



Psychology Postdoctoral Fellowship Program

VA Puget Sound: Seattle
Director, Psychology Training (116-POC)
1660 South Columbian Way
Seattle, Washington 98108

(206) 764-2895
<http://www.puget-sound.med.va.gov/>

Applications due: January 1, 2016

Information in this brochure is current as of October 1, 2015.

Accreditation Status

The postdoctoral fellowship program at the **VA Puget Sound, Seattle Division** is accredited in Clinical Psychology by the Commission on Accreditation of the American Psychological Association. The next site visit will occur in 2021.

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

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

Application & Selection Procedures

Eligibility

Applicants for postdoctoral fellowships must have attended APA-accredited doctoral programs in Clinical or Counseling Psychology and must have completed APA-accredited internships. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Persons with a PhD in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible. Applicants must be U.S. citizens. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status. The program considers that a diverse learning community is a tangible benefit to all. In this regard, the program adheres to VA Equal Opportunity policies, available at <http://center.puget-sound.med.va.gov/sites/seo/Documents/SitePages/Equal%20Employment%20Opportunity.aspx>.

Please note that a Certification of Registration Status, Certification of U.S. Citizenship, and drug screening are required to become a VA fellow. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this fellowship and fit the above criteria, you will have to sign it. All fellows will have to complete a Certification of Citizenship in the United States prior to beginning the

fellowship. We cannot consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff.

How to apply

Applicants may apply to one or more of the following ten focus areas and specialties:

1. Substance Abuse (CESATE)
2. PTSD (MIRECC)
3. Primary Care
4. Neuropsychology
5. Rehabilitation Psychology
6. Telehealth
7. Liver Disease/HIV
8. Couple and Family Care
9. Mental Health (Anxiety and Mood Disorders)
10. Serious Mental Illness (SMI)

This year, our program has elected **not** to utilize the APPA CAS portal. Instead, please follow these instructions for submission of your application(s):

1. You may apply to only one or multiple fellowship tracks.
2. For each track to which you apply, you must submit a separate full application. Applications will be filed and reviewed by track, so we are unable to accommodate a single application for multiple tracks.
3. Each application must contain the following elements:
 - a. A cover letter that describes your interest in the position, a brief summary of the professional preparation and accomplishments that prepare you for the position, and a description of your long-term career goals
 - b. A current Curriculum Vitae
 - c. A copy of your doctoral program transcript (copies of official or unofficial transcripts are acceptable).
 - d. Three letters of recommendation (to be included in the application package rather than sent under separate cover by your referees, as this can delay review of your application).
 - e. Essays #1-4 from your internship AAPI (these are helpful to us in understanding you as a person, as well as your approach to patient care, diversity and research).
4. *Additional requirement for the MIRECC PTSD fellowship only.* The cover letter for the MIRECC PTSD fellowship should additionally include a 1-2 page (single-spaced, not including references) description of your proposed MIRECC postdoctoral research project. The proposal should state the question(s) to be addressed, significance of the question for Veteran mental health, the basic methodology to be used to examine the question(s), preferred faculty mentor(s) (if selected), and how this research would further your career trajectory. The proposal does not need to be so detailed as to include power analyses or numbers of subjects. Please note that you are not committing yourself to the specific research project included in the MIRECC application should you be selected for the position. The proposal is intended to help us to understand possible fit of your interests with our resources, as well as your approach to conducting research in an area of interest to you.
5. *Additional requirement for the Substance Abuse (CESATE) fellowship only.* To facilitate placements on clinical teams, please describe any specific goals for your learning with respect to approaches (e.g., general addictions treatment, co-occurring disorders treatment), problems (e.g., opiate addiction, cocaine addiction), settings (e.g., assessment clinic, outpatient, intensive day program) or subgroups of Veterans (e.g., women).
6. *Optional:* reprints of peer-reviewed publications (maximum of three) are strongly encouraged from applicants to all tracks.

7. Each application (with the required elements listed above) should be submitted in a single email. We prefer that the application materials are compiled as a single pdf. If this is not feasible, you may submit a single email application with multiple attachments (either doc or pdf).
8. If you apply to more than one track, please submit a separate email (with the required elements) for each track.
9. The emailed application should be sent to our Training Program Coordinator, Ms. Lisa Canady at Lisa.Canady@va.gov.
10. In order to ensure accurate filing of your application, the **Subject line** of the email should follow this pattern: **Last Name, First Name; Track name**. For example: Smith, Bob; Primary Care, or Jones, Betty; Neuropsychology.

Questions regarding any aspect of the Postdoctoral program should be directed to the Director of Training at Stephen.McCutcheon@va.gov or by phone at 206-764-2895.

All application materials must be received by midnight PST on January 1, 2016.

Selection Our selection criteria are based on the goodness-of-fit between program expectations and opportunities, and applicant goals and preparation. On the one hand, we look for fellows who possess the knowledge and skills necessary to contribute to and function well in our postdoctoral program. At the same time, we look for fellows whose professional goals are well suited to the experiences we have to offer such that our setting would provide them with a productive postdoctoral experience. The ideal candidate has demonstrated strengths in clinical work, research productivity, academic preparation, and personal characteristics related to the profession. Because our training program emphasizes a scientist-practitioner model in a public sector setting, we prefer applicants who have experience working with complex populations, clinical experience pertinent to the chosen track, and a history of research productivity. Our goal is to select fellows who have the potential to develop as leaders in clinical services, research, and education.

Each application is initially reviewed for eligibility after all materials are received. A selection committee is composed of supervising faculty in each emphasis area. The selection committee reviews all written materials and provides telephone or in-person interviews to top candidates. Final rankings and offers are determined by consensus of the committee based on written and interview information.

Each year we have many more qualified applicants than we can accommodate. Last year, we received 146 applications for our first-year openings. For the 2016-2017 Fellowship year, we expect to offer a total of 13 first-year positions, with funding for one position in each of the following areas: PTSD (MIRECC), Rehabilitation Psychology, Neuropsychology, Hepatitis C/HIV, Mental Health, Serious Mental Illness, and Telehealth. We anticipate two positions each in Substance Abuse (CESATE), Couple/Family Health and Primary Care.

Contacting current fellows

Current fellows are one of the best sources of information about our postdoctoral program. We strongly encourage applicants to talk with current fellows about their satisfaction with the training experience. Please feel free to call the Internship and Residency Office at (206) 768-5218 and request to speak with a fellow. If our Program Assistant is unable to find a fellow to talk with you at that time, she will have your call returned.

Stipend and benefits

Stipend: VA fellows receive a competitive stipend paid in 26 biweekly installments. VA fellowship stipends are locality adjusted to reflect different relative costs in different geographical areas. Currently, the annual fellowship stipend at the Seattle VA is \$45,070 for first-year fellows and \$47,506 for second-year fellows.

Benefits: VA fellows are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance, just as are regular employees. As temporary employees, fellows may not participate in VA retirement programs. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. However, unmarried partners of either sex are not eligible for health benefits.

Holidays and Leave: Fellows receive the 10 annual federal holidays. In addition, fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period.

Authorized Absence: Fellows are encouraged to attend professional meetings and conventions of their choice, as a means of participating in the larger professional world and to pursue individual professional interests. Authorized absence is granted for such activities in an amount comparable to other Psychology staff.

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).

Psychology Setting

The Psychology Service operates under the overall leadership of the Director of Psychology, and includes psychologists assigned to the Mental Health, Medicine, or Rehabilitation Care Services. Currently, the psychology staff currently consists of 55 doctoral level psychologists, 15 postdoctoral fellows and nine doctoral interns.

Psychologists work in patient care settings as members of interdisciplinary and interprofessional teams. Within those teams, psychologists provide a range of psychological services appropriate to that setting. Psychologists are located in most of the mental health settings, as well as in a number of medical settings. Depending on the clinical site, their duties may include:

- Assessment
- Consultation
- Case management
- Individual, group and couple therapy
- Program development
- Program evaluation
- Clinical research and quality improvement research
- Supervision
- Administration

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

As a teaching hospital, we place a high value on maintaining a fertile academic and intellectual environment. Supervisors hold academic or clinical faculty appointments in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Some hold appointments in other academic departments as well. As a teaching hospital affiliated with the University of Washington, psychologists are active in training interns, fellows, residents, and students from a variety of disciplines. Each year, more than 500 medical students and more than 1,000 allied health professionals are trained at the Seattle

VA each year – suggesting the intensity of training activities in the Medical Center. As part of their duties in a busy teaching hospital, psychologists keep current with new developments in evidence-based practice as a part of their involvement in training, supervision, and clinical research.

Administratively, the Psychology Service is primarily affiliated with the larger Mental Health Service, but consists of staff that cut across all service lines (Mental Health, Medicine, and Rehabilitation Medicine). The Mental Health Service is composed of providers from all mental health disciplines, including psychology, psychiatry, social work, and psychiatric nursing. More than 300 providers from these four disciplines currently work in the Mental Health Service, assisted by more than 50 support staff. Similarly, psychologists working in health psychology and rehabilitation medicine settings are joined by literally hundreds of other providers and staff in the Medicine Service.

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

Focus areas

The Fellowship program provides advanced training in clinical psychology, with ten focus areas. Applicants can elect to receive advanced training in **Substance Abuse, PTSD, Primary Care, Telehealth, Neuropsychology, Hepatitis C/HIV, Couple/Family Care, Mental Health, Serious Mental Illness, or Rehabilitation Psychology**. Detailed descriptions of each focus area can be found in a subsequent section of this Brochure. Applicants may apply for more than one position though a separate application is required for each.

Patient population

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

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

Program Goals, Philosophy and Model of Training

Program goal. The aim of the fellowship program is to train professional psychologists for eventual leadership roles in clinical services, research, and education-- particularly in Medical Center, public sector and academic settings. This long-term outcome relies upon two medium-range outcomes: 1) the development of advanced Health Service Psychology (HSP) competencies by all fellows, and 2), the further development of advanced knowledge and skill in a focused practice area (or recognized specialty) of interest to the fellow.

Program model of training. Our program accepts the view that highly capable clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by the experience of working with patients who struggle with important human concerns and sufferings. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge. At the same time, we hope to acknowledge the complexities of real patients and the limitations of our empirical base. We aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research or through program development and outcome evaluation. While individual fellows may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that scientists will practice with a clinical sensibility. In that regard, we do not view the scientist-practitioner model as a continuum in which clinical and research interests do not necessarily intersect. Instead, we view scientific-mindedness and discipline-specific knowledge as a critical underpinning for all activities of the health service psychologist, including those who develop careers devoted exclusively to direct clinical service.

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

Training is the focus of the fellowship year. Service delivery is an essential vehicle through which training occurs, but is secondary to the educational mission of the postdoctoral program. Toward this end, fellows are encouraged in a variety of ways to plan their fellowship experiences in a manner that maximizes their individual learning goals. Supervision is an integral part of the overall learning experience: the staff is committed to providing quality supervision and active mentoring in support of the fellow's attainment of program competencies and individual goals.

The program recognizes that a professional psychologist must be capable of thoughtfully applying psychological principles to the solution of complex problems, rather than merely applying prescribed solutions to narrowly defined complaints. In this regard, our intent is to provide training that not only prepares a fellow to address the problems of today, but also assists them to develop the critical thinking and professional skills needed to successfully tackle the problems and challenges that will arise in the course of a long career.

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

Training is individualized. The postdoctoral year allows for the consolidation of professional identity, and advanced development of professional competencies. Because postdoctoral fellows function at a more advanced level than doctoral interns, they are capable of assuming greater responsibility for clinical care, teaching and research activities. We also strive to build professional identity and responsibility through involvement in the training process itself. Toward

this end, fellows are called upon to take responsibility for many decisions that impact their learning experiences. With help from their mentors, fellows construct an individualized learning plan that identifies the goals and experiences of importance to the fellow and outlines a strategy for achieving these within the fellowship period. As a part of this plan, fellows are responsible for selecting the clinical settings in which they will work, and have great latitude in selecting supervisors and mentors.

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

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

Sensitivity to individual differences and an understanding of the underlying cultural and social forces that operate in a pluralistic nation are especially relevant in a public sector health care system that provides care to a great diversity of patients, many of whom are socially disenfranchised or marginalized. For these reasons, the training program places high value on attracting a diverse group of fellows and on maintaining a continual awareness of cultural issues that impact professional practice. The program recognizes that attracting a diverse group of fellows is important in providing quality patient care, in providing a quality educational environment, and in creating a fair and respectful work atmosphere.

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

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

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

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

Program Objectives

The structure and activities of the Fellowship program are intended to foster the development of advanced competencies important for the attainment of leadership positions in clinical care, research, and administration.

Competency Domain I. Professionalism

Fellows should demonstrate continued growth in professional development and identity over the postdoctoral year, and conduct themselves with decorum and integrity. In accordance with their advanced training, fellows should assume increasing professional responsibility for patient care, consultation, and teaching activities. They should demonstrate advanced knowledge in ethical, legal, professional standards, and cultural issues, and conduct themselves in accordance with these principles throughout their practice. Fellows should participate in the larger professional community by involvement in professional and scientific organizations. They should demonstrate commitment to continued self-assessment and reflection, to self-education and life-long learning, and contribute to the larger community by making themselves available as an educational resource to other professionals.

Competency Domain II. Relational

Fellows should demonstrate smoothly functioning professional relationships that promote collaboration and effective patient care. Such relationships are based on the ability to effectively manage one's own emotions and behaviors, to communicate clearly, and to skillfully collaborate as well as enlist others in pursuit of a common purpose.

Competency Domain III. Science

Fellows should demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. They should demonstrate advanced discipline-specific knowledge and apply it readily and effectively through evidence-based practice. Fellows, either during the fellowship year or at an earlier stage in the sequence of doctoral education, should demonstrate the ability to formulate testable and meaningful research hypotheses; to design and carry out studies to test these hypotheses; to present research findings in professional forums; to publish data resulting from independent or collaborative work; and to participate as a contributing member of a research group. Fellows should demonstrate knowledge of, and sensitivity to, ethical, legal, and cultural issues in the conduct of research. Fellows should demonstrate an awareness of the limitations and cautions in translating evidence-based practices to individual cases, particularly in non-majority populations.

Competency Domain IV. Application

Fellows should be able to appropriately assess, evaluate and conceptualize a broad range of patients, including those with complicated presentations and complex co-morbidities. Selection and use of assessment tools and/or evaluation methods should be appropriate to the clinical needs of the patient and the clinical setting, and be responsive to the needs of other professionals. Assessment should be practiced in a culturally competent manner, and conducted with an awareness of current ethical and professional standards. The fellow may demonstrate advanced skill in assessment by providing consultation and/or instruction to other providers. Fellows should develop the capability to evaluate the outcome of interventions with individuals, groups or programs, and to employ such outcome evaluation in the improvement of their practice.

Fellows should demonstrate the ability to effectively work with diverse populations, and provide appropriate intervention in response to a range of presenting problems and treatment concerns. Fellows should also demonstrate skill in applying and/or adapting evidence-based interventions with a specialized population, and be able to provide clinical leadership when working with junior providers. Fellows should demonstrate effective consultation skills with other professionals, by providing counsel regarding difficult clinical matters that are within their area of competence and expertise.

Competency Domain V. Education

Fellows should demonstrate the ability to give presentations in a formal didactic setting; to teach skills to peers, medical students, residents or allied health trainees; and to educate and support other professionals in medical center settings. Fellows may also demonstrate the ability to use telehealth and related technologies to provide mental health consultation to remote clinical sites; and may demonstrate emerging mentoring skills by mentoring junior trainees. Fellows should demonstrate emerging skills in supervision, as well as knowledge of, and sensitivity to, ethical, legal, and cultural issues in providing supervision.

Competency Domain VI. Systems

Fellows should demonstrate an advanced level of knowledge of the VA health care system, including economic, legal and socio-cultural aspects of health care delivery. They should show awareness of, and sensitivity to, systemic issues that impact the delivery of services, especially those that involve other professionals and disciplines, and which have impact on healthcare access, equitable distribution of healthcare resources, and healthcare disparities. Fellows may additionally demonstrate advanced administrative skills by any of the following: ability to utilize mental health databases in pursuit of scholarly inquiry; development of innovative programs and patient care services; evaluation of clinical care programs; and/or supervised participation in program administration.

Teaching methods

The advanced competencies described above are developed as a consequence of supervised experience in a variety of settings, augmented by didactics, readings and professional mentoring over the duration of the training year. Because professional learning is maximized when experiences are graded, sequential and cumulative, the postdoctoral program requires that each fellow devise an individualized learning contract with the help of a primary mentor, outlining the proposed learning experiences that will help them attain advanced skill and knowledge in each of the required competency areas (assessment, intervention, consultation, education, administration, research, and professional conduct). Composing this learning contract requires each fellow to conduct a self-assessment of their prior skill level in each area.

Mentors are responsible for identifying those training experiences that will help the fellow develop advanced abilities in each area, while taking into account the fellow's prior level of experience and demonstrated competence. Further, mentors assist the fellow in devising a learning plan that is graded and sequential, such that they are likely to succeed in new areas, and are able to profit from accumulated experiences by building new skills based on prior accomplishments. In this regard, it is expected that many fellows will have relatively strong skills in areas that are a focus of graduate and internship training (e.g., assessment and intervention), but will have relatively weaker skills in domains in which they may not have received intensive training (e.g., supervision, program administration).

Whatever the case might be for a particular fellow, the process of devising the learning contract ensures that the training plan for each fellow takes into account their prior level of skill, and individually tailors a graded learning experience that is designed to maximize their education. The fellowship provides a wealth of potential learning experiences; realistically, no single fellow can take advantage of all of them during the fellowship period. As a consequence, mentors and fellows put considerable thought into devising a tailored plan that maximizes the individual growth of each fellow, taking into account their different histories and different career paths.

We strongly believe that high quality supervision is the bedrock of professional training. Fellows receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision for the entire training period. All supervision is conducted by licensed psychologists with expertise in the activities being supervised. Fellows receive supervision from at least two psychologists during the training year, one of whom serves as the primary mentor or supervisor. In addition, fellows participate in at least two additional hours per week of other structured learning activities, including group supervision, didactics, direct observation, co-treatment and/or formal coursework. Given the interdisciplinary nature of all training settings, consultation by providers of other disciplines is readily available and easily accessible. Additionally, outside consultants are sometimes employed to provide additional, expert supervision in an area that is not readily available within the Fellowship program.

Program Structure

Formal postdoctoral training at the Seattle VA was initiated in 1991, when the Addictions Treatment Center (ATC) was chosen as one of two VA sites to offer Fellowship training in the interdisciplinary team approach to substance abuse treatment. Postdoctoral training in this area has been continuous since that time. In 1994 the ATC was named a Center of Excellence in Substance Abuse Treatment and Education (CESATE) and the addictions fellowship program was expanded. In 2001, the Mental Illness Research, Education and Clinical Center (MIRECC) received funding for support of postdoctoral training in the area of PTSD, with the first appointment beginning in August 2001, thereby formally inaugurating an integrated Fellowship program at VA Puget Sound.

The Psychology Postdoctoral Program at the Seattle VA prepares fellows for advanced competence in clinical psychology, with an emphasis in a chosen content area.

The CESATE Fellowship provides one year (with a potential for a second year) of advanced training in a range of substance abuse treatments in an interprofessional setting. The MIRECC Fellowship is intended as a two-year program (with a potential for a third year), emphasizing clinical research and clinical experience in PTSD. Remaining fellowship positions are one year in length and clinical in focus, with protected time for clinical research, quality improvement research, program development, and/or program evaluation.

Regardless of the focus area chosen, fellows attain advanced skills and knowledge in a core of professional domains, including ethics and professional standards, research strategies, teaching and supervision methods, cultural diversity and individual differences, assessment and intervention, professional development, and interdisciplinary consultation.

Supervision

Fellows receive at least two-hours per week of individual, face-to-face, regularly scheduled supervision, conducted by licensed psychologists with expertise in the areas being supervised, and receive additional supervision as needed to ensure competent and safe patient care. Fellows receive supervision from at least two psychologists during each training year. In addition, fellows participate in at least two additional hours per week of other structured learning activities, which may include group supervision, patient care rounds, case review, didactics, seminars, co-therapy and/or formal coursework. Supervision provided should be relevant to the professional services conducted by the fellow, including supervision of direct patient care, research, administration, teaching, and consultation. Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence and any other entries into the medical record, thereby verifying their knowledge of, and concurrence with, the fellow's assessment and treatment plan. When the supervisor is away from the Medical Center, he/she arranges for appropriate alternative supervision, such that a fellow has ready and reliable access to on-site supervision and consultation.

Licensed psychologists with hospital privileges are eligible to supervise. In Washington State, applicants for licensure must have been supervised by psychologists who are themselves at least two years post-licensure. Therefore, primary supervisors who provide the minimum requirement of two hours of individual supervision must be two years post-licensure. A licensed psychologist with less than two years of post-licensure experience is eligible to provide additional supervision which is necessary for quality patient care or in furtherance of the fellow's training goals; such supervision does not count toward fulfilling licensure requirements.

Vertical supervision

In a variety of training settings, Fellows have the opportunity to develop supervision skills by participating in vertical supervision and consultation. The fellowship 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 Fellow's training plan, targeting the development of competence in specific supervision skills.

Fellowship meeting

Postdoctoral fellows meet monthly with the Training Director and other Fellowship staff, providing a forum for exploration of professional practice issues, including training in supervision, ethics, professional and legal standards, culturally competent practice, and preparation for licensure.

