relationships in a complex organization, and the kinds of institutional and political considerations that affect professional work.

***Library and information resources***    The Medical Center library is a valuable resource to interns and faculty.  The library contains a large selection of current materials and periodicals, as well as providing extensive assistance for information searches and inter-library loans.  The Medical Center also provides state-of-the-art computer resources, Internet access, and computer-support personnel, to assist in patient care and research.

***Professional meetings***    Interns are encouraged to attend professional meetings and conventions of their choice, as a means of participating in the larger professional world, and to pursue individual professional interests.  Up to ten days of Authorized Absence is granted for such activities.

## Administrative Policies and Procedures

**Disclosure of personal information** We will collect no personal information about you when you visit our website. Enrollment in the training program does not require disclosure of sensitive or personal information.

**Due Process Procedures**

***Intern grievances***       We believe that most problems are best resolved through face-to-face interaction between intern and supervisor (or other staff), as part of the on-going working relationship.  Interns are encouraged to first discuss any problems or concerns with their direct supervisor.  In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the intern, and to seek appropriate consultation. If intern-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the intern.

***1. Informal mediation***    Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the intern and the supervisor.  Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations in order to maximize their learning experience.  Interns may also request a change in rotation assignment, following the procedures described in a previous section.  Changes in rotation assignments must be reviewed and approved by the Training Committee.

***2. Formal grievances***   If informal avenues of resolution are not successful, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Training Director.

The Training Director will notify the Psychology Service Director of the grievance and call a meeting of the Training Committee to review the complaint.  The intern and supervisor will be notified of the date that such a review is occurring and given an opportunity to provide the Committee with any information regarding the grievance.  The Director of Clinical Training at the intern's graduate school will be informed in writing of the grievance and kept apprised of the review process.

Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the intern's training experience.  This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.

The intern will be informed in writing of the Training Committee's decision and asked to indicate whether they accept or dispute the decision.  If the intern accepts the decision, the recommendations will be implemented, and the intern's graduate program will be informed of the grievance outcome.  If the intern disagrees with the decision, they may appeal to the Director of the Psychology Service, who as an ex-officio member of the Training Committee will be familiar with the facts of the grievance review.   The Service Director will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee.  The intern's graduate program will be informed of the appeal and appeal decision.

In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse himself or herself from serving on the Training Committee due to a conflict of interest.  A grievance regarding the Training Director may be submitted directly to the Director of the Psychology Service for review and resolution.

A grievance charging a violation of ethics or law will be submitted directly to the Chief of the Psychology Service for review and determination rather than proceeding to the Training Committee. Given the need to balance fair review of a grievance with the legal and personnel rights of an individual, this pathway better allows for the appropriate protection and safeguards of all involved parties.

These procedures are not intended to prevent an intern from pursuing a grievance under any other mechanisms available to VA employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in Washington State by contacting the office of the Examining Board of Psychology.

**Probation and termination procedures**

***1. Insufficient competence***   The internship program aims to develop professional competence.  Rarely, an intern is seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the internship program will help interns identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the intern's performance to a satisfactory degree. Very rarely, the problem identified may be of sufficient seriousness that the intern would not get credit for the internship unless that problem was remedied.

Should this ever be a concern, the problem must be brought to the attention of the Training Director at the earliest opportunity, so as to allow the maximum time for remedial efforts.  The Training Director will inform the intern of staff concern and call a meeting of the Training Committee.  The intern and involved supervisory staff will be invited to attend and encouraged to provide any information relevant to the concern.  The DCT of the intern's graduate program will be notified in writing of the concern and consulted regarding his/her input about the problem and its remediation.

An intern identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the intern from fulfilling the expected learning outcomes, and thereby, not receive credit for the internship.

The Training Committee may require the intern to complete a recommended placement or may issue guidelines for the type of placement the intern should choose, to remedy such a deficit.

The intern, the intern's supervisor, the Training Director, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem.

Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist the intern's remediation. The new placement will be carefully chosen by the Training Committee and the intern to provide a setting that is conducive to working on the identified problems.  Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement.  If so, both may petition the Training Committee to maintain the current assignment.

The intern and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (not less than twice during the four-month rotation) regarding the intern's progress.

The DCT of the intern's graduate program will be notified of the intern's probationary status and will receive a copy of the learning contract.  It is expected that the Internship Training Director will have regular contact with the Academic Training Director, in order to solicit input and provide updated reports of the intern's progress. These contacts should be summarized in at least two written progress reports per rotation, which will be placed in the intern's file.  The intern may request that a representative of the graduate program be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the internship.

The intern may be removed from probationary status by a majority vote of the Training Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient.  Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship.

If the intern is not making progress, or, if it becomes apparent that it will not be possible for the intern to receive credit for the internship, the Training Committee will so inform the intern at the earliest opportunity.

The decision for credit or no credit for an intern on probation is made by a majority vote of the Training Committee.  The Training Committee vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract.

An intern may appeal the Training Committee's decision to the Director of the Psychology Service. The Service Director will render the appeal decision, which will be communicated to all involved parties, to the Training Committee, and to the DCT of the graduate program.

***2. Illegal or unethical behavior***     Illegal or unethical conduct by an intern should be brought to the attention of the Training Director in writing.  Any person who observes such behavior, whether faculty or trainee, has the responsibility to report the incident.

The Training Director, the supervisor, and the intern may address infractions of a minor nature.  A written record of the complaint and action become a permanent part of the intern's file.

Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the intern of the complaint.  Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties, including the intern and DCT of the graduate program.  All involved parties will be encouraged to submit any relevant information that bears on the issue and invited to attend the Training Committee meeting(s).

In the case of illegal or unethical behavior in the performance of patient care duties, the Training Director may seek advisement from appropriate Medical Center resources, including Risk Management and/or District Counsel.

Following a careful review of the case, the Training Committee may recommend either probation or dismissal of the intern.  Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section pertaining to insufficient competence.  A violation of the probationary contract would necessitate the termination of the intern's appointment at the Seattle VA.

## Training faculty

The psychology staff at the Seattle VA is committed to excellence in patient care, research and training. Our faculty actively pursue a variety of roles available to psychologists, and work to serve the larger profession and community by participating on Medical Center and University committees, VA Central Office committees, community boards, committees of the Washington State Psychological Association, and boards and committees of national professional organizations.

The following psychologists provide education and training within our program. Washington State requires that internship hours that count toward the interns’ eventual licensure must be provided by psychologists with two or more years of experience post-licensure. Psychologists who have not yet attained two-years of post-licensure experience are available to provide supervision beyond the minimum two hours of individual supervision received from more senior supervisors. In our interprofessional setting, additional consultation and case supervision is easily obtained from professionals of other disciplines with expertise to offer.

**Kelly Allred, PhD** is a psychologist in the Intensive Outpatient Program (IOP) and serves as the Assistant Training Director of the Psychology Training Program. She received her PhD in Clinical Psychology from the University of Pennsylvania in 2018 under the mentorship of Dianne Chambless. She completed her internship training as well as a fellowship in Primary Care at the Seattle VA. Dr. Allred’s theoretical orientation is primarily cognitive behavioral with an emphasis on mindfulness-based interventions. Her graduate research focused on racial and ethnic differences in perceived criticism and other family factors that predict clinical outcomes. She has also contributed to research at VA Puget Sound examining the relationships among discrimination, social support, and suicide risk for transgender veterans. Dr. Allred has a strong interest in promoting diversity and multicultural competence among psychologists. She serves as Chair of the Psychology Training Program Diversity Committee.

**K. Chase Bailey, Ph.D., ABPP** is a neuropsychologist on the **Mental Health Neuropsychology Service**. He received his doctoral degree in Counseling Psychology in 2015 from the University of Oklahoma. He then completed his internship at the VA North Texas Healthcare System in Dallas, TX. He went on to complete his fellowship training in San Antonio, TX as the South Texas Veterans Health Care System. While on fellowship, he received diverse training ranging from interprofessional team care for patients with severe TBI in a Polytrauma Rehabilitation center, to outpatient clinical and capacity evaluations in a diverse patient population. Dr. Bailey is licensed in the state of Texas and earned Board Certified in Clinical Neuropsychology through the American Board of Professional Psychology. His primary clinical responsibilities include conducting outpatient neuropsychological evaluations from a diverse range of referral sources. He utilizes collaborative therapeutic assessment paired with same day feedback to afford veterans a timely and personally relevant discussion around the brain behavior relationship. His current clinical and research interests include extending the scope of neuropsychological practice through normative data collection in the Latino/Hispanic population, performance validity assessment, and cross disciplinary (e.g., neuropsychology and neuroradiology) integration to improve the accuracy of localizing lesions and lateralizing language functioning in patients with epilepsy.

