



VA Puget Sound Health Care System, American Lake Division

Clinical Psychology Postdoctoral Residency 2016 - 2017



Community Living Center
VA Puget Sound, American Lake



**Department of
Veterans Affairs**

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Director, Psychology Training

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Acting Psychology Chief



ABOUT THE VA PUGET SOUND HEALTH CARE SYSTEM

Overview

With a reputation for excellence in caring for our Nation's Veterans, VA Puget Sound strives to lead the nation in terms of quality, efficiency and public service. As the primary referral site for VA's northwest region, VA Puget Sound provides care for Veteran populations encompassing Alaska, Washington, Idaho and Oregon. Since its inception, VA Puget Sound Health Care System has distinguished itself as a leader in teaching, research and patient care while earning prestigious recognition as part of the largest health care network in the country. We consider it our privilege to serve the health care needs of more than 80,000 Veterans living in the Pacific Northwest.

In addition to two divisions located at American Lake and Seattle, VA Puget Sound offers services at community-based outpatient clinics. They are located in Bellevue, Bremerton, Federal Way, Mount Vernon, North Seattle, Port Angeles, and South Sound (Chehalis). VA Puget Sound is affiliated with the University of Washington, School of Medicine, in Seattle, WA.

Mission

Honor America's Veterans by providing exceptional and innovative care that improves their health and quality of life.

Vision

The Veterans Health Administration will continue to be the benchmark of excellence and value in health care. Our Mental Health Service strives to provide services reflective of the latest technologies in patient-centered and evidence-based care. We provide this care in engaged, interprofessional teams who support learning, discovery and continuous quality improvement. Our efforts also emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

Core Values

Compassion, Commitment, Excellence, Professionalism, Integrity, Accountability, Stewardship



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

More information on the VA Puget Sound Health Care System can be found at: <http://www.pugetsound.va.gov>

ABOUT THE AMERICAN LAKE DIVISION

The VA Puget Sound Health Care System (VAPSHCS) is comprised of two divisions (American Lake and Seattle), each with its own Psychology Training Program. The American Lake Division of VAPSHCS is located in Lakewood, a major suburb of Tacoma, Washington. Nestled along 1.8 miles of the beautiful American Lake shoreline with Mt. Rainier standing to the East, this Division enjoys one of the most beautiful settings in the VA system. The 378 acres of medical center grounds include 110 acres of natural habitat, 8 acres of lawns, and a 55-acre golf course.



Medical Center Grounds

The American Lake campus was founded in 1923 as the 94th Veterans Hospital built by the War Department for the provision of care to World War I Veterans. The Secretary of the Army authorized, under a revocable license, the Veteran Bureau's use of 377 acres of the 87,000 acre Fort Lewis Army Base property.

The planning committee chose a site on the western shores of American Lake and aspired to build a facility that was both functional and aesthetically pleasing. They chose a Spanish-American architectural style reminiscent of the United States early military structures, such as the Alamo. Many of the stucco and terra cotta buildings are listed on the National Register of Historical Buildings, and are still enjoyed by both patients and staff for their beauty.

The medical center was dedicated in 1924 and chartered with a single mission— neuropsychiatric treatment. On March 15, 1924, the first 50 patients were admitted to the hospital, by transfer, from Western State Hospital at Fort Steilacoom. Over the years, American Lake has grown from its original mission to a national leader in integrated health care.



Club House, Veterans Golf Course

Psychologists, physicians, social workers, nurses and ARNPs, dentists, rehabilitative medicine, physician assistants, and auxiliary staff make up the approximately 800 individuals employed at this campus. American Lake's Psychology Training Program has been training pre-doctoral psychology interns since the 1950s. The postdoctoral residency in clinical psychology began in 2014.

THE TRAINING PROGRAM

Accreditation Status

The Postdoctoral Residency in Clinical Psychology at American Lake is in its initial training years and intends to seek accreditation by the Committee on Accreditation of the American Psychological Association.

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

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

Overview

The Postdoctoral Residency in Clinical Psychology at American Lake provides intensive clinical, administrative, and research training. We view psychology as a leadership profession that drives innovations in clinical care and mental health research. Our training program is open to graduates of APA-Accredited Doctoral Programs who have also completed an APA-Accredited Internship Program or any VA internship training program that has applied for APA accreditation. We currently offer 4 training tracks: Geropsychology (2 positions), Primary Care/Pain Psychology (1 position), and Posttraumatic Stress Disorder (1 position) are all 1 year residences; our Neuropsychology track is 2 years with 2 positions (1 accepted each year). Residents are accorded initial responsibilities commensurate with their skill level at the beginning of the training year. During the training cycle, they can anticipate being challenged to enhance their skills, learn new techniques, and assume greater responsibilities. By the end of each training year, residents are expected to function as full contributing members of the clinical team and be prepared for independent practice. This "hands-on" experience forms the foundation for professional training offered at this facility.

Psychology Setting

The Psychology Service at the VA Puget Sound Health Care System is comprised of over 100 psychologists, 46 of whom are assigned to the American Lake Division. American Lake's Psychology Service, under the leadership of Dr. Natalie Dong, Acting Chief of Psychology, is primarily affiliated with the larger Mental Health Service Line, though consists of additional staff that cut across service lines (e.g., Addictions; Geriatrics and Extended Care; General Medicine Service; Rehabilitation Medicine; and Primary Care).

Training Model and Program Philosophy

The postdoctoral residency at American Lake is based upon the Scientist-Practitioner model. We subscribe to the belief that psychologists pursuing a career in clinical work should implement empirically-based practices and be discriminating consumers of the treatment literature, and that those who engage in research should understand the complexities of clinical work when designing and implementing their studies. Accordingly, while clinical care is the primary focus of the training year, residents are encouraged to participate in research and program evaluation activities to complement this training.

Program Goals and Objectives

The Postdoctoral Residency in Clinical Psychology has three overarching goals:

1. Residents will develop the full range of skills required for independent functioning as a clinical psychologist in their respective specialty area.
2. Residents will receive the advanced training necessary to serve as a leader in their respective specialty area.
3. Residents will engage in the necessary training experiences while a resident to be eligible to sit for ABPP specialty certification in their respective specialty area, if applicable.

Competencies are defined by the general advanced competence domains identified by the American Psychological Association and can be categorized in three areas: core competencies, competencies specific to the clinical psychology residency program (program specific), and those specific to each specialty track (track specific). Residents are expected to demonstrate, by the end of the year, competence in the following areas:

Core Competencies:

Integration of Science and Practice: Resident must demonstrate ability to consult the scientific literature to inform treatment/assessment decisions and case conceptualization. Resident is aware of the psychometric properties of measures used as well as their strengths and limitations and is able to identify the strengths and limitations of the corresponding scientific knowledgebase. She/he consistently uses the scientific method to inform therapy and assessment.

Sensitivity to Individual and Cultural Diversity: Residents must demonstrate an awareness of and sensitivity to individual and cultural differences, (e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, or social economic status), especially as those differences inform the interpretation of assessment results and therapy approach. Resident must demonstrate awareness and sensitivity in working professionally with diverse individuals, groups, and communities. He/she must have an awareness of when to seek consultation about these matters.

Ethical and Legal Awareness and Conduct: Resident must be knowledgeable of ethical and legal issues and must recognize and act appropriately when these issues arise, showing good professional judgment. As such, he/she should be intimately familiar with the American Psychological Association's code of ethics, State of Washington law, and VA ethical standards by the end of the training year. She/he must have an awareness of when to seek consultation about these matters.

Program Specific Competencies:

Intervention Skills: Residents must demonstrate ability to conduct intake evaluations that lead to well-developed diagnoses and appropriate treatment plans, as well as demonstrate strong rapport building skills and an awareness of patients' frames of reference. Resident must demonstrate ability to effectively deliver a variety of interventions tailored to meet the individual needs of a particular client, as well as demonstrate awareness of the therapy process and how to respond to this awareness (e.g., transference/countertransference issues). Resident understands theoretical basis for empirically supported treatments that are implemented.

Assessment Skills: Resident demonstrates the ability to independently administer and interpret tests of cognitive performance and objective personality measures and to select, administer, and interpret other tests in resident's area of practice that are clinically indicated. Resident is able to perform clinical interviews and to organize and consolidate information in a meaningful way to address referral questions. Resident administers, scores, and writes reports in a timely manner and consistently demonstrates skill in conducting feedback interviews and explaining results and recommendations to clients.

Professional Relationships and Communication: Resident addresses colleagues, staff, patients, and family members respectfully and courteously. Consistently demonstrates an understanding of own emotional reactions and uses them constructively. Consistently demonstrates positive coping strategies with personality and professional challenges such that professional functioning and quality patient care is maintained. Resident seeks out consultation when needed and accepts responsibility for own actions across settings and contexts.

Teaching and Education: Resident demonstrates knowledge of theories of learning and incorporates those theories into teaching strategies. Demonstrates clear communication skills. Demonstrates accommodation of teaching methodologies to individual differences in audience. Understands how to evaluate teaching practices and incorporates feedback to modify current and future teaching strategies.

Please note that track-specific competencies can be found under the descriptions of training tracks.