Evaluation

Fellows can expect on-going and specific feedback from their supervisors. In addition, written evaluations are completed at the mid-point and end of each Fellowship year. Evaluations focus on the learning goals identified by each Fellow in their individualized learning contract, as well as the foundational and functional competencies required of a professional psychologist. Evaluations are discussed between the fellow and the supervisor and may be modified by their consensus before being finalized. Fellowship staff meets regularly to discuss fellows' progress for the purpose of identifying additional supports and resources that may assist fellows' in attaining their training goals. In addition, fellows are asked to critique

themselves in accordance with their own goals and to provide both verbal and written evaluation of placements and supervisors.

Seminars

The training derived through direct clinical experience and research activities is augmented by Fellowship didactics. In addition, each emphasis area offers its own core curriculum (described later), designed to promote expertise in the area of focus.

Fellows may also participate in a vast array of additional educational offerings available in the Medical Center. A robust intellectual environment is maintained through the efforts of a number of VA national Centers that have been sited at this facility. As a component of their educational mandate, these Centers frequently provide continuing education relevant to psychologists. In addition, the Mental Health Service and most Medicine specialty services sponsor numerous educational offerings of interest to psychologists, including case conferences, journal clubs, lectures, and research forums.

Our close affiliation with the nearby University of Washington provides easy access to numerous additional offerings, including Psychiatry and Behavioral Sciences Grand Rounds, Psychiatry department and Psychology department colloquia, as well as specialized offerings from the UW School of Social Work, UW School of Nursing, and UW Alcohol and Drug Abuse Institute. Taken together, these resources provide a rich academic environment of exchange and debate—albeit within a clinical care setting—suitable to support the best in professional development.

Training Experiences

1. Substance Abuse Fellowship

Overview

The Addictions Treatment Center (ATC) was designated as the VA's first Center of Excellence in Substance Abuse Treatment and Education. This designation brings with it funding for staff and trainees, and responsibility to remain a leader in treatment, training and research in substance abuse. In 1991, the ATC was chosen as one of two programs funded nationally by the Department of Veterans Affairs to offer a specialized clinical fellowship in the interdisciplinary team approach to substance abuse treatment. Through a combination of intensive clinical and didactic experiences, fellows from up to four clinical disciplines develop advanced skills in working therapeutically with substance abusers, become more familiar with the unique contributions that their professional disciplines make to treatment, and become better able to integrate these professional contributions in an interdisciplinary treatment process. Fellowship positions are available for disciplines including Psychology, Social Work,, and Chaplaincy.

The treatment model

A biopsychosocial model of addictive behaviors provides the rationale for the Addictions Treatment Center's interdisciplinary team approach. This is an integrative model that accommodates a longitudinal-developmental framework. As such, it encourages staff to consider physiological, psychological, and socio-cultural factors from each of these domains in the assessment, case conceptualization, treatment planning, and therapy processes. Such an approach also contributes to a greater individualization of the treatment process, since different patients will require differing levels of attention to each of these domains. Members from many disciplines contribute their unique perspectives on, and treatment of, aspects of the patients' problems, as well as an integrated interdisciplinary treatment plan.

An interdisciplinary team approach is used in all programs of the ATC. Treatment modalities consist of a blend of psycho-educational, skills-training approaches and more traditional interpersonal group therapy. Educational, vocational, and recreational therapies are also important parts of treatment. The goal of treatment is to assist the addicted veteran to make significant changes in a variety of life areas in order to increase his/her ability to remain drug and alcohol free and to become emotionally, physically and economically independent and self-sufficient as possible. In order to achieve these outcomes, the patient

is assisted in reviewing problematic patterns of behavior and emotions, developing realistic personal goals for treatment and continuing-care, and learning more effective methods of coping with interpersonal and emotional problems that contribute to relapse. Medications -- including methadone, Buprenorphine, Naltrexone, Antabuse, and psychotropics -- are often an integral part of the treatment plan for those patients with a need for adjunctive support, who abuse multiple substances, or who have co-morbid psychiatric disorders.

Considerable emphasis is placed on the continuity of care in the rehabilitation process. A wide range of other problems in addition to substance dependence, identified during the course of assessment and the development of an individualized treatment plan, also need to be addressed during treatment. The ATC addresses a number of concurrent psychological and psychiatric problems in treatments that are designed for dual disorders. Referrals are also made to other outpatient clinics within the Medical Center for treatment of marital and family problems, psychological problems, and PTSD. In those cases where the necessary treatments are not available within the VA system, referrals will be made to the appropriate agencies in the community.

Members of the interdisciplinary treatment teams contribute to the treatment process in multiple ways. They are involved in the initial screening and evaluation of potential patients, participate in the intake assessments of veterans entering treatment, are involved in case conceptualization through participation in interdisciplinary treatment planning meetings, serve as individual case managers and therapists, co-lead therapy groups, monitor progress toward the attainment of the treatment goals established for each patient, work collaboratively with clients to develop discharge and disposition plans, and serve as co-therapists in the aftercare program, thereby assuring continuity in care across these phases of treatment.

Goals of Fellowship training in Substance Abuse

Our primary goal is to provide fellows an excellent training experience in the interdisciplinary assessment and treatment of substance abusers – one that will prepare them to assume clinical, academic, and/or administrative leadership positions in substance abuse treatment within the Department of Veterans Affairs, in schools of medicine and allied health training, and in the community. The goals and objectives of the Substance Abuse training program are common across disciplines, providing fellows with learning experiences deemed essential by us for all professionals working in addictive behaviors. The curriculum provides a range of structured clinical and didactic activities that allow individualized training, through the use of individualized learning contracts, in order to meet more specialized, discipline-specific goals and interests of the fellows.

Psychologists receiving postdoctoral training can expect to develop advanced levels of knowledge and skills in assessment and intervention, research strategies, and administration. Moreover, they can expect continued professional development, including further consolidation of professional identity, increased confidence in assuming an advanced level of professional responsibility, and advanced knowledge and skills in ethics, professional and legal standards, and in culturally competent practice. In addition to these advanced skills in professional psychology, postdoctoral Fellows in Substance Abuse can also expect to develop these specific areas of expertise:

- Knowledge of theoretical models regarding the etiology of substance abuse, and their relationship to different therapeutic interventions
- Advanced skills in the assessment and diagnosis of substance abuse and related disorders
- Advanced skills in individual and group therapy with substance abusers
- Knowledge of medications, medication practices, and medication effects with substance abusing patients
- Knowledge, comfort and skill in the treatment of dual disordered patients
- Knowledge, comfort and skill in the treatment of patients receiving opiate replacement
- Knowledge regarding the clinical aspects of HIV infection and AIDS among high risk substance abusers
- Knowledge of the scientific literature on the etiology, diagnosis, and treatment of substance abuse

- Knowledge of program innovation, design, management, and/or evaluation in substance abuse treatment

Research and academic experiences

Fellows are expected to spend at least 20% of their time in academic and/or program development activities (a maximum of 40% protected research time can be negotiated for fellows with a prior history of research productivity and career goals that are consistent with this use of fellowship time). Fellows attend a nine-month weekly seminar conducted by the Director of the CESATE Interdisciplinary Fellowship. The seminar includes academic readings each week and covers topics of diagnosis, etiology, epidemiology, natural history, change, treatment models, treatment outcome, relapse, individual differences and cultural factors, and special populations. Fellows are expected to be active participants, and to periodically lead the seminar as a means of developing skills in teaching. In addition, fellows are expected to initiate and complete a Quality Improvement (QI) project during the fellowship year. QI projects vary greatly, and are individually developed with supervision and consultation from the Fellowship Director and other ATC Psychology faculty. QI projects typically involve the development of new services and materials to facilitate treatment within the ATC, evaluation of new or existing services, participation in new or ongoing research projects in the ATC, and/or publication of new or existing data relevant to substance abuse treatment.

Selecting clinical placements

Clinical placements are considered during application and interviewing in February. Fellows may be offered a fellowship with primary placement on one clinical team. This is a half-time 1-year commitment, providing depth of training with a specific population and treatment approach. Breadth of training is accomplished by smaller time commitments to other treatment teams, research projects, and seminars throughout the year. At the start of the training year, fellows are oriented to the Medical Center, the Fellowship program, and the clinical settings. At the end of orientation, fellows select smaller activities and placements based on training goals. The settings for clinical training are described below.

Substance Abuse Fellowship training settings

Overview

The Addictions Treatment Center at VA Puget Sound is affiliated with the University of Washington School of Medicine and plays an important role in the educational programs of the University. It serves as a clinical training site for medical students, psychiatry residents, individuals working on graduate degrees in nursing and social work, and pre-doctoral psychology interns in the Seattle VA internship program. The ATC was also one of the original training sites for the VA-sponsored Postdoctoral Medical Fellowships in Substance Abuse. Trainees from those disciplines represented on our interdisciplinary treatment team are provided training and supervised clinical experience by professional staff within their discipline. In addition, the ATC is host for numerous research projects evaluating treatment methods, treatment outcome, and examining biological and psychosocial factors associated with addictive behaviors. While clinical training is the primary focus of the Substance Abuse Fellowship, research involvement is strongly encouraged.

Addictions treatment at VA Puget Sound, at both Seattle and American Lake Divisions, is delivered through a variety of outpatient clinical care programs that are integrated to provide comprehensive treatment for individuals with alcohol and drug dependence and other addictive behaviors. A large proportion of patients also have other concurrent psychiatric disorders. The Addictions Treatment Center offers long-term rehabilitation services and maintains a commitment to the continuity of care for substance dependent veterans. 55 clinical staff members provide this care. The composition of the staff -- which includes Psychiatry, Psychology, Social Work, Nursing, Physician Assistants, Pharmacy, and Addictions Therapists -- reflects the ATC's commitment to interdisciplinary treatment. Staff associated with a number of research projects conducted within the ATC also provide support and research contributions to the clinical and educational functions of the ATC.

The treatment programs are located within outpatient facilities. Patients compose a heterogeneous population of (mostly male) veterans who exhibit a wide range of substance abuse, psychiatric and

medical problems. Services provided include triage, assessment and referral, opiate replacement treatments, intensive outpatient programs, a dual diagnosis program, continuing-care, monitored Antabuse, and monitored naltrexone. Specialized services for women are also available in a gender-sensitive environment.

The following services describe the many programs in which addictions treatments are provided. Fellows in Psychology can receive primary training only in those settings staffed with a supervising psychologist and which offer opportunities for advanced clinical practice. Therefore, fellows should expect to receive training primarily in one of the three primary outpatient teams in Seattle described below (Teams 1, 2, 4). Clinical expertise and faculty are drawn from the entire ATC, however, and additional assignments in other settings can be arranged in order to participate in time-limited or specialized projects.

Addictions Treatment Center Services

Services offered at the Seattle Division include:

- Assessment, Engagement, and Consultation Clinics
- Intensive Stabilization Services / IOP (Intensive Outpatient Program)
- Team 1 (Opioid Treatment Program)
- Team 2 (General Substance Abuse Treatment)
- Team 4 (High psychiatric co-morbidity, or Co-Occurring Disorders)
- Women's Team (WATC; A Women's Centered Program)

Assessment, Engagement & Consultation Clinics (AEC). The AEC is the first contact a veteran has with the addiction services. The AEC provides initial assessment, screening, and treatment planning to all veterans seeking addictions treatment and provides consultation services to other units within the facility. Outpatient stabilization and coordination of detoxification services in the community can also be provided. Clients are typically referred to one or more of the outpatient programs described below. The AEC Orientation Clinic, which meets twice a week, evaluates approximately 100 patients per month. Fellows typically participate in the Orientation Clinic one day (morning) each week. The veteran is assessed by a member of the interdisciplinary team, and disposition and referral decisions are made by the team based on the assessment and the availability of treatment.

The Seattle ATC Outpatient Programs are organized into five treatment teams.

Intensive Stabilization Services (ISS) A brief, time-limited outpatient program primarily designed to provide care for patients in the initial stages of recovery who require increased support and structure not provided in a regular outpatient setting. The patient population consists of male and female veterans with psychoactive substance dependence and a high degree of co-occurring disorders. While with ISS, Veterans attend at least nine hours of individual and group programming over each five day treatment week. The program is designed to: assist in establishing initial abstinence (including support via outpatient detoxification as indicated); assess and initiate care for co-occurring medical and mental health disorders; support psychosocial stability; assist in developing initial recovery goals; provide initial alcohol and drug education; and promote engagement in continuing care. The average length of stay is twenty-one days.

Team 1 is licensed by the federal government to provide Opioid Agonist Treatment for veterans with opioid use disorders. The largest clinical track within the team, Clinic Based treatment, utilizes methadone for opiate agonist therapy (also called methadone maintenance, opioid substitution or replacement therapy). Clients in the Clinic Based treatment participate in a behavioral contingency management system tied to the results of urine toxicology screening in concordance with federal regulations. Additionally, we have an Office Based treatment track utilizing buprenorphine for opioid agonist therapy. Because the use of buprenorphine has fewer regulatory requirements, the Office Based track offers much more treatment planning flexibility. Group and individual psychoeducation, case management, and psychotherapy services are provided in both tracks. Because anyone on methadone for opioid

substitution treatment must by law be on Team 1 we serve patients that span the full range of psychiatric severity.

Team 2 is responsible for treating patients with low to moderate psychiatric severity who also have a primary substance disorder other than opioids. Common co-occurring psychiatric conditions include depression, PTSD, and anxiety disorders. Team 2 services include an intensive outpatient treatment track primarily for alcohol and marijuana, a specialized stimulant track for cocaine and amphetamine dependence, a motivational enhancement/harm-reduction track, a monitoring track, aftercare and extended care. Treatment options range in intensity from one to five times a week initially, to monthly groups, depending on a patient's stage of treatment and individual needs. The team also provides the Collaborative Pain Program (CPP) for patients having both chronic pain and addiction treatment needs. This program offers individual assessment and therapy, process support group, and a series of group modules focused on reactivation.

Team 4 treats patients with high psychiatric severity. This team provides specialized combined treatment for veterans with co-occurring disorders—those with both substance use disorders and significant psychiatric disorders, which include schizophrenia, bipolar disorder, and severe PTSD. Treatment on Team 4 is individualized and includes an initial, specialized focus on enhancing engagement in substance use and mental health treatment. A variety of treatment options are available on Team 4, including weekly or monthly continuing care psychotherapy groups, as well as psychotherapy groups that focus on motivational enhancement, harm reduction, relapse prevention, mindfulness, and coping with difficult emotions. The team also offers case management assistance with social services, urine toxicology and abstinence-based medication monitoring, and specialized management of psychiatric medications.

Female veterans can receive any or all of their addictions treatment within a women-only framework in the **Women's Addiction** programming. From the entry point into treatment (AEC), female Veterans have the opportunity to be evaluated by a female staff member, assigned a female care coordinator and treated in women-only groups. Currently, the ATC Women's Addiction programming serves approximately 30 female veterans, providing continuing care groups, psychoeducational groups, individual therapy, medication management, and social services (referrals for housing and financial resources).

The majority of patients being treated by Teams 2 and 4 embrace an abstinence model for the treatment of their substance abuse problems, although a harm reduction and motivational approach is embodied on every team. All teams provide comprehensive programs that offer varying levels of treatment intensity. Patients may receive up to 14 hours of treatment per week or as little as an hour a month in continuing care groups, psychoeducational groups, individual therapy, medication management, and social services (referrals for housing and financial resources). Although all clients are assigned one treatment staff person as their care coordinator, most treatment services are provided in a group format.

CESATE. The Center of Excellence in Substance Abuse Treatment and Education provides support for ATC faculty to develop, evaluate, and disseminate state-of-the-art addictions' treatment. Fellows can develop individual collaborative research and program improvement projects with several ATC faculty as part of the fellowship.

CESATE provided leadership in development and implementation of the VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders (SUD's) in Primary and Specialty Care Settings that was revised in 2009. In terms of guideline implementation efforts, CESATE staff serves as primary consultants to the VA Office of Quality and Performance and the field for national performance measures related to SUD including evidence-based screening for alcohol misuse in primary care and retention in specialty care.

Recent and anticipated developments in pharmacotherapy of substance use disorders have major implications for improved treatment effectiveness and efficiency. CESATE faculty members continue direct involvement in a number of projects evaluating the integration of psychopharmacologic and behavioral interventions for substance use disorders. Ongoing and recently completed projects involve combinations of pharmacotherapy (including buprenorphine, acamprosate, Naltrexone, selegiline,

bupropion, divalproex, prazosin, nalmefene) and behavioral interventions for treatment of alcohol, cocaine, opioid, and nicotine dependence; alternative alcohol and opioid detoxification methods in specialty addiction and general medical settings; innovative approaches to identify and address risk of early relapse or drop-out; effectiveness of contingency management to promote treatment retention and abstinence; care management for non-engaged patients with SUD and co-occurring major psychiatric disorders; and an evaluation of integrated primary care medical services within the addiction specialty clinic vs. referral to the general internal medicine clinic.

CESATE staff are investigating issues related to prevalence and psychiatric co-morbidity among women veterans; validating efficient and gender-specific screening methods in primary care settings; incorporating computerized clinical reminders in primary care for brief intervention or specialty referral of patients with alcohol misuse; and gender-specific treatment in addiction specialty settings.

In addition to the Interprofessional Training Fellowship, CESATE is active in developing technology transfer strategies to address standardization and integration of services including development of provider “toolkit” products, specialized conferences (e.g., preceptorships for integrating tobacco use cessation within mental health and addiction clinics; motivational interviewing to address continued alcohol use in patients with hepatitis C), and ongoing telephone consultation or video teleconferencing.

2. PTSD Fellowship

The PTSD Fellowship provides advanced training in clinical psychology, with an emphasis in the scientific investigation of PTSD and clinical care of Veterans with this disorder. Our primary aim is to provide fellows with advanced training in clinical research methods -- informed by their own clinical experience with complex patients and supervised by experts in the field -- that leads to their becoming independent investigators. Fellows are expected to generate publishable research during their training, under close mentorship, that will position them to obtain grant funding in pursuit of a research career. Because the fellow is expected to devote 75% of their time to academic and scientific activities, in addition to 25% of their time in clinical service, the Fellowship is renewable for a second year so that fellows can accumulate the necessary clinical hours for professional licensure, while still having sufficient time to initiate and complete independent research projects.

The PTSD Fellowship is supported by specialized funding for advanced training in Psychology and Psychiatry through the Mental Illness Research, Education and Clinical Center (MIRECC). Established in 1997, the MIRECC is a regional resource throughout the Northwest VA Network that provides innovative academic research, education and clinical demonstration projects in the areas of PTSD and co-morbid conditions.

Fellows can expect to join a vital and creative clinical research environment that currently involves approximately 10 psychologists and psychiatrists who are actively engaged in funded research investigations. Fellows are mentored to develop their own independent research project(s). Additionally, they also may join the research teams of senior investigators engaged in ongoing projects as a means of gaining research experience and academic products. Currently, ongoing research projects include:

- Clinical Treatment Trials. MIRECC investigators are currently conducting intervention research including (1) a clinical trial of a web-based CBT intervention for women Veterans with PTSD, (2) a clinical trial comparing Relapse Prevention and Cognitive Processing Therapy (CPT) for comorbid PTSD and alcohol use disorders, (3) a clinical trial comparing Loving-kindness Meditation and CPT for PTSD, (4) a double-blind, placebo controlled clinical trial evaluating prazosin and naltrexone for alcohol use disorders with and without PTSD, (5) a randomized trial evaluating prolonged exposure and virtual reality exposure to treat PTSD, (6) a randomized trial evaluating the use of shared, immersive virtual worlds for delivering training PTSD-relevant training to providers, (7) a randomized trial of Cognitive Skills training and Behavioral Activation for comorbid PTSD and mTBI, (8) a clinical trial evaluating a cognitively augmented behavioral activation intervention for Veterans with TBI/PTSD, (9) a collaborative VA/DoD clinical trial

examining effects of prazosin vs placebo on alcohol use disorder with and without comorbid PTSD in active duty Soldiers receiving standard outpatient alcohol treatment in the Joint Base Lewis McChord (JBLM) Alcohol and Substance Abuse Program (ASAP), (10) a collaborative VA/DoD trial involving Veterans and JBLM Soldiers examining the effects of prazosin vs placebo as prophylactic treatment for chronic Blast mTBI-induced migraine headaches, and (10) a trial of a peer support-delivered weight management intervention for Veterans with PTSD.

Generally fellows would have the opportunity to work with a mentor to learn about the design and conduct of clinical trials using one or more of the above examples. Fellows are often, though not always, interested in careers involving clinical trials and as such can benefit from exposure to those that are ongoing here while working out how they might go about designing and conducting smaller scale open or randomized trials to provide preliminary data for their own VA Career Development Awards (CDA) or NIH K or another type of larger funded study in the future.

