



VA Puget Sound, Seattle Psychology Internship Program

Applications due: November 1, 2024
Information in this brochure is current as of August 1, 2024

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 **2025**.

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

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 2020, almost all outpatient visits (and many inpatient visits) were conducted virtually utilizing VA's sophisticated virtual platforms. Some settings (e.g., Inpatient Spinal Cord Injury Service) necessarily required providers to be on site to provide services to physically incapacitated patients. In such situations, patients and staff were tested routinely, and were scrupulous in their use of recommended PPE and diligently practiced public health precautions. Because interns select their own placements in our program, interns could choose

the settings and the modalities of care that they felt best provided them with a safe working environment. Currently, our medical center has fully reopened. Many staff and trainees at our site are providing in-person care with appropriate health precautions, some are providing telehealth services from the facility, and finally, others have chosen a hybrid approach (i.e., providing both in-person care from the facility on some days and telehealth from home on others).

The evolving nature of the pandemic makes it difficult to exactly predict how circumstances on the ground will look in the fall of 2025 when we begin a new academic year. 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 potential 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.

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.

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:

1. All VHA HPTs are exempt from pre-employment drug-testing.
2. Most VHA HPTs are in testing designated positions (TDPs) and subject to random drug testing.
3. All VA employees appointed to a Testing Designated Position (including HPTs) must sign a Random Drug Testing Notification and Acknowledgement Memo.
4. All HPTs in Testing Designated Positions are subject to the following types of drug testing:
 - Random
 - Reasonable suspicion
 - Injury, illness, unsafe or unhealthful practice; and
 - 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:

1. VHA HPTs may receive counseling and rehabilitation assistance through the VA EAP. Contact the local VHA HR office for more information about EAP.
2. 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.
3. 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 2025-2026 year must be submitted through the APPIC portal by midnight EST on November 1, 2024.

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 life experiences, backgrounds, perspectives, and knowledge. Differences enrich the learning environment for everyone.

All applications are reviewed for eligibility and initial screening in the order 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 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 2024-2025 year, we received 176 applications. We expect to receive a similar level of applications for the upcoming year. After our initial evaluation of applications, 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 interviewed 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. 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 11, 2024, 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 11. 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. Biographical information for our current cohort is included at the end of this document.

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 14, 2025. 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.

Stipends

By February 1, 2025, we expect VA Central Office to confirm the stipend amount we will receive for the 2025-2026 internship year. While this information will be available prior to the deadline for submitting your Match List, 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, our interns received stipends of \$37,693 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 Health Profession Trainees.

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

All faculty members and trainees of the sponsoring institutions, when at VA health care facilities or on VA assignment at offsite facilities and while furnishing professional services covered by this agreement, will have personal liability protection by the provisions of the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d).

The Federal Employees Liability Reform and Tort Compensation Act of 1988, Public Law 100-694 (amending 28 U.S.C. 2679(b) and 2679(d)), provides that the exclusive remedy for damage or loss of property, or personal injury or death arising from the negligent or wrongful acts or omissions of all Federal employees, acting within the scope of their employment, will be against the United States. Thus, contracted psychology trainees from affiliated educational programs will be protected from personal liability afforded to all VA psychology staff under those stated provisions.

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, to expand and continually improve diversity education, and to 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 Medical Center (AMC), 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 oneself 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 four hours per week of scheduled supervision, including at least two hours of face-to-face individual supervision. 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, often 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 2024-2025 year, we received funding for 16 fellowships:

- One 1st year and one 2nd year fellowship in trauma-related research under the auspices of the Mental Illness Research & Education Clinical Center (MIRECC)
- 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, American Lake VA, and private clinical 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:
 - o Spinal Cord Injury Service
 - o Rehabilitation Care Service
 - o 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:
 - o 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

Addiction Treatment placements

Addiction Treatment Center (ATC)

Overview The Addiction Treatment Center (ATC) serves as a clinical training hub for a wide range of pre-graduate and post-graduate trainees in medicine, psychiatry, chaplaincy, nursing, social work, and psychology. In addition, the ATC is host for research projects evaluating treatment methods, treatment outcomes, interventions to improve the quality of patient care, 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 across the continuum of care for individuals with alcohol and drug use difficulties and other addictive behaviors. A large proportion of patients also have concurrent mental health disorders. ATC has a clear purpose to provide compassionate care and instill hope in recovery. ATC offers both short- and long-term 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 Veterans who are referred from the criminal justice system in Washington State. Although all Veterans are assigned one staff person as their care coordinator, most treatment services are provided in a group format. ATC also has a strong commitment to interprofessional treatment reflected in a staff comprised of psychologists, psychiatrists, social workers, nurse practitioners, nurses, and chaplains.

The ATC Veteran population is heterogeneous and exhibits a wide range of substance use, other mental health difficulties, and medical comorbidities. Additionally, they often present with other psychosocial stressors including financial instability or poverty, lack of adequate housing, marginalization, legal involvement, and social isolation. 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 motivational enhancement of behavior change and engagement in treatment, inpatient withdrawal management and stabilization, evidenced-based pharmacotherapies and psychotherapies for substance use disorders, 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 opioid use disorders including methadone, buprenorphine, Sublocade and Vivitrol.

The following services are provided in the ATC:

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-Intensive Outpatient Program is a 3 to 5-week program designed to provide structured support to assist Veterans in reaching their individualized goals. The goal of SUD-IOP is to: assist in establishing initial stability (including support via outpatient withdrawal management 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. The program approach is informed by both Recovery and Harm Reduction principles. The interprofessional SUD-IOP team meets once a week for rounds and consultation. Consultation is also provided during the weekly ACCESS team meeting.

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. The SUD-IOP cohort group is skills-based and process-oriented. Each week Veterans review skills related to motivation, values-identification, relapse prevention, emotion regulation, mindfulness, and general life skills (e.g., communication, building recovery supports) as well as discuss Veteran-identified topics.