THE TRAINING YEAR

Program Structure

The postdoctoral residency begins in **September** every year. **The dates for the 2015-2016 training year are September 6, 2016 to September 1, 2017.** Specific track information is listed following the general program description.

Seminars and Educational Offerings

Education is an integral part of the training year, with a variety of available opportunities. Psychology residents play an important role in shaping these didactic and other educational experiences by completing evaluation forms and participating in periodic reviews with the Training Director(s).

Core Postdoctoral Residency Seminars:

Postdoctoral Seminar Series: All **psychology** residents will participate in **monthly** didactic seminars pertaining to development of competencies as a professional, independent clinical psychologist. These seminars will be facilitated by Drs. Sylvers and Fikkan (Training Directors) and cover topics including ethical practice, preparation for EPPP and licensure applications, ABPP certification, among others.

Specialty Track Seminar Series: Residents will attend **weekly** seminars in their specialty track. These seminars will be provided by track faculty along with other invited guest speakers, and include a range of topics germane to the specialty track (please see specific track information for details).

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

Geriatric Research, Education, and Clinical Center Seminar Series: The GRECC Seminar Series is a monthly continuing education program for the psychology faculty and trainees at the American Lake Division. Topics and presenters are quite varied although the primary focus is memory disorders. Presenters are drawn from within the VA, nearby educational and governmental institutions. **This is an optional training activity.**

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

UW Psychiatry Grand Rounds: Grand Rounds is a Department of Psychiatry & Behavioral Sciences Continuing Medical Education program, which consists of a series of educational lectures. Speakers at the Grand Rounds include both Department faculty and speakers from other institutions around the country. **This is an optional training activity based on relevance to resident's interest.**

Madigan Professional Development Series: The American Lake Division enjoys a strong training relationship with Madigan Army Medical Center, located at nearby Joint Base Lewis-McCord. American Lake interns are regularly invited to join active duty Army psychology interns and residents for a number

of educational and training experiences over the course of the training year. **This is an optional training activity based on relevance to resident's interest.**

Other Off-Site Training Opportunities: Additional off-site training opportunities are available over the course of the training year through the University of Washington, Seattle Division of the VA Puget Sound Health Care System, Western State Hospital, as well as other local trainings/experiences. In addition, interns are encouraged to participate in unsponsored training and academic experiences such as the APA annual conference, the annual conference of the Association of VA Psychology Leaders, and Washington State Psychological Association. These events may be approved for Authorized Absence on a limited case-by-case basis.

Supervision

Formal supervision (i.e., scheduled face-to-face individual contact) is provided for at least two hours per week. Two additional hours per week of structured supervision and/or various forms of on-the-spot consultation and supervision (e.g., group observation, co-facilitation and debriefing, team meetings, staff meetings, ongoing case consultation and supervision forum, and consultation with the Training Director) are also provided. Overall responsibility and coordination of supervision and training rest with the Psychology Training Directors at American Lake, in conjunction with the Training Committee and the Deputy Chief, Psychology Service.

Supervisors vary in their theoretical orientation and supervisory style. Each, however, is committed to providing a meaningful training experience, with the supervisory process being central to that experience. A training agreement is negotiated between the resident and supervisor at the beginning of the year, addressing the content and goals of the rotation and focus of the supervisory sessions. The supervisor's goal is to establish a collegial supervisory relationship in which both participants benefit professionally from the experience. A formal quarterly discussion between the resident and their supervisors addresses progress in meeting specified goals and allows for mid-course corrections as needed.

In a variety of training settings, Residents also have the opportunity to develop supervision skills by participating in vertical supervision and consultation. The residency program is committed to providing training and supervised experience using competency-based supervision with interns from our APA accredited internship program. Vertical supervision and consultation opportunities are designed to address the specific training needs identified in each Resident's training plan, targeting the development of competence in specific supervision skills.

Evaluation

Each supervisor provides quarterly, formal evaluations of the resident's performance. These evaluations are based not only upon the core and specialized competencies, but also upon the achievement of the agreed upon goals and professional performance expectations that served as the focus of supervision throughout the year. These evaluations are discussed by the supervisors and resident and can be modified by their consensus. Evaluations are retained after the residency is completed and provide a basis for letters of recommendation.

Diversity

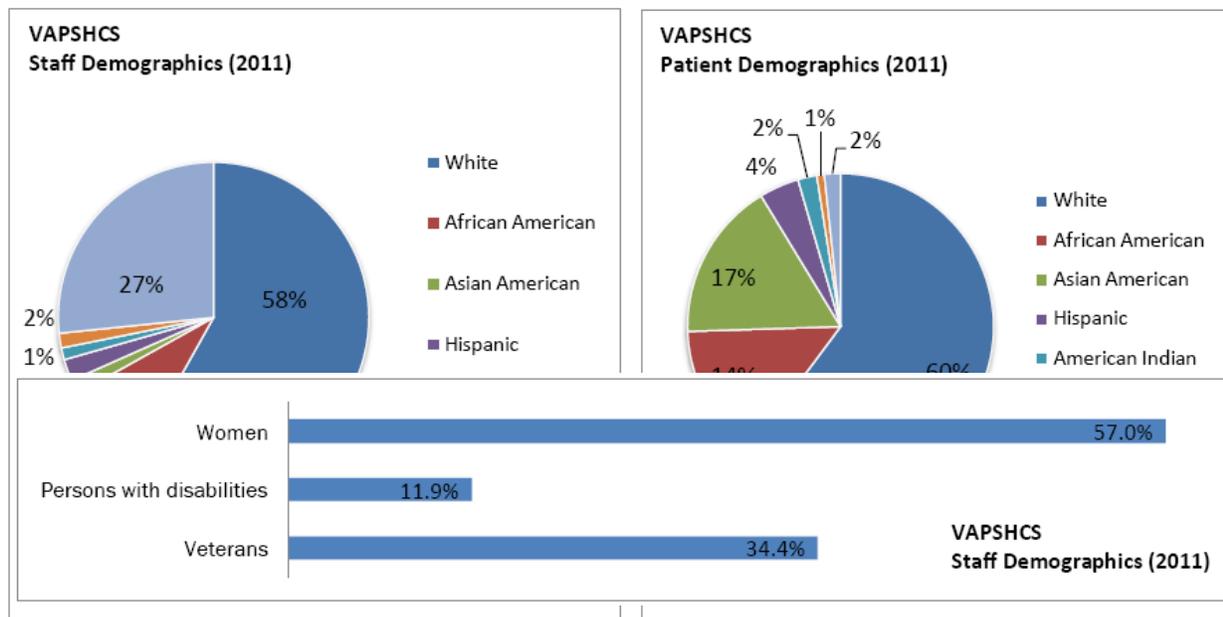
The psychology training program at VA Puget Sound American Lake is sensitive to individual differences and diversity, and is committed to practice that is culturally sensitive. We value greatly the complexity and richness of cultural diversity, and strive to foster an environment that actively promotes diversity

(e.g., age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, or social economic status). Moreover, the concept of diversity is a central component of the internship training experience.

Training Experiences: A number of clinical and training opportunities exist within the program, including participation in the American Lake Division’s Diversity Committee. This Committee is part of a national network of VA workgroups that challenge trainees and faculty alike in their awareness and implementation of individually and culturally informed best practices. Sensitivity to individual and cultural diversity is a core competency in this program.

There are a number of ways for residents to participate in Diversity Committee-related activities. For example, trainees are encouraged to participate in monthly Diversity Committee meetings. These meetings provide opportunities to discuss Committee-related activities such as the Mentoring Program, seminar and didactic presentations related to multiculturalism, and developing new learning opportunities for the Psychology Service. In terms of the Diversity Mentorship Program, residents are encouraged participate in this program by serving as Diversity mentors while also receiving mentorship from staff members. This tiered approach to mentorship has been found to be valuable in many ways, including increasing knowledge and ability to function in the unique role of a mentor. In addition to the Mentorship Program, Diversity Committee members have created a Diversity Resource Library, available to all trainees and staff to enhance their practice and increase their cultural knowledge. The Diversity Committee is very interactive and encourages trainees to consider the impact of multicultural issues in everyday clinical and research practice.

Community Experiences: The Pacific Northwest has a history of richness in diversity. Washington State is home to over 60 Native American tribes, and has one of the highest concentrations (nationwide) of military personnel with Joint Base Lewis-McCord (Army/Air Force) just a few miles away from American Lake. Rich in the arts, the greater Puget Sound is home to a wide range world class venues to include Seattle Symphony, Pacific Northwest Ballet, Seattle Art Museum, Tacoma Museum of Glass, UW Arts Series, Seattle Men's & Women's Chorus, Bumbershoot and Folk-life Festival, to name a few.



As the American Lake Psychology Training program enjoys a long history of providing excellent training, it is well-integrated into the VA Puget Sound and VISN 20 Northwest Network training infrastructure. The full resources of VA Puget Sound, affiliated with the University of Washington, are available to trainees in this program. The Psychology Training Program at American Lake has had training exchanges with Joint Base Lewis McCord and Western State Hospital, as well as the Seattle Division of the VA Puget Sound Health Care System, local Veterans Centers, and VA Community Based Outpatient Clinics. The Center for Education and Development at VA Puget Sound oversees all academic and continuing education activities for our facility, which includes over 1,600 academic trainees and more than 2,700 employees. There are two branch libraries as well as our medical media services.