**Robert Bailey, PhD**, is a psychologist in **Primary Care-Mental Health Integration (PCMHI).** He is also the track lead for the postdoctoral fellowship in PCMHI. He earned his PhD in Clinical Psychology at the University of New Mexico, under the mentorship of Dr. Kevin Vowles. Dr. Bailey completed his internship at the University of Washington School of Medicine in the Behavioral Medicine track and postdoctoral fellowship with PCMHI at the Seattle VA. Before joining PCMHI as a staff member, he worked as a pain psychologist with the functional restoration program at Swedish Medical Center’s Pain Services clinic in Seattle. He is licensed in Washington. His clinical interests include chronic pain, substance use disorders, and anxiety disorders. Dr. Bailey’s treatment approach adheres to the cognitive-behavioral tradition, with an emphasis on ACT, to promote healthy behavior change in a variety of contexts and clinical presentations. Prior to graduate school, he served for two years in Kyrgyzstan with the Peace Corps teaching English as a foreign language.

**Melissa Barnes, PhD,** is a Psychologist in the PTSD Outpatient Clinic. She completed her doctoral degree in Clinical Psychology at the University of Oregon under the mentorship of Dr. Jennifer J. Freyd. Dr. Barnes’s graduate studies focused on betrayal trauma, institutional betrayal, and systemic and systematic discrimination. Her graduate work also focused on policy changes and advocacy work. Dr. Barnes completed internship at the VA Puget Sound Health Care System – Seattle Division. Dr. Barnes’s primary clinical interests include working with veterans who have experienced interpersonal/betrayal trauma, as well as veterans who want to address their substance use, and couple therapy. She particularly enjoys utilizing the CPT, PE, COPE, IBCT, and CBCT-PTSD protocols. She values working with Black veterans and veterans of color, as well as working with underrepresented trainees. Dr. Barnes is VA certified in Strength at Home – Veterans and provides Strength at Home – Couples, which are group-based therapies focused on IPV and anger expression in intimate relationships.

**Liz Bird, PhD** is a Clinical Psychologist in the **PTSD Outpatient Clinic** and the **Couple and Family Program**. She also leads the Sexual Wellness Assessment and Intervention (SWAI) Clinic. She completed her doctorate in Clinical Psychology at the University of Washington under the mentorship of Dr. William George. Dr. Bird’s graduate research focused on understanding the sexual and mental health sequelae of women’s sexual trauma, including attempts to cope through alcohol use. She completed internship and the Mood and Anxiety Disorders fellowship at the VA Puget Sound, Seattle Division. Although trained to address a range of mental health concerns, Dr. Bird’s primary clinical interests include treating PTSD and related difficulties (e.g., PE, CPT, Adaptive Disclosure, ERRT-M) and couple distress (IBCT, CBCT). She is VA-Certified in Integrative Behavioral Couple Therapy and also has a specific interest in mindfulness-based interventions. Additionally, Dr. Bird is interested in the assessment and treatment of sexual concerns, both within the PTSD and CFP clinics and outside of those venues, taking referrals from across the hospital and collaborating with an interprofessional team of other psychologists, gynecologists, and pelvic floor physical therapists. She is involved with a group of providers from throughout the VA system who are advocating for formal inclusion of sexual health programming in VA. Dr. Bird is also engaged in quality improvement projects focused on the sexual well-being of Veterans.

**Michelle Borowitz, PhD**, is a psychologist in the Co-Occurring Recovery (CORE) programin the **Addiction Treatment Center.** She completed her doctorate in Clinical Science at the University of Michigan, where she studied parallels between addictive and eating behaviors under the mentorship of Dr. Ashley Gearhardt. Dr. Borowitz completed her clinical internship at the Seattle VA. She is licensed in the state of Washington. Her clinical interests include motivational interviewing (in which she is VA-certified), health behavior change, treatment of co-occurring disorders, harm reduction approaches to substance use treatment. She has been actively involved in DEI initiatives at the Seattle VA, serving as co-chair of the Psychology Training Program Diversity Committee during her postdoctoral year

**Charlotte Brill, PhD** is a clinical psychologist in the **Mental Health Clinic**. Dr. Brill completed her doctorate in clinical psychology at the University of Washington, under the mentorship of Dr. Bill George. Dr. Brill’s graduate research and clinical training focused largely on sexual assault, sexual risk taking, and contextual behavioral treatments. She completed clinical internship at the Durham VA and postdoctoral fellowship at the Seattle VA. Dr. Brill is strongly committed to trauma recovery and her primary clinical interest is in PTSD treatment, particularly among sexual assault survivors. She particularly enjoys PE and CPT and is VA certified in CPT after completing the CPT rollout during clinical internship. Dr. Brill is also part of the Comprehensive DBT Program. She is licensed in Washington state.

**Jennifer Buchman, PhD** is a Clinical Psychologist in the **Mental Health Clinic**. Dr. Buchman earned her doctorate in Clinical Psychology at Florida State University under the mentorship of Dr. Thomas Joiner. Dr. Buchman’s graduate research focused on suicide risk assessment and management and the association between eating pathology and suicidality. She completed her internship training at the Rocky Mountain Regional VA Medical Center before completing the Mood & Anxiety Disorders fellowship at the VA Puget Sound, Seattle Division. Dr. Buchman’s clinical interests include suicide risk assessment and management, assessment and treatment of eating disorders, PE/CPT for PTSD, ACT, CBT, and MI.

**David Call, PhD** is a clinical psychologistin the **Mental Health Clinic**. Dr. Call received his doctoral degree from Northern Illinois University under the mentorship of Dr. Holly Orcutt. He completed his internship training at Central Arkansas Veterans Healthcare System with an emphasis on serious mental illness, Veteran homelessness, and the treatment and assessment of PTSD in both residential and outpatient settings.  He completed postdoctoral training (PTSD/TBI Track) at the VA San Diego Healthcare System, where he subsequently got his first job as a staff psychologist (PSTD/SUD specialist at the ASPIRE CENTER) at a residential program for newly returning Veterans who were struggling with the impact of PTSD and insufficient housing on values-consistent living. He is currently licensed in the state of Colorado. His interests include the integration and evaluation of acceptance and mindfulness-based interventions within the context of evidence-based treatments for PTSD (CPT and PE), as well as depression and anxiety (CBT); anger management (ACT-based) and emotion dysregulation are further areas of clinical focus individually and in groups. Dr. Call is VA-certified in Cognitive Processing Therapy for PTSD, has completed comprehensive training and VA certification in Acceptance and Commitment Therapy for depression (ACT-D), and is a member of the Comprehensive DBT Program at the Seattle VA. Dr. Call also has an interest in supervision and professional development, with an emphasis on skills related to case conceptualization and comprehensive psycho-diagnostic assessment.

**Jason Chauv, PsyD** is the psychologist in the **Psychosocial Rehabilitation and Recovery Center (PRRC)**. Dr. Chauv completed his doctorate in Clinical Psychology at the University of La Verne. His graduate research experiences culminated in his dissertation exploring the relationship between various cultural factors and perceptions toward mental health services. He completed his internship at Loma Linda VA Medical Center followed by a Psychosocial Rehabilitation (PSR) fellowship at Palo Alto VA Medical Center. He is licensed in Washington State. Dr. Chauv’s clinical interests include psychosis, bipolar disorder, and related serious mental illnesses (SMI). He also focuses on the alleviation of mental health stigma and the implementation of the recovery model when working with Veterans and the interdisciplinary team.

**Jessica Chen, PhD** is an Assistant Professor in Psychiatry and Behavioral Sciences and a Core Investigator at the VA HSR&D Seattle-Denver Center of Innovation. Dr. Chen received her PhD in Clinical Psychology from the University of Washington in 2016. She completed her internship training at VA Puget Sound, Seattle Division followed by a fellowship in health services research. During her fellowship, she provided clinical care in Primary Care Mental Health Integration (PC-MHI). She is licensed in Washington State. Her research focuses on patient engagement, health equity, and treatment for chronic pain and co-occurring mental health and substance use disorders. Dr. Chen’s current research projects assess population health outcomes and equitable receipt of healthcare in the areas of telehealth for chronic pain, medications for opioid use disorder, and interventions for unhealthy alcohol use. She also conducts quality improvement and implementation-focused work in collaboration with VA leadership to improve the equity of VA healthcare.

**Eric Clausell, Ph.D.,** is a Clinical Psychologist and Director of the Couples and Family Program. He also splits time on the Mental Health Clinic and Tele-BHIP teams. Dr. Clausell comes to Seattle VA directly from the Outpatient Mental Health Clinic team at American Lake where he worked to expand access to couples and family services since 2012. He completed his doctoral training at the University of Illinois at Urbana-Champaign where his graduate research focused on the impact of early attachment bonds on coming out experiences and relationship satisfaction with same-sex couples. His graduate research was featured in a Special Section: Sexual Orientation Across the Lifespan in the journal Developmental Psychology. Dr. Clausell completed his internship at the Palo Alto VA and Postdoc residency at Stanford Medical School’s Department of Psychiatry where he specialized in couples therapy.  Clinically a generalist trained in a range of cognitive behavioral EBPs, Dr. Clausell has always been drawn to untangling the complexity of romantic relationships. He currently serves as National Consultant/Trainer for the Integrative Behavioral Couples Therapy (IBCT) rollout and recently collaborated with the National Family Services team to create new training videos for the VA’s IBCT National Training Program.