- MIRECC Postdoctoral Research Activities. MIRECC postdoctoral fellows have recently conducted (or are currently conducting) research in the following areas: (1) health disparities affecting vulnerable populations, including women Veterans and sexual and gender minority Veterans, (2) associations between PTSD with various trauma exposures, substance use disorders, and treatment utilization among Veterans, (3) the influence of barriers to care on receiving mental health treatment, (4) psychosocial correlates of substance use disorders among Veterans compared to non-Veterans using population-based data, (5) a mixed methods evaluation of a novel harm reduction intervention for women Veterans, (6) open trials evaluating existing behavioral interventions for novel groups of Veterans.
- Overview of Additional MIRECC Research Foci. MIRECC investigators have studied the reach and impact of VA's MOVE! weight loss program among Veterans with and without psychiatric conditions using national VA administrative data. They also have conducted survey studies with Seattle VA Veterans to examine individual, social, and neighborhood correlates of cardio-metabolic health and health behavior, and how these factors differ for those with and without psychiatric conditions. MIRECC investigators have also conducted web-based, national surveys with particular subgroups of Veterans (e.g., women; LGBT Veterans), have analyzed publically available datasets where respondents' Veteran status can be ascertained, and are examining VA administrative data on correlates of military sexual trauma and PTSD. MIRECC investigators have several ongoing studies evaluating neuroimaging, neuropsychological, and neurobehavioral outcome following repeated blast-related mTBI. We also are interested in developing clinical trials that evaluate combined prazosin and psychotherapy vs either modality alone for PTSD with prominent hyperarousal symptoms as well as the effects of prazosin on sleep and activity using actigraphy. Additionally, MIRECC investigators have conducted evaluations of mechanisms of behavior change associated with PTSD and alcohol use outcomes following discrete brief interventions.
 - Health services research. MIRECC investigators have initiated a growing research program in health services studies focusing on PTSD. They have successfully completed and published research examining the prevalence of PTSD, substance use, and health problems among women veterans seeking VA primary care. They have also completed a number of studies on the prevalence of psychopathology among Gulf War patients cared for by the VA and Department of Defense, health care costs and treatment utilization by clinical subtypes of Gulf War patients, and influence of psychopathology on physical symptom reporting and functional impairment among this population of veterans. Empirical papers concerning the prevalence and correlates of violence among veterans with PTSD have been published. Also, MIRECC investigators are funded to study the role of health risk behaviors in predicting of health care costs in veterans with chronic PTSD and/or depression. Most recently, MIRECC investigators have demonstrated that veterans with PTSD who have chronic health conditions such as diabetes have deficient health care habits and require specialized intervention.

- Research into the interface between PTSD and substance use disorders. In collaboration with faculty from our addictions programs, MIRECC investigators are addressing the topic of PTSD co-morbid with substance use disorders. In addition to the projects referenced above, they have conducted research on the prevalence of PTSD and substance use among incarcerated veterans, and have implemented a novel methodology to obtain real-time, prospective assessments of the course and co-variation of PTSD and substance use relapses in veteran and community samples.
- Research into the neurobiology and psychophysiology of PTSD. A number of physician members of the PTSD research program are investigating neuroendocrine abnormalities of sympathetic nervous system functioning and HPA axis activity in veterans with PTSD. Another component of this team is conducting psychophysiological studies of aberrations in the architecture of sleep and dreaming in veterans with PTSD, and pharmacological treatments that may block disruptions of sleep and dreaming.
- Research on the rehabilitation psychology of PTSD and Polytrauma. The Polytrauma Program provides rehabilitation care services to military personnel returning with physical injuries from the wars in Afghanistan and Iraq. The Polytrauma Program treats the physical, cognitive, and psychological impairment associated with such medical trauma. Commonly these military personnel return with PTSD and traumatic brain injury (TBI). Rehabilitation psychologist members of the Rehabilitation Care Service line are involved in neuropsychological research on co-occurring TBI, PTSD and other psychological disorders.

Goals of PTSD fellowship training

Our primary goal is to provide fellows an excellent training experience in the science and clinical treatment of trauma disorders – one that will prepare them for eventual leadership roles in clinical services, research, and education -- particularly in VA, Academic Health Center, and academic settings. The Postdoctoral program provides learning experiences deemed essential for advanced training in professional psychology. The curriculum provides a range of structured clinical and didactic activities that allow individualized training, through the use of individualized learning contracts, in order to meet more specialized goals and interests of the Fellow.

Psychology fellows can expect to develop advanced levels of knowledge and skills in assessment and intervention, research strategies, teaching, and administration. Moreover, they can expect continued professional development, including further consolidation of professional identity, professional networking, increased confidence in assuming an advanced level of professional responsibility, and advanced knowledge and skills in ethics, professional and legal standards, and in culturally competent practice. In addition to attaining these advanced skills in professional psychology, postdoctoral Fellows in PTSD will also participate in additional experiences designed to develop specific competencies in trauma treatment, and advanced skills in scientific, educational and administrative practice.

Research opportunities

The PTSD fellowship provides many opportunities to develop advanced knowledge and skills in clinical research and strategies of scientific investigation:

Overview of research experiences. In order to provide a solid foundation for a successful research career, a tailored research curriculum is designed to develop the fellows' knowledge in the area of their chosen research topic. Formal didactics and individualized mentoring address each of the following essential components for developing a successful career as a scientist-practitioner psychologist:

- identification of an interest area and appropriate research questions that will serve as the focus for the fellow's independent research program

- selection, design, and initiation of a programmatic series of experiments that will significantly advance knowledge of this area of interest
- obtaining resources to carry out the planned research program
- establishing a presence in the scientific community through communicating one's work and developing a network of colleagues and potential collaborators with similar research interests.

These essential components are accomplished by 1) undertaking a mentored research project, 2) attending formal didactics and courses, 3) participating in research seminars and journal clubs, 4) presenting research findings at a national scientific meeting, and 5) writing a pilot research grant and junior faculty training award grant. Oversight of fellows' primary research project, educational experience, and career development will be provided by a mentoring committee composed of content experts in fellows' topics of interest as well as core training, administrative, and supervisory staff.

Mentored research project. At the time of recruitment, each fellow's interests are ascertained and matched with a primary faculty mentor. At the start of the postdoctoral year, fellows are immediately invited to join in ongoing research studies. Concurrently, they work with their mentors and mentoring committee to develop their own research project. Under the guidance of the research mentor, fellows formulate testable and meaningful hypotheses relevant to the veteran with mental illness; design a research project to test these hypotheses; prepare a statistical analysis plan and create a database; understand and respond to the ethical, cultural, and legal issues involved in clinical research, and in institutional review board applications (for human or animal use); prepare VA Research and Development applications (including approvals for biohazards, radiation, etc.); determine research staffing and materiel requirements; recruit, screen, and evaluate potential subjects (as appropriate); perform the research experiments; enter data into the database; perform statistical analyses; and present research findings as oral presentations and written reports for publication.

Formal didactics and courses. In preparing for careers in clinical research, fellows may participate in coursework at the nearby University of Washington (tuition is waived for Fellows in our University-affiliated program). Fellows have the opportunity to take a variety of relevant courses, depending on their interests, background, and training needs (for example, courses in statistics or research methodology). Fellows may also attend three workshops sponsored by the School of Medicine: "Biomedical Research Integrity Lecture Series (course in the responsible conduct of research)," "Walking through an NIH Grant," and "Forming Partnerships with Industry." Moreover, fellows participate in a nationwide VA web-based Fellowship curriculum, designed to augment and enhance their clinical and research experiences. This curriculum consists of four hours of didactic training each month, delivered by national experts through a V-tel medium that allows interaction with fellows across multiple sites. This curriculum includes an orientation to health care systems; research methodology; statistics; development, management and finance of mental health services; ethical, legal and cultural issues in mental health programming; and mental health databases and information management.

Research seminars and journal clubs. Fellows and faculty participate in a monthly PTSD Research Forum as well as a bimonthly journal club focused on PTSD. The research conference provides an interdisciplinary forum in which fellows can present their research plans, progress, and findings for feedback, brainstorming and advice in a supportive environment. Participants in this ongoing conference consist of basic science and clinical research faculty, as well as postdoctoral and pre-doctoral trainees in psychology and fellows and residents in psychiatry. This unique forum provides for stimulating cross-fertilization of ideas among the participants and an optimal opportunity for all participants to learn and practice the vocabularies and thought processes of clinical and basic science. Along with the journal club, it also provides a means for keeping abreast of important basic and clinical developments in mental health and related disciplines.

Fellows may take advantage of a number of other didactic activities as time constraints and interest dictate, including additional lab meetings, seminars, lecture series, research conferences, journal clubs, and rounds. A wide array is available at the Seattle VA and nearby University of Washington, depending on the Fellow's specific research interests. These include such offerings as the UW Psychiatry Grand Rounds, Gerontology Grand Rounds, Women's Health Care Rounds, Behavioral Neuroscience Seminar,

and Ethics Forum. Overall, this curriculum provides fellows with a strong foundation in the principles and applications of investigative approaches in professional psychology.

Presentation of research findings. An important objective of the PTSD Fellowship is to foster the trainees' ability to effectively communicate the results of his/her work through peer-reviewed publications and presentations at scientific meetings. Fellows can expect to receive individual mentoring in manuscript preparation, as well as editorial assistance and review. In addition, fellows can attend courses in technical writing and writing strategies specific to particular topics or types of journals. Ensuring that each fellow has the opportunity to obtain an adequate publication record during the Fellowship is an important consideration for each faculty mentor. Toward this end, fellows are expected to present their research at regional and national scientific meetings, as well as at a number of local venues attended by staff and trainees. Such presentations are invaluable in helping fellows to develop a presence for themselves in the scientific community and to develop a network of colleagues who work on topics related to their own. Funds to support travel to a scientific meeting are available.

Grant writing. Fellows receive didactic and mentored training in grant writing. Didactic instruction is provided for beginning researchers. Experiential training first involves having fellows assist with the preparation of mentors' grants, and subsequently applying for their own pilot grant to support an independent study. It is expected that fellows will submit a pilot grant application by the end of their first year, which serves as a transition to independent investigator status. In addition to training regarding VA, NIH, foundation grants, and other granting agencies, fellows receive training in developing appropriate collaborative relationships with industry. The benefits and pitfalls of such relationships are nicely summarized in the UW-sponsored workshop entitled "Forming Partnerships with Industry" that Fellows may attend. In addition, members of the training faculty have experience in developing such relationships. During the second year of the postdoctoral program, fellows are expected to prepare and submit a VA or NIH K-award junior faculty career development grant application. This application is the final component in a structured scientist-practitioner training program, facilitating the transition from fellow to junior faculty status, and is designed to ensure a successful career in professional psychology.

Educational opportunities

The PTSD Fellowship provides many opportunities to develop advanced and cutting-edge skills in teaching and education.

Teaching opportunities. Fellows can expect to develop their teaching, supervision, and administrative skills in health care education. They will have the opportunity to attend seminars taught by senior faculty, co-lead these seminars, and eventually conduct seminars under observation, as their level of expertise permits. Fellows receive instruction in teaching methods, evaluation of learning, medical informatics, cutting edge academic applications of the personal computer to enhance educational presentations, and the design of web-based courses. Fellows lecture to medical students, psychiatry residents, and psychology interns, as well as allied health professionals. Fellowship faculty attends these lectures to provide fellows with feedback and instruction on teaching skills. Fellows are also active participants in all MIRECC education efforts, including a twice-monthly video-conference series. Fellows present lectures in this series annually. In their clinical settings, fellows have the opportunity to provide adjunctive supervision for psychology interns and psychiatry residents, under the instruction and supervision of a senior psychologist.

Healthcare informatics. Fellows have the opportunity to learn, work with, and conduct research with an advanced clinical computing system that includes our computer-based medical record (CPRS). VA Puget Sound was the third test site nationally for CPRS, and continues to be one of the leading sites for this comprehensive system, which is used in inpatient and outpatient settings at both the Seattle and American Lake divisions. It is also used remotely in outreach clinics and in the two veterans' homes in western Washington. Over 11,000 orders and 3200 notes are entered into CPRS at VA Puget Sound each weekday. Imaging and telemedicine applications are also heavily used in clinical care, allowing radiographs, photographs, and other clinical images to be stored in the record and communicated between clinicians. Our computer-based medical record is used as the foundation for an extensive

collection of decision support features, providing a powerful tool for implementing practice guidelines. Fellows are welcome to attend operational and support meetings, assist with tailoring CPRS and decision support features to the domain of mental health, and to conduct research using the enormous collection of clinical data that are gathered from these heavily used clinical computing applications.

Telehealth. VA Puget Sound offers several opportunities for involvement with telemedicine programs. The recently funded Geriatric Telemedicine Demonstration project links patients at the two State Veterans homes with geriatric psychiatry staff at both our Seattle and American Lake divisions. The initial focus is on screening and diagnosis of dementia with expansion potential to other areas of mental health evaluation and management. Use of telemedicine capabilities to support primary care and home care are also areas of active interest. We are committed to expanding telemedicine applications and have active committees supporting these programs. Fellows can participate in devising innovative applications for this new and powerful technology.

Training in mental health administration. At VA Puget Sound, operational decisions for the Mental Health Service are discussed and decided by consensus of an Operations Committee. This committee is an interdisciplinary management team comprised of Mental Health Service Line leaders, which oversees a budget of approximately \$22 million a year. Fellows can be included in monthly meetings of the Operations Committee, where they become familiar with the budgetary process in mental health programming, with multidisciplinary management of mental health systems, with application of the quality improvement (QI) process to evaluating and refining clinical services, and with preparation for external evaluation reviews of mental health services and the health care system by the Joint Commission for Accreditation of Health Care Organizations. In this context, fellows also become familiar with practical, ethical, legal and cultural issues in health care management and have an opportunity to observe their resolution in a complex hospital system.

Clinical opportunities

The PTSD Fellowship provides many opportunities to develop advanced competencies in assessment, intervention, consultation, program development, outcome evaluation, and clinical research.

Overview. The PTSD Patient Care Line offers an integrated set of residential and outpatient clinical care programs that provide comprehensive treatment for veterans with military-related trauma disorders. This includes veterans with PTSD symptoms related to any war zone theater of operations, as well as veterans with symptoms resulting from exposure to non-combat traumas during military service. The PTSD Patient Care Line is a regional resource in the Northwest, both as a tertiary treatment site for patients with complex disorders, and as a resource for education and consultation.

The following settings describe the many programs in which PTSD services are provided. Fellows in Psychology can receive primary training only in those settings staffed with a supervising psychologist, and which provide opportunities for advanced clinical training in a quarter-time placement. Clinical expertise and faculty are drawn from all of the PTSD programs, however, and additional assignments in other settings can be arranged in order to participate in time-limited or specialized projects.

PTSD Outpatient Clinic (POC). The PTSD Outpatient Clinic (POC) provides outpatient treatment of patients who can profit from brief intervention, as well as patients who require long-term care for chronic psychiatric disabilities. In addition to a primary diagnosis of PTSD, patients enrolled in this clinic represent a wide range of concurrent Axis I and Axis II disorders. While most of the patients treated in the clinic have PTSD related to combat, there are also specialized groups for other military-related PTSD. Services offered by the clinic include: interpersonal psychotherapy groups; dual disorder groups for PTSD patients who are primarily treated within the Addiction Treatment Center; case management groups for the chronically impaired patient; time-limited, topic-focused groups; individual and marital therapy and medication clinic. Interns can receive focused supervision in evidence-based psychotherapies, including exposure therapy and behavioral activation. The POC primarily serves Vietnam era veterans, though special services are also available for Afghan, Iraq and Gulf War vets, Korean War vets, WWII vets, and former POWs.

The POC clinic staff consists of psychologists, psychiatrists, a social worker, a nurse, an addictions therapist and a mental health technician. A rotation in the PTSD Outpatient Clinic will provide an intern with an opportunity to participate in all the functions of the psychologist, including individual, marital and group psychotherapy, psychological assessment, case management, team consultation and treatment planning. This rotation is offered as a full-time or half time placement.

Within the POC there is the opportunity to provide treatment to women veterans with PTSD. These veterans experienced various types of trauma, including duty-related trauma, during their military service, though the majority experienced military sexual trauma (MST). Approximately half of these patients also experienced childhood sexual and/or physical abuse, and many sustained trauma post military. The majority meets diagnostic criteria for PTSD and many have Major Depression, while a minority meets diagnostic criteria for such difficulties as bipolar disorder, schizoaffective disorder, eating disorders, other anxiety disorders (e.g., obsessive compulsive disorder, panic disorder) and substance use disorders (SUDs). A substantial minority also has Axis II disorders or meets criteria for Disorders of Extreme Stress Not Otherwise Specified. The majority have significant physical health problems that often include chronic pain and mobility difficulties.

Postdoctoral fellows function as primary mental health providers who coordinate and case manage the care for a panel of patients. Additionally, they have the opportunity to provide individual and group psychotherapy, and to work closely with experienced co-therapists in delivering evidenced-based treatments using state-of-the-art approaches. The POC operated over 100 distinct therapy groups, including trauma-focus treatment, acceptance-based treatment, prolonged exposure, mindfulness, emotion regulation and distress tolerance, social skills training, case management, problem-solving therapy, coping skills, symptom-management, dual-disordered, and recovery/rehabilitation groups. The professional duties of the psychology fellow -- including assessment, therapy, consultation/liaison, crisis intervention, interdisciplinary collaboration, and clinic administration -- are supervised by the Team Leader or other appropriate psychology faculty. In addition, consultation from providers of other disciplines is easily obtained.

3. Primary Care Fellowship

The Primary Care Fellowship provides advanced training in clinical psychology services delivered in a primary care setting. There are different primary care settings but a common foundation is providing integrated care from a biopsychosocial model of health, addressing the intersection of mental and physical health. Each of the clinics provide co-located collaborative care for common mental and behavioral health problems to a diverse patient population, consultation to providers of other disciplines, as well as assessment and intervention for individuals and group therapies. Common goals shared between clinics are to provide preventative care, improve access to care, and reduce the stigma of mental health care. Differences in the clinic missions as well as diversity among the supervising faculty result in unique training options across the clinics. Three different areas of emphasis are detailed below.

Primary Care Mental Health Integration (PCMHI) – Primary Care Clinic

The Primary Care Clinic (PCC) is a fast-paced outpatient primary care medical setting. Psychologists and fellows provide consultation to primary care providers, as well as provide mental health triage and brief treatment for patients with a wide range of mental and behavioral health issues. Additionally, the PCMHI team provides Deployment Health Services, which is an outpatient specialty service established for the assessment and brief follow-up care of combat veterans returning from Iraq and Afghanistan. The PCMHI team consists of four psychologists, two psychiatrists, two nurse care managers, and additional trainees (psychology interns and psychiatry residents). Psychology fellows work as active members of the team and work toward increasing autonomy throughout the fellowship.

Primary Care patients present with a broad range of mental health concerns including trauma history and other adjustment disorders, anxiety, depression and mood spectrum disorders, psychotic disorders,

chronic pain, substance abuse, relationship concerns, grief and loss, and sexual concerns. Since patients' presenting problems encompass a wide range of concerns, fellows will strengthen their psycho-diagnostic skills and learn to develop appropriate treatment plans based on their assessments. Fellows will also have the opportunity to utilize a range of brief treatment interventions (e.g., motivational enhancement, anxiety management, acceptance-based interventions, mindfulness-based interventions, behavioral activation, and communication skills). Fellows will also have the opportunity to staff the Same Day Access "Star Mental Health" clinic, which is a walk-in clinic designed to provide rapid access to mental health services. Fellows will learn to manage patients' different needs and acuity levels, and provide succinct assessment, treatment planning, and crisis management at times. Given the high frequency of consultation between different disciplines, fellows will also have the opportunity to become more familiar with psychotropic medications, and biological and physiological influences on mental health disorders. In addition to working with the patient, treatment interventions may also include working with the veteran and his/her family members.

Fellows can also gain experience providing evaluation and follow-up care of combat veterans returning from Iraq and Afghanistan (Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)). These veterans are often dealing with post-combat experiences and learning to adjust to civilian life. A primary goal is to assist these veterans with this transition and often includes providing psycho-education about post-combat reactions, assessing and managing risk factors, and providing recovery-oriented therapy. Treatments offered in this venue are typically brief, and often include present-centered problem-solving therapy and time-limited CBTs (e.g., Behavioral Activation, CBT skills training, stress reduction). However, given the unique needs of the veterans who have served in Afghanistan and Iraq, initial treatment efforts often focus on reducing stigma associated with mental health treatment, providing creative and flexible options to improve access to treatment and treatment retention, and working closely with an interdisciplinary team to ensure that medical and social needs are also met.

Behavioral Health

Health psychology experiences are available through the Behavioral Health service. A wide range of experiences are offered, including individual counseling, group health education, consultation, program development and evaluation, medical staff education (e.g., Motivational Interviewing) and consultation, health fairs/outreach, shadowing other health care disciplines (e.g., clinical pharmacists, registered dietitians, and nurses), and service/leadership through participation on the Health Promotion and Disease Prevention Program Committee. A fellow can expect to gain clinical experience helping patients with tobacco use cessation, weight management, chronic disease self-management, and psychological adjustment to health conditions in both individual and group contexts. The fellow works in conjunction with the facility's Health Behavior Coordinator.

Primary Care Mental Health Integration (PCMHI) – Women's Health Clinic

The Women's Health Clinic (WHC), a training site of PSVA's Center of Excellence in Primary Care, is an outpatient primary and specialty (ob/gyn) care setting that addresses the healthcare needs of women veterans. This clinic currently serves approximately 2000 women veterans, including a growing number of veterans who have served in Iraq or Afghanistan. The clinic is staffed by an interdisciplinary team including internal medicine physicians, a gynecologist, nurse practitioners, other nursing staff, a social worker, pharmacist, health tech and several part time behavioral/mental health practitioners (psychologists and psychiatrist). In addition to the permanent staff, trainees and residents from various disciplines work in the clinic and the clinic is one site of the OIF/OEF Primary Care Postdoctoral Fellowship training.

The WHC embraces an integrative and holistic approach to health care in which the role of behavioral and psychological health care is highly regarded. Mental/behavioral health practitioners have been part of Women's Health Clinic since the 1990's. Integration of services reflects the holistic model and addresses the mutually influential spheres of physical and psychological well-being. The veterans referred for behavioral/mental health consultation represent a wide range of concerns including positive screens for depression and PTSD, problems dealing with the health care environment/procedures, somatization, chronic pain syndromes including fibromyalgia, high utilization of health care resources, relationship and/or sexual problems, gender transition issues, mood disorders, anxiety and trauma related

problems, strained patient-provider relations, and non-adherence with health care recommendations. Veterans are also referred for adjustment to serious health problems and age-related decline. Since multiple trauma exposure is so common in the histories of women veterans, and since these histories are associated with significant physical health impairments, the mind-body connection is a natural focal point of assessment and care in the WHC.