In addition to the interprofessional core clinical staff and faculty, trainees receive support from administrative staff. Mental Health Service at American Lake has allocated necessary clinical space and equipment to insure high quality training in the service of veterans' healthcare. There is dedicated office space as well as laboratory space in the research areas. State of the art equipment made available for the training program includes computers for staff, phones, video teleconference, FAX machines, and copy machines. The medical record is completely computerized at this facility, so appropriate training and ongoing resources for using it effectively is available as are a full selection of psychological assessment materials.

Supervisory staff meet monthly to review residents' progress as well as to discuss general issues related to the training program.

Requirements for Completion

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

In order for residents to successfully complete the program they must:

- Residents are rated on a Likert-type scale ranging from "1" (Unsatisfactory Resident Performance) to "5" (License Eligible).
- For all training rotations, obtain ratings of at least a "3" ("Entry Level ") in 100% of the Competency Rating areas on the Quarterly Rotation Evaluations and obtain ratings of at least a "4" ("Meets Expectations of Advanced Postdoctoral Resident") on 100% of the Competency Ratings areas on the Supervisor's End of the Year Rotation Evaluation.
- No items in Competency Ratings areas will be rated as a "2" or below at any point.
- Attend and actively participate in each of the required seminars and training activities listed above.
- Demonstrate progress in those Competency Ratings areas that have been rated at a "3" or lower.
- Not be found to have engaged in any significant ethical transgressions.

Administrative Policies and Procedures

Holidays and Leave: See OAA national policies, as well as the Office of Personnel Management website (<http://www.opm.gov>) for full information on leave and benefits for VA personnel. Residents receive 10 annual federal holidays. In addition, residents accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period as a resident, for a total of 104 hours of each during the year.

Authorized Absence: According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training. Requests for Authorized Absence are reviewed on a case by case basis by the Training Directors.

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

Due Process: Impairment and grievance procedures are consistent with VA Human Resource regulations.

Stipend: Residents receive a competitive stipend paid in 26 biweekly installments. VA residency stipends are locality adjusted to reflect different relative costs in different geographical areas. The last stipend increase went into effect in February, 2010. Currently, the stipend at American Lake is \$45,070 annually.

Benefits: Residency appointments are for 2080 hours, which is full time for a one year period. American Lake's Residency begins September 7, 2015. VA residents are eligible for health insurance (for self, spouses, and legal dependents) and for life insurance, just as are regular employees.

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

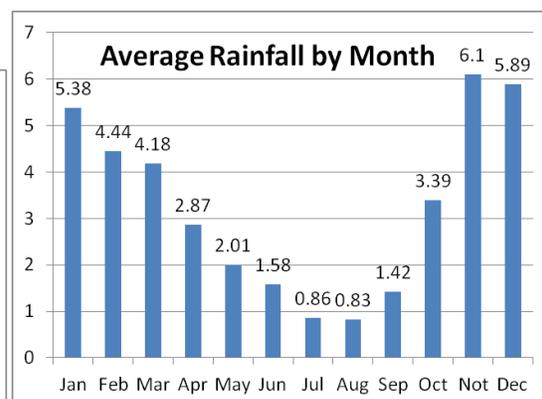
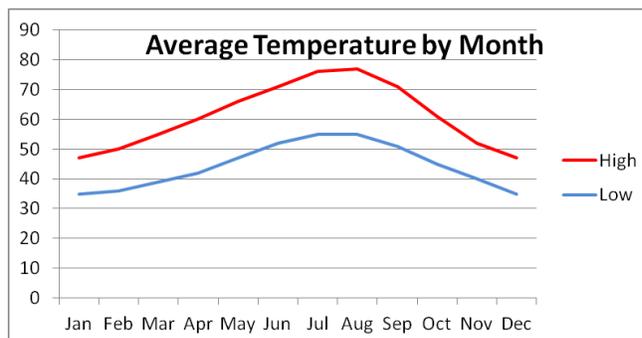
NORTHWEST LIVING

The American Lake Division of the VA Puget Sound Health Care System is located in Lakewood, a residential suburb of Tacoma, Washington. Lakewood, a city of about 58,000 people, is located within Pierce County (population of 795,225). Downtown Tacoma is 13 miles from Lakewood, and Seattle is about an hour away by freeway.

The population of the greater Puget Sound region is approximately 3.9 million. The Puget Sound holds two of the United States' busiest ports: the Port of Seattle and the Port of Tacoma. As such, the area has historically been an international hub for transportation, shipping, and industry. It is now also known for being the home of high technology development, the aerospace industry, and its military bases, some of which include Joint Base Lewis-McChord (Army/Air Force). In fact, the American Lake Division shares its border with Joint Base Lewis-McChord (JBLM). JBLM is a joint military base of the United States Army and Air Force located in Pierce and Thurston Counties in Washington. The joint base was established in February 2010 from the merger of two previously separate but geographically contiguous military bases: the Army's Fort Lewis and the Air Force's McCord Air Force Base. JBLM has more than 25,000 soldiers and civilian workers. The post supports over 120,000 military retirees and more than 29,000 family members living both on and off post. Fort Lewis proper contains 86,000 acres, while McCord Field sits on approximately 3,712 acres. The principal Army maneuver units stationed at JBLM are U.S. I Corps, 2nd Brigade, 3rd Brigade and 4th Brigade 2nd Infantry Division; all of which are constituted as Stryker brigades. It is also home to 17th Fires Brigade, the 62nd Medical Brigade, the 593rd Sustainment Brigade, the 555th Engineer Brigade, the 42nd Military Police Brigade, the 201st Battlefield Surveillance Brigade, the 11th Signal Brigade, the I Corps NCO Academy, Headquarters, the Western Region Cadet Command, the 1st Personnel Support Group, 1st Special Forces Group (Airborne), 2d Ranger Battalion, the 75th Ranger Regiment, and Headquarters, 5th Army (West). Air Force units on JBLM (at McCord Field) include 62nd Airlift Wing, 446th Airlift Wing. The 1st Air Support Operations Group provides Air Liaison Officers for I Corps.

Climate

The area enjoys a temperate marine climate with infrequent summer and winter extremes. Although rainy days are frequent during the winter months, rainfall amounts are typically light to moderate. There is usually at least a few days of snow at sea level during the winter months.



Transportation

Most employees commute by car and are rarely more than 25 minutes driving time from American Lake, but some do commute from Seattle. The local bus system provides regular transportation throughout the Tacoma area. Seattle-Tacoma International Airport, 25 miles away, provides worldwide travel through many commercial airlines on frequent schedules. Rail and bus travel is similar to that of other major US cities.

Recreational Facilities

"Sea level to ski level in two hours" is no exaggeration. Puget Sound, which is five miles away, has 20,000 shoreline miles with bays, coves, and islands to attract the boating, fishing, and clamming enthusiasts. Mount Rainier (14,400 ft), Crystal Mountain, Alpental, Snoqualmie Pass, and other nationally known winter sports areas are within 75 to 100 miles. Sekiu, Westport, LaPush, and other Pacific Ocean sites provide excellent deep sea fishing for salmon and bottom fish. There are more than 15 public golf courses within 20 minutes driving time from the Medical Center, most of which are open year round. The range of outdoor activities is extensive; among the most popular are skiing, boating, biking, fishing, backpacking, and mountain climbing. The scenic beauty of the Cascade and Olympic Mountain ranges, the ocean, Puget Sound and its islands, and many national and state parks are all easily accessible over excellent highways.

Entertainment

Tacoma and Seattle have many fine restaurants and nightspots, some of which are even affordable on an intern's stipend. The Pacific Northwest is known for good theater, and Tacoma is no exception. Community and college playhouses abound. Several new art centers have recently been completed. Spectator sports of all kinds are available within the Seattle-Tacoma area, including college and professional baseball, basketball, soccer, and football, as well as horse, automobile, and hydroplane racing. The Tacoma Dome provides many exciting events including ice hockey, rodeos and exhibitions as well as wide ranging concerts.

Culture and the Arts

The Tacoma and Seattle area also hosts a diverse array of cultural history and arts venues ranging from museums to theaters to community parks and gardens. Although most of these outings carry an admission fee, many of the public venues have free admissions on certain days of the month. Free museum days, for example, are on the first Thursday of every month in Seattle and the third Thursday of every month in Tacoma. For more information on the diversity of offerings in the Pacific Northwest, please visit the Chamber of Commerce sites below:

APPLICATION PROCEDURES

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

- 1) Compliance with Eligibility Requirements for all VA Psychology Training Programs, articulated at: www.psychologytraining.va.gov/eligibility.asp
- 2) Completion of an APA approved graduate program in clinical, counseling, or professional-scientific psychology
- 3) Completion of an APA-accredited pre-doctoral internship any VA internship training program that has applied for APA accreditation.
- 4) U.S. Citizenship
- 5) Completion of our application materials

Note: All applicants who are male U.S. citizens born after December 31, 1959 who are not otherwise exempt must show proof of Selective Service registration as part of their VA application. Acceptance of residents is contingent upon the results of a background check and possible drug screening.