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. 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, providing trainees the opportunity to witness relatively rapid behavior change, mood improvement, and progress on treatment 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 delivering 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 accredited by the Joint Commission, certified by SAMHSA, and registered with the DEA to provide methadone for the treatment of opioid use disorder to Veterans from its own on-site medication dispensary. Veterans present to the clinic dispensary for observed dosing and take-home medication. The frequency of clinic visits is determined by a contingency management protocol based on treatment progress and 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 program sanctioned 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 and prize-based Contingency Management intervention for methadone dosing during the titration phase. Individual EBPs, long term psychotherapy, and other clinical interventions are offered as needed. Many OTP staff are also involved in staffing a cross-clinic medication clinic for Veterans prescribed office-based buprenorphine. OTP is usually a half time placement.

Co-occurring Recovery (CORE) Program offers a broad range of interventions and recovery resources to Veterans who want to change their relationship with one or more substances or addictive behaviors. This includes Veterans who are seeking to address substance use, behavioral addictions, mental health, and psychosocial concerns. Veterans referred to the CORE program may be new to treatment, returning to care, or stepping down from a more intensive level of care (e.g., SUD IOP). Treatment is patient-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' 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, in-person and telephone drop-in groups and telehealth (video or phone) appointments are offered to reduce barriers to care. Weekly interdisciplinary staff meetings include representation from several disciplines including chaplaincy, psychiatry, social work, and psychology. Trainees interested in 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 evidenced-based psychotherapies (EBPs). In addition, trainees may choose to include or emphasize focused programming as follows:

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 trainees 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
- Groups 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 (CM) supporting abstinence from stimulants and cannabis, and adherence to methadone dosing are evidence-based, brief treatments that selectively reinforce either urine toxicology screens that are negative for the target substance or medication consistency for methadone. 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 (VHA) designated enhancement funds in the early 1990s to establish national VA **Centers of Excellence in Substance Addiction Treatment and Education (CESATE)**. The CESATE sites serve as national resources, with a mission of improving the quality, clinical outcomes, and cost-effectiveness of health care for Veterans with SUDs. 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. Although not singled out as a specific service goal, CESATE works closely with and supports the VA National Mental Health Program Director and Deputy Director for Substance Use Disorders of the Office of Mental Health to ensure clinical, educational, and research activities align with national priorities. 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 trainees in the context of research placements within our Center.

Eric Hawkins, PhD, Tracy Simpson, PhD, and Yoanna McDowell, 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. Available supervisors in the Addiction Treatment Center include 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
 - a. Primary Care/Mental Health Integration (Primary Care Clinic)
 - b. Primary Care/Mental Health Integration (Women's Health Clinic)

2. Behavioral Medicine
 - a. Pain Clinic
 - b. Marrow Transplant Unit
3. Geropsychology
 - a. Community Living Center & Palliative Care Consult Service
4. Rehabilitation Psychology
 - a. Rehabilitation Care Service
 - i. Inpatient Rehabilitation
 - ii. Outpatient Rehabilitation
 - iii. Center for Polytrauma Care
 - b. Spinal Cord Injury Service
5. Neuropsychology
 - a. Mental Health Neuropsychology Service
 - b. GRECC Neuropsychology

1. 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 currently consists of a clinical social worker, six psychologists, three psychiatrists, two nurse care managers, and additional trainees (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 for 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 has expanded significantly to include the options for triage visits via video telehealth or telephone. While providing services in the Starr Mental Health clinic, interns will learn to manage patients' varying levels of need and acuity 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. If desired, this may include spending a half day in the Primary Care Clinic's preceptor room with medical residents, providing immediate consultation, acting as a liaison for PCMHI with medical residents, participating in shared medical appointments and in-room health coaching. These experiences provide 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 majority of Veterans served by PCC are 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 PCMH, providing ample opportunity to treat Veterans who are homeless. PCMH 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 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.

Andrew Paves, PhD, Hannah Rasmussen, PhD, and Miji Um, PhD are supervising psychologists in Primary Care Clinic.

1b. Primary Care Mental Health Integration (PCMH) – 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 (including internal medicine, nurse practitioner, social work, pharmacy, gynecology, nursing, psychology, and 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 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, maternity care are included in the benefits for eligible Veterans. The Seattle WHC has been on the leading edge of perinatal and reproductive mental health program development.

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 gender diverse 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.

Hannah Rasmussen, PhD and Mary Jean Mariano, PhD are supervising psychologists in Women's Health Clinic.

2. 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 other Pain Clinic clinicians (e.g., anesthesiologists/other physicians, medical trainees, nurse practitioners, physician assistants, nurses, pharmacists, physical therapists, acupuncturists, massage therapists, and yoga 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, and mental-health services. Psychologists perform comprehensive pain evaluations with patients referred for interventions and provide consultation on a wide spectrum of problems related to chronic pain, such as risky medication use, maladaptive illness behavior, management of other chronic conditions, and non-adherence to treatment 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 approaches for treating chronic pain. Most patients also receive medical treatments such as physical therapy, opioid and non-opioid pain medications, or whole-health approaches. 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 pre-clinic pain education, 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 now has been widely adopted as VA's national

model of telehealth care delivery for specialty pain services.

Interns have the opportunity to conduct biopsychosocial 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 group education session for Veterans and their families that 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 the biopsychosocial model of complex chronic pain, what providers can do for pain, and what patients can do for themselves to improve functioning and quality of life. 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 (ACT-CP), CBT for Chronic Pain (CBT-CP), CBT for Insomnia (CBTi), Mindfulness, Pain and the Brain, and Pain and PTSD.
- Individual Pain Psychotherapy: Commonly offered individual interventions include CBT-CP, ACT-CP, Mindfulness, CBTi, Behavioral Activation, Self-Hypnosis for Chronic Pain, sexual health evaluation, and Motivational Interviewing/Motivational Enhancement Therapy.
- Opioid Safety Program (OSP): Comprehensive co-disciplinary program to triage, engage, and stabilize patients at elevated risk of opioid-related harms.
- Mental Health Integration into Pain Clinics (MHI-P): A newer initiative designed to reduce barriers to access for routine mental health treatment in specialty care clinic, MHI-P is a small team comprising 1 psychiatrist and 3 psychologists. In addition to offering same-day access to mental health, MHI-P team members see small caseloads of individual patients, lead groups (CBT-Insomnia, Self-Hypnosis for Chronic Pain, and Unified Protocol for Emotional Disorders), and provide behavioral health consultation to Pain Clinic medical providers.
- 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.
- Pain Management and Opioid Safety Committee: A hospital-wide interprofessional committee that meets monthly to discuss opioid-related policies and procedures. Also includes a monthly meeting to review complex veteran involving 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 twice 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.
- 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 evidence-based psychotherapies(Please see staff biographical sketches at the end of this brochure for more information about individual areas of research ongoing quality improvement and program development/evaluation projects.)