The WHC psychologist and fellow provide assessment, consultation, and interventions, including individual, family and group therapies. Consulting to the physicians and nurse practitioners on issues of effective patient management is a central function of the psychologist.

Fellows will have the opportunity to work with a variety of group therapies including a health self-management group, a cancer support group, a psychotherapy group for transgender veterans and a group promoting the use of technology to support and enhance mental and physical health as well as to gain experience providing evaluation and follow-up care of women combat veterans who served in Iraq and Afghanistan. These veterans are often dealing with post-combat experiences and learning to adjust to civilian life. Fellows may develop a specialized group or other clinical service in WHC according to their own interests and the clinic needs.

Telemental Health

The Primary Care Fellows will also be trained in using Clinical Video Telehealth (CVT) technologies. CVT technologies are used to provide virtual consultation as well as a range of brief individual and group treatments throughout the Primary Care and Women's Health clinics. Many veterans referred to PCMHI are from remote rural areas or represent vulnerable populations (e.g., homeless) and experience difficulties traveling to the VA for mental health care. To better meet the needs of these veterans, PCMHI psychologists and Fellows provide individual and group services (e.g., Health-Self Management, Whole Health) to Veterans who are located at their home or a Community Based Outpatient Clinic (CBOC). In addition, PCMHI psychologists and Fellows offer consultation and brief assessment services to the Homeless Patient Aligned Care Team (H-PACT) providers working in local emergency shelters through the "virtual" Star Mental Health clinic.

Overview of the Fellowship Training Year

The Primary Care Fellow will work with staff to customize a training year that will complement and extend their individualized abilities with placements selected from the primary care clinics. Although the fellowship is primarily a clinical fellowship, fellows are encouraged to develop an additional project that furthers professional development (up to .2 time is allowed). Some project ideas from past fellows include developing and starting a group to address an as-yet unmet clinical need, creating a didactics seminar for medical providers, implementing programmatic changes to increase efficiency within the clinic, or participating in research or quality improvement (QI) projects. The Primary Care Fellow will also participate in a didactic series with various weekly educational opportunities including local and regional presentations. Monthly national conference calls and presentations on PCMHI topics are also available for further learning and exposure to leading professionals in this area.

4. Neuropsychology Fellowship

The two-year postdoctoral fellowship in Clinical Neuropsychology at the Seattle VA is designed to provide trainees with comprehensive training in neuropsychology. This includes both depth and breadth of assessment, education, consultation, intervention, and research that will result in advanced professional practice and competency in Neuropsychology. Comprehensive training in Clinical Neuropsychology and brain-behavior relationships takes place through didactic and experiential training in Neuropsychological Assessment/Consultation, Cognitive Rehabilitation Interventions, Consultation/Liaison, Scientific Practice and Research, Didactics/Teaching/and Supervision, and demonstration of appreciation of Ethics and Diversity. The rigor of this fellowship is consistent with the Division 40/Houston Conference Guidelines in providing the foundation for trainees to pursue ABPP certification in Clinical Neuropsychology.

Clinical Core clinical experiences for this fellowship are based in the **Mental Health Neuropsychology Clinic** (Drs. Pagulayan and Dean) and the **Geriatric Research Education and Clinical Center (GRECC) Memory Disorders Clinic (MDC)** (Dr. Trittschuh). During the Mental Health Neuropsychology fellowship rotation, fellows will receive exposure to a broad range of patient populations, including individuals with traumatic brain injury, mental health conditions (e.g., PTSD, depression, and schizophrenia), substance abuse, epilepsy, multiple sclerosis, Parkinson's disease, cerebrovascular disease, liver dysfunction, neurodegenerative diseases, and other complex medical conditions. Fellows will also participate in clinical fMRI evaluations at the University of Washington while on the mental health rotation (pending final approval from UW). During the Memory Disorders Clinic rotation, fellows receive in-depth training in the assessment and diagnosis of a range of neurodegenerative disorders. Examples of cases seen in the past year include, but are not limited to, Alzheimer's disease, vascular dementia, progressive supranuclear palsy, frontotemporal dementia, familial idiopathic basal ganglia calcification syndrome, Parkinson's disease dementia, and Lewy body dementia. Cognitive skills groups are offered in both of these clinics, and are considered a core part of the clinical training.

In addition to these major clinical experiences, the fellowship is designed to incorporate a clinical minor that is individualized to the interests and training needs of the fellow. Possible clinical minors include: advanced training in cognitive rehabilitation, advanced training in PTSD, a rotation in the epilepsy or movement disorders clinic, or a rotation in a Rehabilitation Care Service clinic (e.g., polytrauma outpatient clinic, acute inpatient rehabilitation unit, and the spinal cord injury unit).

Research

Research and/or program development/quality improvement is also a core part of the postdoctoral training experience, and fellows are typically provided with 20-40% research time (depending on experience and career goals). By the end of fellowship, fellows are required to have a tangible product that demonstrates their engagement in research/program development/quality improvement activities. Examples include submission of a manuscript for publication, submission of a grant proposal, or development/adaptation of a treatment manual to a new patient population. This product must be related to work completed during fellowship in conjunction with his/her Seattle VA research supervisor. Several of the neuropsychologists associated with this fellowship have active research programs. For example, Dr. Pagulayan is an investigator on several funded research projects that the fellow could be involved in, including (1) Neuroimaging and cognitive correlates of repetitive blast-related mild TBI, (2) Cognitively Augmented Behavioral Activation for Veterans with Comorbid TBI/PTSD, (3) Mild TBI and Biomarkers of Neurodegeneration, and (4) Pituitary Dysfunction, Behavioral Symptoms, and Quality of Life after Blast mTBI. In addition, Dr. Trittschuh is the lead for a VA-funded Clinical Demonstration project with multiple arms and aims. One focus is on the development of educational programs and materials to improve knowledge of the relationship between PTSD and aging; this education is directed to both providers and Veterans themselves. Another aim is the provision of neuropsychological evaluation using Telehealth communication; the goal is to connect GRECC specialty services with Veterans who have trouble accessing centralized care, whether it is due to distance, transportation issues, disability, or mental health issues. Dr. Trittschuh is a collaborator on other funded research projects and opportunities exist for Fellow involvement/development; examples include, the genetics associated with amnesic and dysexecutive prominent phenotypes in Alzheimer's disease, and Mild Cognitive Impairment or TBI in a longitudinal study of an elderly community-dwelling cohort.

Didactics

In addition to the core clinical activities, this fellowship includes educational components aimed at increasing knowledge regarding brain-behavior relationships, neuropsychological and psychodiagnostic test interpretation, and psychiatric and neurologic disorders and syndromes. Required didactics include:

1. The Memory Disorders Clinic of the GRECC has a training-focused didactic series which occurs every other week. Examples of covered topics include: introduction to dementias, cognitive assessment and report writing, basic neuroanatomy, behavioral challenges/caregiver issues, pharmacotherapy, the role of geropsychology after the diagnosis of dementia, and the association of diabetes with the development of Alzheimer's disease. Fellows participate in this seminar while on the GRECC rotation.

2. Weekly Seattle VA Neuropsychology Seminar, which includes didactic presentations, journal article reviews, case presentations, and fact-finding practice sessions. This seminar begins the year with a neuroanatomy review and then covers topics relevant to neuropsychology in a VA setting. The curriculum is designed to prepare fellows for board certification in neuropsychology, and includes practice fact finding exercises. Fellows participate in this seminar for their entire 2 year fellowship.
3. Bi-weekly neuropsychology case conference at the Seattle VA.
4. Monthly clinico-pathological conference (CPC) that is jointly run by the VA and University of Washington faculty; it offers a rare chance to conceptualize cases from the vantage point of having initial symptoms and clinical data, cognitive testing, information on the course of illness, genetics, and neuropathological findings.
5. Brain cuttings (every other month).

Further, optional didactics are plentiful at VAPSHCS, Harborview Medical Center, and the University of Washington. These include, but are not limited to, Psychiatry and Neurology grand rounds, MIRECC and GRECC regular didactic series, the Brain Aging and Neurodegenerative Disease (BAND) monthly seminars, and neuroradiology seminars.

Supervision

The advanced competencies described above will be developed over the course of the fellowship through a combination of supervised clinical experiences and didactics, and professional mentoring over the duration of the training. The fellow will devise an individualized learning plan with the help of his or her supervisors, outlining the proposed learning experiences that will help them attain advanced skill and knowledge in each of the required competency areas (assessment, intervention, consultation, education, and research). The development of this learning plan requires each fellow to conduct a self-assessment of his or her prior skill level in each area. Mentors are responsible for identifying those training experiences that will help the fellow develop advanced abilities in each area, while taking into account the fellow's prior level of experience and demonstrated competence. Fellows will receive a minimum of two-hours per week of individual, face-to-face, regularly scheduled supervision for the entire training period.

Training Goals

It is our goal to provide comprehensive training in clinical neuropsychology and brain-behavior relationships during the fellowship period, through both didactic and experiential training. The major training areas are outlined below. In order to fulfill the goals of postdoctoral training, the fellow must demonstrate an advanced level of skill and knowledge in the following areas by the completion of the Fellowship program, as measured by supervisors' evaluations of the specific competencies.

1. **Neuropsychological assessment:** Fellows will receive training in all aspects of neuropsychological assessment, including test selection, test administration and scoring, report writing, and provision of feedback/education. Intensive supervision will be provided at the beginning of the fellowship, with the aim of developing skills to function independently over time. Fellows will learn to identify and adjust for sources of bias in test results (e.g., poor effort, English as a second language, cultural issues). Guidance will also be provided so that assessments are practiced in a culturally competent manner and conducted with an awareness of current ethical and professional standards.
2. **Cognitive rehabilitation interventions:** Fellows will participate in both individual and group based cognitive rehabilitation interventions. Current cognitive rehabilitation interventions offered at the Seattle VA are based on empirical literature and have been adapted to the needs of our Veterans. The Fellow will be expected to become proficient with this literature and common cognitive rehabilitation interventions.
3. **Consultation/liaison with family members and healthcare professionals:** Fellows will be able to consistently demonstrate the ability to effectively work with diverse populations, and provide appropriate intervention in response to a range of presenting problems and treatment concerns. Fellows will also be able to demonstrate skill in applying and/or adapting evidence-based interventions with a specialized population, and be able to provide clinical leadership when working with junior providers. Fellows should demonstrate effective consultation skills with other professionals, particularly those in other disciplines, by providing expert counsel regarding difficult clinical matters.
4. **Scientific thinking and research skills:** Psychology training at the Seattle VA is based on the scientist-practitioner model and a high value is placed on providing evidence-based care. Fellows should

consistently demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. The supervisors will promote the fellows' learning by sharing knowledge, readings and resources regarding the empirical basis of their practice. In turn, fellows are expected to be familiar with the empirical literature related to their patient care duties, and to incorporate this knowledge base in their daily practice.

5. Education, teaching and supervision skills: Fellows should demonstrate the ability to give presentations in a formal didactic setting, to teach skills to medical students, residents, psychology interns, and allied health trainees in medical center training settings, and to educate and support other professionals in medical center settings.

5. Rehabilitation Psychology

The Rehabilitation Psychology fellowship is a two year position focused on the development of advanced Health Service Psychology competencies on behalf of individuals with disabilities and chronic health conditions in order to maximize health and welfare, independence and choice, functional abilities, and social role participation across the lifespan.

Rehabilitation Care and Center for Polytrauma Care

The Rehabilitation Care Service (RCS) line is an energetic and collegial service that provides inpatient and outpatient care to veterans with a variety of medical conditions, such as multiple sclerosis (MS), traumatic brain injury (TBI), stroke (CVA) and amputation. Psychologists and fellows are appreciated members of interdisciplinary teams, providing an array of neuropsychological and diagnostic assessment, group and individual psychotherapy, and team training and consultation.

Many of the patients in RCS have psychiatric disorders in addition to physical and neurocognitive changes. Psychologists in RCS have the challenging responsibility of integrating information about personality, emotional functioning, and cognition in a way that facilitates treatment and enhances patients' motivation and ability to participate in rehabilitation.

Inpatient clinical services typically include providing assessment and brief intervention for adjustment to illness and disability, depression, and anxiety, as well as brief cognitive assessment. The inpatient unit provides an excellent opportunity to provide psychological and neuropsychological consultation to a diverse interdisciplinary team that includes physicians, nurse specialists, social workers, and speech and language pathologists as well as physical, occupational, and recreational therapists.

Outpatient clinical services in RCS are offered in four main ways, including structured psychoeducational groups, individual and couple/family therapy, neuropsychological evaluation services, and consultation in various specialty medical clinics.

Clinical activities in RCS are supported by active research engagement of several faculty members. RCS is home to two national Centers of Excellence within the VA system -- the Multiple Sclerosis Center of Excellence and the Center for Limb Loss Research.

Center for Polytrauma Care

RCS is also home to one of 20 national Polytrauma Network Sites. The Center for Polytrauma Care is rehabilitation team dedicated to caring for veterans who are returning from OIF/OEF with multiple injuries. Most commonly, psychology fellows will work with both active duty service members and veterans of the Iraq/Afghanistan War who have multiple co-occurring conditions including TBI, PTSD, chronic pain, sleep problems, and cognitive impairments. The Center for Polytrauma Care also sees veterans from the four state regions of Alaska, Idaho, Oregon, and Washington in its role as a regional polytrauma rehabilitation resource.

Inpatient and Outpatient Spinal Cord Injury

The Spinal Cord Injury Service (SCIS) is a regional hub facility, consisting of a 38-bed inpatient unit for veterans with spinal cord injuries, as well as an outpatient clinic serving over 600 active patients in 5

states. Seattle is also the home of a large data management system and research department devoted to improving care for veterans with SCI. An interdisciplinary treatment team works to meet the comprehensive medical and mental health needs of outpatients and inpatients. The psychologists on this service are highly valued members of the treatment team and provide psychological and neuropsychological assessment, psychotherapy, and program development. Both staff psychologists are board certified in rehabilitation psychology and active in APA division 22 (Rehabilitation Psychology) and encourage participation in national meetings related to rehabilitation psychology and disability.

Issues that often face SCI patients include vocational changes, cognitive deficits secondary to traumatic brain injury, difficulties in coping with chronic illnesses/disabilities/stress, sexual dysfunction, grief reactions, family/relationship problems, chronic pain, and substance abuse. Fellows rotating on this service develop skills in working closely with an interdisciplinary team, clarifying and responding to referral questions, formulating appropriate assessment batteries, presenting treatment recommendations, and providing psychotherapy in a behavioral medicine context. The work setting is very dynamic, and a psychology fellow takes a leadership role in helping veterans with both recent and remote spinal cord injuries get the most from medical care. Most fellows have the opportunity to provide assessment and treatment to newly injured patients, who are followed closely throughout initial rehabilitation.

There are a variety of educational opportunities available on the unit related to the medical and psychosocial aspects of spinal cord injury. Also, fellows are encouraged to attend weekly Rehabilitation Psychology group supervision as well as weekly Neuropsychology journal club.

Consultation services

The neuropsychologist in the mental health service, Dr. Pagulayan, provides neuropsychological evaluation and cognitive rehabilitation planning on a consultation basis to OIF/OEF veterans with TBI, particularly those with co-morbid mental health conditions. These consultation services are provided to patients receiving care in affiliated mental health programs in which OIF/OEF veterans are concentrated, including the Women's Trauma and Recovery Program (WTRP) and the PTSD Outpatient Clinic (POC). This service will provide Fellows with intensive supervised experience in consultation and liaison. Consultation experience is also available in the pain service. Tony Mariano, PhD and Ryan Henderson, PhD provide guided experience and mentoring working with a chronic pain population in the pain clinic and other specialty clinics..

Specific skills taught in the Rehabilitation Fellowship

Core Knowledge of Rehabilitation Psychology. Training is provided over the course of the two year fellowship that reflects the core competencies of Rehabilitation Psychology. This training is provided via individual and group supervision, through directed self-study, and through a monthly journal club. Fellows will be encouraged to participate in relevant national societies/organizations during their fellowship period. Preparation for board certification in Rehabilitation Psychology is a central goal of this fellowship, including individual mentoring as well as practice written and oral boards.

Neuropsychological assessment. All of the rotations that comprise the Rehabilitation/Polytrauma Fellowship provide opportunities to hone assessment skills. Training is available at all levels, including test administration and scoring, evaluation planning (i.e., selection of appropriate tests given a particular referral question), report writing, providing feedback/education to veterans and families, and planning and implementing treatment recommendations. We have resources for intensive 1:1 supervision at all stages of assessment, allowing fellows to develop skills to function independently and write reports that would be sufficient for disability & compensation evaluations or forensic purposes. We have an extensive repertoire of state of the art neuropsychological tests and support from a full-time psychometrist.

Individual and group psychotherapy. Fellows will have an opportunity to develop advanced psychotherapy skills using both individual and group-based interventions, including evidence-based treatments for PTSD, depression, anxiety and other co-morbid disorders common among OIF/OEF veterans (e.g., Cognitive Processing Therapy, Behavioral Activation, Motivational Enhancement).

Particular attention is paid to adapting empirically-validated treatments to make them accessible and useful for veterans with cognitive impairment due to TBI, blast-related injury, or other acquired cognitive problems; to accommodate sensory or physical disabilities, such as blindness and quadriplegia; and to accommodate veterans who are difficult to engage.

Interprofessional team participation. Fellows will have extensive opportunities to participate on interprofessional treatment teams, serving a variety of roles ranging from brief consultation to daily collaborative care. Some examples include: inpatient and outpatient interdisciplinary teams; intra-facility teams assembled as clinically indicated on a person-by-person basis, (e.g., treatment of complex post-deployment issues may include providers from CPC, DHC, and ATC); and c) inter-facility teams assembled as clinically indicated, including DoD and VA members, VBA, and community resources or facilities (e.g., colleges).

Cognitive rehabilitation. The Seattle VA provides training opportunities that integrate the evidence base regarding treatment of specific cognitive deficits in clinical practice (e.g., Mittenberg, Tremont., et al., 1996, for post-concussive syndrome, Cicerone et al., 2006 for executive function deficits, and Cicerone et al. 2000 and NIH Consensus Development Panel, 1999 for more general cognitive rehabilitation). These strategies are integrated into the treatment milieu for inpatient programs and comprise the structure of outpatient psychology-based treatments.

Clinical research. While this fellowship is predominantly clinical in nature, up to 20% of a fellow's time can be spent in research. Additional research time can be negotiated for qualified applicants with a track record of research productivity. Research involvement can range from active participation in a project to a deliberate study of a particular literature and practice integrating this knowledge into clinical practice. For those fellows who are interested in active research participation. Several of the identified supervisors have active funded research programs, providing a rich environment of qualified and available mentors. Myriad training opportunities are available to meet fellows' programmatic training goals, including supervised grant-writing to fund independent research (e.g., VA Career Development Awards) or participation in mentors' grant-writing activities, participation in all aspects of funded/ongoing research activities (e.g., study design, administration, data analyses, authoring/co-authoring manuscripts, and disseminating findings at national meetings). A fellow's program of research can be oriented around a topic of their choosing, around activities selected to address particular skill/training needs, or a combination of these factors. We have resources to provide research training that matches the learning needs of the fellow regardless of their prior experience. Additional collaborative opportunities exist with other psychologists, physicians and health scientists in Mental Health, the MIRECC, the GRECC, VA Rehabilitation R& D, and VA Health Services R& D. It is routine for projects to include investigators from several of these programs.

Systemic interventions. Fellows will hone their sensitivity to issues most relevant to recently deactivated military personnel, so that they become adept in: a) methods to decrease stigmatization through partnering with relevant organizations (e.g., VBA, Department of Labor, state and local vocational rehabilitation programs and services); b) methods to improve access to care and outreach (e.g., familiarity with telemedicine technology and resources); and c) knowledge of organizational systems, their operation, and their management.

6. Telehealth and Rural Outreach Fellowship

Overview

The Telehealth and Rural Outreach fellowship provides advanced clinical training in the use of telehealth technologies to deliver mental health care. The fellow may work across several clinics at the Seattle VAMC including the Clinical Video Teleconferencing (CVT) team, PTSD Outpatient Clinic, Mental Health Clinic, Primary Care Mental Health, and Women's Health Clinic. The majority of clinical work will be performed within the CVT team. Components of each program will form the base of this integrated training experience with the primary focus on providing mental health services to medically underserved and rural populations.

The primary goal of the training year is to provide advanced clinical training experience in the provision of clinical services using telehealth technologies. Clinical training emphasizes the treatment of PTSD and related comorbid disorders, the development of clinical generalist skills, and knowledge of interventions geared toward medically underserved communities. The training year will also focus on the skills required to design, implement and evaluate clinical and administrative outcomes of telehealth programming.

The Clinical Video Teleconferencing (CVT) Team and Promoting Access to Telemental Health (PATH) Service

A significant portion of the fellow's clinical time will be allocated within the CVT Team. The VA Puget Sound CVT team provides mental health care to Veterans served in VA community-based outpatient clinics (CBOCs) and in Veteran residences. The program aims to improve Veteran care access, and to reduce the number of miles that patients must travel to receive mental health services.

Using secure videoconferencing technology, the CVT team connects psychologists and psychiatrists to clinics that require additional mental health services, including: consultation, brief intervention, initial patient assessments, medication management, individual psychotherapy, group psychotherapy, and specialized interventions (e.g., evidence-based therapies, addictions treatment, others). The CVT provider collaborates with the patient's other, local providers to ensure comprehensive care. CVT providers also deliver care into the residences of those Veterans who have limited care access secondary to care barriers (e.g., medical problems, distance to nearest VA clinic, others).