**Anja Cotton, PsyD** is a psychologist on **the OTP** in the **Addiction Treatment Center (ATC).** She received her PsyD in Clinical Psychology from Pacific University in 2000. She completed her internship at the VA Hudson Valley Health Care System, NY followed by the CESATE Postdoctoral Fellowship in substance abuse treatment at the Seattle VA.   She is licensed in the state of Washington and is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington.  Dr. Cotton has VA national certification to provide CPT and PE treatments and has had training in a wide range of psychotherapy interventions including Strength at Home and MDMA Assisted Therapy for PTSD. She has special interest in psychedelic assisted treatment, systems, quality improvement, program development, and clinician work/life balance and self-care.

**Jennifer DelVentura, PhD, ABPP** is a clinical health psychologist in the **Pain Clinic.** Shecompleted her doctoral degree at the University of Tulsa in Oklahoma in 2014.  She worked in the Psychophysiology Laboratory for Affective Neuroscience under the direction of Dr. Jamie Rhudy, PhD studying pain and nociceptive processing in healthy and chronic pain populations.   She completed her doctoral internship at the University of North Carolina at Chapel Hill, School of Medicine (2013-2014) in the behavioral medicine track and completed her postdoctoral residency at the Atlanta VA Health Care System (2014-2015) with an emphasis in health psychology and women’s wellness.  She worked at the Atlanta VAHCS as a clinical health/pain psychologist from 2015-2019 before taking her current position in the pain clinic at the VA Puget Sound HCS in 2019.  Dr. DelVentura is licensed in Georgia and Washington.  She is also board-certified in Clinical Health Psychology (ABPP) and is a fellow of the American Academy of Clinical Health Psychology (AACHP).   Dr. DelVentura’s clinical and research interests involve improving access and quality of care for women veterans with chronic pain, and program evaluation and quality improvement of integrative pain treatment programs.

**Tory Durham, PhD** is a clinical psychologist serving as the **PTSD-SUD Specialist** for the Seattle Division of the VA Puget Sound. In this role, she facilitates integrative care groups and provides individual therapy in both the PTSD Outpatient Clinic and the Addiction Treatment Center for veterans with co-occurring PTSD and substance use disorders. She also acts as a liaison between these two clinics. Dr. Durham received her PhD in Clinical Psychology from the University of Toledo in 2017. She completed her internship training at the Puget Sound VA, American Lake Division, and her two-year postdoctoral fellowship in the Center of Excellence for Substance Abuse Treatment and Education (CESATE) at the Puget Sound VA, Seattle Division. She is currently licensed in Washington state. Dr. Durham will be a VA national consultant for Cognitive Processing Therapy (CPT) by August 2023 and is currently a VA certified in CPT and Prolonged Exposure (PE) for PTSD. She is also trained to provide Concurrent Treatment for PTSD and SUD using PE (COPE); Exposure, Relaxation, and Rescripting Therapy for Military Veterans (ERRT-M) and a wide range of interventions for substance use disorders. She is committed to reducing stigma in mental health care and working with underserved populations.

**Mark Engstrom, PhD** is a psychologist in the **Mental Health Clinic** and is aClinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He completed his PhD in Clinical Psychology from the University of Illinois at Chicago in 2008, his internship at the Seattle VA in 2008, and his Postdoctoral Fellowship in Rehabilitation Psychology at the University of Washington in 2009. Early professional interests included community psychology, qualitative research, adjustment to disability, and the phenomenology of hope and posttraumatic growth in marginalized populations. Currently Dr. Engstrom has interests in the delivery of evidence-based treatments for PTSD, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Adaptive Disclosure. He is also interested in transdiagnostic and integrative assessment and treatment approaches for heterogeneous outpatient populations. Additionally, Dr. Engstrom is a member of the Seattle VA’s recently established Comprehensive DBT program and co-facilitates two DBT Skills groups. He also has several years of VA experience providing individual and group psychotherapy via Telemental health, including PE, CPT, and CBT. Dr. Engstrom is nationally certified within VA as a provider for CPT, PE, and individual and group-based CBT. Dr. Engstrom is licensed in the state of Washington.

**Sergio Flores, PsyD** is a psychologist on the **Opioid Treatment Program** team in the **Addiction Treatment Center (ATC)**. Dr. Flores received his PsyD in Clinical Psychology from the PGSP-Stanford PsyD Consortium in 2014 and completed his internship at the VA Eastern Colorado Health Care System. He completed his postdoctoral fellowship in HIV/Liver Disease at the Seattle VA. Dr. Flores is licensed in the state of Washington. His early professional interests included research and clinical work in issues related to co-occurring PTSD and HIV/AIDS through a NIMH-funded clinical trial at Stanford University. Currently, he has a particular interest in addressing substance abuse issues in medically complex patients with co-occurring Hepatitis C and HIV. His theoretical orientation is informed by evidence-based treatments and primarily draws from Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing techniques.

**Natalia Garcia Gonzalez, PhD** is a clinical psychologist on the **PTSD Outpatient Clinic (POC).**She received her doctorate in Clinical Psychology from the University of Washington and completed her internship at the University of Washington – School of Medicine. She completed an advanced MIRECC fellowship at VA Puget Sound – Seattle, where her seed-funded research focused on developing and evaluating a novel podcast intervention for women MST survivors. She is licensed in the state of Washington. She has extensive clinical training in delivering evidence-based treatments for PTSD, such as Prolonged Exposure and Cognitive Processing Therapy. She is also trained in Dialectical Behavior Therapy and is a member of the Seattle VA’s Comprehensive DBT Program and a national consultant in the SP2.0 DBT roll-out. She also has special interests in working with women Veterans, MST survivors, and bereaved Veterans. She regularly co-facilitates Women Veteran Voices and Coping with Grief psychotherapy groups in outpatient mental health. She is an active member of various DEI workgroups and seeks to promote the delivery of culturally responsive and anti-racist healthcare. She serves as a DEI consultant on a clinical trial funded by the Department of Justice Office on Violence Against Women and has published and given numerous local, national, and international presentations on DEI-related topics, including ethical models for addressing racism in psychotherapy and cultural considerations for conducting trauma-focused treatment with Latinx patients.

**Lisa Glynn, PhD (she/her)** is a psychologist in the **Pain Clinic**. She received her PhD in Clinical Psychology from the University of New Mexico in 2013, under the mentorship of Dr. Theresa Moyers. She completed her internship at VA Palo Alto in 2013, followed by her postdoctoral training at Seattle VA’s Center of Excellence in Substance Abuse Treatment and Education (CESATE) in 2014. She is licensed in Washington. Dr. Glynn serves as the Program Manager of Pain Psychology for Seattle and American Lake. Previously, she co-developed the TelePain program, which expanded from VA Puget Sound to the rest of the Northwest region in 2018 and is now being used as the model for VA TelePain nationally. Her clinical work includes providing direct service to veterans with chronic pain and opioid-safety concerns. Dr. Glynn applies a client-centered approach to evidence-based motivational, behavioral, cognitive–behavioral, and mindfulness-based interventions. She also serves as the track lead for the Seattle VA Behavioral Medicine & Pain Psychology fellowship. Dr. Glynn participates in research, program development, quality improvement, provider training, workgroups and committees, and diversity/equity/inclusion activities. She serves as Co-PI of IMPROVE, a research trial of evidence-based group psychotherapies for chronic pain. Previously, her research has focused upon the process of Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) for substance use disorders and other health behaviors. She is a member of the Motivational Interviewing Network of Trainers, and also provides training and consultation to VA clinicians as a national lead trainer and subject-matter expert for the VA National MI/MET Training Program.

**Melanie Harned, PhD, ABPP** is a psychologist in the **Mental Health Clinic** and the **Coordinator of the Dialectical Behavior Therapy (DBT) program**. She is an Associate Professor in the Department of Psychiatry and Behavioral Sciences and an Adjunct Associate Professor in the Department of Psychology at the University of Washington. She is licensed in Washington state. She received her PhD in Clinical Psychology from the University of Illinois at Urbana-Champaign in 2002 and completed her psychology internship at McLean Hospital/Harvard Medical School. From 2004-2018, she worked at Dr. Marsha Linehan’s research clinic at the University of Washington first as a postdoctoral fellow and subsequently as the Director of Research.  She is the developer of the DBT Prolonged Exposure (DBT PE) protocol for PTSD and has received multiple NIMH and VA grants to evaluate this treatment in high-risk and multi-diagnostic patients. She has also received multiple NIH grants to develop and evaluate technology-based methods for disseminating and implementing evidence-based treatments into clinical practice. She is a certified DBT clinician, certified PE clinician and supervisor, and is ABPP certified in Cognitive and Behavioral Psychology. She regularly provides training and consultation nationally and internationally in DBT and DBT PE.