Equal Employment Opportunity and Prohibited Discrimination

VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation. VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361.

Required application materials must be submitted by:

Geropsychology Track:	January 1, 2016
Neuropsychology Track:	January 1, 2016
Primary Care/Chronic Pain:	January 1, 2016
Posttraumatic Stress Disorder Track	January 1, 2016

Required application materials include:

1. Graduate Transcripts
3. Three Letters of Recommendation
4. Curriculum Vita
5. Work sample: One de-identified clinical case conceptualization that includes diagnostic formulation, treatment goals, intervention strategy, and how clinical choices were informed. For the neuropsychology track, please submit one de-identified comprehensive assessment report.

All application materials should be uploaded to the APPA CAS system:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Candidates will be notified of interview status by the following dates:

Geropsychology Track:	January 16, 2016
Neuropsychology Track:	January 16, 2016 (Interview will be conducted at the International Neuropsychological Society conference or by-phone)
Primary Care/Chronic Pain Track:	January 16, 2016
Posttraumatic Stress Disorder Track	January 16, 2016

Residency offers will be made on Monday, March 7, 2016 per the 2016-2017 APPIC Selection Guidelines. More information on the APPIC selection guidelines (for both postdoctoral programs and postdoctoral applicants) can be found at: <https://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>.

Questions about the residency programs and application process should be directed to the training director, Dr. Sylvers: patrick.sylvers@va.gov



GEROPSYCHOLOGY TRACK

Preceptor: Kimberly Hiroto, PhD

VA Puget Sound Healthcare System, American Lake Division (116a)
9600 SW Veterans Drive
Tacoma, WA 98493
Telephone: (253)583-1210
Email: Kimberly.Hiroto@va.gov

Length of Training: One year

Number of residents: 2

Overview: The mission of the training program is to prepare Residents to function as independent scholar practitioners in the field of clinical geropsychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of biopsychosocial issues related to aging and treatment of those issues. The program adheres to the Pike's Peak Model (*Knight et al., American Psychologist, 2009, 64, 205-214*) for specialty training in professional geropsychology, as described by Division 12, Section II of the American Psychological Association (APA), and meets post-doctoral training requirements for board certification, as specified by the American Board of Geropsychology.

The residency year is split between two major rotations and one area of emphasis.

Major Rotations

Community Living Center / Primary Care: Residents spend 40% of their time over the course of the year training in the Community Living Center (CLC) and in the Geriatric Primary Care Outpatient Clinic. Additional experiences affiliated with primary care include the Blind Rehabilitation service and the Amyotrophic Lateral Sclerosis (ALS) clinic. Dedicated in 2010, the CLC at VA Puget Sound American Lake is a state-of-the-art, LEED-certified facility based around a new 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 as a whole, based on their individual medical, psychological, social, and spiritual needs. Residents training at the primary care settings will work in an interprofessional context including physicians, nurses, social workers, occupational therapists, recreational therapists, dietitians, physical therapists, and chaplains. This part of the fellowship is housed in the Geriatrics and Extended Care Service Line which has its own accredited Geriatric Medicine Fellowship; the psychology resident will be integrated into these training experiences as appropriate. The resident will be responsible for direct patient care, consultation, and staff education. The primary supervisor for the primary care portion of the fellowship is Dr. Lane.

Primary Care Mental Health Integration (PCMHI): Residents train for 40% of their time in the PCMHI clinic, housed within the Primary Care service line. The goal of the PCMHI clinic is to improve the health care of Veterans by increasing the integration of behavioral health prevention and mental health treatment services into the primary care setting. The PCMHI clinic is an interprofessional outpatient mental health service embedded within Primary Care.

The Geropsychologist's role within this clinic is newly established to meet the need for aging expertise in outpatient medical settings given the tendency for older adults to seek mental health services within primary care. The residents' work in the PC-MH clinic helps address the need for whole-person care by

providing direct mental health services (psychotherapy, brief cognitive testing, behavioral activation, motivation interviewing) across the lifespan with a focus on treating older adults presenting to primary care appointments. This approach allows residents to clarify the nuanced differences in treating various age groups and demographics and provides experience serving older adults in an outpatient setting. Residents' responsibilities also include offering consultation to mental health and primary care providers treating older adults and affords opportunities for staff education within a broad interprofessional team about issues related to aging (e.g., normative/non-normative cognitive decline). There will be opportunities for program development, particularly with regard to brief, group-based interventions that can address the specific needs of an aging population. In addition, residents will be encouraged to engage in supervision of pre-doctoral psychology interns rotating through the PC-MH clinic, under the supervision of geropsychology residency faculty.

Residents may also participate in the Geriatric Specialty Clinic which serves older adults with particularly complicated medical and/or psychiatric presentations requiring geriatric specialization. Housed within a multidisciplinary geriatric medical team, this clinic offers opportunities for longer-term psychotherapy with particularly complicated older adults whose care requires an interprofessional approach. Additional (optional) opportunities include involvement in the Puget Sound VA Ethics Consultation Service, which consists of an interdisciplinary team of providers (majority housed in the Seattle VA) who consult on ethical quandaries raised by other VA providers. Opportunities exist to collaborate on ethical consults at the American Lake VA (discuss ethical dilemmas with the referring providers, consider VA policies and relevant discipline-specific guidelines) and draft reports outlining recommendations.

Dr. Hiroto serves as the primary supervisor for the PC-MH clinic and serves as the American Lake representative for the Ethics Consultation Service. Supervisory responsibilities within the Geriatric Specialty Clinic are shared between Drs. Hiroto and Lane.

Area of Emphasis

Residents choose one of three areas of emphasis over the course of the training year as their third rotation. They will spend 20% of their time participating in their chosen area over the course of the year. The three areas of emphasis are:

Dementia Special Care Unit (DSCU): Residents choosing the DSCU as their area of emphasis gain exposure to specialized therapy approaches, specialty assessments, and non-pharmacological interventions to manage challenging behavioral issues. The DSCU team comprises geriatricians, geropsychiatrists, chaplains, nurses, nurse practitioners, social workers, rehabilitation specialists, dietitians, and geropsychologists. Residents' primary responsibilities include providing direct patient care, family consultation, and staff education. Additionally, residents have the opportunity to supervise psychology interns in DSCU. Dr. Lane is the primary supervisor in the Dementia Care Unit.

Hospice Care: Residents choosing Hospice Care as their area of emphasis gain exposure to the unique clinical, ethical, and legal challenges in this area of work. As part of this experience, residents work in an interprofessional setting comprising physicians, nurse practitioners, social workers, nurses, chaplains, rehabilitation therapists, dietitians, volunteers, and geropsychologists. Residents' role on the unit would be providing direct patient care, assessment, staff education, and consultation. Dr. Lane is the primary supervisor in Hospice Care.

Telemental Health: Within VA, there is a growing emphasis on the development and use of Telemental Health services to reach rural and highly rural Veterans as well as provide services to those for whom traveling to the clinic is otherwise contraindicated. As part of this experience, residents would work through the primary care service's telemental health program to deliver psychotherapy services using telehealth technology. Dr. McCann is the primary supervisor in telemental health.

Clinical Geropsychology Specialization Competencies

Clinical Geropsychology has been recognized as a proficiency area by the American Psychological Association and the related guidelines for competence have been approved by APA Council in 2003; they appear on the APA website. This emphasis area involves training in the following thirteen areas of competency:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging
- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Special issues in assessment of older adults
- Treatment of older adults
- Prevention and Crisis intervention Services with older adults
- Consultation
- Interface with other disciplines
- Special ethical issues in providing services to older adults.

Didactics: In addition to participation in the monthly general seminar attended by all residents, geropsychology offers a number of specialty specific didactics. Weekly geropsychology lectures are designed to prepare the resident for board certification.

Required:

- Geropsychology Seminar Series – Approximately one hour per week
- Geriatric Research, Education, and Clinical Center Lectures Series – One hour per month
- Interprofessional Didactic Series – One hour per month
- Geriatric Medicine Journal Club
- Psychology Service Journal Club—One hour per month
- Psychology Service Didactic Series—One hour per month

Optional:

- University of Washington, Geriatric Medicine Grand Rounds – One hour per month;
- University of Washington, Psychiatry Grand Rounds – One hour per month.
- Neuropsychology Seminar Series

Core training faculty:

Douglas Lane, PhD, ABPP is a geropsychologist assigned to the Geriatrics and Extended Care Service. He also is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine. He completed a Ph.D. in Clinical Psychology through the University of Kansas, pre-doctoral internship training in the United States Army Medical Department, and a post-doctoral fellowship in psychology through the Yale University School of Medicine. He is board-certified in Geropsychology and Clinical Psychology by the American Board of Professional Psychology (ABPP), and is a member of the ABPP/American Board of Geropsychology itself. Additionally, Dr. Lane serves on the board of the Council of Professional Geropsychology Training Programs. He is licensed in Washington State. He is a former United States Army officer as well. Interests include older adult mental health care, healthy aging, mental health service in long term care settings, and clinical instruction/training. His theoretical orientation is integrationist, incorporating cognitive-behavioral, interpersonal, existential, and contemporary psychodynamic systems.