Kelly Chinh, PhD, Jennifer DeVentura, 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. 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.

This rotation is available as a full-time, full-time less detail, or half-time experience. Targeted details in pre-transplant psychological evaluation, inpatient medicine psychological consultation, 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 may attend the Behavioral Medicine seminar monthly and weekly Rehabilitation Psychology didactics, 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.

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

3. Geropsychology

Geropsychology focuses on understanding and helping older persons and their caregivers and families to maintain well-being, overcome challenges, 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. The Core Geropsychology rotation includes clinical experiences in the Community Living Center and with the Palliative Care Inpatient Consult Service. 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 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. Treating specialties include subacute rehabilitation, skilled nursing care, geriatric management, respite, and inpatient hospice. The purpose is to support each Veteran's goals, whether that is to function more independently at home and in the community or to promote comfort and quality of life in their final days.

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: assessment of psychological disorders and cognitive functioning; individual, family, and group psychotherapy (e.g., cognitive-behavioral, psychoeducational, motivational interviewing, problem-solving, mindfulness, acceptance and commitment therapy); behavioral interventions to address dementia-related and/or disruptive behaviors; consultation with other disciplines; education and support for 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 6 months or less, who have accepted that life-prolonging therapy can no longer benefit them, and who are interested in comfort care. In addition to hospice services provided in acute medicine, there is also an 8-bed Inpatient Hospice unit within the CLC.

Working in Palliative Care and Hospice provides trainees with exposure to unique clinical, ethical, and legal challenges of caring for Veterans as they navigate 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, mindfulness, 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 Geropsychologist on the CLC and Palliative Care teams.

4. Rehabilitation Psychology

4a. Rehabilitation Care Service

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:

- A. **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.
- B. **Center for Polytrauma Care:** RCS is home to a Polytrauma Network Site, the Puget Sound Center for Polytrauma Care. This interdisciplinary rehabilitation team is dedicated to caring for Veterans 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; 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 2024-25 as part of a clinical trial).

- C. **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 Meditation 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.
- D. **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: Drs. Williams and Bambara are investigators 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 Drs. Williams or Bambara for a detail up to 8 hours/week focusing on delivery of this clinical intervention within the polytrauma program.

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

4b. 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, disability identity development, 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 may 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 research projects as available 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.

5. 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. As a service, we collectively embrace cross-cultural neuropsychology practices. We are committed to provision of care that embraces diversity, advocacy, and humility. 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 KnowNeuropsychology 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.

5a. 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. Our service offers strengths-based diagnostic evaluations for ADHD/Learning Disorders on a case-by-case basis. 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.

5b. GRECC Neuropsychology

The Geriatric Research, Education, and Clinical Center ([GRECC](#)) 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](#), 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 a Professor in the Department of Psychiatry and Behavioral Sciences at the UW SOM.

5c. 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), Written Exposure Therapy, 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, group psychotherapy, psychological assessment, case management, team consultation and treatment planning. Additional opportunities can include membership in ongoing workgroups on the team, including the Racial justice and Provider Sustainability workgroups. 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, 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 other civilian traumas, for example), personality disorders, somatic disorders, substance use disorders, and relationship distress.

Individual psychotherapy: MHC offers individual psychotherapy in a variety of evidence-based approaches, including CBT, CPT, PE, Behavioral Activation, exposure therapies, ACT, and Motivational Interviewing/Enhancement. 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: MHC staff offer a wide variety of groups to veterans in OMH 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: CBT Skills, Mindfulness skills, ACT Skills, ACT-based Anger Management, CBT-based Anger Management, Attention Skills for ADHD, Transdiagnostic Anxiety Exposure, Unified Protocol for Transdiagnostic Treatment of Emotional Disorders, CPT Skills, Crisis Skills, Support Group for LGBTQ+ Veterans, Coping with Grief, Sorting Group for Hoarding, Relationship Skills for couples, General Coping Skills, and a Drop-in Group for Depression & Anxiety.

Psychodiagnostic interviewing and treatment planning: Before starting therapy through MHC, Veterans complete an intake appointment through the Triage and Rapid Evaluation Clinic (TREC). TREC provides Veterans with a comprehensive intake that aims to clarify diagnostic concerns and initiate the treatment planning process. Interns staff one TREC per week and complete an intake for a new patient presenting to outpatient mental health for diagnostic assessment and clinical disposition. Given the 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. There are also opportunities for interns to participate in comprehensive diagnostic assessments with Dr. Call (referrals from mostly prescribers throughout the hospital), which aid in treatment planning. These assessments use objective self-report symptom and personality measures, as well as clinical interviewing, and focus on case conceptualization and treatment recommendations.

Couples therapy programming (available through CFP): 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 foundational couple therapy intervention employed in CFP, the Restoring Bonds Group, an 8-session relationship skills-based group intervention, the Relationship Tune-up, a 5-session brief couples therapy intervention; and 3) program development and quality improvement projects. Couples therapy is offered as a half-time, or detail placement based upon training goals.

Charlotte Brill, PhD, Geoff Corner, PhD, Eric Clausell, PhD, David Call, 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 Samantha Yard, 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, 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 Restoring Bonds: Relationship Skills group, an 8-session group intervention combining IBCT and other relationship skills interventions in a couples group format. The group focuses on improving communication and how couples navigate conflict while increasing closeness and connection. Trainees interested in brief dyadic interventions can receive training in The Relationship Tune-up, a five-session brief treatment for couples experiencing mild to moderate relationship stress. 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, particularly those affected by health concerns.

Interns in CFP are integrated into the team by engagement in a variety of clinical activities, and they also receive opportunities to initiate or collaborate on program development and evaluation projects. They will receive didactic and experiential training and supervision in couples interviewing, assessment, and therapy.