The CVT team exists as part of the larger Promoting Access to Telemental Health (PATH) service. The PATH service is comprised of behavioral health providers throughout VA Puget Sound who use technology to deliver patient care (e.g., telephone, home monitoring, CVT, web-based services, etc.) PATH aims to provide education and training opportunities to VA Puget Sound clinicians interested in learning more about telehealth. The Telehealth and Rural Outreach fellow will play a prominent role in PATH through leadership. The fellow will receive training in the diverse technology used in telemental health, as well as specialized clinical and programmatic considerations for this mechanism of service delivery. Fellows will participate in an interdisciplinary group supervision that addresses ethical considerations in telehealth.

Contributing CVT staff currently includes staff psychologists and staff psychiatrists. The Seattle CVT team currently includes two licensed psychologists available for supervision with expertise in PTSD, women's health, couple therapy, and mental health treatment using telehealth technology. The CVT Team currently supports training of 1 psychology postdoctoral fellow and offers training to psychology predoctoral interns and psychiatry residents. Psychiatry fellows from the VA Puget Sound Addictions Treatment Center may elect to receive training on the service, as well.

The Fellowship Training Year

The Telehealth and Rural Outreach Postdoctoral Fellowship is a one year training program. Because the CVT team serves an array of different outpatient clients with variable clinical needs, the placement may align with a diversity of training goals. Telemental health represents a technology through which a variety of specialties, including brief intervention, Prolonged Exposure, ACT, CBT, hypnosis and others, may be delivered through different modalities (e.g., individual therapy, group therapy, consultation, etc.).

The fellow will work closely with CVT staff to ensure a diversity of clinical cases to meet training interests and needs. The fellow will also participate in various scholarly activities, including participation in the PATH service, a fellowship/quality improvement project, training on issues of program development, and participation in VA-wide telehealth forums and presentations at the monthly PATH service meeting. The fellow will also have the opportunity to participate in ongoing research activities. The fellow will have the opportunity to provide individual therapy, group therapy, marital therapy, case consultation and other clinical services addressing a variety of psychiatric diagnoses using the telehealth technology.

The Telehealth and Rural Outreach fellow will have the option of customizing their clinical training to meet their training goals. Fellow may also choose to pursue training in the PTSD Outpatient Clinic, outpatient Mental Health Clinic, Primary Care Mental Health, or Women's Health Clinic according to their interests. The fellow will work with her/his supervisors to define a balanced, well coordinated training program.

Goals of Fellowship training in Telehealth and Rural Outreach

Clinical Goals:

- Development of clinical skills related to the use of telehealth technologies
- Development of clinical skills related to the assessment and treatment of PTSD, depression, pain and other common mental health problems in Veteran outpatient populations
- Development of clinical skills employing evidence-based treatments for PTSD and other common outpatient disorders
- Development of clinical skills related to the delivery of brief interventions
- Development of advanced clinical skills in individual and group therapy
- Development of clinical skills related to delivery of care using telehealth modality, including certification in Telemental Health by the VA Rocky Mountain Telehealth Training Center
- Development of clinical skills that utilize other technology resources (e.g., online, others)
- Development of clinical skills reaching out traditionally underserved veterans, including those too medically ill to travel

Scholarly and Administrative Goals:

- Familiarity with empirical literature regarding the use of telehealth technology to employ empirically supported treatments
- Knowledge of program design, implementation and evaluation in telehealth
- Development of a Quality Improvement/ Fellowship Project that significantly contributes to the CVT team and/or PATH service
- Understanding of larger national network of VA telehealth programs
- Participation in larger national community discourse regarding the future of telehealth programming
- Development of skills forging and growing relationships relevant to community outreach in rural and other traditionally underserved communities
- Development of skills related to the administration of telehealth programming

Academic Opportunities

The fellow is required to complete a fellowship project for the purposes of program quality improvement. Fellows may join existing quality improvement efforts or design their own projects. In addition, the fellow is required to participate in a regular group supervision seminar addressing a variety of research and clinical topics.

The Telehealth and Rural Outreach postdoctoral fellowship is a clinical fellowship, and does not require or promise formal research experience. However, because a number of ongoing research projects related to telehealth are ongoing at the VA Puget Sound, a fellow may have the opportunity to join ongoing clinical research in the Telemental Health Program. Up to 20% of a fellow's time may be allocated to research activities.

7. Liver Disease and HIV Fellowship

This Fellowship track is aimed at increasing opportunities for the training of psychologists in the care of Veterans with HCV and HIV. Addressing the significant mental and behavioral health needs of these patient populations promotes health, wellness, effective disease management, and successful treatment .

The LD/HIV fellow will have the opportunity to work across several clinics providing services to HCV/HIV infected patients at the Seattle VA. The guiding principle in selecting placements for an individual fellow will be to provide her/him with intensive and quality training in the care of LD/HIV patients with co-

occurring mental health and substance use disorders. The specific training plan will be individualized to most effectively build upon a fellow's prior experience and background. The core experience will include 20% time in the Addictions Treatment Center (ATC), described in detail above. Setting aside an additional 20-40% time for research/policy activities and 10% time for educational activities (including local fellowship didactics, national HCV/HIV core curriculum didactic training, bimonthly national fellows tele-meeting, and HCV didactics), the remaining 30-50% time will be devoted to supervised clinical activities in the HCV clinic and Infectious Disease (ID) clinic. Finally, the Seattle VA hosts an active and nationally-prominent telehealth program, which also supports a Psychology Fellowship in Telehealth and Rural Outreach. While not specific to LD/HIV, this clinic can provide the fellow with training and experience in a method of care delivery that has great relevance for medically compromised patients undergoing intensive treatment regimens. In these settings, the LD/HIV fellow will be a member of an interprofessional team of senior providers, other psychology fellows and medical fellows/residents, and junior trainees (from psychology, social work, nursing, clinical pharmacy and chaplaincy).

Setting	Clinic faculty & consultants	Special Opportunities
<u>ATC</u>	<p>Assessment and Engagement Clinic Team I – Opioid Agonist Tx Ann Cotton, PsyD Norah Sullivan, ARNP</p> <p>Team II – Moderate co-morbidity Josie Tracy, PhD</p> <p>CESATE Dan Kivlahan, PhD John Baer, PhD</p>	<p>Motivational Enhancement training and practice Provide HCV monitoring integrated in clinic Rapid HIV screening (integrated provider from Infectious Disease) Contingency Management Relapse Prevention/Harm Reduction Integrated Pain/SUD clinic Dual-disordered patients</p> <p>Research & policy mentors MI train-the-trainers CESATE Fellowship didactics</p>
<u>HCRC:</u>	<p>Jason Dominitz, MD –National program director for GI Michael Chang, MD – Director, HCRC Lauren Beste, MD – Hep C Lead Clinician for VAPSHCS, telemedicine George Ioannou, MD -Hepatology</p>	<p>Participate in Hep C clinic, patient education classes, telehealth support; provide psychological evaluation, alcohol screening and assessment; brief alcohol and drug interventions and/or referral; ongoing patient support (e.g., manage depression, medication adherence). Assist telemedicine team in managing difficult liver patients, manage SUD, and provide education/didactics.</p>
<u>ID:</u>	<p>Richard Miller, MD (Chief) Kanishka Garvin, MD (Attending)</p>	<p>Integrate fellow in ID clinic. Provide same-day services. Assist with issues re: stigmatization, depression, sexual behavior and orientation, as well as HIV health management behavior. Assist in expanding the rapid HIV testing clinics.</p>
<u>CVT:</u>	<p>Provides services to rural/highly rural areas, as well as to patients who are physically unable to access Medical Center treatment due to medical or psychiatric conditions.</p>	<p>Innovative care delivery technology Telehealth Psychology Fellowship didactics</p>

Caseload statistics The Seattle VA is an extremely active Medical Center with a diverse patient population, providing a rich resource for training. In 2012, the Seattle VA served 328 veterans with HIV/AIDS and 25,767 veterans with HCV.

1) The Addictions Treatment Center (ATC) – Includes an Assessment and Enhancement Clinic (AEC), and four specialized outpatient teams. These teams constitute the clinical arm of our Center of Excellence in Substance Abuse Treatment and Education (CESATE). In the past year, more than 800 patients were evaluated and received Motivational Enhancement (ME) as a first step in treatment engagement, and more than 1800 patients were actively involved in ATC across the four teams. One of the four teams provides Opiate Agonist treatment within the context of a Contingency Management program. Most recent available data indicate that more than 220 patients on this single team are Hepatitis C Antibody positive.

2) The Hepatitis C Resource Center (HCRC) is a regional resource for the 25,767 Veterans with Hepatitis C in the Pacific Northwest. The HCRC benefits from an interprofessional collaboration of Hepatology, Gastroenterology, Infectious Disease and Nursing -- supporting individual care, patient education, telemedicine, and clinical research -- in an active teaching environment. Current Hepatology capacity in Seattle can accommodate up to 40 patients per week, and as of today, 135 patients await evaluation and treatment initiation with protease inhibitors, the next generation of HCV therapy.

3) Infectious Disease (ID) provides specialty medical care integrated in the Primary Care Clinic, treating 328 HIV-infected patients and 53 HCV/HIV co-infected patients in this past year.

Supervision Eleven of our psychologists have expertise and availability to provide supervision and mentoring to the HCV/HIV fellow, augmented by consultation and mentoring from six core medical providers integral to HCV/HIV care in our facility. All psychologists are credentialed and privileged members of the facility's Medical Staff. Their biographical information (see below) highlights their qualifications and accomplishments. The combination of leadership, academic, and clinical accomplishment apparent in these sketches demonstrate that all supervisory psychologists responsible for training the HCV/HIV fellow are exemplary models of scientist-practitioners, educators, and direct service providers of evidence-based treatments.

Methodology for teaching evidence-based practice Psychology training at the Seattle VA is based on the scientist-practitioner model. Throughout the entire psychology service, a high value is placed on providing evidence-based care (as defined in the 2005 APA Presidential Task Force Report on Evidence-based Practice). Consequently, there are extensive opportunities to learn (cutting-edge) evidence-based practices and empirically-supported treatments from nationally prominent scientist-clinicians. Greater than 80% of our faculty completed doctoral training with originators of VA 'roll-out' treatments (e.g., Neil Jacobson, Steven Hayes), have completed VA training/certification in one or more empirically supported treatments, are trained consultants in a VA 'roll-out' treatment, and/or are national faculty for a VA 'roll-out' treatment (e.g., Acceptance and Commitment Therapy, Integrative Behavioral Couple Therapy).

Science and practice are integrated in multiple training program components. Supervisors have demonstrated expertise in their practice area and promote the fellows' learning by sharing knowledge, readings and resources regarding the empirical basis of their practice. In turn, fellows are expected to be familiar with the empirical literature related to their patient care duties, and to incorporate this knowledge base in their daily practice. This expectation is established at the beginning of the training year and is measured repeatedly in Fellowship evaluations. Clinical experience is augmented by extensive didactics in each area of emphasis, which frequently focus on the scientific underpinnings of clinical care. The HCV fellow will have the opportunity to participate in already-established weekly didactics specific either to Behavioral Health or Interprofessional Treatment of Substance Abuse.

Finally, science and practice are necessarily integrated in the conduct of clinical research activities. While primarily clinical in nature, the HCV/HIV fellow will be provided 20-40% release time to participate in collaborative research and/or policy development (including participation in programmatic evaluation data), under the mentoring of a senior psychologist. The extensive research infrastructure at the Seattle VA (particularly within the CESATE and HCRC) provides invaluable support for the fellow's scientific activities, as illustrated in the following example.

In 2006, the VA Public Health Strategic Health Care Group, in collaboration with the VA Hepatitis C Resource Center Program and Seattle's CESATE, initiated a program to support Screening and Brief Intervention and Referral to Treatment (SBIRT) for alcohol use for Veterans with HCV. National program goals were to increase VA providers' utilization and skills in screening and brief interventions for alcohol use for Veterans with HCV, and to increase mental health and substance abuse practitioners' screening for HCV and the use of brief intervention and Motivational Interviewing (MI) techniques to address alcohol use in Veterans with HCV. John Baer, Ph.D., CESATE faculty, has been instrumental in the design and implementation of the training program since its inception, which to date has delivered nine SBIRT training-with-evaluation cycles, reaching 359 trainees from multiple VA facilities. Trainees are taught methods of alcohol screening and assessment, provision of HCV related health information and feedback (using a specifically developed information toolkit), and the use of MI in brief interventions. Dr. Baer maintains a monthly conference call for coaching and supervision of those who have attended the workshops, as well as maintains a database for the evaluation of the training effort. Dr. Baer is eager to integrate postdoctoral fellows into this training program, to engage fellows in evaluation analyses, and to supervise clinical brief interventions that fellows would likely complete in HCV and other medical clinics. Numerous other research initiatives are available to the fellow in this academically productive facility.

8. Couple and Family Health

Overview

This fellowship offers advanced training in couple therapy and family mental health services within a VA setting. The primary goal is to provide training in the provision of clinical services to Veteran couples and families, as well as training in the development and evaluation of such services throughout the medical center and the VA system. Since Family Services is an important emerging area within the VA health care system, there is ample opportunity for clinical and programmatic innovation during the fellowship year. The fellowship will provide training for clinical and administrative careers serving as leaders and pioneers in advocating for, developing, and providing family care within the VA healthcare system and beyond.

The Fellowship Training Year

This fellowship is 12-months in duration, beginning in mid- to late summer. Fellows are expected to devote at least 70% of their time to the provision of direct clinical service, with up to 30% time spent on academic and scientific activities, such as research, program evaluation/quality improvement projects, and program development. The fellowship is completed primarily within the Family Therapy Program (FTP) of the VA Puget Sound – Seattle Division. The FTP is a “virtual interdisciplinary clinic” of clinicians trained in various couple and family interventions. Each staff clinician serves on a different outpatient mental health clinic team in addition to FTP (including PTSD Outpatient Program [POC], Mental Health Clinic, Mental Health Intensive Case Management, Telemental Health, and Acute Inpatient Psychiatry, currently). The FTP is “housed” in the PTSD Outpatient Clinic (POC), which is organized as an interdisciplinary outpatient mental health team of 30+ providers of various disciplines. All of the providers affiliated with the FTP are either certified in Integrative Behavioral Couple Therapy (IBCT) or Behavioral Family Therapy for schizophrenia and bipolar disorder, are in the process of certification, or were directly trained in IBCT by Dr. Neil Jacobsen or Dr. Andrew Christensen. Fellows will function as full members of both the POC and FTP teams, which will include attendance at FTP and POC team meetings and team retreats. Fellows have the opportunity to participate in other POC clinical, research, and administrative duties, and to collaborate with team members of varying professional backgrounds (e.g., social workers, psychologists, psychiatrists, psychiatry residents, nurses, trainees, etc.) in POC or the other outpatient mental health programs, including Telemental Health and Mental Health Clinic.

Couples/Family clinical services Our primary aim is to provide fellows with advanced clinical training in couple therapy, primarily utilizing Integrative Behavioral Couple Therapy (IBCT). Fellows will be expected to focus their clinical training on couple therapy as a core clinical activity to provide continuity throughout the training year. In addition, the year will also provide opportunities for training in other family mental health interventions. This experience may include co-therapy with other psychology fellows or

medical residents. Those with strong interests in family systems may develop an individualized learning contract that includes outreach to additional VA services in which there may be high demand for family-centered services, including POC, Mental Health Clinic, Spinal Cord Injury/Rehabilitation, Primary Care, and Women's Health. Opportunities to develop relevant family services within these settings may be available.

Groups Fellows are encouraged to facilitate or co-facilitate psychotherapy groups throughout the fellowship year. Couples and family-oriented groups that are currently offered in the medical center include the Support and Family Education (SAFE) group (a bi-weekly group focused on providing education and support to family members of Veterans regarding topics such as depression, PTSD, anger, communication skills, suicide prevention, substance use disorders, and brief overviews of additional treatment options), the PTSD 101 for Family and Friends workshop (a monthly single-session psychoeducational group focused on providing education and support to friends and family members of Veterans with PTSD), the four-week couples skills workshop (a psychoeducational group focused on improving couples' communication skills), the Positive Parenting and Mental Health group (a five-week group based on the Positive Parenting Program for Veterans who are parents and also managing their own mental health diagnoses), an interpersonal skills group offered in Primary Care, and a 10-week supportive psychoeducational group for female partners of Veterans diagnosed with PTSD. Moreover, a portion of the fellowship will be focused on program development of new couples and family-based services, and we anticipate that group offerings will likely have grown by the start of the next fellowship year.. Fellows are encouraged to develop their own groups and services based on personal interest and the needs of Veteran families and couples.

Individual Fellows may elect to follow individual therapy cases as well, as determined by the fellow's individualized learning contract. This may include treating Veterans with PTSD through the POC and/or treating caregivers, spouses, or support persons as referred from the medical center-wide Caregiver Support Program. This service is especially active in Outpatient Mental Health, Women's Health Clinic, Women's Trauma Recovery, Primary Care (which includes our integrated Deployment Health Clinic), Polytrauma, and Spinal Cord Injury Service.

PTSD Fellows interested in training in empirically supported treatments for PTSD can seek opportunities for training in Prolonged Exposure and/or Cognitive Processing Therapy. In addition, fellows may elect to co-facilitate group(s) within the POC. The extent of this training will depend upon the individualized learning contract, as outlined with Dr. Fehrenbach at the beginning of the fellowship. Training in evidence-based treatments for PTSD would be provided under the supervision of a supervisor within the POC.

Assessment Fellows are trained in the assessment framework of IBCT, a multi-determinant assessment that integrates information gathered via several clinical interviews and self-report measures. All couples who receive IBCT through FTP undergo a full IBCT assessment, including a joint assessment session, individual assessment sessions with each partner, and a joint assessment feedback session. During feedback, fellows share with the couple the formulation, which becomes the guiding framework for treatment. In addition, fellows will have the opportunity to participate in intake clinics in the POC, with an emphasis on accurate detection and diagnosis of PTSD and other Axis I disorders, treatment planning, and psychodiagnostic report writing.

Telehealth Fellows are encouraged to gain training in Telehealth services, which will consist of treating couples, families, or individual clients through the modality of video-conferencing. This innovative treatment modality is available in many VA Medical Centers and Community Based Outpatient Clinics (VA satellite clinics in rural areas) and is a new form of technology that enables practitioners to reach underserved populations as well as individuals who have difficulty accessing mental health services for various reasons (e.g., mental or physical illnesses, transportation difficulties, distance to VA, childcare issues). Fellows may be able to see patients for IBCT via telehealth, and some groups (e.g., Positive Parenting and Mental Health, PTSD 101, Spouse Support Group) are conducted both in-person and via telehealth.

Consultation Fellows will have the opportunity to consult with other mental health and medical services throughout the medical center regarding family and couples issues. As the offerings within the FTP grow, fellows will play an essential role in the marketing of the FTP to other VA services and departments. This may take the form of formal in-service presentations at clinic and departmental meetings, informally attending such meetings to increase the visibility of the clinic, and/or creating and distributing marketing materials within the hospital.

Administration There are a number of opportunities for administrative work and training, including coordinating and running administrative meetings, program development, and program evaluation/quality improvement projects. Duties of current fellows include coordinating and running weekly FTP team meetings, tracking and placing referrals to FTP with appropriate FTP team members, and organizing and implementing a national didactic seminar series for all VA fellows in Family Services fellowships.

Research Fellows are encouraged to utilize protected research time for activities consistent with their training and professional needs and goals. This may include preparation of manuscripts utilizing existing data, quality improvement and program evaluation projects, and program development. Though it is challenging to begin and complete the IRB process with enough time to collect new data, this option is available to fellows who make this a priority as part of their training plan. A number of faculty throughout the medical center also have archival datasets, including data with measures of social support, relationship satisfaction, and other family-relevant variables, and trainees often elect to become involved in related writing projects.

Academic & Educational Opportunities Fellows will attend the monthly fellowship didactic on professional issues. Fellows are additionally encouraged to participate in scholarly activities throughout the medical center and in the community. Within the FTP, fellows are expected to participate in the monthly IBCT Consultation Group, a forum for consultation among colleagues with training in IBCT, as well as the national didactic seminar series for Family Services fellows mentioned above. In addition, fellows have the option of viewing and participating in the monthly VA Advanced Family Services teleconferences. Fellows will also participate in and help design the content in a Family Mental Health didactic with the other VA Family and Couple Psychology fellowship sites. They are encouraged to participate in other seminars, didactics, and journal/research clubs throughout the Medical Center. Examples include the PTSD Journal Club, PTSD Research Forum, Primary Care Didactics, Telemental Health Journal Club, Spinal Cord Injury/Rehabilitation Didactics, and Grand Rounds offered through the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine.

Supervision Dr. Peter Fehrenbach serves as the primary supervisor of this fellowship track. Dr. Fehrenbach completed his doctorate in Clinical Psychology from the University of Missouri-Columbia, his internship at VA Puget Sound, and his postdoctoral fellowship in Child Clinical Psychology (The Interface of Medical and Mental Health Problems of Families and Children) at the University of Washington. He directs the Family Therapy Clinic at VA Puget Sound, where for almost three decades he has provided clinical care as well as supervision to psychology, social work and psychiatry trainees. He received training in IBCT from Drs. Jacobsen and Christensen in the conduct of seminal research in IBCT. He currently is Lead Consultant for VA Mental Health Services Family Services' Evidence-Based Psychotherapy dissemination of IBCT. Dr. Fehrenbach will provide leadership to this track under the oversight of the Postdoctoral Training Director, Dr. Steve McCutcheon. Fellows will also work under at least one additional supervisor throughout the year, who may be involved in supervision of the above stated clinical or research duties. Vertical supervision of interns learning IBCT is available for fellows.