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

Russell McCann, PhD is Deputy Director of the Promoting Access through Telemental Health (PATH) Service. Dr. McCann received his PhD in Clinical Psychology from Seattle Pacific University, completed internship at Washington State University Counseling and Testing Services and his postdoctoral fellowship in Military Research Psychology at the National Center for Telehealth and Technology. Dr. McCann is a licensed psychologist in Washington. Dr. McCann specializes in mental health services delivered via clinical video teleconferencing (CVT). He has a broad interest in using technology to augment and facilitate access to mental health care. Dr. McCann has been trained in the use of behavioral activation (BA), cognitive processing therapy (CPT), prolonged exposure therapy (PE), and virtual reality exposure therapy (VRET). Dr. McCann is an acting assistant professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington and maintains an academic focus on the use of technology in mental health care. Dr. McCann's administrative duties center around the management and expansion of telemental health operations.

NEUROPSYCHOLOGY TRACK

Preceptor: Brett Parmenter, PhD, ABPP

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Length of Training: Two years

Number of residents: 1 (per year)

Overview: The mission of our training program is to prepare residents to function as independent practitioners in the field of clinical neuropsychology. The resident will be affiliated with the Outpatient Mental Health Neuropsychological Consult Service and the Center for Polytrauma Care. The program is designed to prepare residents for careers focused on outpatient neuropsychological evaluations and treatment, with particular expertise in working with Veterans. Training will include attention to military culture, VA-specific issues, and common symptom presentations in Veteran populations. Clinical, didactic, and scholarly activities are aimed at developing advanced knowledge of brain-behavior relationships. The program adheres to the Houston Conference standards (*Archives of Clinical Neuropsychology*, 1998, 13, 160-166) for specialty training in clinical neuropsychology, as described by Division 40 of the American Psychological Association (APA).

Goals: Postdoctoral education and training is designed to promote an advanced level of competence in the specialty of clinical neuropsychology. This includes expertise within the seven core domains highlighted in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (assessment, intervention, consultation, supervision, research and inquiry, consumer protection and professional development). An overarching goal is to prepare residents for successful completion of board certification in clinical neuropsychology through the American Board of Professional Psychology/American Board of Clinical Neuropsychology.

At the completion of the residency, residents are expected to demonstrate the following:

1. Development of advanced skill in neuropsychological evaluation, treatment and consultation with patients and professionals sufficient to practice on an independent basis;
2. Development of advanced understanding of brain-behavior relationships;
3. Scholarly activity, e.g., submission of a study or literature review for poster presentation, publication, platform presentation;
4. A formal evaluation of competency in Criteria 1 through 3;

Program Structure: At minimum, the resident will see 2-3 neuropsychological cases per week across various clinics (as described below). They will also conduct individual and group psychotherapy that primarily focuses on cognitive remediation and psychoeducation; the frequency and intensity of therapy involvement may vary depending upon prior training experiences and career goals. Psychological interventions will also include feedback about assessment results and education for the patient and families.

The first year of the residency program will focus on general training in advanced skills needed for professional practice in clinical neuropsychology. In the second year, the resident will have the opportunity to work with faculty to develop a more individualized training plan that best fits their training needs and career goals, and may request additional training within an area of focus or specialty clinic. This may include geriatric neuropsychology, supervision of more junior trainees, or program development/evaluation. Throughout both years, training will address issues specific to Veteran populations and military culture. The level of training in these areas will depend on the experience and background of the resident. Residents will work with a variety of neuropsychology supervisors during the course of their residency. Currently, four neuropsychology faculty contribute to supervision.

Outpatient Mental Health Neuropsychology Consult Service: Residents serve as consultants and provide assessments as part of Mental Health Neuropsychology. Patients are referred to this service from a variety of sources; referrals typically include traumatic brain injury, dementia, epilepsy/seizure, stroke, and cognitive dysfunction secondary to a medical or psychiatric conditions. The resident may also elect to participate in capacity referrals or the cognitive component of an organ transplant evaluation when available. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and feedback to patients, family members, and the referral source. The majority of evaluations are completed at the Mental Health Clinic, although neuropsychological evaluations may also be completed through the Community Living Center. Opportunities for neuropsychology-specific group interventions are available and include psychoeducational/cognitive rehabilitation interventions.

Center for Polytrauma Care: The VA Polytrauma System of Care provides comprehensive, interdisciplinary care to Veterans who have sustained traumatic brain injuries. At VA Puget Sound, services are provided on an outpatient basis to individuals in the postacute phase. We serve as the consultation and referral site for the geographic region of Alaska, Idaho, Oregon and Washington. The majority of our patients are Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND), have sustained one or more deployment-related mild TBIs/concussions, and typically present with co-occurring posttraumatic stress symptoms and chronic pain. We also receive referrals to assist with care planning for other populations served through the Rehabilitation Care Service, such as stroke, brain tumor, and anoxic/hypoxic injury. Our Polytrauma team is comprised of professionals from several disciplines, including physiatry, speech-language pathology, occupational therapy, physical therapy, recreational therapy, vocational rehabilitation, social work, and nursing.

Neuropsychology contributions in the Center for Polytrauma Care are wide-ranging, depending on Veterans' presenting concerns and prior treatment history. Residents will gain experience determining when cognitive assessment is indicated, and will be exposed to the many other roles that neuropsychologists can play in healthcare settings. They will further their understanding of the complex relationships between neurological, emotional, and personality factors, and how these interact with pain, sleep, motivational issues, and other variables to influence cognitive functioning. A strong emphasis is placed on psychoeducation to Veterans and family members, and on facilitating connection with relevant care offerings. When testing is performed, this emphasis is reflected in written reports and feedback to patients, with the overarching goal of turning recommendations into action. Commensurate with their prior experience and training, residents will conduct individual and group psychotherapy and cognitive skills training. They may also develop intervention skills in coping and adjustment to disability. Advanced trainees will have the opportunity to work with a psychometrist.

Didactics: In addition to participation in the monthly general seminar attended by all Residents, neuropsychology offers a number of specialty-specific didactics. Weekly neuropsychology and rehabilitation psychology lectures are designed to prepare the resident for board certification. Residents help to organize the weekly in-house neuropsychology seminar series, which includes presentations by clinical neuropsychology supervisors and research staff, VA neurologists, and neuropsychology residents and interns.

Required:

- Neuropsychology Seminar Series – one hour per week
- Neuropsychology Journal Club – one hour per month
- Interprofessional Didactic Series – one hour per month
- Psychology Service Journal Club—one hour per month
- Psychology Service Didactic Series—one hour per month

Optional:

- Rehabilitation Psychology Didactic Series- one hour per week
- Geriatric Research, Education, and Clinical Center Lectures Series – two hours per month
- University of Washington, Neurology Grand Rounds – one hour per month
- University of Washington, Psychiatry Grand Rounds – one hour per month

Core training faculty:

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

Sarah Noonan, PhD is a clinical neuropsychologist in Rehabilitation Care Services, working primarily within the Center for Polytrauma Care. She earned her Ph.D. in Clinical Psychology, with a specialization in neuropsychology, from the San Diego State University/University of California, San Diego joint doctoral program. She completed her internship and postdoctoral fellowship within the VA Boston Healthcare System, where she received advanced clinical training in neuropsychological assessment, cognitive rehabilitation, and evidence-based treatments for PTSD, and conducted research within the Boston Attention and Learning Laboratory and the VA Boston Neuroimaging Research Center. She is licensed in Washington State. Her professional interests include mTBI/concussion diagnosis and treatment in combat Veterans, holistic cognitive interventions, and neuroplasticity.

Brett Parmenter, PhD, ABPP is a clinical neuropsychologist in the Mental Health Clinic. She received her PhD in Clinical Psychology from the University of Kansas. She completed her pre-doctoral internship at Yale University School of Medicine and her postdoctoral fellowship in Clinical Neuropsychology at State University of New York at Buffalo School of Medicine and Biomedical Sciences. She is licensed in the state of Washington and is Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She is board certified in Clinical Neuropsychology through the American Board of Professional Psychology/American Board of Clinical Neuropsychology. She is a Board Member of the American Academy of Clinical Neuropsychology Foundation, where she serves as Secretary and Chair of the Development Committee. Clinical and research interests include cognitive functioning in multiple sclerosis, performance validity testing, and how medical and mental health factors contribute to cognitive complaints.

Troy J Stettler, PsyD is a neuropsychologist in the Mental Health Clinic. He earned his Psy.D. in Clinical Psychology from Pacific University, Oregon. He completed his clinical internship at the Pittsburgh VA and a two-year postdoctoral fellowship in Clinical Neuropsychology at the Loma Linda VA. He is licensed in the state of California. Clinical/research interests include performance validity testing and utilization of neuropsychology within the VA system. He is also interested in differing approaches to neuropsychological feedback.

Primary Care/Chronic Pain Track

Co- Preceptor: Mary Catherine Kane, PhD

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Co-Preceptor: Lauren Hollrah, PsyD

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Length of Training: One year

Number of Trainees: 1

Overview: The PCMHI/Pain Residency is an opportunity to advance competence in those skills that will allow the resident to function as an independent psychologist at the conclusion of the training year, with competence in working within a PCMHI/Pain setting. To reach this goal, the resident will be immersed in an array of clinical experiences that will allow for further development of assessment, case conceptualization and treatment planning, psychotherapy (individual, group), and consultation/liaison, with a chronically ill patient population and/or those seeking healthy lifestyle changes. In addition to direct clinical work, residents will have the opportunity to develop professional skills, particularly as they relate to diversity, ethics, and legal issues, and will devote time to scholarly inquiry activities.