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

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 on sexual health concerns in romantic relationships. She also leads the Sexual Wellness Assessment and Intervention (SWAI) Clinic.

Geoffrey Corner, PhD, MPH, divides his time between the Couples & Family Program and the Mental Health Clinic. Dr. Corner has a specialty in older adult couples, particularly those affected by chronic health challenges. He also leads the couple's skill group.

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., PCMH, 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.

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 Mental Health Intensive Services rotations (IOP, PRRC, Acute Inpatient) 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 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.

5a. 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. Veterans are primarily admitted to the unit for safety concerns, psychiatric decompensation, or medical detoxification, and may be considered voluntary patients or may be detained for involuntary treatment. The average length of stay ranges from 6-10 days, though Veterans with more acute SMI or neurocognitive disorders may stay for substantially longer periods of time. 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, as well as with trainees from the University of Washington Schools of Medicine and Social Work. Interns may choose to participate in a wide variety of activities. This could include (co)facilitating a variety of skills-focused groups (e.g., distress tolerance, mindfulness, behavioral activation), conducting brief individual therapy (e.g., advanced safety planning, psychoeducation, DBT skills), assisting with diagnostic evaluation and clarification, and supporting outpatient care coordination efforts. Interns may also choose to participate in a bridge care program which provides short-term outpatient follow-up to Veterans discharging from the unit. 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.

5b. 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 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.

5c. 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 psychosis/schizophrenia spectrum disorders, depression, PTSD, anxiety, emotion lability, and chronic/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. The Mental 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.

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

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 <ol style="list-style-type: none">1. Assessment, Engagement and Consultation Service (AEC)2. Substance Use Disorders Intensive Outpatient Program (SUD- IOP)
OTP	Opioid Treatment Program
CORE	Full range of psychiatric severity, treatment for co-occurring disorders, and women-specific programming

Health Psychology and Behavioral Medicine

1. Primary Care
 - a. Primary Care/Mental Health Integration (Primary Care Clinic)
 - b. Primary Care/Mental Health Integration (Women's Health Clinic)
2. Behavioral Medicine
 - a. Pain Clinic
 - b. Marrow Transplant Unit
3. Geropsychology
 - a. Community Living Center & Palliative Care Consult Service
4. Rehabilitation Psychology
 - a. Rehabilitation Care Service
 - i. Inpatient Rehabilitation
 - ii. Outpatient Rehabilitation
 - iii. Center for Polytrauma Care
 - b. Spinal Cord Injury Service
 - c. Neuropsychology
 - a. Mental Health Neuropsychology Service
 - b. GRECC Neuropsychology

Mental Health

1. PTSD Outpatient Clinic
2. Mental Health Clinic
3. Comprehensive Dialectical Behavior Therapy Program
 - a. Comprehensive DBT
 - b. DBT skills
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, interns are 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

Interns are 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 in 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 Certification 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 interests include extending the scope of neuropsychological practice through cross cultural neuropsychology, and interprofessional integration to improve the accuracy of localizing lesions and lateralizing language functioning in patients with epilepsy.

Jennifer Bambara, PhD, ABPP is a Psychologist in the **Rehabilitation Care Service** and is the **Director of the VA Puget Sound Center for Polytrauma Care**. She also serves as Clinical Program Manager for the VISN 20 Polytrauma System of Care. She completed her doctorate in Clinical Psychology at the University of Alabama at Birmingham. Her Clinical Psychology internship was completed at VA Puget Sound, Seattle, and she completed a Rehabilitation Psychology fellowship at the University of Washington in the Department of Physical Medicine and Rehabilitation. She is licensed in the state of WA and earned board certification in Rehabilitation Psychology. Clinically, she provides neuropsychological assessment as well as individual and group psychotherapy to Veterans with a variety of medical conditions and physical injuries. Within the Polytrauma Clinic, this most often involves working with individuals with a history of traumatic brain injury,

PTSD, sleep disturbance, and/or chronic pain. Commonly used interventions include CBT, ACT, BA, hypnosis for pain management, mindfulness for pain management, and cognitive skills training. Dr. Bambara is also engaged in research and quality improvement projects focused on enhancing the well-being of Veterans with a history of TBI.

Melissa Barnes, PhD, is a Clinical Psychologist in the **PTSD Outpatient Clinic**. She completed her doctoral degree in Clinical Psychology at the University of Oregon under the mentorship of Jennifer Freyd, PhD. 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, Seattle. Dr. Barnes's primary clinical interests include couple therapy, working with veterans who have experienced interpersonal/betrayal trauma, as well as veterans who want to address their substance use. She particularly utilizes CPT, PE, COPE, IBCT, and CBCT-PTSD protocols. She values working with Black veterans and veterans of color, as well as working with trainees from underrepresented groups. 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. Dr. Barnes is also the current chair of the PTSD Outpatient Clinic's Racial Justice Workgroup.

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.

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. She completed clinical internship at the Durham VA and a postdoctoral fellowship focusing on PTSD recovery and Comprehensive DBT 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 also serves as the Psychiatry Resident Psychotherapy Training Coordinator. Dr. Brill is licensed in Washington State.

David Call, PhD is a clinical psychologist in 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 was then hired as a staff psychologist (PTSD/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. 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 Chinese international students' 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 interprofessional 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, PhD is a Clinical Psychologist and **Director of the Couples and Family Program**. He also splits time on the Mental Health Clinic-BHIP team. 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-gender 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 Postdoctoral 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/Co-lead 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.