**Eric Hawkins, PhD** is Associate Director of the **Center of Excellence in Substance Addiction Treatment and Education (CESATE)** and an investigator in both the CESATE and the Denver-Seattle Center of Innovation for Veteran-Centered and Value-Driven Care.   He is also co-Director of the recently funded Patient Safety Center of Inquiry (PSCI) at the VA Puget Sound Health Care System, a center focused on implementing a stepped-care approach to support primary care providers in identifying patients at high-risk for opioid-related adverse outcomes, monitoring patient outcomes and offering evidence-based pharmacotherapies to reduce overdose risk and treat opioid use disorders.  He holds the rank of Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington.  He received his PhD in Clinical Psychology from Brigham Young University in 2004, under the mentorship of Dr. Michael Lambert, and completed his internship at the Seattle VA.  His postdoctoral training includes fellowships in the Interprofessional Treatment of Substance Abuse (CESATE) and Health Services Research.  He is licensed in Washington State.  His primary research responsibilities and interests include evaluating and improving behavioral health and substance use outcomes of patients with substance use conditions, including improving access to pharmacotherapies for the treatment of opioid use disorder.   Ongoing research interests include prevention of substance use disorders and development of a collaborative care management intervention for patients with complex, recurrent substance use disorders and high utilization of hospital services.  Current projects include evaluating the VA national implementation of the Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) initiative; implementing a stepped-care approach, based on the Chronic Care Model, to support primary care providers in identifying patients at high-risk for opioid-related adverse outcomes and offering evidence-based pharmacotherapies to reduce overdose risk and treat opioid use disorder;  implementing collaborative care management approaches for treating veterans with complex and chronic substance use disorders; estimating the relative risks of serious adverse events among veterans with PTSD who are prescribed opioids and benzodiazepines concurrently; and using technology to assess the recognition and management of alcohol misuse among OEF/OIF/OND veterans.

**Ryan Henderson, PhD** is a psychologist in the **Pain Service** and clinical director of the Opioid Safety Program, which specializes in providing care to chronic pain patients with co-occurring SPMI and/or SUD. After completing his internship at the Salt Lake City VA, he received his PhD in Counseling Psychology from the University of Utah in 2010. Dr. Henderson then completed a postdoctoral fellowship at the Seattle VA in the Center of Excellence in Substance Abuse Treatment and Education (CESATE). He subsequently joined the pain service in 2012 and is currently licensed in the state of Washington. His research and clinical interests are primarily focused in the areas of assessment and treatment of chronic pain and addiction. Dr. Henderson utilizes an integrative approach to treatment drawing heavily from interpersonal, cognitive-behavioral, and motivational enhancement approaches. Dr. Henderson has also been certified by the VA in evidence based cognitive behavioral therapy for chronic pain and provides this treatment in both individual and group treatment settings.

**Katherine Hoerster, PhD, MPH** is a psychologist in the **PTSD Outpatient Clinic,** an investigator with the VA HSR&D Center of Innovation for Veteran-Centered and Value-Driven Care, and Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Hoerster received her PhD in Clinical Psychology from the San Diego State University/University of California, San Diego Joint Doctoral Program. She received her master’s degree in public health from San Diego State University. She is licensed in Washington State. Dr. Hoerster’s research examines the influence of socio-cultural and environmental factors on health, health behavior, and access to care, particularly in the context of psychiatric illness. Her HSR&D-funded Career Development Award (CDA) focuses on studying MOVE! +UP, a weight loss intervention she developed to address disproportionate cardio-metabolic disease risk factors among veterans with PTSD.

**Carl Kantner, PhD** is a psychologist in the **Addiction Treatment Center** and Program Manager for the **Co-occurring Recovery (CORE) Program.** He received his master’s degree in religious studies and PhD in clinical psychology from Boston University. Dr. Kantner completed clinical training at the Brockton VA Medical Center’s homeless domiciliary and Boston University’s Center for Anxiety & Related Disorders (CARD) and Danielsen Institute. He completed internship in the Boston Consortium in Clinical Psychology at the VA Boston Healthcare System and postdoctoral training in the Seattle Division of VA Puget Sound Healthcare System CESATE program. Dr. Kantner’s interests include mindfulness-based interventions; expanding substance use and co-occurring disorder treatment; integration of religion and spirituality in psychotherapy, and the role of implicit cognitive processes in health behaviors. Dr. Kantner has completed training in diverse psychotherapy interventions including CPT, CBT-I, Strength at Home, VA CALM, MBRP and contingency management.

**Andrea Katz, PhD** is a psychologist in the **Pain Clinic**, working with the new **Mental Health Integration – Pain Clinic (MHI-P)** team to improve access to mental health care to Veterans in the Pain Clinic. Dr. Katz completed her doctorate in Clinical Psychology at the University of Illinois at Chicago in 2017, under the mentorship of Dr. Stewart Shankman. She completed her clinical internship and Specialty Medicine Psychology fellowship at VA Puget Sound, Seattle Division and has been on staff in the Pain Clinic since 2018. Her clinical interests focus on the interplay between mental and physical health conditions. Dr. Katz is licensed in the state of Washington and uses a biopsychosocial framework to provide evidence-based, patient-centered care to Veterans with chronic pain and related behavioral health concerns. She is a VA-certified provider of CBT for Chronic Pain and CBT for Insomnia. She serves on the Behavioral Medicine and Pain Psychology Fellowship Selection Committee and the Pain Clinic Employee Wellness and Engagement Committee. She also has an interest in quality improvement efforts and works on two projects within the Pain Clinic.

**Elizabeth Konichek, PhD,** is a psychologist in the **Co-Occurring Recovery (CORE) program** in the Addiction **Treatment Center**. She earned her doctorate at Palo Alto University in California in 2018. She completed her internship training at the Sheridan, Wyoming VA and enrolled in a fellowship program with an SMI emphasis before being hired in a staff position in Albuquerque, New Mexico. Elizabeth worked in both PRRC and Inpatient Mental Health Services in Albuquerque before moving to Seattle to work her current position in the CORE program. She is licensed in both New Mexico and the state of Washington. Her clinical interests include treatment of SMI populations, treatment of co-occurring disorders, and reduction of stigma in mental health treatment.

**Randi Lincoln, PhD, ABPP** (RP)is a psychologist in the **Spinal Cord Injury Service** (SCIS).  She received her PhD in Clinical and Health Psychology, with a concentration in neuropsychology, at the University of Florida in 1999.  She completed a Geriatric Research and Education Clinical Center (GRECC)/neuropsychology internship in 1998 and a GRECC/neuropsychology postdoctoral fellowship in 2000 at the VA Medical Center in Gainesville, FL. She provides clinical care and administrative program development in the SCI/D Program, with interests in posttraumatic growth and resiliency after injury, geropsychology, disability as diversity, sexual health, adaptation of evidence-based treatment and neuropsychological assessment to the disabled population, and chronic pain management in the rehabilitation setting. She is currently involved in research related to sexual health after spinal cord injury. She is a VA certified provider of CPT. Dr. Lincoln currently serves as Treasurer of the Academy of Rehabilitation Psychology, is a practice sample exam reviewer for the American Board of Rehabilitation Psychology and is an APA site visitor. She is past Chair of the VA Puget Sound Psychology Professional Standards Board and past Acting Chair of the VA Puget Sound Psychology Credentialing and Privileging Committee.  She is a Clinical Assistant Professor in the Department of Rehabilitation Medicine at the University of Washington and is licensed as a psychologist in Washington.

**Jane Luterek, PhD** is a psychologist in the **PTSD Outpatient Clinic** and a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She is licensed in Washington State. She received her PhD in Clinical Psychology from Temple University in 2005, under the mentorship of Dr. Rick Heimberg. She completed her internship training and served as a research fellow in the Mental Illness Research, Education, and Clinical Center (MIRECC) at the Seattle VA. She is a VA National Consultant for Prolonged Exposure and Acceptance and Commitment Therapy and is also a VA certified provider for Cognitive Processing Therapy. She has special interest in the care of women Veterans and serves as the Women’s PTSD Outpatient Clinic Lead, attending to women’s programming for the clinic. Her clinical interests involve using acceptance- and mindfulness-based psychotherapy (e.g., Acceptance and Commitment Therapy, Dialectical Behavior Therapy) as well as evidence-based practices for treating Veterans with PTSD and comorbid conditions.

**James Madole, PhD** is a graduate psychologist in the **Acute Inpatient Psychiatry (7West)** unit. He completed his BA in Philosophy at New York University and a post-baccalaureate certificate in Psychology at the University of California, Berkeley. He received his PhD in Clinical Psychology from the University of Texas at Austin in 2023, after completing his internship at the VA Puget Sound, Seattle Division. Dr. Madole’s primary clinical interests are in the treatment of substance use disorders in individuals with medical and psychiatric comorbidities. He has received training in CBT for mood and anxiety disorders, DBT for emotion dysregulation and suicidal behavior, and rapid diagnostic and risk assessment in individuals with serious mental illness (SMI). Dr. Madole is also passionate about clinical education and the dissemination of psychotherapeutic skills to diverse healthcare professionals.