Primary Care Mental Health Integration (PCMHI)

The resident in PCMHI practices consultation, collaboration, and intervention within a primary care medical setting. The resident spends most of his/her time training in a fast-paced, dynamic environment with Patient Aligned Care Teams (PACT). As part of this training, the resident provides a variety of behavioral health services including same day “curbside” consultation and treatment collaboration, functional assessments, and risk assessments. The resident will receive training in the use of brief evidence based treatments to improve veteran psychological well-being and health functioning with an emphasis in chronic pain management.

The resident attends weekly Primary Care staff and nursing meetings and daily PACT “huddles.” An important emphasis throughout the residency training year is: learning to develop strong, collaborative working relationships with PACTs; to decrease stigma related to the utilization of behavioral health services among Veterans; and to improve Veterans’ health using brief, evidence based interventions targeting health behavior change.

The resident will receive training in Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, mindfulness meditation, and hypnosis strategies for chronic pain. Ample opportunity will be available to engage in program development activities designed to integrate chronic pain management in primary care by providing staff education, collaborative behavioral health interventions that support

medical treatment, shared medical appointments and individual and group-based treatments. Research opportunities are also available.

Pain Clinic

The outpatient pain clinic and functional restoration programs are part of anesthesiology service line and are staffed by psychologists, physician assistants, nurse practitioners, nurses and physical therapists. The functional restoration program consists of a time-limited and intensive treatment experience. A core tenant in treating chronic pain is whole-person and patient-centered health care, and this rotation facilitates interprofessional training at its core. The resident's training opportunities include conducting interprofessional clinical interviews, administering evidence-based group and individual psychotherapy related to chronic pain management, and consultation with providers from other clinics. The primary theoretical framework for intervention is Acceptance and Commitment Therapy. Residents would also gain familiarity with other evidence-based interventions, such as mindfulness-based interventions, cognitive behavioral therapy, self-hypnosis, and Mantram repetition.

Goals: Postdoctoral education and training is designed to promote an advanced level of competence in the specialty of clinical psychology, with particular emphasis on functioning within primary care teams and in service of Veterans with chronic pain and other health limitations. The resident and his or her primary supervisor will collaborate to devise a training plan that is based on the resident's training goals and needs, previous experience, and patient care needs.

At the completion of the residency, residents are expected to demonstrate the following:

- Development of advanced skill in delivering time-limited psychological services within outpatient and residential interprofessional medical settings;
- Development of advanced understanding of the relationship between chronic physical illness/pain and psychological distress;
- Preparation for board certification in clinical psychology by the American Board of Professional Psychology.

Didactics: In addition to participation in the monthly general seminar attended by all Residents, this residency offers a number of specialty specific didactics.

Required:

- Primary Care/Chronic Pain Seminar Series – Approximately one hour per week
- University of Washington/DOD/VA Tele-pain conference – One hour per week
- Interprofessional Didactic Series – One hour per month
- Psychology Service Journal Club – One hour per month
- Psychology Service Didactic Series – One hour per month

Core Training Faculty

Amee J. Epler, PhD is the Program Manager of Primary Care Mental Health Integration at the American Lake campus. She received her PhD in Clinical Psychology from the University of Missouri-Columbia. She completed her pre-doctoral internship at the University of Mississippi Medical Center/VA Consortium in Jackson, MS. She is licensed in the states of Mississippi and Washington. Her theoretical orientation is primarily behavioral within a dialectical framework. Dr. Epler has received advanced training on internship and as a VA Staff Psychologist in Dialectical Behavior Therapy, Prolonged Exposure, Cognitive Processing Therapy, ACT for Depression, Problem Solving Therapy, CBT for Insomnia, and Motivational Interviewing. Her professional interests include brief interventions for primary care settings, health behavior change, and integrated care models.

Lauren Hollrah, PsyD is a clinical pain psychologist in the Pain Clinic at the VA PSHCS. She earned her doctoral degree in Clinical Psychology from Pacific University. She completed her pre-doctoral internship at the Northampton VAMC in Northampton, MA and her residency at a multidisciplinary pain management clinic, Progressive Rehabilitation Associates in Portland, OR. She also helped to develop a multidisciplinary pain management program for Peace Health Southwest Hospital. Dr. Hollrah specializes in the behavioral treatment of chronic pain and the psychological issues that arise from chronic health conditions. Her primary theoretical orientation is Acceptance and Commitment Therapy (ACT), and has received specialized training in ACT on internship, residency and continues to be involved in ACBS and the implementation of ACT in the Pain Clinic. She is licensed in both Oregon and Washington. Her professional interests include the development of Functional restoration Programs, and utilization of chronic illness management skills like mindfulness, stress management, and instilling hope for re-engaging in an active and vital life.

Mary-Catherine Kane, PhD is a psychologist in Primary Care Mental Health Integration at the American Lake campus. She completed her Ph.D. in Counseling Psychology at Western Michigan University. Her pre-doctoral internship was at the VA Medical Center, Battle Creek MI. She is licensed in the state of Washington. Dr. Kane has received advanced training on internship and as a VA Staff Psychologist in CBT for Depression, Cognitive Processing Therapy, and Motivational Interviewing. In addition to her clinical responsibilities, she is the Regional Interprofessional Training Coordinator and Associate Director of Psychology in the Center for Excellence in Primary Care Education at Puget Sound. Her professional interests include generalist clinical practice, training interns and residents, and program development and evaluation of Primary Care Mental Health Integration processes and patient outcomes.

Jason Katzenbach, PhD is a psychologist in Primary Care Mental Health Integration. He received his Ph.D. in Counseling Psychology from Brigham Young University. Prior to coming to American Lake, Dr. Katzenbach worked as a postdoctoral fellow in integrated primary care mental health at the WJB Dorn VA Medical Center in Columbia, South Carolina and completed his pre-doctoral internship at the Boise VA Medical Center in Boise, ID. He is currently licensed in Washington State. Dr. Katzenbach's clinical interests include short-term psychotherapy, health behavior change, chronic pain management, practical use of psychotherapy outcome data to improve treatment, evidence-based group process, career counseling, and integrating recovery and well-being focused interventions into clinical practice. Dr. Katzenbach's theoretical orientation is integrative and incorporates aspects of Acceptance and Commitment Therapy, Existential Therapy, and Client Centered Therapy.

Russell McCann, PhD is Deputy Director of the Promoting Access through Telemental Health (PATH) Service. Dr. McCann received his PhD in Clinical Psychology from Seattle Pacific University, completed

internship at Washington State University Counseling and Testing Services and his postdoctoral fellowship in Military Research Psychology at the National Center for Telehealth and Technology. Dr. McCann is a licensed psychologist in Washington. Dr. McCann specializes in mental health services delivered via clinical video teleconferencing (CVT). He has a broad interest in using technology to augment and facilitate access to mental health care. Dr. McCann has been trained in the use of behavioral activation (BA), cognitive processing therapy (CPT), prolonged exposure therapy (PE), and virtual reality exposure therapy (VRET). Dr. McCann is an acting assistant professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington and maintains an academic focus on the use of technology in mental health care. Dr. McCann's administrative duties center around the management and expansion of telemental health operations.

Kristen Perry, PhD is a psychologist in Primary Care Mental Health Integration at the King County Community Based Outpatient Clinics (CBOCs), and serves as the Telehealth Champion for this team. She is also a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She received her PhD from Seattle Pacific University and completed internship at the American Lake Division of the VA Puget Sound Health Care System. She is licensed in Washington. Her clinical interests are in providing brief psychotherapy for behavioral health problems, such as chronic pain and diabetes management. Current research interests include integration of primary care and mental health, provider use and perceptions of technology in practice, and measurement of treatment progress and outcomes.

Laura Tuck, PsyD is a rehabilitation psychologist in the Comprehensive Pain Program. Dr. Tuck completed her Psy.D. in Clinical Psychology from Pacific University where she was in the health psychology track. She completed her internship focusing on health psychology at the Alaska VA HCS and a rehabilitation psychology fellowship at the Cleveland VAMC focusing on spinal cord injury, chronic pain, physical medicine and rehabilitation, and headache management. She worked at the Memphis VAMC specializing in pain management for people who have SCI/D prior joining the American Lake Division of VA Puget Sound. Her theoretical orientation is cognitive behavioral. Dr. Tuck's clinic and research interests focus on engagement in adaptive health behaviors, disability and quality of life, response to injury/illness, advocacy, telehealth, program development, and early career and trainee professional development. She is licensed in the state of Idaho.