Geoff Corner, PhD, MPH is a clinical psychologist in the **Mental Health Clinic** and the **Couple and Family Program**. He obtained his doctoral degree in Clinical Science from the University of Southern California under the mentorship of Drs. Gayla Margolin and Darby Saxbe. He completed his clinical internship and subsequent postdoctoral training at the Seattle VA. At USC, his research focused on how couples navigate loss and important life transitions, and he carries this interest into his clinical work with both individuals and couples. His background includes an emphasis on meaning and legacy, including their roles in coping with loss and life-limiting illnesses. He uses a variety of treatment approaches for individual and relational challenges, including ACT, CBT, IBCT, PE, and CPT. He recently completed a CPT rollout training offered through VA, and he has previously attended rollouts for IBCT and IPT. He has experience working with hoarding, excoriation, phobia, and social anxiety, and he has particular interest in working with older adult couples affected by health adversity. He created and co-facilitates groups in MHC and CFP focused on coping with grief and relationship skills, and he is a DBT skills class co-facilitator. He serves as the psychotherapy referral triage coordinator in MHC, and in this role, he assists in connecting Veterans with therapy resources throughout outpatient mental health and setting up Veterans for successful engagement in an episode of care.

Anja Cotton, PsyD is a psychologist in the Opioid Treatment Program (OTP) within the **Addiction Treatment Center (ATC)**. She received her PsyD in Clinical Psychology from Pacific University in 2000. She completed her internship in New York at the VA Hudson Valley 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, PE, and Strength at Home (IPV) treatments and has pursued training and experience in non-VA therapies including MDMA Assisted Therapy for PTSD and Internal Family Systems psychotherapy. She has special interest in psychedelic assisted treatment, systems improvement, quality improvement, program development, and clinician work/life balance and self-care.

Jennifer DelVentura, PhD, ABPP is a clinical health psychologist and program manager in the **Pain Clinic**. She completed her doctoral degree at the University of Tulsa in 2014. She worked in the Psychophysiology Laboratory for Affective Neuroscience under the direction of Dr. Jamie Rhudy, studying pain and spinal nociception 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 VA as a clinical health/pain psychologist from 2015-2019 before taking her current position in the pain clinic at VA Puget Sound in 2019. Dr. DelVentura is licensed in Georgia and Washington. She is also board-certified in Clinical Health Psychology (ABPP). Dr. DelVentura's clinical and research interests involve use of mindfulness for chronic pain, as well as program evaluation/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 VA Puget Sound, American Lake Division, and a two-year postdoctoral fellowship in the Center of Excellence for Substance Abuse Treatment and Education (CESATE) at the VA Puget Sound, Seattle Division. She is currently licensed in Washington state. Dr. Durham is a national VA consultant for Cognitive Processing Therapy (CPT) and is currently 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), Written Exposure Therapy (WET), 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 a Clinical 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 Comprehensive DBT program and co-facilitates two DBT Skills groups. 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.

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 **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 an 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. He completed his doctoral internship at the Seattle VA. His postdoctoral training includes fellowships in the Interprofessional Treatment of Substance Abuse (CESATE) and Health Services Research, both at the Seattle VA. 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. Current projects include, evaluating the national VA implementation of the Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT) initiative and conducting a multisite hybrid 1 effectiveness-implementation trial to evaluate the combination of a mobile app for heavy drinking and medications for alcohol use disorder (MAUD) on improvements in drinking-related and mental health outcomes, relative to patients receiving MAUD only.

Ryan Henderson, PhD is a psychologist in the **Pain Service**. 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 clinical psychologist in the **PTSD Outpatient Clinic**, a **Core Investigator** at the VA Puget Sound HSR Center of Innovation for Veteran-Centered and Value-Driven Care, and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She completed a 5-year Health Services Research & Development (HSR&D) career development award (CDA; 12-263) focused on addressing co-morbid PTSD and obesity. She is now building on that work as a Principal Investigator (PI) of an HSR&D Merit-funded clinical trial (IIR18-230) testing a behavioral weight management program addressing weight loss barriers for Veterans with PTSD. She is also MPI of an HSR&D Merit-funded clinical trial (IIR 21-100; MPI Gray) testing a virtual peer health coaching intervention seeking to improve health related quality of life among Veterans with multimorbidity, as well as also being MPI (MPI Breland) on a mixed methods project funded through a Memorandum of Understanding with the National Center for Health Promotion and Disease Prevention (NCP) investigating disparities in weight management outcomes for Black Veterans. Lastly, Dr. Hoerster is PI of a facility seed grant-funded pilot study to assess acceptability and feasibility of HARPP, an integrated weight management and PTSD treatment for Veterans with PTSD and obesity.

Carl Kantner, PhD is a psychologist in the **Addiction Treatment Center** and **Program Manager for the Co-occurring Recovery (CORE) Program**. He earned his MA in religious studies and PhD in clinical psychology from Boston University. Dr. Kantner received 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 fellowship. 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's training background in evidence-based treatments includes 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 SUD and MH disorders, and reduction of stigma in mental health treatment.

Melanie Leggett, PhD, DBSM, FSBSM, is a clinical psychologist on the Behavioral Sleep Medicine (BSM) team in the department of Pulmonary, Critical Care, and Sleep Medicine. She is also an Associate Professor in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center. Dr. Leggett received her PhD in Clinical Psychology from the University of Memphis after completing a doctoral internship in Psychology at the Durham VA Health Care System. She received certification in Behavioral Sleep Medicine (CBSM) from the American Academy of Sleep Medicine in 2004 and Diplomate in Behavioral Sleep Medicine (DBSM) from the Board of Behavioral Sleep Medicine in 2018. In 2021, she achieved Fellow status of the Society of Behavioral Sleep Medicine (FSBSM) and was the first recipient of the Outstanding Leader in Altruistic Delivery of Behavioral Sleep Medicine Award (Society of Behavioral Sleep Medicine). She is the president of the Board of Behavioral Sleep Medicine and serves on the Accreditation Committee of the Society of Behavioral Sleep Medicine. Dr. Leggett is dedicated to facilitating the training of BSM providers in the VA system and chairs the BSM Consultation Workgroup of the BSM Field Advisory Board, National VA Sleep Medicine Program Office. She is licensed in North Carolina and Virginia.

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 and GRECC/neuropsychology postdoctoral fellowship at the North Florida South Georgia VA Medical Center. 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 peer support in the spinal cord injury population. She is a VA certified provider of CPT. Dr. Lincoln currently serves as the Academy of Rehabilitation Psychology Treasurer and Conference manager, is a written practice sample examiner for the American Board of Rehabilitation Psychology and is an APA Psychology Internship 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, is board certified in Rehabilitation Psychology, and is licensed as a psychologist in Washington.