**Mary Jean Mariano, PhD** is a psychologist in the **Women's Health Clinic and** a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, She is licensed as a psychologist in Washington. She received her PhD in Clinical Psychology from the University of New Mexico in 1988.  She completed her internship at the Seattle VA in 1984 and remained as a Health Services Research Fellow (1984-86) and worked as a Research Scientist at the UW before joining the VA staff in 1990. Dr. Mariano has wide-ranging clinical experience, with past work in programs focusing on head injury rehabilitation, chronic pain, chronic mental illness, and trauma in women veterans. Her practice has focused primarily on women for many years, and she serves as the Seattle PCMHI representative on the Puget Sound VA’s Women’s Mental Health Consultation group and has membership on the VAPSHCS Women Veterans Committee. She has served on a national VA expert panel on Primary Care MH Integration services for women veterans and continues to work with national leaders to develop programming and training in service of addressing the unique needs of women veterans in Primary Care MH Integration. Dr. Mariano has special interest in biopsychosocial models of health and illness, currently conceptualized in VA under the auspices of Whole Health and integrated care, including the connection of trauma exposure to chronic pain and other physical symptoms, and in the social and health systems factors which foster and mitigate illness behavior and somatoform disorders. Dr. Mariano has a special interest in the care of gender non-conforming veterans, serves as a consultant to mental health providers regarding gender diversity issues, and is a member of the Puget Sound VA LGBT Consultation Workgroup.  In addition, Dr. Mariano is enthusiastic about group and individual psychotherapy based on an integration of theoretical models and incorporating evidence-informed care that recognizes the power of relationship factors in the therapeutic process. She is currently completing training in Interpersonal Therapy for Reproductive Mental Health.

**Steve McCutcheon, PhD** is the **Director of Internship and Postdoctoral Training.** He received his PhD in Clinical Psychology from the University of Washington, under the mentorship of Dr. Marsha Linehan. He completed his internship at the Seattle VA in 1982, and subsequently remained for a two-year fellowship in Health Services Research. He is licensed to practice in Washington and holds the rank of Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. Dr. McCutcheon’s primary interests are in professional education program development and educational policy. In recognition of his education efforts, Dr. McCutcheon has received national numerous awards, including the 2020 APA Award for Distinguished Career Contributions to Education and Training in Psychology. Dr. McCutcheon is also active in governance of national professional organizations. Most notably, he served as Chair of the APPIC Board of Directors, as Chair of CCTC (Council of Chairs of Training Councils), as Chair of the VA Psychology Training Council (VAPTC), and as Chair of the APA Commission on Accreditation (CoA). He recently completed two terms as Associate Editor of APA’s *Training and Education in Professional Psychology*.

**Yoanna McDowell, PhD** is a staff psychologist in the Assessment, Consultation, Connection, Engagement and Stabilization Services (ACCESS) team in the **Addiction Treatment Center (ATC)** and data analyst for the **Centers of Excellence in Substance Addiction Treatment and Education (CESATE)**. Dr. McDowell received her degree in clinical psychology with a minor in statistics from the University of Missouri-Columbia. She completed her internship and one-year CESATE postdoctoral fellowship at VA Puget Sound, Seattle. Her primary clinical responsibilities are in the substance use disorder intensive outpatient program (SUD-IOP) where she serves as a group facilitator and care coordinator. Dr. McDowell also provides comprehensive substance use disorder assessments, time-limited individual therapy, and recently started a quality improvement project to evaluate a mindfulness-based recovery group that uses Buddhist principles. She has interests in trauma-focused and mindfulness-based EBPs and training in CBT modalities and DBT. In her research, Dr. McDowell utilizes advanced statistical approaches (e.g., SEM, machine learning) to better understand substance use and treatment patterns. She currently serves as a data analyst on a NIDA-funded project examining the impact of the cannabis reform laws on cannabis use disorder prevalence and related health outcomes. Dr. McDowell is also helping to develop a racial trauma group in the ATC.

**Megan Miller, PhD** is a psychologist in the **Rehabilitation Care Services.** Dr. Miller received a dual degree in Clinical and Health Psychology at the University of Pittsburgh in 2018. She completed her internship and two-year fellowship in Rehabilitation Psychology at VA Puget Sound, Seattle Division. She is a licensed psychologist in the state of Washington. Her clinical interests center on the intersection of behavioral health, cognitive assessment, and physical rehabilitation. Her clinical work focuses on the Whole Health perspective as it pertains to those coping with functional changes related to ALS, MS, stroke, Parkinson’s disease, TBI and other chronic medical problems. Her clinical approach blends several interventions (CBT, ACT, IPT) along with neuropsychological assessment to inform treatment approaches and interdisciplinary team interactions. Dr. Miller also has interests in program development and research in sleep improvement in both inpatient and outpatient settings.

**Hallie Nuzum, PhD** is a clinical psychologist in Geriatrics and Extended Care – splitting her time between the **Community Living Center (CLC)** and **Hospice & Palliative Care (HPC)** teams. She completed her PhD in Clinical Psychology at the University of Notre Dame and is licensed in Washington state. Dr. Nuzum completed her internship with an emphasis in Geropsychology at the West Los Angeles VAMC in 2019, and postdoctoral fellowship also with an emphasis in Geropsychology at the VA Palo Alto HCS in 2020. Dr. Nuzum’s clinical interests include adapting empirically supported treatments to promote functioning and quality of life for older Veterans, particularly in the context of chronic and/or life-limiting medical illness, cognitive decline, and disability. In addition, she is certified as a REACH VA provider specializing in dementia caregiver support.

**Kaitlin Ohde, PhD** is a clinical health psychologist in **Transplant Psychology / Bone Marrow Transplant Unit.** Her primary clinical interests and expertise include behavioral medicine, resiliency, oncology, medical illness, chronic pain, and consultation. Her previous positions include Primary Care – Mental Health Integration (PCMHI) and the Women’s Clinic at the Seattle VA, where she served as the section group psychotherapy coordinator for PCMHI and was involved in several quality improvement projects aimed at improving Veteran access to care. Dr. Ohde earned her PhD in Counseling Psychology at the University of Northern Colorado in 2020. She completed her internship at the Salt Lake City VA Health Care System (2019-2020) and a post-doctoral fellowship in behavioral medicine and specialty pain clinic at the VA Puget Sound, Seattle Division (2020-2021). She is a licensed psychologist in the state of Washington. Dr. Ohde’s treatment approach focuses on acceptance based (ACT) and cognitive behavioral approaches to promote behavior change and resilience in patients managing cancer diagnoses and chronic health conditions. She has VA national certification to provide Cognitive Processing Therapy (CPT) and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP).

**Andy Paves, PhD** is a psychologist in Primary Care Mental Health Integration (PCMHI). He completed his doctoral degree in Clinical Psychology from the University of Washington in 2016, under the mentorship of Dr. Mary Larimer. He completed his internship at the Southwest Consortium in Albuquerque, New Mexico (VA New Mexico Health Care System and Albuquerque Indian Health Service). Following this, he completed a postdoctoral fellowship in Integrated Care at the Honolulu VA. Prior to joining the staff at the Seattle VA, he was Psychologist in PCMHI at the Bremerton Community-based Outpatient Clinic. Dr. Paves is licensed in the state of Washington. He has had advanced training in behavioral medicine, Motivational Interviewing, Behavioral Activation, Mindfulness-based interventions, and Functional Analytic Psychotherapy (FAP). He is a VA certified provider in CBT for Insomnia (CBT-I) and Cognitive Processing Therapy and has also completed VA training and consultation in Prolonged Exposure for Primary Care, and CBT for chronic pain. He has general interests in improving access to care and providing culturally relevant, evidence-based treatment to underserved populations. He previously served on the Executive Committees for the Asian American Psychological Association (AAPA) and its Division on Filipino Americans. He also co-facilitates a bi-monthly open forum for mental health staff to discuss issues related to diversity.

**David Pressman, PhD** is the **Team Leader** of the **PTSD Outpatient Clinic (POC).** He received his BA in Psychology from Brown University and his PhD in Clinical Psychology from Columbia University-Teachers College in 2007. He his internship at Montefiore Medical Center in the Bronx.  Prior to arriving at the VA, Dr. Pressman worked at Madigan Army Medical Center on Joint Base Lewis-McChord. Dr. Pressman previously served at the PTSD-SUD Specialist for the Seattle Division of VA Puget Sound and currently serves as the chairperson of the Coordinated Care Review Board for VA Puget Sound. He is a licensed psychologist in the State of Washington.

**Greg Reger, PhD** is the **Deputy Associate Chief of Staff for Mental Health**, at VA Puget Sound, and a Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He received his PhD in Clinical Psychology from Fuller Theological Seminary in 2004 and completed his psychology internship at Walter Reed Army Medical Center. He is an Army Veteran and deployed to Iraq in support of Operation Iraqi Freedom in 2005 where he served in the 98th Combat Stress Control Detachment. Dr. Reger spent five years as a civilian with the Department of Defense leading teams in the design and evaluation of technology to support psychological health. His research is focused on the development and evaluation of virtual reality, mobile applications, virtual standardized patients, and other innovative technologies for psychological purposes. Dr. Reger led the VA/DoD team that designed the original PE Coach mobile application, and he is funded to conduct an RCT to evaluate the impact of the application on clinically relevant outcomes during prolonged exposure for PTSD. His team is also funded to design and evaluate a virtual standardized patient to train suicide safety planning.