9. Mental Health (Anxiety and Mood Disorders)

The Mental Health Fellowship provides advanced training in clinical psychology services delivered in an outpatient mental health clinic setting. The fellowship will focus on training in evidence-based treatment approaches to mood and anxiety disorders while also exposing the fellow to the wide range of mental disorders that present to mental health clinic settings. Fellows may expect to advance their skills in

treatment approaches such as exposure therapy for anxiety disorders, cognitive behavior therapy for mood disorders, mindfulness-based therapies, Dialectical Behavior Therapy (DBT), and Acceptance and Commitment Therapy (ACT). There are also exciting opportunities to co-lead a range of groups based in these therapies with supervisory staff. The fellowship offers numerous opportunities to participate in consultation such as regular consultation groups in exposure, ACT, DBT and family therapies. Moreover, the fellow will have a chance to work closely with an interdisciplinary team and develop skills as a psychologist in such settings, including program development, program evaluation, administration, quality improvement, clinical research, and vertical supervision.

Services offered in Outpatient Mental Health:

The Mental Health Clinic (MHC) is contained within the Outpatient Mental Health service. It is a large, multi-purpose clinic that serves Veterans presenting with a multitude of clinical issues. Commonly occurring mental disorders presenting would include major depression, anxiety disorders, PTSD, bipolar disorder, psychotic disorders, as well as co-occurring substance use disorders. In addition, the fellow may seek out opportunities to work with Veterans with other types of clinical presentations that suit their training goals, for example hoarding or eating disorders. The fellow can expect to gain expertise in the following areas:

- Group-based interventions that may be either disorder-specific, such as CBT for depression, exposure group for OCD or DBT, or transdiagnostic such as the Unified Protocol for Emotional Disorders or Acceptance and Commitment Therapy groups.

- Individual Evidence-Based Psychotherapies such as CBT for depression, ACT, exposure therapies for a range of anxiety disorders, CBT for Insomnia.

- Psychodiagnostic interviewing and treatment planning for new Veterans presenting to the clinic.

- Program development and quality improvement projects

In addition, fellows have the opportunity to receive specialized training in geropsychology during the fellowship year. The MHC is currently developing and implementing new services focused on the specific needs of the growing geriatric population. Opportunities include training in comprehensive geriatric assessment and evidence-based individual and group treatments for older adults, such as CBT for late-life depression, Problem-Solving Therapy and the adaptation of evidence-based principles to meet the needs of older adults. Fellows can also participate in the weekly interdisciplinary geriatric consult meetings.

Overview of the Fellowship Training Year

The fellow will work with mentors to design an individualized training plan that both plays to their strengths and helps address ongoing training needs to prepare for an exciting career in psychology. The fellowship is designed to provide the fellow expertise in treating mood and anxiety disorders while also helping propel the fellow into the career trajectory of his/her choosing. Along these lines, fellows are encouraged to design and implement a project that will further career goals. Examples could include designing a disorder-specific group and collecting outcome data on its effectiveness, designing and implementing a QI project on specific clinical needs for the MHC patients, or creating a family group for a disorder-specific population. Fellows will also participate in weekly interdisciplinary team meetings and a weekly intake clinic where they will receive experience in psychodiagnostic assessment, treatment planning, and collaboration with various disciplines on the team (e.g., psychologists, psychiatrists, psychiatric nurses, social workers).

Supervision: Fellows may elect to work with several different psychologists as their primary supervisor, likely selecting two different supervisors to work with over the course of the year. This includes Dr. Scott Michael, Dr. Mark Engstrom, and Dr. Clair Rummel. Secondary supervision may also be provided by other psychologists in the mental health clinic who specialize in areas of interest for the fellow. Such

supervision may include specific cases, groups, and/or consultation. Examples of secondary supervisors include Dr. Catherine Wallace and Dr. Kendall Browne. Vertical supervision opportunities may be available for fellows interested in obtaining training in supervision.

Educational Opportunities: The Mental Health fellow will participate in a didactic devoted to psychopathology, intervention, and assessment, as well as recent research in these areas. Fellows are encouraged to take an active role in planning this didactic series, by participating in curriculum development targeting areas of interest or goals for further development. Fellows will be encouraged to take the lead on a didactic seminar at some point throughout the year. Moreover, fellows are encouraged to participate in other educational opportunities through the multiple didactic series offered across other fellowships (Serious Mental Illness, Couple and Family Health, HIV/HCV, Rehab, PTSD, Primary care, Telehealth, etc.) and other medical center activities, such as staff meetings and Grand Rounds offered through the Department of Psychiatry and Behavioral Sciences of the University of Washington School of Medicine.

10. Serious Mental Illness (SMI)

The Seattle VA's fellowship in Serious Mental Illness (SMI) offers advanced, specialized training in providing clinical services to Veterans with serious mental illnesses such as bipolar disorder, severe depression, PTSD, and psychotic disorders, as well as those struggling with comorbid psychiatric conditions. The fellowship focuses on further advancement of skills in providing evidence-based assessment and psychotherapy to a complex and underserved Veteran population, as well as developing and enhancing skills in administration and leadership, program development and evaluation, and consultation. The fellow will actively participate in providing assessment and evaluation, individual and group psychotherapy treating a wide variety of severe and persistent mental illness, and case management services with both acute and more chronic care settings. The SMI fellow's primary clinical placement will be located within a combination of the Intensive Outpatient Program (IOP) and the Psychosocial Rehabilitation and Recovery Center (PRRC). In addition to the primary placement, the fellow may elect to enhance their training experiencing by participating in adjunctive clinical placements, described below. Finally, the fellow can expect to be actively involved in program development and evaluation/quality improvement, consultation services to other disciplines/clinics, and work actively within interprofessional clinical treatment teams.

Clinical Placements:

Intensive Outpatient Program (IOP)

The Intensive Outpatient Program (IOP) delivers mental health care to Veterans in need of intensive services for stabilization. The IOP serves Veterans in a less restrictive environment by offering a level of care between traditional outpatient mental health programs and the acute psychiatry unit. Treatment goals are established collaboratively with the Veteran and often focus on symptom stabilization, crisis management, and psychosocial rehabilitation. The IOP is a four-week program that provides assessment, group therapy, individual treatment, medication management, and case management services. Veterans in the IOP present with a wide range of difficulties including depression, PTSD, psychosis, and mania. Many of the Veterans in the program have recently discharged from the acute psychiatry unit or have presented for psychiatric emergency services within the last 24 hours. The IOP team is interdisciplinary, consisting of psychology, psychiatry, and social work. Psychology fellows are involved in all aspects of care and have many opportunities including: individual and group psychotherapy, diagnostic evaluation, crisis intervention, case management, team consultation, treatment planning, and program evaluation.

Psychosocial Rehabilitation and Recovery Center (PRRC)

The Psychosocial Rehabilitation and Recovery Center (PRRC) delivers mental health care utilizing an interprofessional team approach to eligible Veterans with serious and persistent mental health issues. The rehabilitative services offered are based on the Recovery Model. The focus is to restore Veteran

functioning with the goal of increasing participation in the community. Treatment is informed by goals established collaboratively between patients and their Recovery Coaches. Veterans in the PRRC present with a variety of diagnoses, and a range of education, socioeconomic, and ethnic backgrounds. The PRRC provides individual and group psychotherapy, case management, psychiatric care, and vocational counseling. Psychology fellows have many opportunities including: individual and group psychotherapy, diagnostic evaluation, case management, team consultation and training, quality improvement, and program design.

High Intensity Inpatient Psychiatry (7West)

The High Intensity Psychiatry unit is available as an adjunctive training experience. The high intensity psychiatry inpatient unit (7W) is a 24-bed, locked unit, which serves both male and female Veterans. Four of these beds are reserved for planned detox admissions from the Addiction Treatment Center. The goal of treatment on 7W is to assist the Veteran with stabilization so he/she may continue treatment in a less restrictive environment. Treatment includes recovery-oriented programming, medication management, and daily treatment team meetings. Veterans admitted to 7W may have a wide range of difficulties including depression, psychosis, PTSD, substance use, homelessness, suicidal ideation, homicidal ideation, grave disability, mania, and dementia. Clinical opportunities include limited assessment, leading and/or co-leading a variety of psychotherapy groups, brief individual therapy, and assisting with case management efforts.

Addictions Treatment Center (ATC) Team 4

Team 4 treats Veterans with high psychiatric severity and comorbid substance use disorders, and is available as an adjunctive clinical training placement for fellows. This team provides specialized combined treatment for dual-disordered Veterans—those with both substance use disorders and moderate to severe psychiatric disorders that are significantly impairing and likely contributing to substance use difficulties. A variety of services are offered, including individual psychotherapy, process therapy groups, skills groups, psychiatric medications management, urine toxicology screens, assistance with social services, crisis management, and monitoring of Antabuse and other medications. Opportunities for fellows include developing and co-leading psychotherapy skills groups, providing individual psychotherapy to 1-2 Veterans, assisting with meeting Veterans' case management needs, and interacting with an active, interdisciplinary treatment team.

Educational Opportunities:

The SMI fellow is required to participate in a bimonthly meeting devoted to (a) issues related to assessment and treatment of individuals with serious mental illness, and (b) supervision and consultation issues related to the care of Veterans with SMI. Each didactic seminar is led by one of the SMI program supervisors, and typically includes relevant readings to enhance discussion. Example topics include: evidence-based treatments for schizophrenia, psychosocial rehabilitation, an introductory workshop on social skills training, recovery-oriented care and practices in the VA system. Fellows are required to lead a didactic seminar on a topic of their choice on a quarterly basis.

Facility and Training Resources

All fellows are provided with office space equipped with state-of-the-art computing services that support clinical, educational and research needs. The Medical Center hosts an extensive library with the latest journals, sophisticated electronic search capabilities, and essentially unlimited capability to locate and borrow materials world-wide. Medical librarians are easily accessible and readily available to assist fellows in library research and information searches. The Psychology service maintains up-to-date assessment and test instruments for the use of all faculty and trainees, and the VA networked computer system maintains an extensive array of instruments and measures available on-line. Our local HSR&D and ERIC facilities provide exceptional faculty consultation and support regarding methodological and statistical questions. Clerical support is available to fellows in each clinical setting.

Administrative Policies and Procedures

Our privacy policy is clear: we will collect no personal information about you when you visit our Website.

Grievance procedures:

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

Informal mediation Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the fellow and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the fellow change placements (or make some other alteration in his/her learning plan) in order to maximize their learning experience. Fellows may also initiate a request to change placements, following the procedures described elsewhere in the Fellowship Brochure. Changes in placements must be reviewed and approved by the Training Committee.

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

- a. The Training Director will notify the Psychology Service Director of the grievance, and call a meeting of the Training Committee to review the complaint. The fellow and faculty will be notified of the date of the review and given the opportunity to provide the Committee with any information regarding the grievance.
- b. Based upon a review of the grievance and any information provided by involved parties, the Training Committee will determine the course of action that best promotes the fellow's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in clinical placement.
- c. The fellow will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the fellow accepts the decision, the recommendations will be implemented. If the fellow disagrees with the decision, they may appeal to the Director of the Psychology Service, who as an ex-officio member of the Training Committee will be familiar with the facts of the grievance review. The Service Director will render the appeal decision, which will be communicated to all involved parties and to the Training Committee.
- d. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will recuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Training Director may be submitted directly to the Director of the Psychology Service for review and resolution in consultation with the Training Committee.

- e. Any findings resulting from a review of a grievance that involves unethical, inappropriate or unlawful faculty behavior will be submitted to the Director of Psychology Service for appropriate personnel action.

Probation and termination procedures:

2. Insufficient competence The fellowship program aims to facilitate the development of advanced Health Service Psychology (HSP) competencies. Conceivably, a fellow could fall short of the program's minimal levels of achievement (MLA's) due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In such cases, the training program will help fellows identify these areas and provide remedial experiences or recommended resources in an effort to improve the fellow's performance to a satisfactory degree. Conceivably, the problem identified may be of sufficient seriousness that the fellow would not successfully complete the fellowship unless that problem was remedied.

- a. Should such a circumstance ever be a concern, the problem must be brought to the attention of the Training Director at the earliest opportunity in order to allow the maximum time for remedial efforts. The Training Director, in concert with involved supervisors, will review faculty concerns with the fellow, and call a meeting of the Training Committee. The fellow and involved faculty will be invited to attend and encouraged to provide any information relevant to the concern.
- b. A fellow identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the fellow from fulfilling the exit criteria, and thereby, not receive credit for the fellowship.
- c. The Training Committee may require the fellow to participate in particular learning experiences or may issue guidelines for the type of experiences the fellow should undertake in order to remedy competency deficits.
- d. The fellow, the fellow's supervisor(s), the area emphasis Lead, the Training Director, and the Training Committee will, in collaboration, produce a learning plan specifying the kinds of knowledge, skills, attitudes and/or behaviors that are necessary for the fellow to develop in order to remedy the identified problem.
- e. Once a fellow has been placed on probation and a remedial learning contract has been written and adopted, the fellow may move to a new clinical placement if there is consensus that a new environment will assist the fellow's remediation. The new placement will be carefully chosen by the Training Committee and the fellow to provide a setting that is conducive to working on the identified problems. Alternatively, the fellow and supervisor may agree that it would be to the fellow's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.
- f. The fellow and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (but not less than every two months) regarding the fellow's progress.
- g. The fellow may request that a faculty representative of their choosing be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the fellow and his/her status in the fellowship. The intention is that said faculty member would serve as a knowledgeable advocate for the fellow regarding the policies and procedures of the program, and promote the interests and preferences of the fellow. While all faculty, and particularly the Training Director, have a responsibility to act in the best interests of the fellow, they also have additional responsibilities to the program, the profession and the public. The presence of a faculty advocate for the fellow in such circumstances makes it more likely that

a proper balance is struck between the program's duty to provide training to the fellow and its responsibilities for professional gate-keeping.

h. The fellow may be removed from probationary status by a majority vote of the Training Committee when the fellow's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the fellow's performance is at the appropriate level to receive credit for the fellowship (i.e., is meeting the program's MLA's).

i. If the fellow is not making progress, or, if it becomes apparent that the fellow is unlikely to successfully fulfill the Minimal Levels of Achievement within the contracted fellowship period despite remediation, the Training Committee will so inform the fellow at the earliest opportunity, so as to allow the fellow a maximum degree of autonomy in their own decision-making.

j. The decision for credit or no credit for a fellow on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the fellow's fulfillment of the probationary learning plan and the program's Minimal Levels of Achievement.

k. A fellow may appeal the Training Committee's decision to the Director of the Psychology Service. The Service Chief will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee. Should the Service Chief be recused from deliberation due to a conflict of interest, the Associate Chief of Staff for Mental Health will render the appeal decision.

l. These procedures are not intended to prevent a fellow from pursuing an appeal of the Training Committee decision under any other applicable mechanisms available to VA employees, including EEO.

3. Illegal or unethical conduct

Illegal or unethical conduct by a fellow must be brought to the attention of the Training Director. Any person who observes such behavior, whether faculty or trainee, has the ethical responsibility to make a report.

a. The Training Director, the supervisor(s), and the fellow may address infractions of a minor nature. A written record of the complaint and outcome become a permanent part of the fellow's training file.

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

c. In the case of illegal or unethical behavior in the performance of patient care duties, the Training Director will inform appropriate facility leadership, and may seek additional advisement from appropriate Medical Center resources, including the offices of Human Resources, Risk Management and/or District Counsel.

d. Following a careful review of the case, the Training Committee may recommend no action, probation, or dismissal of the fellow. Recommendation of a probationary period shall include the due process steps of notice, hearing and appeal described in the section above pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the fellow's appointment at VA Puget Sound. Ethical or legal infractions of a serious nature could necessitate immediate termination, consistent with facility HR policies.

Training faculty

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

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

John Baer, PhD is the **Associate Director for Training and Education** of the VA's Center of Excellence in Substance Abuse Treatment and Education (**CESATE**). In this role, he directs the Interdisciplinary Fellowship in the Treatment of Substance Abuse within the Addiction Treatment Center. He is a Research Professor in the Department of Psychology at the University of Washington. He received his PhD in Clinical Psychology from the University of Oregon in 1986 after completing an internship in the Department of Psychiatry and Behavioral Sciences at the University of Washington from 1985-86. From 1988 to 1995 he was Associate Director of the Addictive Behaviors Research Center at the University of Washington. He has been licensed since 1988 in the State of Washington, and is a member of APA and the Washington State Psychological Association. His clinical approach includes social learning, family systems and motivational interventions for addictive problems. His research interests include prevention and brief interventions for substance use and abuse, addiction treatment and relapse, and training in motivational interviewing. For the past several years, Dr. Baer has received support from NIDA for several research projects, including a study of brief interventions with high-risk youth, an evaluation of training models for Motivational Interviewing, and the development of assessment methods for MI skills. Dr. Baer also serves as a Co-Investigator and Director of Training for the Washington Node of NIDA's Clinical Trials Network. Current research includes efforts to establish evidence-based treatments for the most complex veterans with addictions, and continued development of methods to train and disseminate brief motivation-based interventions

Jenny Bambara, PhD is a psychologist in the **Rehabilitation Care Service**. She obtained her PhD in Clinical Psychology from the University of Alabama at Birmingham, completed her internship at the Seattle VA and a postdoctoral fellowship in Rehabilitation Psychology at the University of Washington. She is licensed in the state of Washington. Clinically, she is interested in optimizing response to chronic disabilities and currently conducts brief outpatient neuropsychological assessments and provides individual and group psychotherapy. Her intervention approaches tend to include cognitive-behavioral, behavioral activation, and problem-solving techniques to promote behavioral change within a rehabilitation setting. As for research, she is most broadly interested in examining response to chronic medical conditions among patients and their family members. Her most recent research efforts have included assisting with the development of a peer support program for individuals with limb loss as well as a project examining social support and depressive symptoms among caregivers of Veterans with multiple sclerosis.

Jessica L. Brand, PhD, is a psychologist in the **Intensive Outpatient Program**. She received her PhD in Clinical Psychology from the University of Pittsburgh, under the mentorship of Michael Pogue-Geile, PhD. She completed her internship at the Portland VA in 2013, and a postdoctoral fellowship in infectious disease (HCV/HIV) at the Seattle VA in 2014. Early professional interests were focused on clinical work in serious mental illness, as well as research on the molecular genetics of schizophrenia-related neuropsychological deficits, resulting in multiple papers and posters on this topic. Recent work has

spanned both behavioral medicine and psychopathology, with specific interests in promoting physical health behaviors in individuals with serious and/or persistent mental illness. Dr. Brand's clinical orientation is driven by a commitment to empirically-supported treatments, drawing mostly from cognitive-behavioral, acceptance and commitment, and motivational interviewing techniques and conceptualizations. Additional professional interests include program development/evaluation and systems-level quality improvement. She is licensed in the state of Washington. She is nationally certified within the VA as a Cognitive Processing Therapy (CPT) provider and a Social Skills Training for Serious Mental Illness (SST) provider.

Kendall Browne, PhD is a graduate psychologist in the **Mental Health Clinic**, and an Acting Instructor/Senior Fellow in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Browne received her PhD in Clinical Psychology from the San Diego State University/University of California, San Diego Joint Doctoral Program in Clinical Psychology in 2013. She completed her internship training as well as a two-year Mental Illness Research Education and Clinical Center (MIRECC) fellowship at VA Puget Sound, Seattle. Dr. Browne's research focuses on developing and evaluating evidence-based practices for PTSD and co-occurring alcohol/substance use disorders across the spectrum of VA mental health care settings (e.g., Primary Care, Primary Care Mental Health Integration, and Specialty Care). Additionally, she is a Co-Investigator on a recently funded Department of Defense (DoD) multi-site trial examining a brief transdiagnostic intervention for trauma-related guilt.

Kelly Caver, PhD is a psychologist in the **Primary Care Clinic (PCMHI)** and **Women's Health Clinic (WHC)**. She received her PhD in Counseling Psychology from Texas A&M University in 2012 where she trained at the Trauma Recovery Program at the Michael E. DeBakey VAMC in Houston and completed her internship at University of Missouri-Kansas City Counseling Center. Dr. Caver transferred from the Dallas VAMC, where she worked as a Telemental Health Psychologist treating Veterans at rural and suburban CBOCs. She provides triage, intake evaluation, brief individual and group psychotherapy for Primary Care Clinic (PCC) patients, consultation to PCC staff, as well as individual intakes and psychotherapy for WHC patients one day per week. She helped develop an ACT-based Chronic Pain group in the PCC and plans to develop a brief anxiety and depression group also. Her theoretical orientation is primarily cognitive-behavioral and her clinical interests include anxiety disorders, depression, PTSD, chronic pain, smoking cessation, and multiculturalism. Dr. Caver is licensed in the state of Texas. She has completed national VA evidence-based programs in Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Chronic Pain.

Ann Cotton, PsyD is the psychologist on for **Team 1** in the **Addiction Treatment Center (ATC)**. She received her PsyD in Clinical Psychology from Pacific University in 2000. She completed her internship at the VA Hudson Valley Health Care System, NY followed by the CESATE Postdoctoral Fellowship in substance abuse treatment at the Seattle VA. She is licensed in the state of Washington and is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. In addition, Dr. Cotton performs quality improvement, program development and evaluation, and ensures the team's continuous readiness for the Joint Commission on Healthcare Accreditation specialty survey for Narcotic Treatment Programs.