Jane Luterek, PhD is a psychologist in the **PTSD Outpatient Clinic** and serves as the **Women's Mental Health Lead (Champion)** at VA Puget Sound Health Care System. She is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington and is licensed in Washington State. She received her PhD in Clinical Psychology from Temple University in 2005, under the mentorship of Dr. Richard 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 (ACT) and is also a VA certified

provider for Cognitive Processing Therapy. She has a strong interest in promoting equitable care for women Veterans, as well as evidence-based practices (e.g., PE, CPT, ACT, DBT, BA, ERRT) and principle driven approaches that serve Veterans with PTSD and comorbid conditions.

James Madole, PhD is a clinical 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 PTSD/SUD in individuals with medical and psychiatric comorbidities, suicide prevention, and CBT for psychosis. Dr. Madole is also passionate about clinical education and the dissemination of psychotherapeutic training to interprofessional healthcare providers. He is licensed in Washington State.

Mary Jean Mariano, PhD is a psychologist in the **Primary Care 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 University of Washington 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 coordinates an interprofessional workgroup on perinatal services at Puget Sound VA and is certified in VA as a Reproductive MH specialist with specialized training in Interpersonal Therapy for Reproductive Mental Health. 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 that perpetuate or 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.

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 numerous national 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.

Nichole Mogharreban, PsyD is a Clinical Psychologist in the **Behavioral Sleep Medicine Clinic**. She provides behavioral sleep medicine interventions to Veterans struggling with sleep disorders including insomnia, nightmare, and PAP adoption and desensitization, as well as behavioral management of other organic sleep disorders. Dr. Mogharreban earned her doctoral degree at the University of Denver and completed her doctoral internship and residency as an active-duty psychologist with the United States Army at Madigan Army Medical Center at Joint Base Lewis-McChord in Tacoma, Washington. After completing her tour with 1st Special Forces Group, she left active duty after being selected for a fellowship with Stanford University in the Sleep Health and Insomnia Program. She is board certified in Behavioral Sleep Medicine from the Society of Behavioral Sleep Medicine.

Hallie Nuzum, PhD is a Clinical Geropsychologist in Geriatrics and Extended Care, dividing 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 in Geropsychology at VA Palo Alto 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. She is VA-certified in ACT and Resources for Enhancing All Caregivers' Health (Reach VA). She is additionally trained as a Unit-Based Ethics Conversation (UBEC) facilitator. She is involved with QI projects on CLC antipsychotic use, suicide risk assessment, behavior management, and staff education/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 PhD in Clinical Psychology from Columbia University-Teachers College in 2007. He completed 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. 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.

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 a grant from VA HSR&D (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). She has datasets from 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 has a large survey study in progress that is collecting data from women Veterans enrolled in VHA with indicators of current substance use disorder (SUD; cohort 1) and past SUD (Cohort 2). The survey study is complemented by a qualitative "Think Aloud" component that is collecting feedback from a subset of the women Veterans along with clinicians on the VA's VetChange web-based intervention for combat Veterans with hazardous drinking and PTSD symptoms to inform future gender-tailoring of the intervention. She is also currently 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 a Clinical Neuropsychologist and the **Associate Director of Education and Evaluation (ADEE)** with the [Geriatrics Research, Education, and Clinical Center](#) (GRECC), a Center for Excellence at the VA Puget Sound Health Care System. She is also a 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 and she's a co-investigator for the [Adult Changes in Thought](#) (ACT) U19 study. She also is involved with the harmonization of cognitive data across national and international studies, work which can permit GWAS studies of AD phenotypes to better understand resilience and other factors that might be related to disease genesis and potential treatments. She has led 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. She is a member of numerous national, regional, and local committees, including the VA [National Geriatric Scholar](#) (hub site director), VA national [GRECC Connect](#) (hub site director), Chair of the GRECC national [Aging and Cognition Education](#) (ACE) workgroup, member of the VISN 20 Dementia committee, the UW/VA Academic Affairs Committee, the Society for Clinical Neuropsychology's [PIAC Ethics committee](#), UW Dept of Psychiatry's Promotion committee, and was a foundation steering member and member-at-large for the [Queer Neuropsychological Society](#) (QNS). She's a 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 three studies 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. Dr. Turner is a fellow of APA Divisions 18 and 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). Additional clinical and research interests include depression, exercise, medication adherence, pain, and health behaviors in rehabilitation populations.

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 a Clinical Psychologist providing clinical care and supervision within the **Intensive Outpatient Program** and the **Dialectical Behavior Therapy (DBT) Program**. Dr. Yard received her BA in Psychology at Wesleyan University, and her PhD in Clinical Psychology from the University of Washington under the mentorship of Dr. Jane Simoni. Her dissertation investigated a model of health risk behavior among incarcerated women, which was supported by a 5-year NIMH NRSA fellowship. She was also the recipient of the 2014 APA Division 18 Outstanding Student Award. 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 received the APA Division 18 Outstanding Psychology Trainee Award. 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 program implementation and training, and she was the recipient of the VA Puget Sound Award for Exceptional Supervision, Mentorship, and Training in 2021.

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 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 interprofessional medical settings, and enhancing patient outcomes following neuropsychology feedback. Dr. Zahniser is licensed in Washington State and board certified in clinical neuropsychology by the American Board of Professional Psychology (ABPP).

Interns – 2024-2025

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

Carter Bedford is a doctoral candidate in Clinical Psychology at **Florida State University** under the mentorship of Dr. Brad Schmidt. She received her BA in Psychology from the University of California, Los Angeles. Carter's translational research program has two interrelated aims: 1) to identify neurobiological, cognitive, and behavioral risk factors implicated in the onset and/or maintenance of trauma-related disorders, and 2) to develop and evaluate innovative, technology-based interventions targeting these factors. She received a T32 training grant from NIMH to pursue her dissertation research, which used transcranial magnetic stimulation (TMS) to test a model of cognitive control deficits among individuals with PTSD. In her clinical work, Carter has provided CBT and DBT to patients with a broad range of psychological conditions and varying risk levels. She particularly enjoys delivering behavioral and exposure-based therapies. During her internship year, Carter hopes to expand her training in evidence-based treatments for PTSD and common comorbidities (e.g., substance use disorders, sleep difficulties, chronic pain conditions), gain experience working within interdisciplinary teams, and assist with ongoing translational research projects at the Seattle VA.