POSTTRAUMATIC STRESS DISORDER TREATMENT IN OUTPATIENT AND RESIDENTIAL SETTINGS

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Overview: The mission of the PTSD training program track is to prepare residents to function as independent clinical scientists in the field of clinical psychology. This residency provides clinical, didactic, and academic training to develop advanced knowledge of the etiology, comorbidities, and treatment of trauma related disorders, including PTSD. The track includes a major emphasis on attitudes, knowledge, and skills in the area of Cognitive and Behavioral Psychology (CBP). This track integrates clinical work along with opportunities for teaching, administrative, research, and supervisory experiences within the context of outpatient and residential PTSD treatment. Residents rotate through the PTSD outpatient clinic (POC) and the Veterans Intensive PTSD (VIP) program (a 4-week residential program). Specifically, residents spend their first six months splitting their clinical time with approximately 80% time in the outpatient clinic and 20% time in the residential program and the latter six months of the training year with 80% time in the residential program and 20% time in the outpatient clinic.

Length of Training: 1 year

Number of Residents: 1

Goals: Postdoctoral education and training is designed to promote an advanced level of competence as a Clinical or Counseling Psychologist with a specialty of Cognitive and Behavioral Psychology (CBP).

At the completion of the residency, Residents are expected to demonstrate the following:

- Development of advanced skill in the core competencies of Integration of Science and Practice, Individual and Cultural Diversity, and Ethics and Legal Matters;
- Development of advanced skill in the program specific competencies of Intervention, Assessment, Professional Relationships and Communication, and Teaching and Education;
- Development of advanced skill in the CBP competencies of Knowledge of CBP Theories, Evidence-Based Assessment, CBP Case Conceptualization, CBP Treatment Planning, Evidence-Based CBP Intervention, and Evaluation;
- Development of advanced understanding of Posttraumatic Stress Disorder (PTSD);
- Development of a professional identity as a Clinical or Counseling Psychologist with expertise in PTSD and CBP;
- Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal, quality improvement project, or outcome assessment;
- Preparation for state or provincial licensure or certification for the independent practice of psychology;

- Preparation for requirements for board certification in Clinical Psychology, Counseling Psychology, and/or Cognitive and Behavioral Psychology by the American Board of Professional Psychology.

Clinical Settings:

PTSD Outpatient Clinic (POC)

Overall Treatment Model

The Posttraumatic Stress Disorder (PTSD) Outpatient Clinic (POC) is a specialized, outpatient clinic that provides evidence-based, trauma-focused treatment for veterans who struggle with PTSD as a result of their military service. Treatment in the POC is largely group based, with a number of treatment options available to help prepare a veteran for an evidence-based, PTSD-focused intervention. Such evidence-based, PTSD-focused interventions may occur within a group or individual format.

The POC recognizes that many veterans who struggle with PTSD may not feel ready to directly address the traumas they experienced. Treatment is available for veterans who do not yet feel ready to address their trauma experiences, but who recognize that a goal of their program involvement is to be able to do so; this is often referred to as Phase 1 or the Preparation Phase of POC treatment. These treatments include the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP), Cognitive Behavioral Therapy for Insomnia (CBT-I), Acceptance and Commitment Therapy (ACT), and Seeking Safety.

For those Veterans who are ready to engage in trauma-focused work, treatment is available that has been scientifically shown to be effective, including Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE); this is often referred to as Phase 2 or the PTSD/Trauma Focused Phase of POC treatment. Exposure, Relaxation, and Rescription Therapy (ERRT-M) for nightmares is also available to Veterans struggling with chronic, trauma-related nightmares. ERRT-M includes the use of exposure techniques and thus is included as a Phase 2 or PTSD/Trauma Focused treatment option.

Aftercare is also available to help Veterans maintain the gains they have achieved and to pursue further engagement in life. Many of the aftercare services are available outside of the POC in other VA clinics. Aftercare is often referred to as Phase 3 or the Transition Phase of treatment in the POC. Aftercare may also take place outside of the VA within various community programs.

The overarching goal of the POC is to assist veterans in their recovery from the disabling and distressing consequences of their condition. For some veterans, this may be remission of PTSD, for others it may be a lessening in the symptoms with which they struggle, while for other veterans it may be seeking to improve the quality of their lives in spite of having PTSD. For all veterans who enter into treatment, the objective of the clinic is the same, that is, to assist in their efforts to change and to have a more meaningful life.

Veterans Intensive PTSD (VIP) Program

The Veterans Intensive PTSD (VIP) program, within the outpatient Mental Health Service line, provides treatment services to Veterans with military-related PTSD who are in need of a higher level of care than traditional outpatient treatment. The patient population is comprised of Veterans who are either

admitted in the PTSD Domiciliary at American Lake or those who are enrolled in the outpatient mental health services at American Lake.

The VIP Program provides intensive treatment services Monday through Friday for one month. Treatment is recovery oriented, focused on assisting Veterans with their personal goals. Treatment programming includes individual therapy, group therapy, recreation therapy, and psychiatric monitoring, as needed. Veterans are expected to be active participants in their recovery plan and programming is designed to be individualized to meet the Veteran's particular needs.

The Veterans who are admitted to the VIP program usually present with multiple psychiatric and psychosocial challenges, in addition to their diagnosis of PTSD. The setting is considered in-between outpatient and inpatient, which is consistent with the level of complexity with which the Veterans present. While the treatment is short-term, it is robust. The psychologist's role in VIP often includes providing full psychological evaluations, delivering evidence-based individual and group treatment, interpreting psychological and/or neuropsychological test data to make clinical treatment recommendations, consulting with outpatient therapists and communicating progress in treatment and any particular shifts in aftercare coordination.

The Role of the Residents:

PTSD Outpatient Clinic (POC)

A resident's duties in the POC are to provide mental health treatment to include intake interviews, integrated assessments, collaborative treatment plan development with Veterans, and time-limited focused interventions on both an individual and group basis. Comprehensive psychodiagnostic assessment may be required for Veterans with complex symptom presentations. A resident may also be asked to help develop tailored services for the unique needs of patients, such as designing assessment batteries or intake procedures. Residents will coordinate care with other members of the Veteran's interdisciplinary care team, including medical staff, rehabilitation specialists, and family members, as necessary.

While on the POC rotation, the resident typically functions as the primary therapist for the Veterans on his/her caseload. The Veterans served by the POC often present with a variety of co-morbid disorders and psychosocial issues that necessitate interventions in addition to those that are trauma-focused. Residents are important members of the POC team, participating fully in administrative and case consultation meetings. Residents will also have the opportunity to engage in administrative projects, research tasks, and may have supervisory experiences with other trainees.

Veterans Intensive PTSD Program (VIP)

The resident in VIP practices consultation, case management, collaboration, and intervention within an interprofessional treatment team consisting of psychologists, social workers, recreation therapists, and a psychiatrist. The resident trains in psychodiagnostic assessment, consultation, and treatment of trauma related disorders. The resident will enhance skills in both group and individual therapy for Veterans with complex trauma presentations. The resident participates in weekly interprofessional team meetings and is considered an integral member of the treatment team.

Additionally, the resident will be actively coordinating program evaluation efforts in the VIP program. Responsibilities will include organizing and supporting data collection, managing data entry staff, and

synthesizing and analyzing outcomes. Research opportunities and further administrative leadership opportunities in this area are available.

Teaching Methods: There are several methods that are used to train the PTSD Resident, and they include:

Didactics: In addition to participation in the monthly general seminar attended by all residents, the PTSD program offers a number of specialty specific didactics. Approximately 40-50 hours of PTSD psychology didactic trainings are designed to provide the resident with advanced knowledge of PTSD and to prepare the resident for board certification. The didactic training may occur via online trainings, webinars, in-person lectures, experiential trainings, and/or case conferences and may include some of the optional offerings listed below. Didactic trainings are individually tailored with the resident during the course of the training year; thus, some of the optional offerings below could be required for any given resident depending on his/her needs.

Required Didactics:

- PTSD Seminar Series – Approximately 40-50 hours over the course of the training year, to be determined based on Resident’s individual learning needs
- Interprofessional Didactic Series – One hour per month
- Psychology Service Journal Club – One and a half hours per month (3rd Wednesday at 3pm)
- Psychology Service Seminar Series – One and a half hours per month (4th Wednesday at 3pm)

Optional Didactics:

- University of Washington, Psychiatry Grand Rounds – Two hours per month (1st and 3rd Fridays at 12pm)
- National Center for PTSD Didactic Series – One hour per month (3rd Wednesday at 11am)
- VA National Military Sexual Trauma (MST) Didactic Series – One and a half hours per month (1st Thursday at 9am)
- VA NW MIRECC (VISN 20) Didactic Series- Two hours per month (1st and 3rd Wednesdays at 12pm)

Supervision: Dr. Aosved serves as the preceptor for the PTSD postdoctoral track. Dr. Aosved serves as the primary advisor and is typically the primary POC clinical supervisor, with other staff psychologists and professionals from other disciplines serving as supervisors and consultants. Within the VIP program, Dr. Loewy is typically the primary clinical supervisor. While Drs. Aosved and Loewy are the primary clinical supervisors in POC and VIP, respectively, the determination of a primary clinical supervisor in both POC and VIP is a collaborative process with the resident that takes into account his/her training needs and preferences. The other licensed psychologists who may supervise the resident include: James Dillon, Ph.D., Chalon Ervin, Psy.D. (VIP assessment supervisor), Dave Slagle, Ph.D. (POC assessment supervisor), Dale Smith, Ph.D., and Ruth Varkovitzky, Ph.D.