Wendy David, PhD is the Women's Lead psychologist in the **Mental Health Clinic**. She received her PhD in Clinical Psychology from the University of Washington in 1991, and completed her internship at the American Lake VA. She is licensed in Washington State, and is a Clinical Associate Professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington. She also consults and frequently presents on various aspects of disability, personal safety, and mental health. Dr. David's specialty is trauma treatment with both male and female veterans. She is skilled in Cognitive Behavioral and Evidence Based treatments for PTSD, depression, and eating disorders. In the Mental Health Clinic, she focuses on conducting individual and group psychotherapy and developing innovative programs for women with histories of sexual trauma as well as a variety of mental health needs. She supervises both psychology interns and psychiatry residents and is one of the primary developers of an original, exposure based self-defense program for women with PTSD and histories of sexual trauma. The development, research and implementation of this personal safety program, "Taking Charge", is adapted from her previous work on personal safety and crime prevention strategies for visually impaired individuals. Her book, *Safe without Sight: Crime Prevention and Self Defense Strategies for People who are Blind* serves

as the foundation of personal safety curricula in schools and agencies for visually impaired individuals around the country and in Australia.

Pamela Dean, PhD, ABPP is a clinical neuropsychologist in the **Mental Health Service**. She received her PhD in Clinical Psychology from Gallaudet University in 2010 after completing internship at the Tampa VA in the Neuropsychology Track. She went on to complete a two- postdoctoral fellowship in Neuropsychology at the Mayo Clinic. She is licensed in Minnesota and West Virginia. Dr. Dean is Board Certified in Clinical Neuropsychology through the American Board of Professional Psychology. Her clinical responsibilities involve providing neuropsychological evaluations for Veterans with a wide range of neurological and psychiatric conditions. Her primary clinical interests include the evaluation of neurodegenerative disorders, stroke, and traumatic brain injury. She also provides behavioral management techniques for patients and caregivers with Mild Cognitive Impairment (MCI) or dementia. Her research interests include both neurologic and rehabilitation populations respectively, including disparities in neuropsychological assessment with minority populations as well as neurocognitive and neuroanatomical correlates of neurodegenerative disorders. Dr. Dean is proficient in American Sign Language (ASL) and has provided neuropsychological evaluations to pre/post lingually Deaf adults. She is currently the Representative-at-Large for the West Virginia Psychological Association and serves on the Publications Committee for the American Academy of Clinical Neuropsychology.

Nicola De Paul, PhD is a graduate psychologist in the **Primary Care Clinic (PCMHI) and Women's Health Clinic (WHC)**. She received her PhD in Clinical Psychology from Seattle Pacific University in 2014 and completed her internship at Southwest Consortium of Pre-doctoral Psychology Internships - VA New Mexico Health Care System. Dr. De Paul completed her fellowship in Primary Care Mental Health Integration at VA Puget Sound Health Care System, Seattle Division, in 2015. She provides triage, intake evaluation, brief individual and group psychotherapy for Primary Care Clinic (PCC) patients, consultation to PCC staff, as well as individual intakes and psychotherapy for WHC patients one day per week. She collaboratively developed a trans-diagnostic Whole Health group in the PCC. She is involved in quality improvement projects focused on employee wellness in PCMHI. Her theoretical orientation is primarily cognitive-behavioral with an emphasis on motivational interviewing. She is the Telemental Health Champion for PCMHI and is interested in providing PCMHI interventions through a variety of virtual modalities. She has completed national VA evidence-based programs in Cognitive Processing Therapy for PTSD and Motivational Interviewing.

Autumn del Fierro, PhD is a psychologist on the **Primary Care-Mental Health Integration team (PCMHI)** at the **North Seattle Community Based Outpatient Clinic**. She received her PhD in Clinical Psychology from the University of Maryland, College Park in 2008, under the mentorship of Carl Lejuez. She completed her internship at the Seattle VA in 2008, and remained as a Fellow in Primary Care-Mental Health Integration focusing on integrated health care for OEF/OIF veterans. Currently, her major clinical duties include assessment across a broad range of presenting problems, treatment planning and coordination, individual and group treatment, and interprofessional consultation. Dr. del Fierro's theoretical approach is contextual behavioral and she frequently utilizes acceptance-consistent approaches in her work with patients. Her clinical interests include trauma, integrated mental health/primary care, and emotion regulation. Dr. del Fierro is licensed in the state of Washington.

Mark Engstrom, PhD is a psychologist in the **Telehealth service, Mental Health Clinic, and PTSD Outpatient Clinic**. He received his PhD in Clinical Psychology from the University of Illinois at Chicago in 2008. He completed his internship at the Seattle VA in 2008 and a Postdoctoral Fellowship in Rehabilitation Medicine at the University of Washington in 2009. Dr. Engstrom has particular interests in the delivery of evidence-based treatments for PTSD via telehealth, including Prolonged Exposure and Cognitive Processing Therapy. Additionally, he is a leading member of our DBT skills programming in outpatient mental health clinics.

Michelle Esterberg, PhD, MPH is a psychologist in the **Addictions Treatment Center (ATC)** and Team Leader of **Team 4**, the Dual Disorders treatment team. She earned her PhD from Emory University in 2011, under the supervision of Dr. Elaine Walker. After completing her internship at the Seattle VA in

2011, she completed a postdoctoral fellowship at the Center for Substance Abuse Treatment and Education (CESATE) at the Seattle VA. Dr. Esterberg's clinical work in the ATC includes coordinating the introductory engagement phase of Team 4 and leading a number of therapy groups, including a process-oriented continuing care group, beginning and advanced (MBRP) relapse prevention groups, and a DBT skills group. She is a member of the DBT staff workgroup at VA Puget Sound, and is heavily involved in the provision of DBT-based services. She has clinical interests in acceptance- and mindfulness-based approaches. Dr. Esterberg has an extensive history of working with adults with psychotic disorders, and is also involved as a secondary supervisor for trainees interested in working with Veterans with Serious Mental Illness (SMI). Her areas of research and professional interests include the following: biological and genetic factors related to the development of psychosis, stigma/barriers to care in early psychosis, and substance use in individuals diagnosed with schizophrenia. She is involved in leadership/administration within ATC, is a member of the Training Committee, and provides clinical services and supervision on Team 4. Dr. Esterberg is licensed in the state of Washington.

Peter Fehrenbach, PhD is the **Director** of the **Family Therapy Program** and a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences, and the Department of Psychology, at the University of Washington. He completed his internship at the Seattle VA in 1980, and received his PhD in Clinical Psychology from the University of Missouri-Columbia in 1981. He subsequently completed a postdoctoral fellowship in Child Clinical Psychology at the University of Washington, with an emphasis on the interface of medical and mental health problems of children and families. His clinical interests include couples and family therapy. He utilizes a variety of approaches including structural, strategic, and integrative behavioral techniques in his work with families. He is licensed as a psychologist in Washington, and maintains a part-time private practice. He is **Lead Consultant** for the VA Evidence Based Psychotherapy roll-out of Integrative Behavioral Couple Therapy. Dr. Fehrenbach has been active in the Washington State Psychological Association for a number of years, formerly serving as President of the Association.

Tiffanie Fennell, PhD, ABPP is a clinical health psychologist and Health Behavior Coordinator in the **Primary Care Clinic**. She earned her PhD in Counseling Psychology from Texas Tech University in 2008. She completed her internship at the Missouri Health Science Psychology Consortium in 2008 followed by her postdoctoral fellowship in primary care psychology at the Cleveland VA in 2009. Prior to transferring to the Seattle VA in 2010, Dr. Fennell worked as a psychologist in the Primary Care Mental Health Integration and outpatient PTSD programs at the Central Texas Veterans Health Care System. Her clinical interests include tobacco use cessation, weight management, and chronic disease self-management. Dr. Fennell is involved in development and evaluation of health education programs, coordinating health fairs and outreach campaigns, medical staff education in motivational interviewing and health coaching, and co-chairs the facility's Health Promotion and Disease Prevention Program Committee. She is licensed in the states of Ohio, Texas and Washington, and Clinical Assistant Professor at the University of Washington's School of Medicine Department of Psychiatry and Behavioral Sciences. She has completed national VA evidence-based programs in Cognitive Behavioral Therapy for Chronic Pain and Motivational Interviewing. She is Board Certified in Clinical Health and is a Certified Diabetes Educator (CDE).

Sergio Flores, PsyD is a graduate psychologist on **Team 1** in the **Addictions Treatment Center (ATC)**. He received his PsyD in Clinical Psychology from the PGSP-Stanford PsyD Consortium in 2014. He completed his internship at the VA Eastern Colorado Health Care System – Denver, and a postdoctoral fellowship in HIV/Liver Disease at the Seattle VA in 2015. His early professional interests included research and clinical work in issues related to co-occurring PTSD and HIV/AIDS through an NIMH-funded clinical trial at Stanford University. He has a particular interest in addressing substance abuse issues in medically-complex patients with co-occurring Hepatitis C and HIV. Dr. Flores is the site supervisor for point of care rapid HIV testing in the ATC across the VA Puget Sound Health Care System, and performs quality improvement and program development/evaluation. His theoretic orientation is informed by evidence-based treatments and primarily draws from Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing techniques. He is in the process of obtaining licensure in the state of WA.

Lisa Glynn, PhD is a graduate psychologist in the **Pain Clinic**. She received her PhD in Clinical Psychology from University of New Mexico in 2013, under the mentorship of Dr. Theresa Moyers. She completed her internship at VA Palo Alto in 2013, followed by her postdoctoral training at Seattle VA's Center of Excellence in Substance Abuse Treatment and Education (CESATE) in 2014, with placements on Addictions Treatment Center (ATC) Team 1, Team 4, and AEC. Her clinical work includes providing direct service to Veterans with chronic pain, implementing a Pain Telehealth program for Veterans within VISN 20, and collaborating across clinics on the Opioid Safety Program. She applies a client-centered approach to evidence-based motivational, behavioral, cognitive-behavioral, and mindfulness interventions. Dr. Glynn also participates in research, program development, quality improvement, and diversity/multiculturalism activities. Her current research examines the process of Motivational Interviewing (MI) for substance use disorders and other health behaviors, particularly within a group setting. She is a member of the Motivational Interviewing Network of Trainers, and provides MI training to VA clinicians.

Sari Gold, PhD is a clinical psychologist and the training director in the **Telemental health** service. She is also an Acting Instructor at University of Washington Department of Psychiatry and Behavioral Sciences. She received her PhD from Temple University in 2008 under the mentorship of Brian Marx and completed her internship at the Seattle VA in 2007. She completed a postdoctoral fellowship at the Boston VA's National Center for PTSD in 2008. Prior to graduate school, she worked for four years with domestic violence and sexual assault survivors. Dr. Gold's current clinical work includes cognitive behavioral therapy for anxiety and depression and cognitive processing therapy and prolonged exposure therapy for PTSD. Her research interests include trauma, PTSD, sexual assault, and multicultural/LGBT issues. She is licensed in the state of Washington. She has received recognition from the University of Washington's Department of Psychiatry and Behavioral Sciences for "outstanding CBT supervision".

Diane Greenberg, PhD is a psychologist in the **Primary Care Clinic (PCMHI)**. She received her PhD in Counseling Psychology from The University of Iowa in 1989 under the mentorship of Betsy Altmaier and completed her internship at the Seattle VA. Dr. Greenberg has worked in several different treatment programs (outpatient substance abuse and inpatient psychiatry) at the Seattle VA and helped establish mental health services in the PCC in 1994. Dr. Greenberg is a Clinical Assistant Professor at the University of Washington Department of Psychiatry and Behavioral Sciences and is licensed as a psychologist in the state of Washington. She provides triage and urgent care for PCC patients as well as brief individual and family psychotherapy in the PCC. She also developed and facilitates psycho-educational groups for managing anxiety and stress and for interpersonal communication skills using Mindfulness, CBT, MI, ACT, and Assertiveness. She has interests in family therapy, hypnosis, medical compliance and alcohol use disorders as they relate to medical outcomes.

Eric Hawkins, PhD is Associate Director of the Center of Excellence in Substance Abuse Treatment and Education (**CESATE**). He holds the rank of Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He received his PhD in Clinical Psychology from Brigham Young University in 2004, under the mentorship of Dr. Michael Lambert, and completed his internship at the Seattle VA. His postdoctoral training includes fellowships in the Interdisciplinary Treatment of Substance Abuse (CESATE) and Health Services Research (HSR&D). He is licensed in Washington State. His primary research responsibilities and interests include evaluating and improving behavioral health and substance use outcomes of patients in addiction treatment. Ongoing research interests include prevention of alcohol misuse and development of a collaborative care management intervention for patients with complex, recurrent substance use disorders (SUD) and high utilization of hospital services. Current projects include evaluating collaborative care management approaches for treating Veterans with complex and chronic substance use disorders, estimating the relative risks of serious adverse events among Veterans with PTSD who are prescribed opioids and benzodiazepines concurrently, evaluating clinical decision support interventions to reduce concurrent use of opioid and benzodiazepine medications among high-risk Veterans, validation of quality indicators for recognition and management of problematic alcohol use, and assessing the recognition and management of alcohol misuse among OEF/OIF Veterans with and without TBI.

Ryan Henderson is a psychologist in the **Pain Service** and clinical director of the Opioid Safety Program,

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

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

Daniel Kivlahan, PhD is **Director** of the VA National Center of Excellence in Substance Abuse Treatment and Education (**CESATE**) and **Associate National Mental Health Director for Addictive Disorders in the Office of Mental Health Services at VA Central Office**. He holds the rank of Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington Medical School and Adjunct Associate Professor, Department of Psychology, University of Washington. He completed his internship at the Seattle VA in 1981, his PhD in Clinical Psychology at the University of Missouri at Columbia in 1983, and a Post-Doctoral Fellowship at the Addictive Behaviors Research Center, UW Department of Psychology in 1986. He is licensed to practice in Washington. With over 100 data-based publications, Dr. Kivlahan has been an Investigator on multiple NIH- and VA-funded research projects and serves as a research mentor for junior faculty and Fellows. He co-chaired the work group that revised the VHA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders in the Primary and Specialty Care Setting. Prior to accepting his current Central Office position, he served as Clinical Coordinator for the Substance Use Disorders Quality Enhancement Research Initiative (QUERI) funded by VA Health Services Research & Development and he remains on the Executive Committees of the SUD and MH QUERI's. He is a Fellow of the APA Divisions on Addictions and Psychopharmacology and Substance Abuse. In 2008, the Division on Addictions honored him for Distinguished Scientific Contribution to Public Interest. He recently completed his term as Associate Editor of the Journal of Consulting and Clinical Psychology with a focus on manuscripts related to addictive behaviors. Effective methods of guideline implementation and performance monitoring are major research interests. Current collaborations include health services research on the full spectrum of risk for Substance Use Disorders, including validation of quality indicators for recognition and management of substance use conditions across clinical settings, implementation of alcohol misuse screening and brief alcohol counseling, promoting measurement-based care for SUD, implementation of addiction focused pharmacotherapy and de-implementation of non-evidence-based interventions for SUD and co-occurring conditions.

Keren Lehavot, PhD is a Core Investigator at the Health Services Research & Development (**HSR&D**) Center of Innovation (COIN) and research scientist psychologist in the Mental Illness Research Education and Clinical Center (**MIRECC**). She holds the rank of Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. Dr. Lehavot received her doctorate in Clinical Psychology from the University of Washington in 2011, under the mentorship of Dr. Jane Simoni. She completed her internship at the Seattle VA in 2011 and a Seattle VA MIRECC fellowship in 2013. She is licensed in Washington State. Her main interests focus on women's health, LGBT issues, and health disparities. Dr. Lehavot was awarded a VA Career Development Award (CDA)

to evaluate a web-based PTSD intervention for women Veterans. The project included a qualitative study with women Veterans and providers who discussed issues related to gender and treatment, and a clinical trial is soon underway. She also has a dataset focused on transgender Veterans. Dr. Lehavot is available to supervise research details.

Randi Lincoln, PhD, ABPP (RP) is a Clinical psychologist in the **Spinal Cord Injury Service (SCIS)**. She received her PhD in Clinical and Health Psychology, with a concentration in neuropsychology, at the University of Florida in 1999. She completed a Geriatric Research and Education Clinical Center (GRECC)/neuropsychology internship in 1998 and a GRECC/neuropsychology postdoctoral fellowship in 2000 at the VA Medical Center in Gainesville, FL. She subsequently worked in a forensic neuropsychology practice for one year. She provides clinical and administrative program development duties on the SCI unit, with interests in posttraumatic growth and resiliency after injury, geropsychology, dementia, TBI, and chronic pain management in the rehabilitation setting. She is involved in research related to chronic pain, depression, and peer support in the SCI population. She has served as Chair of the VA Puget Sound Psychology Professional Standards Board. She is a Clinical Assistant Professor in the Department of Rehabilitation Medicine at the University of Washington and is licensed as a psychologist in Washington.

Jane Luterek, PhD is a psychologist in the **PTSD Outpatient Clinic** focused on **Women's Programming**. She received her PhD in Clinical Psychology from Temple University in 2005, under the mentorship of Dr. Rick Heimberg. She completed her internship training and served as a research fellow in the Mental Illness Research, Education, and Clinical Center (MIRECC) at the Seattle VA. She is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington and is licensed in Washington State. Dr. Luterek's research has focused on understanding the psychological sequelae of trauma and mechanisms of change associated with Alcohol Dependence and PTSD. Her clinical interests involve the treatment of veterans with trauma related psychological sequelae (e.g., substance use disorders, PTSD, mood disorders, borderline personality disorder) drawing on a contextual behavioral theoretical background. Acceptance and Commitment Therapy, Prolonged Exposure, Dialectical Behavior Therapy, and Motivational Interviewing heavily inform her clinical practices.

Anthony Mariano, PhD is a psychologist in the **Pain Clinic**. He is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is licensed in the state of Washington. He received his PhD in Clinical Psychology from the University of New Mexico in 1986. After completing his internship at the Seattle VA in 1984, he completed a two-year research fellowship in the Health Sciences Research and Development Program at the Seattle VA in 1986. Before joining the Psychology Service staff in 1987, he worked as a Research Scientist at the University of Washington. He is active on national pain committees in both the VA and DoD and leads efforts in patient pain education. His current research interests include web-based pain education for providers and patients and the development of clinical models to address the problem of prescription medication misuse.

Mary Jean Mariano, PhD is a psychologist in the **Women's Health Clinic and Mental Health Clinic**, Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is licensed as a psychologist in Washington.. She received her PhD in Clinical Psychology from the University of New Mexico in 1988. She completed her internship at the Seattle VA in 1984, and remained as a Health Services Research Fellow (1984-86) and worked as a Research Scientist at the UW before joining the VA staff in 1990. Dr. Mariano has wide-ranging clinical experience, with past work in programs focusing on head injury rehabilitation, chronic pain, chronic mental illness, and trauma in women veterans,. She has special interest in biopsychosocial models of health and illness, including the connection of trauma exposure to chronic pain and other physical symptoms, and in the social and health systems factors which foster and mitigate illness behavior and somatoform disorders. In addition, Dr. Mariano is enthusiastic about group and individual psychotherapy based on an integration of theoretical models which recognizes the power of the relationship factors in the therapeutic process.

Steve McCutcheon, PhD is the **Director of Internship and Postdoctoral Training**. He received his PhD in Clinical Psychology from the University of Washington, under the mentorship of Dr. Marsha Linehan. He completed his internship at the Seattle VA in 1982, and subsequently remained for a two-year fellowship in Health Services Research. He is licensed to practice in Washington and holds the rank of Clinical Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine. In recognition of his education efforts, Dr. McCutcheon has received numerous awards: the 2001 Chief Resident's Award and the 2006 Clinical Faculty Award for Excellence in Teaching from the UW Department of Psychiatry and Behavioral Sciences; the 2006 APA Division 18 award for Outstanding Training Director; the 2010 Distinguished Psychologist Award from the Washington State Psychological Association; the VA's national David M. Worthen Award for Educational Excellence in 2012; and in 2014, the Antonette and Robert Zeiss Award for Contributions to VA Psychology Training. Dr. McCutcheon is active in national professional organizations, having served as **Chair of the APPIC Board of Directors**, as **Chair of CCTC (Council of Chairs of Training Councils)**, and **Chair of the VA Psychology Training Council (VAPTC)**. Currently, Dr. McCutcheon serves as **Associate Chair of the APA Commission on Accreditation (CoA)**.

Meghan McGinn, PhD is a psychologist in the **Telemental Health Service and Family Therapy Program**. She received her PhD in Clinical Psychology from the University of California, Los Angeles, under the mentorship of Dr. Andrew Christensen and completed her internship training at the Seattle VA. Clinically, Dr. McGinn specializes in Integrative Behavioral Couple Therapy (IBCT) as well as evidence-based treatments for PTSD, both in person and via telehealth. She is also very involved in providing other family services such as support groups for family members and parenting groups. Currently, Dr. McGinn's research focuses on the associations among PTSD symptoms, relationship factors, and treatment utilization and on addressing barriers to utilization of family services via telehealth.

Scott Michael, PhD is a psychologist in the **PTSD Outpatient Clinic**. He received his PhD in Clinical Psychology from the University of Kansas in 2002, under the mentorship of Dr. C.R. Snyder. He completed his internship at the Palo Alto VA in 2002 and subsequently completed a postdoctoral fellowship with a specialty in PTSD at the Mental Illness Research, Education, and Clinical Center at the Seattle VA in 2003. He is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington School of Medicine, and is licensed in Washington State. Dr. Michael's theoretical orientation is cognitive-behavioral, and his clinical interests include individual and group psychotherapy, including trauma exposure and CBT skills groups. He is a national trainer and consultant for the Prolonged Exposure therapy training dissemination program. Additionally, he has a broader interest in exposure therapy for other anxiety disorders and provides training in empirically-supported CBT protocols for anxiety disorders.