**Mark Reger, PhD, ABPP** is the **Chief of Psychology** and a Professor in the Department of Psychiatry & Behavioral Sciences at the University of Washington.  He completed his doctorate in clinical psychology at the Rosemead School of Psychology, his internship at the American Lake campus of VA Puget Sound, and a three-year NIH NRSA postdoctoral fellowship at the VA Puget Sound and the University of Washington School of Medicine. Dr. Reger’s clinical work is focused on psychiatric inpatient treatment. Dr. Reger’s research centers on military and veteran suicide prevention. He has several lines of research in which he is working to develop and test novel suicide prevention interventions. He also conducts epidemiological research on military and veteran suicide.  He is on a leadership team that recently tested and implemented a predictive model for suicide prevention across the VA nationally (REACH VET).  Dr. Reger works to translate science into national suicide prevention policy and best practices, and therefore, frequently contributes to clinical practice guidelines, national workgroups, and other policy initiatives. He enjoys working with trainees to examine health disparities in suicide prevention. Prior to taking his current position, he spent 10 years in the Department of Defense where he led the development and implementation of the DoD’s suicide surveillance system. Dr. Reger has served as the principal investigator for multiple large federally funded studies. He has extensive experience conducting clinical trials and has authored manuscripts on topics including military suicide, diversity, telepsychology, and ethics.

**Luis Richter, PsyD, ABPP (CHP)** is a Clinical Health Psychologist in **Home Based Primary Care** (HBPC).  He received his PsyD from the Virginia Consortium in 2008.  He completed internship with the Denver Health Medical Center in 2008, and a psycho-oncology postdoctoral fellowship with the Rocky Mountain Cancer Centers in 2009.  He worked at the San Antonio VA in Primary Care Mental Health Integration (PCMHI) for four years prior to transferring to VA Puget Sound, Seattle in 2014.  He provides clinical and consultation services with the HBPC team in Seattle, with interests in shared medical appointments (SMAs), Geropsychology, weight management, addressing medical non-adherence, and the overlay of behavioral and existential psychotherapies.   He currently sits on the national board (ABPP) of health psychology and serves as the national exam coordinator.

**Tracy Simpson, PhD** is a Clinician Investigator in the **Center of Excellence in Substance Abuse Treatment and Education (CESATE).** She assumed directorship of the Seattle Mental Illness Research, Education and Clinical Center (MIRECC) fellowship program in the fall of 2008 and has been a member of the VA Puget Sound R&D Committee since 2013.  She received her PhD in Clinical Psychology from the University of New Mexico in 1999, under the mentorship of Dr. William Miller.  She completed her internship at the University of Washington in 1998 and completed a postdoctoral fellowship under the mentorship of Dr. Alan Marlatt at the University of Washington in 2000. She is a Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington and is licensed in the State of Washington. Dr. Simpson’s current primary responsibilities are conducting research and mentoring; additionally, she devotes half a day a week to clinical work providing treatment for women veterans through the Addiction Treatment Center’s General Team and the PTSD Outpatient Clinic. She currently has grants from VA HSR&D (an RCT evaluating Mindfulness-based Stress Reduction and Health Education for multisymptomatic illness and a longitudinal study of LGBT and heterosexual Veterans’ health risk behaviors and treatment receipt) and VA RR&D (an RCT evaluating MBSR, a comprehensive behavioral pain intervention, and treatment as usual for Veterans with chronic pain). Two of the studies were developed in collaboration with Dr. David Kearney who has since retired from VA, and the third was developed in collaboration with Dr. Keren Lehavot who has also left VA. She has datasets from several RCTs pertaining to behavioral interventions for individuals with comorbid PTSD and an alcohol use disorder (or AUD without PTSD) and those data are available for secondary analyses. Dr. Simpson is currently particularly interested in better understanding patterns of treatment receipt for Veterans and civilians with substance use disorders, including what patient characteristics predict who gets SUD care in what types of settings and via what sort of delivery platforms. In addition, Dr. Simpson is an active contributor to both Veteran-facing and Clinician-facing educational materials pertaining to the continuum of alcohol and drug involvement.

**M. Jan Tackett, PhD, ABPP** is a psychologist in the **Spinal Cord Injury Service (SCIS).** He received his PhD in Counseling Psychology from the University of Denver in 1998, after completing his internship at the Seattle VA in 1997.  He provides assessment, rehabilitation, education, and counseling for inpatient and outpatients with spinal cord injuries. Dr. Tackett is a Clinical Assistant Professor in the Department of Rehabilitation Medicine at the University of Washington. His interests include co-morbid SCI/TBI, suicide prevention, clinical supervision, psychology specialization and advanced training as well as ethical decision-making. He is licensed in the State of Washington and provides ethics consultations as a member of the VA Puget Sound Ethics Consultation Service. He is currently President of the American Board of Rehabilitation Psychology and Secretary/Treasurer of the Council of Rehabilitation Psychology Postdoctoral Training Programs and serves on the Board of the Academy of Rehabilitation Psychology as well as the Council of Rehabilitation Psychology. He has received the APA Division 22 Mentoring Award.

**Emily Trittschuh, PhD,** is the **Acting Associate Director of Education and Evaluation** (ADEE) and aClinical Neuropsychologistwith the **Geriatrics Research, Education, and Clinical Center** (GRECC), a Center for Excellence at the VA Puget Sound Health Care System. She is an Associate Professor with the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Trittschuh completed her PhD in Clinical Psychology at Northwestern University after her internship at Brown University. She completed a two-year T32 postdoctoral fellowship in neurobehavior and structural/functional MRI at Northwestern University. Dr. Trittschuh’s primary clinical interest is the early diagnosis of neurodegenerative disease. Her research has focused on the prevalence/incidence of Mild Cognitive Impairment and dementia in aging, as well as GWAS studies of AD phenotypes to better understand resilience and other factors which might be related to disease genesis and potential treatments. She leads GRECC Clinical Demonstration projects focused on Healthy Brain Aging, Telehealth Neuropsychology Services, and Memory Skills training with older veterans with PTSD. Supervision and mentorship are special foci; she mentors trainees across disciplines and at different stages of career development. In addition, she provides Veteran and community education on a regular basis. She is a member of numerous national, regional, and local committees, including the VA National Geriatric Scholar, GRECC Connect, and Rural Interprofessional Team Training Programs, the UW/VA Academic Affairs Committee, the Society for Clinical Neuropsychology’s Education Advisory Committee (term ends August 2021), foundation steering member of the Queer Neuropsychological Society (QNS), and the UW Dept of Psychiatry’s Diversity, Equity, and Inclusion Committee, the Curriculum Review Committee, and the Departmental Promotions Committee. For the 2021/22 training year, she will be the Past President of the Pacific Northwest Neuropsychological Society. She is a licensed psychologist in the states of Illinois and Washington.

**Aaron Turner, PhD, ABPP** (RP) is **Director of Rehabilitation Psychology** in the **Rehabilitation Care Service.** He received his PhD in Clinical Psychology from the University of Washington in 2001, after completing his internship at the University of Washington Department of Psychiatry and Behavioral Sciences. He is licensed in Washington and is a Professor in the Department of Rehabilitation Medicine at the University of Washington.  Dr. Turner serves as the Associate Director of Research for the VA Multiple Sclerosis Center of Excellence, is an affiliate investigator in the Center of Excellence in Substance Abuse Treatment and Education (CESATE), and the VA Center for Limb Loss and MoBility (CLimB).  He is the Rehabilitation track lead for the fellowship program and serves as the attending psychologist of the Inpatient Rehabilitation Program.  Current and recent VA Merit Review research programs include RCTs of a group-based self-management program to improve physical and psychosocial health following limb loss (PI) and MS (Site PI), an NIH-funded RCT comparing three group-based treatments for chronic pain in veterans (hypnosis, meditation, and self-management) (Co-I), three studies examining longitudinal outcomes following amputation (co-I), and a study examining shared decision making for amputation (co-I) and a VA Merit Review examining functional outcomes following COVID (Co-PI).  He is also the PI of a National MS Society Postdoctoral Training Grant in Rehabilitation Research.   He serves as the research point of contact and has ongoing involvement in data analysis using the VA Multiple Sclerosis National Data Repository to examine health behavior and psychosocial outcomes. Additional clinical and research interests include depression, exercise, medication adherence, pain and health behaviors in rehabilitation populations. Dr. Turner is a fellow of APA Division 22 and the recipient of the Early Career Practice as well as Rosenthal Early Career Research Awards from APA Division 22 (Rehabilitation Psychology), and the Outstanding Researcher Award from APA Division 18 (Psychologists in Public Service).  He is available to supervise research and has several datasets available for secondary analyses.