Maria Dekhtyar is a doctoral candidate in clinical psychology at **University of Texas at Austin** in Dr. Christopher Beever's Mood Disorders Laboratory. She received her BA in neuroscience and psychology from Boston University. During her undergraduate and shortly after, Maria worked as a research assistant at the Center for Alzheimer Research and Treatment at Brigham and Women's Hospital and the Harvard Aging Brain Study at Massachusetts General Hospital/Martinos Center. Prior to starting graduate school, she also worked as a lab manager at Boston University's Aphasia Research Laboratory. Broadly, Maria is interested in rehabilitation psychology and more specifically in how to adapt mental health treatments for people with cognitive and language disorders to ensure more inclusive therapy practices. Her dissertation work focuses on developing an adapted online behavioral activation therapy for treating depression in people with post-stroke aphasia. Clinically, Maria is passionate about providing warm, multiculturally aware evidence-based treatments. She has experience with both neuropsychological assessment and short-term and longer-term therapy and has worked across different treatment settings such as university-based clinics, the Texas Neurorehabilitation Center, and the Central Texas VA in the Psychosocial Rehabilitation and Recovery Center (PRRC). Maria is looking forward to continuing her clinical training at the Seattle VA, to keep building her rehabilitation skills as well as to get more specialized training in working with Veterans experiencing a broad range of mental health concerns.

Neil Gleason is a doctoral candidate in clinical psychology at **University of Washington** working with Dr. William George. He earned his undergraduate degree in Psychology and film studies from St. Olaf College and MA degree in clinical psychology from Minnesota State University, Mankato. He also worked as a study therapist at Hennepin Healthcare prior to beginning his doctoral studies. His research focus is at the intersections of sexual health, substance use, and LGBTQ+ mental health. Supported by a HIV-focused F31 fellowship from NIAAA, his discretion research investigates the effects of alcohol intoxication and sexual

compulsivity on condomless anal sex among men who have sex with men using a mixed-methods approach. He also has a strong interest in the assessment and treatment of out-of-control, compulsive, or otherwise problematic sexual behavior. He is passionate about promoting healthy sexuality through research and clinical endeavors. Neil has received training in a wide variety of cognitive and behavioral interventions, and he finds a particular affinity with third-wave behavioral therapies including ACT and mindfulness-based interventions. On internship, Neil is excited to gain deeper clinical experience with substance use disorders, relationship conflict, and posttraumatic stress disorder as well as experience delivering psychological treatment in the context of a multidisciplinary healthcare treatment setting.

Alice Kim is a doctoral candidate in Clinical Science at the **University of Southern California** working with Dr. Christopher Beam. Prior to graduate school, she received her BA in Psychology and Sociology at Cornell University and worked as a research specialist in the Center for Health Disparities Research at UW-Madison. Alice's program of research focuses on how biopsychosocial factors contribute to cognitive aging and dementia risk. Her dissertation seeks to clarify the role of developmental mechanisms – gene-environment interaction and correlation – in the etiology of cognition over older adulthood. Her research training is supported by an NIA T32 NRSA. Clinically, Alice is passionate about using an evidence-based and humanistic approach to meet the needs of diverse, medically complex adults across the lifespan and their families. She has valued working in inpatient and outpatient team-based settings such as Cedars-Sinai Medical Center's Psychiatry Consultation-Liaison Service and USC Keck School of Medicine's Neurology COPE Clinic with adults experiencing pain, disability, cancer, and end-of-life. On internship, Alice is excited to build on her clinical and research interests in Geropsychology and Behavioral Medicine to improve quality of life in diverse Veterans.

Diana Kwon is a doctoral candidate in Clinical Psychology at the **University of Washington** under the mentorship of Dr. Vibh Forsythe Cox. She received her BS in Integrative Neuroscience with a Concentration in Cognition from Fordham University in New York. Diana's research program has two interconnected areas of focus: (1) the identification and analysis of mechanisms of change in evidence-based treatments (EBTs; particularly within comorbid SUD populations) in service of building upon or streamlining them to increase effectiveness; and (2) the application and study of more novel and underutilized qualitative research method strategies within clinical psychology, such as rapid ethnographic assessment (REA), to understanding the impact of EBTs in a more efficient and effective way. Diana's dissertation utilizes a QUAL-quan mixed methods approach to identify and analyze potential mechanisms of change in Dialectical Behavior Therapy for Substance Use Disorders (DBT-SUD) in a high-risk population with co-occurring borderline personality disorder (BPD) and SUDs. Clinically, Diana has dedicated herself to providing culturally responsive, evidence-based care to high-risk and complex cases across various settings including university clinics, hospitals (inpatient and outpatient), and private practices. She has developed a strong foundation in several cognitive behavioral therapies including comprehensive DBT, PE, ERP, ACT, BA, MBC, and MBRP. While on internship, Diana is eager to build upon her clinical training in providing care for high-risk, complex populations and hopes to deepen her training in DBT through DBT PE and DBT-SUD. Furthermore, Diana is excited to learn additional evidence-based therapies particularly for co-occurring trauma and substance use disorders, broaden her skills working on interprofessional teams and with Veterans with diverse identities and needs, and continue conducting research on DBT and high-risk populations with co-occurring SUDs.

Nick Livingston is a doctoral candidate in Clinical Psychology at the **University of Wyoming** under the mentorship of Dr. Alison Looby. He received his BS in Psychology from the University of Oregon, where he was also employed as a post-baccalaureate research coordinator and assistant in several laboratories. Broadly, his research aims to understand factors implicated in substance use (e.g., motives, expectancies) and how these can be leveraged within targeted interventions. His primary program of research examines the intersection between sleep and substance use problems. For instance, he is currently utilizing wrist actigraphy and daily diaries to examine whether sleep-related cannabis expectancies augment discrepancies between objective and subjective sleep measurement, and his dissertation relatedly examines daily sleep hygiene behaviors among individuals who use cannabis frequently. Clinically, Nick has experience applying a variety of individual and group evidence-based approaches (e.g., CBT, DBT, MI) in diverse settings. This has included a university outpatient clinic, a substance use intervention program, and the Sheridan VA mental health residential rehabilitation treatment program (MHR RTP). On internship, Nick is excited to gain additional experience with evidence-based approaches for substance use, trauma, and health behavior change. He is also eager to continue developing as a researcher by contributing to clinical research pertaining to substance use treatment among Veterans.