Christopher Miller, PhD is a psychologist in the **Psychosocial Rehabilitation and Recovery Center (PRRC)**. Dr. Miller received his PhD in Clinical Psychology from the University of Montana in 2008. He completed his internship at the Seattle VA in 2008, and in 2009 he completed a Rehabilitation Psychology postdoctoral fellowship in the Center for Polytrauma Care and Spinal Cord Injury units at the Seattle VA. Dr. Miller is licensed in Washington State. He conducts individual and group psychotherapy, and his theoretical orientation is primarily cognitive-behavioral. His clinical and research interests include PTSD, TBI and psychometrics.

Kati Pagulayan, PhD is a neuropsychologist in the **Mental Health Service**, an investigator in the VA Puget Sound Mental Illness Research, Education, and Clinical Center (MIRECC), and an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She received her PhD in Clinical Psychology (Neuropsychology focus) from the University of Cincinnati in 2004, after completing an internship in Rehabilitation Psychology and Neuropsychology at the University of Washington. She subsequently completed a two-year fellowship in neuropsychology and traumatic brain injury (TBI) in the Department of Rehabilitation Medicine at the University of Washington. She is licensed in Washington state. Her clinical responsibilities primarily involve neuropsychological assessment and provision of cognitive rehabilitation interventions for Veterans with a wide range of neurological and psychiatric conditions. Dr. Pagulayan's research is focused on the assessment of cognitive, neuroimaging and neurobehavioral outcome following traumatic brain injury (TBI). She

currently has a Career Development Award that involves the use of multimodal neuroimaging methods to investigate the neuroanatomical substrates of working memory difficulties in Veterans with repeated blast-related mild TBI (mTBI). Other research projects include investigation of prospective memory abilities among individuals with a range of neurologic and psychiatric disorders, understanding neuropsychological outcome following repeated blast-related mTBI, and understanding the relationship between pituitary dysfunction after mTBI and cognitive functioning/behavioral symptoms/quality of life.

Jennifer Plumb Vilardaga, PhD is a psychologist in the **PTSD Outpatient Clinic**. She received a BS in Psychology from the University of Massachusetts, Amherst and a PhD in Clinical Psychology at the University of Nevada, Reno in 2012 under the mentorship of Steven Hayes. After completing her internship at the Seattle VA, she completed a postdoctoral fellowship at the Center for Substance Abuse Treatment and Education (CESATE) at the Seattle VA, serving on the Co-Occurring Disorders team. She has an extensive research and clinical background in Acceptance and Commitment Therapy (ACT), serving as a consultant for the national VA ACT for Depression training initiative, and is a Peer Reviewed ACT Trainer within the international community of ACT Trainers in the Association for Contextual Behavioral Science. Her clinical interests include using acceptance- and mindfulness-based practices for treating co-occurring conditions such as PTSD, SUD, and chronic pain. She is involved in Quality Improvement projects within mental health, in particular involving the implementation of ACT interventions. She is licensed in Washington State.

David Pressman, PhD is the **PTSD-SUD Specialist** for the Seattle Division of VA Puget Sound. He facilitates integrative care groups in both the PTSD Outpatient Clinic and the Addictions Treatment Center for Veterans with co-occurring PTSD and substance use disorders. He also acts as a liaison between these two clinics and provides individual therapy and Motivational Interviewing in these clinics as well. He received his BA in Psychology from Brown University and his PhD in Clinical Psychology from Columbia University-Teachers College in 2007 after completing his internship at Montefiore Medical Center in the Bronx. He subsequently worked in the Soldier and Family Readiness Service in Behavioral Health at Madigan Army Medical Center at Joint Base Lewis-McCord. Also, Dr. Pressman has a strong interest in mindfulness-based interventions and psychodynamic psychotherapy. He is a licensed psychologist in the State of Washington.

Greg Reger, PhD is the **Director of Suicide Prevention** at VA Puget Sound and an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He received his PhD in Clinical Psychology from FullerTheological Seminary in 2004 and completed his psychology internship at Walter Reed Army Medical Center. He is an Army Veteran and deployed to Iraq in support of Operation Iraqi Freedom in 2005 where he served in the 98th Combat Stress Control Detachment. Dr. Reger spent five years as a civilian with the Department of Defense leading teams in the design and evaluation of technology in support of psychological health. His research has focused on the development and evaluation of virtual reality, mobile applications, and other innovative technologies for psychological purposes. He is completing a multi-site, randomized clinical trial evaluating virtual reality exposure therapy and prolonged exposure for treating active duty Soldiers with PTSD. He is currently funded to evaluate a virtual reality patient to support provider training in motivational interviewing. Dr. Reger also led the VA/DoD team that designed the PE Coach mobile application and was recently funded to explore how providers are using the features of the app and to develop an intervention to increase full adoption of the application.

Carl Rimmele, PhD is the **Team Leader** of the **Addictions Treatment Center's Team 2**. He received his BS and MS from San Diego State University, and his PhD in Clinical Psychology from the University of New Mexico in 1988. He completed his internship at the Palo Alto VA, and a postdoctoral fellowship in the Clinical Pain Service at the University of Washington. He is licensed in Washington, and is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His orientation is primarily cognitive-behavioral. He has experience in the treatment of substance abuse, behavioral medicine and chronic pain. Clinical research interests include the use of behavioral and cognitive-behavioral brief interventions in the treatment of substance abuse disorders. He has a particular interest in addressing substance abuse in rehabilitation medicine populations.

Gail Rowe, PhD is a psychologist in the Addictions Treatment Center's **Team 4 (Co-occurring Disorders)**. In 1991, she received her PhD in Clinical Psychology from Washington State University after completing her internship at the Seattle VA. She is licensed in Washington, and is a Clinical Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Her daily responsibilities include, clinical work (groups and individual therapy), teaching and supervision. Dr. Rowe has participated in two major clinical research studies, serving as a clinical research therapist. The first was with Dr. Marsha Linehan at the University of Washington, leading cognitive-behavioral therapy groups for individuals with Borderline Personality Disorder. She has implemented part of the DBT skills approach in the Dual Disorders Program. She was also a research therapist with Project Combine, an NIAAA-funded multi-site investigation of combined behavioral and pharmacological treatment of alcohol dependence. In addition, she maintains a part-time private practice. Clinical interests include using mindfulness based practices into the work with veterans with co-occurring disorders.

Clair Rummel, PhD is a clinical geropsychologist in the **Mental Health Clinic**. She received her PhD in clinical psychology from the University of Nevada, Reno in 2012. Dr. Rummel completed her internship and postdoctoral fellowship at the VA Palo Alto Health Care System where she received specialized training in geropsychology across the continuum of care. Her research and clinical interests include treatment of mood disorders in older adults, adjustment to chronic illness and functional impairment, end-of-life care, complicated grief and behavioral health interventions for medically complex patients. She has an extensive background in behavioral interventions to improve quality of life for older adults with dementia and their caregivers. She is licensed in the state of Washington.

Craig Santerre, PhD is a psychologist and team leader for the **Primary Care Mental Health** team. He received his BA in Psychology from Cornell University, and his PhD in Clinical Psychology from the University of Arizona (2007) with a specialty in Health Psychology, under the mentorship of John J.B. Allen, PhD. He completed his internship at the Seattle VA in 2007, and a Fellowship in PTSD at the Seattle VA in 2008. Before returning to Seattle, he also worked as a psychologist at the Providence VA Medical Center, providing mental health care in the Returning Veterans Program. His current position involves working in the Primary Care Clinic at the Seattle VA Medical Center, and his areas of interest include the development and delivery of integrated mental health primary care interventions with a specialty in OIF/OEF veterans. His theoretical orientation is primarily cognitive-behavioral, but also includes an interest in emotion-focused and Motivational Interviewing techniques. He is licensed in Washington.

Alex Schut, PhD is a psychologist and Program Manager of the **Primary Care-Mental Health Integration Programs** at the Mount Vernon, Port Angeles and Bremerton Community Based Outpatient Clinics. He received his PhD in Clinical Psychology from Pennsylvania State University in 2002, where he conducted research investigating the interaction between technical and relationship factors in effective forms of cognitive-behavioral and psychodynamic psychotherapies. Dr. Schut completed his internship and post-doctoral fellowship at McLean Hospital/Harvard Medical School, where he provided individual and group cognitive-behavioral therapy, including dialectical behavior therapy (DBT), for patients diagnosed with varied mood, anxiety, eating and personality disorders. As a faculty member Dr. Schut was involved in program development for the Personality Disorders track of the Behavioral Health Partial Hospital Program and the McLean Center for the Treatment of Borderline Personality Disorder. After completing his intensive training in DBT, Dr. Schut expanded his private practice and became Program Director of the Adult Intensive DBT Day-Treatment Program at Two Brattle Center in Cambridge, MA, where he provided individual and group DBT for adolescent and adult patients, as well as clinical supervision to psychology practicum students, interns and post-doctoral fellows. After moving to Washington State Dr. Schut joined the VA as a psychologist at CBOC Mount Vernon. There he provides evidenced-based mental health care integrated in a primary care clinic. Dr. Schut has received advanced VA training in Prolonged Exposure for PTSD, Acceptance and Commitment Therapy for Depression, and Motivational Interviewing, and he is a national consultant for the VA in Motivational Interviewing and Motivational Enhancement Therapy as part of the VA Central Office Initiative on Disseminating Evidence Based Psychotherapies. He is licensed in Washington State.

Leandra Shipley, PhD is a graduate psychologist on the **Outpatient Intensive Stabilization Service**

Team (ISS) at the Seattle **Addiction Treatment Center (ATC)**. She received a BA in Psychology from the University of Washington and a PhD in Clinical Psychology from Seattle Pacific University in 2014. She completed her Psychology Internship Training Program at the Northern California VA Healthcare System whereupon she accepted a Post-Doctoral Fellowship at the Seattle Center of Excellence in Substance Abuse Training and Education (CESATE) on the Seattle VA Campus, serving on the General Substance Abuse Treatment team (Team 2) and the Opioid Agonist Therapy team (Team 1). Her clinical interests include using evidence based practices for treating SUD and co-occurring conditions such as PTSD and chronic pain. Her theoretical orientation is grounded in a cognitive-behavioral framework, drawing on motivational and acceptance-based approaches.

Tracy Simpson, PhD is a psychologist in the **Center of Excellence in Substance Abuse Treatment and Education (CESATE)** and a staff psychologist in the WTRC. She assumed directorship of the Seattle Mental Illness Research, Education and Clinical Center (MIRECC) fellowship program in the fall of 2008. She received her PhD in Clinical Psychology from the University of New Mexico in 1999, under the mentorship of Dr. William Miller. She completed her internship at the University of Washington in 1998 and completed a postdoctoral fellowship under the mentorship of Dr. Alan Marlatt at the University of Washington in 2000. She is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington, and is licensed in the State of Washington. Dr. Simpson's current primary responsibility is conducting research and she devotes half a day a week to clinical work. She currently has an R01 from NIAAA as well as grants from DoD and VA CSR&D. The NIAAA study is a randomized clinical trial evaluating the sequence of symptom changes associated with Cognitive Processing Therapy and with Relapse Prevention for individuals with comorbid PTSD and an alcohol use disorder. Moderators of treatment response will also be evaluated. The CDMRP/DoD is designed to better understand the impact of Prazosin and naltrexone, each individually and together, on reward and relief craving using a script driven personalized craving induction protocol. The CSR&D trial is an evaluation of Loving Kindness Meditation vs. Cognitive Processing Therapy for PTSD with Dr. David Kearney in the Gastroenterology Division. She also recently completed an R21 from NIAAA to compare a brief mindfulness/acceptance intervention to a brief cognitive restructuring intervention and an attention control for individuals dually diagnosed with an alcohol use disorder and PTSD. The study evaluated mechanisms of behavior change and involves a laboratory experimental craving induction. Most of Dr. Simpson's studies involve the use of an innovative telephone system to monitor daily changes in use and craving to provide further details about course and response to the interventions. Dr. Simpson has additional data sets available for secondary analyses. She is available to supervise research details.

Heather Sones, PhD is a graduate psychologist on the **High Intensity Inpatient Psychiatry Unit (7W)**. She received her doctorate in Clinical Psychology from the San Diego State University/University of California, San Diego Joint Doctoral Program in 2014 and completed her internship at the Seattle Division of the Puget Sound VA. She also completed a postdoctoral fellowship in 2015 emphasizing couple/family health and PTSD treatment at the Seattle VA. Dr. Sones is in the process of obtaining licensure in Washington State. She has received advanced clinical training in cognitive behavioral therapies, evidence-based therapies for PTSD including Cognitive Processing Therapy and Prolonged Exposure, Motivational Interviewing, couple and family-based interventions, and group therapies. Her research interests include addressing the impact of PTSD and other mental health conditions on relationships, as well as understanding the complex relationship between family functioning and Veteran mental health. In her current position on 7W, she provides individual and group therapies, family-based interventions, and is involved in program development and evaluation.

Kristen Strack, PhD is the **Director of Intensive Mental Health Programs** and the **Team Leader for the Intensive Outpatient Program**. She received her doctorate in Clinical Psychology from the University of Mississippi in 2008 and completed her internship at Fulton State Hospital in 2008. She completed her postdoctoral fellowship in psychosocial rehabilitation and recovery at the Palo Alto VA Healthcare System in 2009. She is licensed in the state of Washington. In addition to administrative and managerial responsibilities, she also provides group psychotherapy, individual psychotherapy, staff training, and program development and evaluation. Her theoretical orientation is primarily cognitive-behavioral. Her interests include psychosocial rehabilitation for individuals with serious mental illness, cognitive-behavioral therapy for psychosis, systems change and transformation, and implementation of

the recovery model in mental health services.

M. Jan Tackett, PhD, ABPP is a psychologist in the **Spinal Cord Injury Service (SCIS)**. He received his PhD in Counseling Psychology from the University of Denver in 1998, after completing his internship at the Seattle VA in 1997. He provides assessment, rehabilitation, education, and counseling for inpatient and outpatients with spinal cord injuries. Dr. Tackett is a Clinical Assistant Professor in the Department of Rehabilitation Medicine at the University of Washington. He is active in research projects involving PTSD, peer support among people with disabilities, and health behavior issues following a traumatically acquired disability. His interests include co-morbid SCI/TBI, PTSD treatment, CBT of anxiety disorders, psychotherapy outcome, and ethical decision-making. Another area of interest is adventure therapies for people with disabilities including kayaking and adaptive ropes courses. He is licensed in the State of Washington, and provides ethics consultations as a member of the Washington State Psychological Association's Ethics Committee.

David Tarver, PhD is the **Team Leader** of the **PTSD Outpatient Clinic**. He completed his internship at the Seattle VA in 1988, and received his PhD in Clinical Psychology from the University of South Dakota in 1988. He subsequently completed a postdoctoral fellowship at the University of Washington Department of Psychiatry in 1989, with an emphasis on the diagnosis and treatment of PTSD. He is licensed in the state of Washington, and is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. His theoretical orientation is interpersonal and psychodynamic. His clinical interests include clinical hypnosis, co-therapy and group psychotherapy for dual-disordered psychiatric patients.

Josie Tracy, PhD is the **Team 2 Team Leader** in the **Addictions Treatment Center (ATC)**. She received her PhD in Clinical Psychology from the University of Mississippi in 2008, having completed an internship through the Southwest Consortium in Albuquerque, New Mexico. In 2009 she completed a postdoctoral fellowship in the Center of Excellence in Substance Abuse Treatment and Education (CESATE) at the VA Puget Sound, Seattle. Her clinical approach draws from behavioral, motivational, and acceptance-based therapies. She has a strong interest in program development for substance use disorders that infuses a patient-centered approach with evidence-based principles. She is licensed in the State of Washington.

Emily Trittschuh, PhD, is a Clinical Neuropsychologist with the **Geriatrics Research, Education, and Clinical Center (GRECC)**, a "Center for Excellence" at the VA Puget Sound Health Care System. She is also an Assistant Professor with the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Trittschuh completed her Ph.D. in Clinical Psychology at Northwestern University after Internship at Brown University. She completed a two-year postdoctoral fellowship in neuropsychology at Northwestern University. Dr. Trittschuh's clinical interests involve early diagnosis of neurodegenerative disease and her research has focused on the prevalence/incidence of Mild Cognitive Impairment, aging, dementia, GWAS studies of AD phenotypes, as well as functional/structural MRI. She directs a Clinical Demonstration project for VISN 20 which is focused on Dementia Education and Memory Skills training in older Veterans with PTSD. Training and education are special foci – she mentors trainees across a number of disciplines and develops educational programs in geriatrics for other VA Providers and for Trainees. In addition, she provides Veteran and community education on a regular basis. She is Chair of the Psychology Professional Standards Board and was recently a Member of the IRB#1 committee for VAPSHCS. She is a Board Member of the Alzheimer's Association King County Advisory Board. She is a licensed psychologist in the states of Illinois and Washington.

Aaron Turner, PhD, ABPP (RP) is **Director** of Rehabilitation Psychology in the **Rehabilitation Care Service**. He received his PhD in Clinical Psychology from the University of Washington in 2001, after completing his internship at the University of Washington Department of Psychiatry and Behavioral Sciences. He is licensed in Washington and is an Associate Professor in the Department of Rehabilitation Medicine at the University of Washington. Dr. Turner serves as the Assistant Director of Research for the VA Multiple Sclerosis Center of Excellence, is an investigator in the Center of Excellence in Substance Abuse Treatment and Education (CESATE) and the VA Center of Excellence in Limb Loss Prevention

and Prosthetic Engineering. He is the Rehabilitation track lead for the fellowship program and serves as the attending psychologist of the Inpatient Rehabilitation Program. Current funded VA Merit Review research programs include an RCT of a group-based self-management program to improve physical and psychosocial health following limb loss (PI), an RCT of two group-based programs to improve fatigue for individuals with MS (Site PI), a longitudinal examination of functional outcome following amputation (co-I), and longitudinal cohort study to develop a model to predict mortality and revision following limb loss (co-I). He is also the PI of a National MS Society Postdoctoral Training Grant in Rehabilitation Research. He serves as the research point of contact and has ongoing involvement in data analysis using the VA Multiple Sclerosis National Data Repository to examine health behavior and psychosocial outcomes. Additional clinical and research interests include depression, exercise, medication adherence, alcohol use and smoking in rehabilitation populations. Dr. Turner is the recipient of the Early Career Practice and Rosenthal Early Career Research Awards from APA Division 22 (Rehabilitation Psychology) and the Outstanding Researcher Award from APA Division 18 (Psychologists in Public Service). He has several datasets available for secondary analyses.

Catherine Wallace, PhD. is a clinical psychologist in the **Mental Health Clinic** and **Intensive Outpatient Program**. She received her PhD in Clinical Psychology from the University of Utah and completed her internship at the Seattle VA in 2013. She went on to complete a postdoctoral fellowship in Family and Couples Mental Health at the Seattle VA in 2014. Dr. Wallace's research and clinical training has focused on a range of medical and mental health populations, with a particular emphasis on military couples struggling with PTSD and anxiety disorders. Her research has focused on mental and physical health risks of PTSD and relationship discord for Veterans and their partners. She has received advanced clinical training in Integrative Behavioral Couple Therapy, trauma-focused treatments, CBT, group therapies, as well as acceptance- and mindfulness-based approaches. She has a particular interest in expanding training and services in family-based care throughout the medical center, which is the focus of her academic appointment with the University of Washington School of Medicine. In addition, Dr. Wallace runs groups on exposure and response prevention for OCD and the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. Additional professional interests include program development and quality improvement projects targeting these same content areas. Dr. Wallace is licensed in the state of Washington.

Rhonda Williams, PhD, ABPP (RP) is a psychologist in the **Rehabilitation Care Service** and **Center for Polytrauma Care**. She received her PhD in Clinical Psychology from Arizona State University in 1999, after completing her internship with an emphasis in Rehabilitation Psychology at the University of Washington. She subsequently completed a postdoctoral fellowship in Rehabilitation Psychology at the University of Washington's Harborview Medical Center in 2000. Dr. Williams is an Associate Professor in the Department of Rehabilitation Medicine at the University of Washington, and is licensed in the State of Washington. She provides neuropsychological assessment and individual and group psychotherapy to veterans with a variety of medical conditions and physical injuries, especially traumatic brain injury. Her research interests include adjustment to disability, self-management interventions, positive psychology and protective factors following disability. She is the PI of several funded research projects that center on developing peer visitor interventions for veterans of OIF/OEF who have sustained polytraumatic and/or blast-related injuries, as well as their family members. She is also an investigator on several projects related to limb loss, funded by the VA Rehabilitation Research & Development service and the Centers for Disease Control. Current projects also include a DoD-funded RCT of two treatments for pain in OIF/OEF Veterans with TBI, and a trial of a group-based self-management intervention for Veterans with limb loss.

Fellows

Doctoral programs represented in recent fellowship classes:

Arizona State University
Catholic University

Emory University
Ohio State University
San Diego State University/UC San Diego
Syracuse University
University of Alabama
University of Arizona
University of California, Berkeley
University of California, Los Angeles
University of Iowa
University of Maryland, College Park
University of Montana
University of Nebraska-Lincoln
University of Nevada – Reno
University of North Carolina, Chapel Hill
University of Pittsburgh
University of Utah
University of Vermont
University of Washington
University of Wisconsin – Madison

Training outcomes

Given our program's purpose, rich training resources and high caliber of our applicants, the five-year outcomes of our postdoctoral graduates are not surprising: 37% remain in the VA as clinical or research faculty (including a considerable number who were retained at VA Puget Sound), 27% are in tenure-track academic positions, 23% are research scientists in public & private institutions (e.g., Seattle's Group Health Cooperative, Fred Hutchinson Cancer Research Center), 9% are in independent practice (e.g., Seattle Evidence-Based Treatment Center), and 4% are in Medical School departments.

Local Information

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