**Rhonda Williams, PhD, ABPP** (RP)is a psychologist in the **Rehabilitation Care Service** and **Center for Polytrauma Care**. Dr. Williams is a Professor in the Department of Rehabilitation Medicine at the University of Washington; she is licensed in the State of Washington. She received her PhD in Clinical Psychology from Arizona State University in 1999, after completing her internship with an emphasis in Rehabilitation Psychology at the University of Washington. She subsequently completed a postdoctoral fellowship in Rehabilitation Psychology at Harborview Medical Center in 2000. Dr. Williams earned American Board of Professional Psychology certification in 2009. She provides neuropsychological assessment and individual and group psychotherapy to veterans with a variety of medical conditions and physical injuries, especially traumatic brain injury, PTSD, and pain. Her research interests center around conducting clinical trials of behavioral interventions, such as treatments for chronic pain and cognitive rehabilitation. Dr. Williams devotes equal time to clinical and research activities. She has been a PI or CO-I on over 28 funded projects, including 14 clinical trials. Dr. Williams is currently the Co-PI on an NIH funded study of moderators of treatment response to 3 interventions for chronic pain (i.e., Hypnotic Cognitive Therapy, Mindfulness-Based Cognitive Therapy, and CBT). She is also the Site PI on a DOD study of a novel intervention to improve engagement in treatment among post-911 Veterans with concussions. This intervention, called “ON-TRACC”, combines cognitive rehabilitation and self-management skills, and is being delivered within the context of usual care in the Polytrauma program.

**Samantha Yard, PhD** is **Program Manager of Intensive Outpatient Programs** for Mental Health Service at both Seattle and American Lake campuses. In addition, she provides clinical care and supervision within the **Intensive Outpatient Program** and the **Dialectical Behavior Therapy (DBT) Program**. She also spends a quarter of her time conducting consultation and training in DBT for the National Suicide Prevention 2.0 Initiative. Dr. Yard received her PhD in Clinical Psychology from the University of Washington in 2015 under the mentorship of Dr. Jane Simoni, where she was the recipient of a 5-year NIMH NRSA fellowship. She completed internship and postdoctoral training at VA Puget Sound, Seattle, serving as an Advanced Fellow in PTSD within the Mental Illness Research Education and Clinical Center (MIRECC) and PTSD Outpatient Clinic. Dr. Yard is licensed in Washington State and has particular expertise in empirically supported behavioral therapies including DBT, Prolonged Exposure, ACT, and Functional Analytic Psychotherapy. Her other interests include training and program implementation.

**Evan Zahniser, PhD, ABPP** is a neuropsychologist on the **Mental Health Neuropsychology Service**. He earned his doctorate in clinical psychology from Loyola University in Chicago, IL and completed his clinical internship at the West Los Angeles VA Medical Center (Geropsychology track). He went on to complete a postdoctoral fellowship in clinical neuropsychology at the VA Puget Sound Healthcare System, American Lake Division. In addition to providing generalist neuropsychological services for patients referred from across VA Puget Sound, Dr. Zahniser is a consultant member of the Geriatric Mental Health team, an interdisciplinary group of providers offering specialty services for older adult patients in Outpatient Mental Health. Primary professional interests include cognitive aging, dementia and neurodegenerative disease, positive neuropsychology, streamlining neuropsychological practice to meet the needs of interdisciplinary medical settings, and enhancing patient outcomes following neuropsychology feedback. Dr. Zahniser is licensed as a psychologist in Washington State and board certified in clinical neuropsychology by the American Board of Professional Psychology (ABPP). His work toward board certification was supported by a scholarship provided jointly by the American Academy of Clinical Neuropsychology (AACN) and Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN).

## Interns – 2023-2024

The program emphasizes creation of a stimulating and collaborative learning community, which includes faculty, interns, and fellows. To provide a sense of the rigor and breadth of our training cohorts, these biographical sketches of current interns are provided.

**Cory Cascalheira** is a doctoral candidate in counseling psychology, with minors in integrated behavioral health and computer science, at **New Mexico State University**. He completed his BA in psychology at the University of Massachusetts, Lowell. His research program has two foci: (1) the examination of stress-based, multilevel determinants and mechanisms conferring risk for LGBTQ+ health disparities (e.g., substance misuse); and (2) the use of computational methods (e.g., artificial intelligence) and big data to understand LGBTQ+ health behaviors and outcomes. He has received numerous awards and grants to fund his work, including a Research Training Initiative for Student Enhancement (RISE) Fellowship (R25) from the NIH. Cory’s dissertation seeks to establish the computational construct validity of psychosocial stressors from the social media data of LGBTQ+ people with machine learning. Clinically, Cory has experience delivering cognitive-behavioral, mindfulness-based, and relational-cultural interventions to patients in college counseling centers, community behavioral health settings, integrated primary care clinics, and VA medical centers. He is most interested in reducing traumatic stress and substance use in marginalized populations using culturally tailored, evidence-based approaches and digital mental health tools. During internship, Cory is eager to enhance his skills in the assessment and treatment of substance use disorders and posttraumatic stress disorder, gain clinical and research experience in the health of LGBTQ+ Veterans, and contribute to innovative intervention research.

**Andrew Devendorf** is a doctoral candidate in Clinical Psychology at the **University of South Florida** working under Dr. Jonathan Rottenberg. He received his BA in Psychology with a minor in Creative Writing from DePaul University, where he also conducted post-baccalaureate research at the Center for Community Research. During graduate school, Andrew completed a one-year predoctoral fellowship on a Health Services Research and Development (HSR&D) grant at the Tampa VA. He has three interconnected research programs that aim to reduce mental illness stigma through: (1) understanding the prevalence and correlates of positive outcomes after psychopathology, such as “thriving”; (2) identifying optimal message framings of mental illness to reduce stigma and improve treatment utilization, care, and retention; and (3) documenting the prevalence and perceptions of psychologists who have a lived experience with psychopathology. Clinically, Andrew has worked across a range of settings with diverse clients at VA and non-VA sites. These experiences include a partial hospitalization/intensive outpatient (PHP/IOP) clinic, a university clinic, and two Tampa VA placements in the Domiciliary Care for Homeless Veterans Program (DCHV) and Memory Disorders/Neuropsychology clinic, respectively. Finally, Andrew is extremely passionate about scientific dissemination and increasing mental health literacy. His research has been featured in outlets like the *New York Times*, and his freelance writing has appeared in outlets like the *HuffPost*, *the Conversation*, *the Mighty*, *Psyche Magazine*, and *APS Observer*. On internship, Andrew is excited to broaden his knowledge of evidence-based psychotherapies for trauma and co-occurring disorders and explore opportunities to engage in ongoing research.

**Samantha Hellberg** is a doctoral candidate in Clinical Psychology at the **University of North Carolina, Chapel Hill** under the mentorship of Drs. Jonathan Abramowitz and Crystal Schiller. She received her BA in Psychology from Wesleyan University and served as the Program Coordinator of the Massachusetts General Hospital Center for Anxiety & Traumatic Stress Disorders. Samantha’s research interests center on using person-centered methods to understand, assess, and treat emotional distress and dysregulation. During her National Science Foundation Fellowship, she completed a Formal Concentration in Quantitative Psychology focused on idiographic and complex systems methods. Through her dissertation she is examining: 1) perinatal stakeholder perspectives on digital mental health tools, and 2) the feasibility of an ecological assessment paradigm for perinatal mental health. This work is funded by the Thomas A. Wadden Award for Training in Behavioral Medicine and the International OCD Foundation. Clinically, Samantha is invested in providing culturally responsive and evidence-based care for emotional and trauma-related disorders, particularly for individuals with complex and high-risk concerns. She has enjoyed working with Veterans at the Durham VA PCMHI program and with perinatal populations through a comprehensive DBT program, outpatient clinic, and inpatient unit. Samantha is thrilled to be taking this next step in her training at the Seattle VA. During internship, she hopes to extend her proficiencies in EBPs for emotion dysregulation and PTSD and gain a breadth of experiences working with interprofessional teams and Veterans with diverse needs. Longer term, she hopes to contribute to dissemination/implementation research, clinical training, and initiatives to improve the health of women and gender diverse Veterans.

**Maulika Kohli** is currently completing her PhD in Clinical Psychology at the **San Diego State University/University of California San Diego Joint Doctoral Program** under the mentorship of Dr. David Moore. She received her BA in Psychology from the University of Minnesota, Twin Cities. Maulika’s research has focused on examining successful aging in people with HIV and utilizing technology in behavioral interventions and cognitive assessments. She was awarded an NRSA Fellowship to support her dissertation project examining whether family history of dementia and APOE e4 status predict neurocognitive trajectories in people with HIV. This research may aid in identifying pre-determined risk factors of neurodegenerative diseases in people with HIV and elucidate why they may be at higher risk of poor neurocognitive outcomes. Clinically, Maulika is passionate about improving cognitive and everyday functioning outcomes in patients with complex illness and acquired disability. She has received specialized training in neuropsychological assessment through varied practica settings including the VA San Diego and UCSD Moores Cancer Center Neuropsychological Assessment Unit in Oncology. Her clinical training has also included evidence-based cognitive rehabilitation treatment among Veterans with an acquired head injury. On internship, she is eager to further her understanding of the cognitive sequelae of co-occurring conditions and focus her training in neurorehabilitation towards improving patient quality of life.