The Resident will receive both individual and group supervision where clinical, career development, teaching, and scholarly activity are addressed. The resident may also have the opportunity to supervise other trainees under the guidance of clinical staff, when feasible. In addition, the resident will have opportunities to work closely with professionals from other disciplines with different areas of expertise.

residents have opportunities to directly observe licensed staff psychologists in practice. For example, residents will observe licensed psychologists conduct intakes, other evaluations, or engage in other clinical or professional activities, and senior staff may co-lead a group with the resident.

Scholarly Activity, Research, and Program Development:

Involvement in evaluation that embodies the integration of science and practice is an important component of the PTSD residency track. The resident will be encouraged to identify research or evaluation activities that would expand his/her current skill set. There are a wide range of opportunities available to the resident that include: participation in ongoing studies, participation in ongoing quality improvement projects, data analysis, preparing papers and presentations, interfacing with the local IRB, etc. Areas of ongoing evaluation include: research on implementation of Unified Protocol in a group format for veterans with PTSD, program improvement within the VIP, and program improvement within the POC. Program improvement and development projects are an area in which residents are encouraged to participate and take the lead. These projects allow both VIP and POC to continuously evaluate our programs and offerings, incorporate new evidence-based interventions, and keep our clinical programs current and responsive to patient needs/preferences.

Core Training Faculty

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

Noelle Balliett, PhD is a psychologist in the PTSD Outpatient Clinic. She received her PhD in clinical psychology from The University of Tulsa. She completed her pre-doctoral internship at the Bay Pines VA Medical Center and her postdoctoral residency in evidence-based psychotherapy in the Anxiety Disorders Clinic at the VA San Diego Healthcare System. She is licensed in the state of Washington. Her research focuses on the treatment of trauma related nightmares; the role of sleep in the development and maintenance of PTSD; treatment dissemination; and the impact of sleep on treatment engagement and effectiveness. Her clinical interests include treatment of PTSD and nightmares, use of evidence-based interventions, and culturally informed care. She serves as a national trainer for Exposure, Relaxation, and Rescription Therapy for trauma-related nightmares, and serves locally as the vice chair of education for the psychology internship program at American Lake. Dr. Balliett's professional diversity interests include the impact of cultural factors on evidence-based psychotherapies, improvement of access to services, and working with historically marginalized populations.

James R. Dillon, PhD is a psychologist in the Veterans Intensive PTSD (VIP) Program. Dr. Dillon earned his Ph.D. in Clinical Psychology at the University of Missouri-St. Louis. He completed his pre-doctoral internship at the Jerry L. Pettis Memorial Veterans Medical Center in Loma Linda, CA and his postdoctoral fellowship in Interdisciplinary Treatment of Substance Abuse at the Puget Sound Healthcare System in Seattle, WA. His theoretical orientation is integrative, a blend of cognitive-behavioral, interpersonal, and acceptance-based approaches. Dr. Dillon is licensed in the state of Washington. His professional interests include trauma and PTSD, the influence of culture on psychological development, gender, mindfulness, and LGBT issues.

Chalon Ervin, PsyD is a graduate psychologist in the Veterans Intensive PTSD (VIP) Program. She received her Psy.D. in Clinical Psychology from the Georgia School of Professional Psychology at Argosy University. She completed her pre-doctoral internship at the Huntington VA Medical Center in Huntington, West Virginia. Her theoretical orientation is integrative. Dr. Ervin is in the process of completing her licensure with the state of Washington. She became certified in Cognitive Processing Therapy through the VA in 2015. Dr. Ervin's clinical and research interests are primarily in the areas of dual diagnosis, PTSD, substance use, chronic mental illness, and evidence-based recovery-oriented approaches to treatment with Veterans.

Jennifer C. King, PhD is the co-occurring substance use/PTSD specialist and serves as the liaison between the PTSD Outpatient Clinic (POC) and Addiction Treatment Center (ATC). She received her PhD in Clinical Psychology (with an emphasis in forensic psychology) from Palo Alto University and completed her pre-doctoral internship at VA St. Louis Health Care System. She is licensed in Kansas. Her theoretical orientation is integrative with a foundation in cognitive-behavioral. Dr. King became certified in Prolonged Exposure through the VA in 2015. Her professional interests include co-occurring substance use and PTSD in the Veteran population, evidence-based treatments, particularly Prolonged Exposure, "killing" and combat trauma specifically, harm reduction, age of substance use initiation and its implications, psychological assessment, and offender rehabilitation.

Michelle Loewy, PhD is the Program Manager for the Veterans' Intensive PTSD (VIP) Program. Dr. Loewy received her Ph.D. in Counseling Psychology from the State University of New York at Buffalo. She completed her predoctoral internship at VA Western New York Healthcare System. Since then, her focus has been on care delivery and program development within residential settings, with primary emphasis on PTSD and substance Use disorders. Dr. Loewy's general clinical interests include treatment and therapeutic outcomes for individuals with PTSD. She is particularly interested in client centeredness in therapy, drawing from Acceptance and Commitment Therapy (ACT), Prolonged Exposure therapy and Solution Focused therapy. Dr. Loewy is also passionate about system issues with regard to patient care, particularly surrounding access to services and patient flow. She is currently licensed in New York State.

Margaret Schwartz Moravec, PhD is a psychologist in the Veteran's Intensive PTSD (VIP) program. Dr. Schwartz Moravec received her Ph.D. in Counseling Psychology from the University of Houston, completed her internship at American Lake VA, and then worked as a postdoctoral fellow in Trauma/Anxiety Disorders at the Houston VA. She then returned to the Pacific Northwest to work in the Veterans Intensive PTSD Program, and currently serves on the psychology training committee at American Lake. Her clinical interests include: combat and Military Sexual Trauma, working with Women Veterans, strengths-based approaches, and group therapy processes. She identifies with psychodynamic and interpersonal theoretical orientations. She is licensed in the state of Kansas.

David Slagle, PhD. is a psychologist in the POC. He was licensed in 2009 in Washington State. Dr. Slagle completed graduate school at the University of Wyoming, followed by internship at the Medical University of South Carolina and Department of Veterans Affairs Medical Center Consortium. Dr. Slagle completed a postdoctoral fellowship at the University of Washington Center for Anxiety and Traumatic Stress, where he received advanced training in Prolonged Exposure for PTSD. Dr. Slagle joined the VA Puget Sound Health Care System in 2008, working on VA Cooperative Study 566 (Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom: A Longitudinal Cohort Study) and providing psychotherapy in the PTSD Outpatient Clinic at the Seattle Division. Dr. Slagle joined the American Lake PTSD Outpatient Clinic as a staff psychologist in 2011. His professional interests include psychological trauma and psychotherapy process.

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

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

Non-Supervisory Postdoctoral Residency Training Staff

Zeba S. Ahmad, PhD is Chair of the Diversity Committee, a Committee serving under the Training Committee, and a psychologist with the Addictions Treatment Center (ATC). She received her Ph.D. in Clinical Psychology from Seattle Pacific University, completing her pre-doctoral internship at the Louis Stokes DVAMC in Cleveland, Ohio. She is licensed to practice in Washington State and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Ahmad's theoretical orientation is Cognitive Behavioral. Dr. Ahmad has been certified in Cognitive Behavioral Therapy for Substance Use Disorders (CBT for SUD) through the VA in 2015. She is a trained consultant for the national CBT for SUD training program through the VA. Dr. Ahmad also serves as the coordinator for the Collaborative Addictions and Pain Program (CAPP), a program that serves Veterans in ATC as well as the Pain Service. Dr. Ahmad's professional interests include serving Veterans diagnosed with Substance Use Disorders, PTSD, and Chronic Pain. She has a special emphasis on diversity related issues.

Janna L. Fikkan, PhD is the Associate Director of Psychology Training and a psychologist in the Mental Health Clinic. She received her PhD in Clinical Psychology from the University of Vermont. She completed her pre-doctoral internship at Duke University Medical Center and her postdoctoral fellowship in health psychology at Duke Integrative Medicine. She is licensed in the state of North Carolina and is Assistant Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her theoretical orientation is primarily behavioral within an interpersonal framework. Dr. Fikkan received advanced training on internship and fellowship in mindfulness and acceptance-based therapy approaches, including Dialectical Behavior Therapy. She became certified in Interpersonal Therapy for Depression through the VA in 2015. Her professional interests include training and mentoring of interns and residents, generalist clinical practice, and professional development of women in the field of psychology.

Patrick Sylvers, PhD is the Director of Psychology Training and a psychologist on the Mental Health Clinic and Psychiatric Assessment and Clinical Care teams. He received his PhD in Clinical Psychology from Emory University. He completed his predoctoral internship at the VA Puget Sound, American Lake Division, and his postdoctoral fellowship in Acceptance and Commitment Therapy (ACT) at the VA Puget Sound, Seattle Division. He is licensed in Washington, and an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His theoretical orientation is integrative. He has experience in general mental health and specialized PTSD treatment and serves as a consultant for the VA's ACT dissemination effort. His clinical research interests include the use of behavioral and cognitive-behavioral interventions in the treatment of anxiety and trauma related disorders. He also has secondary research interests in clinical decision making and psychopathy.