Heidi Ojalehto is currently completing her PhD in Clinical Psychology at the **University of North Carolina at Chapel Hill** under the mentorship of Dr. Jon Abramowitz. She received her BS in Human Development from Cornell University and served as the research coordinator at UW Trauma Recovery & Resilience Innovations

and UW Center for Anxiety and Traumatic Stress. Heidi's research interests center on examining the intersection of trauma and women's health, including sexual assault sequelae and perinatal mood and anxiety disorders. Her dissertation project is a longitudinal study examining predictors of perinatal mood and anxiety disorders among women exposed to high rates of stress and trauma. The aim is to better understand mechanisms involved in both vulnerability and resilience in order to inform interventions for trauma-exposed perinatal women. Clinically, Heidi is passionate about providing culturally sensitive care to individuals with complex needs, particularly trauma survivors, individuals with emotion dysregulation, and those at risk for suicide. She has received clinical training in a variety of treatment approaches across varied settings, including a VAMC, outpatient clinics, residential programs, and medical settings. On internship, she is eager to further develop her clinical repertoire, deepen her understanding of DBT and trauma-focused treatments, and gain additional experience working with women and gender diverse Veterans.

Allison (Alli) Peipert is a doctoral candidate in the Clinical Science program at **Indiana University Bloomington** working with Dr. Lorenzo Luaces. Alli's research focuses on improving outcomes of evidence-based psychotherapy, increasing accessibility of care through alternative modalities (e.g., internet-based, low-intensity interventions), and implementation and dissemination of these practices into care settings. More recently, her research has focused on interventions that target more at-risk groups, including LGBTQ+ patients. Her work has been supported by a NIMH T32 predoctoral training grant, and a predoctoral fellowship through the Indiana Clinical and Translational Sciences Institute. Alli's clinical experiences have focused on outpatient mental health, including CBT for depression and anxiety, integrated care, neuropsychological assessment, gender-affirming care, and interventions for traumatic stress. Alli's current research projects include: a randomized-controlled trial of a self-guided online behavioral activation tool, a qualitative analysis of gender affirming services for youth, a review of gender affirming care for youth, and a meta synthesis of qualitative research on iCBTs. Alli is particularly excited to continue her training in trauma-related interventions, integrated care, and treatment for mental health needs that may intersect with gender and sexual identities (e.g., women, LGBTQ+ Veterans). While at the VA, Alli hopes to continue engaging in research that focuses on increasing access to quality mental health care and improving practices for LGBTQ+ Veterans.

Victoria Szydlowski is a doctoral candidate in Clinical Psychology at the **University of Washington (UW)**, Seattle under the mentorship of Dr. Mary Larimer. She received her BS in Neuroscience-Psychology and English at the University of Massachusetts, Amherst. Subsequently, Victoria worked as a research associate in evidence synthesis of clinical comparative effectiveness research (CER), including working at the Patient-Centered Outcomes Research Institute (PCORI) evaluating the effect of engaging patients and stakeholders in the design and conduct of CER, and served as a Peace Corps Volunteer. Funded by the Addictions, Drug & Alcohol Institute (ADAI) at UW, Victoria's research is on the relationship between hallucinogen/psychedelic use, other substance use (e.g., alcohol, cannabis, etc.), factors that contribute to the etiology of substance use (e.g., motives, expectancies, consequences, etc.), transdiagnostic symptoms (e.g., cognition, sleep, etc.), and mental health symptoms (e.g., depression, anxiety, etc.). Clinically, Victoria has focused her training on the delivery of cognitive behavioral therapy (CBT), including prolonged exposure (PE) and Exposure and Response Prevention (ExRP) as well as motivational interviewing (MI) for individuals, motivational enhancement (ME) for groups, and dialectical behavior therapy (DBT) skills groups for individuals and couples. Aligned with her passion and dedication to serving populations at the nexus of serious medical illness experiencing mental health and/or substance use needs, Victoria delivered mindfulness-based CBT at the Fred Hutchinson Cancer Center (FHCC) psychology practicum and completed the UW Graduate Certificate in Palliative Care. During internship, Victoria aims to build proficiency working on interprofessional teams to deliver evidence-based interventions for psychosocial issues arising for clients, including clients from diverse and underserved contexts, experiencing serious medical illness, such as cancer, including palliative and end-of-life care, along with acute and complex mental health and substance use needs.

Jennifer Villa is a doctoral candidate in Clinical Psychology at the **University of Montana** under the mentorship of Dr. Duncan Campbell. She completed a bachelor's degree in psychology at San Diego State University and worked as a research assistant at the University of California, San Diego, where she secured funding from a NIMH Research Supplement to Promote Diversity in Health-Related Research. Jennifer's research program has broadly focused on suicide risk assessment and prevention. Specifically, her research has examined 1) social cognitive (e.g., negative social appraisals) and cognitive (e.g., insight) risk factors for suicide among individuals with psychotic disorders and 2) barriers and facilitators to suicide screening and assessment in general medical settings. Her dissertation examines attitudes, confidence, and norms as predictors of suicide screening intentions among family medicine residents in training across the country to increase understanding of factors that contribute to the low suicide screening rates among medical providers post-training. Jennifer's clinical work has spanned long-term and brief psychotherapy and assessment across outpatient community mental health, university counseling services, and Veteran Affairs outpatient settings. Jennifer is passionate about suicide prevention, increasing access to quality care for underserved populations,

and diversity, equity, and inclusion efforts. She is excited to continue developing interprofessional skills, strengthening clinical skills in work with trauma, serious mental illness, and substance use, and to contribute to suicide prevention efforts while on internship.

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

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: July 2023

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
N/A	

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.

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:

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.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	37,693	
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