**Julia McDonald** is a doctoral candidate in Clinical Psychology at the **University of South Florida**. She completed her BS in Psychology with a minor in Neuroscience at Texas A&M University. Julia is passionate about using clinical science to help high-risk, high-need, and underserved populations. Her research program has leveraged both basic and applied approaches to 1) understand why people engage in violent, impulsive, and self-destructive behaviors and 2) improve treatment efforts to target these behaviors. Julia was awarded the *APF COGDOP Graduate Research Scholarship* to adapt and implement a DBT skills group within a jail setting. Clinically, Julia has worked with severe and complex cases across multiple settings including a university clinic, county jail, and two VA placements within the Tampa VA’s residential Domiciliary Care Program for Homeless Veterans (DCHV) and inpatient psychiatric unit. Through these experiences, Julia developed a strong foundation in several individual and group cognitive behavioral therapies, including full-model DBT. On internship, Julia hopes to explore opportunities to engage in ongoing research and continue building on her clinical training in DBT and intensive mental health services. Looking forward, Julia is interested in improving systems of care to better identify and address the risks and needs of Veterans in vulnerable circumstances.

**Alexandra (Alix) Rose** is a doctoral candidate in Clinical Psychology at the **University of Maryland – College Park** under the mentorship of Dr. Jessica Magidson**.** Prior to pursuing a doctoral degree, Alix completed a bachelor’s degree in the History of Art at Yale University and a master’s in science with distinction in Global Mental Health from the London School of Hygiene and Tropical Medicine and King’s College London. Her program of research focuses on better understanding and predicting competence among non-specialists being trained in mental health care and the implementation outcomes of psychological interventions in low-resource health systems. Her research training was supported by an F31 award from NIMH. Her clinical work has spanned outpatient community mental health, publicly funded inpatient and outpatient substance use, and inpatient medical settings. During internship, she is excited to continue developing skills in interprofessional collaboration and to become a more well-rounded clinician through experience with trauma and third-wave therapies.  She also looks forward to continuing to learn about the VA system as she develops as a clinical researcher focused on training and systems interventions that can help expand access to psychological care.

**Devon Sandel-Fernandez** is completing her PhD in clinical science at the **University of California, Berkeley** under the mentorship of Dr. Sheri Johnson. She received her BS in biopsychology from the University of California, Santa Barbara. Devon's research focuses on the within-person processes underlying emotion regulatory behaviors. Her dissertation examines how urgency (emotion-triggered impulsivity) unfolds across time using ecological momentary assessment (EMA) and within-person modeling to capture momentary associations between emotions and 11 coping behaviors (e.g., substance use, self-harm, purging). She also conducts research on suicide risk: current projects include characterizing day-level suicide risk based on DBT diary cards of adolescents who attempted suicide during treatment, and examining real-time minority stressors (e.g., rejection, discrimination) in EMA data as predictors of suicide ideation among transgender and gender diverse adults with recent attempts. Clinically, Devon has focused her training on CBT, DBT, individualized case formulation, and measurement-based care in settings such as the UC Berkeley Psychology Clinic, UC San Francisco Department of Psychiatry, and the San Francisco VA. On internship, Devon is excited to learn additional evidence-based therapies particularly for trauma and substance use disorders, provide gender affirming therapy for trans Veterans, and conduct research on DBT and suicide prevention.

**Peter Soyster** is a doctoral candidate in the Clinical Science program at the **University of California, Berkeley**, working with Dr. Aaron Fisher. Along the way, Peter earned a bachelor’s degree in psychology and a master’s degree in clinical science—both at the University of California, Berkeley. Is it possible to accurately predict when someone will use a drug, hours before they use it? If so, could such knowledge be used to improve treatments for substance use disorders? Peter’s research employs idiographic methods to understand substance use dynamics and predict future use at an individual level. Specifically, he is interested in understanding how modifiable biological, psychological, and social factors contribute to momentary decisions to use tobacco, alcohol, and cannabis. On internship, Peter hopes to expand his experience with providing evidence-based treatments to support health behavior change (e.g., smoking cessation, substance use, disordered eating, sleep interventions, etc.).

**Timothy (T.J.) Sullivan** is a PhD candidate in Clinical Psychology at **Stony Brook University** under the mentorship of Dr. Dan O’Leary and Dr. Joanne Davila. He received his BA in Psychology and French, with a minor in Dance, from Penn State University. Subsequently, he worked as a senior research assistant at the Yale LGBTQ+ Mental Health Initiative in New York City. Funded by a National Science Foundation Graduate Research Fellowship, T.J.’s research broadly spans the domains of stress, trauma, violence, close relationships, and LGBTQ+ stigma. Because relationships are a key foundation to psychotherapy, he believes generating new knowledge in these areas is especially important for fine-tuning interventions to maximize therapeutic change. In graduate school, T.J.’s research has primarily focused on how stress impacts LGBTQ+ relationships. His dissertation examines how cognitive and emotional reactions to stigma confer risk for intimate partner violence among LGBTQ+ couples. Clinically, T.J. has received training in transdiagnostic, principle-based individual and couple therapy approaches across a variety of theoretical orientations. He is eager to expand his clinical repertoire at the Seattle VA, particularly within the domains of trauma, relationship distress, and substance use. T.J. is especially passionate about clinician education, science-practice integration, and efforts to expand diversity, equity, and inclusion.

**Alex Williams** is a doctoral candidate in Clinical Psychology at **Northwestern University** working under the mentorship of Dr. Richard Zinbarg. Prior to graduate school, Alex earned a BS in Psychology at William & Mary. Across his areas of research, Alex takes a hierarchical approach to representing psychopathology, which allows the study of shared versus unique features of mental disorders. His work has explored (1) connections between threat conditioning abnormalities and symptoms in the internalizing domain, and (2) reciprocal relations between personality and internalizing problems. Alex’s dissertation uses a simulation-based approach to quantitatively compare popular analytic methods used to study the correlates (i.e., precursors and outcomes) of hierarchical psychopathology dimensions. His work has appeared in high impact outlets such as *Annual Review of Clinical Psychology* and *Clinical Psychological Science*. With regard to clinical training, Alex has delivered cognitive-behavioral therapy to treat anxiety and depression in children, adolescents, and adults. Alex has also received training in both full protocol Dialectical Behavior Therapy and Radically Open Dialectical Behavior Therapy at the Family Institute in Evanston, IL. Alongside his growing research interest in mindfulness interventions, Alex has supervised undergraduates delivering a mindfulness program to youth at risk for developing anxiety and depression as part of a larger prevention trial. During internship, Alex aims to build proficiency in the delivery of trauma-focused interventions, to learn how to work effectively in interprofessional teams, and to carry out new research inquiries that enhance the applied relevance of his work.

## Recent trainees

For the period 2018-2023, interns have come from the following programs:

Arizona State University

Boston University

Florida State University

Indiana University-Purdue

Oklahoma State University

Rutgers University

San Diego State University/UC San Diego

Temple University

University of Arizona

University of Arkansas, Fayetteville

University of California, Berkeley

University of California, Los Angeles

University of Colorado, Boulder

University of Georgia

University of Houston

University of Illinois, Chicago

University of Illinois, Urbana-Champaign

University of Maryland, College Park

University of Memphis

University of Michigan

University of Missouri, Columbia

University of New Mexico

University of North Carolina, Chapel Hill

University of Oregon

University of Southern California

University of Texas – Austin

University of Utah

University of Washington

University of Wisconsin – Madison

Utah State University

Virginia Commonwealth

Washington University

Yale University

## Local Information

An unconventional benefit of training at VA Puget Sound is the opportunity to live in Seattle -one of the most beautiful and sophisticated cities in North America. Located on Puget Sound, a 3-hour drive from the Pacific Ocean and one hour from the Cascade Mountain Range, Seattle has a booming central core surrounded by small neighborhoods with distinct personalities. Anything you might want in terms of culture or outdoor recreation can be found here. Seattle is a diverse city, known world-wide for its physical beauty and progressive attitudes.

***Trainee Outcomes, Support and Outcome Data***

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| **Internship Admissions, Support, and Initial Placement Data** |
| **Date Program Tables are updated: July 2023** |
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| **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?** | \_\_\_\_\_ **Yes**\_\_x\_\_\_ **No** |
| **If yes, provide website link (or content from brochure) where this specific information is presented:** |
| **N/A** |
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| **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:** |  |  |  |  |  |  |  |  |
| **Scientist-practitioner training in an academically oriented, public sector health care system.**  |  |  |  |  |  |  |  |  |
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| **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 |  no |   | Amount: |
| Total Direct Contact Assessment Hours |  no |   | Amount: |

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| **Describe any other required minimum criteria used to screen applicants:** |
| **Good standing in an APA- or PCSAS-accredited doctoral program in Clinical or Counseling Psychology.** |
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| **Financial and Other Benefit Support for Upcoming Training Year\*** |
| Annual Stipend/Salary for Full-time Interns  | 36,948  |
| Annual Stipend/Salary for Half-time Interns | N/A  |
| Program provides access to medical insurance for intern? | Yes |  |
| **If access to medical insurance is provided:** |  |
| Trainee contribution to cost required? | Yes |  |
| Coverage of family member(s) available? | Yes |  |
| Coverage of legally married partner available? | Yes |  |
| Coverage of domestic partner available? |  | No |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | 106  |
| Hours of Annual Paid Sick Leave  | 106  |
| 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): Conference leave |
|   |   |   |
| \*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table |