Psychology Internship Program

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

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

Applications due: November 15, 2016
Information in this brochure is current as of August 1, 2016

**Accreditation Status**

The doctoral internship at the VA Puget Sound, Seattle is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the calendar year 2016.

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: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

**Application & Selection Procedures**

**Eligibility**

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

Please note that a Certification of Registration Status, Certification of U.S. Citizenship, and drug screening are required to become a VA intern. 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 internship and fit the above criteria, you will have to sign it. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. 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. Interns 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.

Application procedure
Our program utilizes the AAPI Online. Applicants are required to submit: 1) a completed AAPI, 2) three letters of recommendation, 3) a current CV, and 4) a transcript from all graduate programs attended. No additional materials are required. All application materials for the 2017-2018 year must be submitted through the APPIC portal by midnight EST on November 15, 2016.

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

The ideal candidate has demonstrated strengths in clinical work, research productivity, academic preparation, and personal characteristics related to the profession. Because our training program emphasizes a scientist-practitioner model in a public sector setting, we prefer applicants who have experience in working with complex patients, as well as a track record of research productivity. In addition to these selection factors, we like to compose our incoming class with a variety of interns: from different programs; from different geographic areas; of different demographic characteristics, backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology.

All applications are reviewed for eligibility and initial screening in the order that they are submitted. We notify all applicants as to the status of their applications by December 15. Subsequently, our Selection Committee (composed of staff and trainee representatives) closely reads all applications remaining under consideration. The Selection Committee provides multiple readings of each application as we proceed to compose our Match list.

Each year, we have many more qualified applicants than we can accommodate. For the 2016-2017 year, we received 205 applications. From the initial pool, we retain a list of approximately 50 finalists. These finalists are invited to an Open House and are included on our Match list, from which nine positions are filled.

Open House
The Seattle VA does not provide individual interviews to prospective interns. We find that the information contained in the AAPI is both comprehensive and predictive of success in our internship. We have confidence that an applicant's academic preparation and professional competencies are best demonstrated in their entire application package rather than under stressful interview conditions. At the same time, we recognize that intern applicants would want to visit a site before making their own ranking decisions. In order to accommodate applicants who wish to visit our site, we offer an Open House each year.

The Open House offers applicants an opportunity to learn about the overall internship program and the specific placement options, to tour the facility, to have questions answered, and to meet psychology staff and interns. The open house provides candidates and faculty the chance to interact and find common interests. Perhaps most importantly, it provides an opportunity to
experience the collegial atmosphere and learning climate of the program. While attendance at the Open House is not mandatory, we do expect to have some form of personal contact with applicants prior to ranking. For applicants who are unable to attend, we offer phone appointments as an alternative.

**This year’s Open House will be held on Tuesday, January 3, 2017.** This date is coordinated with other Psychology Internship Open Houses in the Northwest region, including the University of Washington. No later than early December, applicants will be notified as to whether or not they remain finalists at our site. Those who are selected as finalists are invited to attend the Open House, and may then register for that event by emailing our Training Program Coordinator, Ms. Lisa Canady, at Lisa.Canady@va.gov.

**Contacting current interns**
Current interns are one of the best sources of information about our program. We strongly encourage applicants to talk with current interns about their satisfaction with the training experience. Please contact Lisa Canady at the email address provided above, and ask to be put in touch with one or more interns who can address your questions. If you include information about your interest areas in your inquiry, it will help interns to better understand who would be best to respond.

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

**Schedule**
The internship is full time for a year beginning August 7, 2017, or immediately following the close of the APA Convention. Interns are given credit for 2080 hours of training for the full year, which is designed to meet all state licensure requirements, including those states that require a 2000-hour internship. Interns work a 40-hour week, and exceed this only in the unusual clinical situation, or by personal choice (in order to conduct dissertation or extracurricular research, or to pursue some other personal goal).

**Stipends**
By February 1, 2017, we expect VA Central Office to confirm the stipend level we will receive for the 2016-2017 internship year. While this information will be available prior to the Match Rank Order List submission deadline, at this time we cannot guarantee the exact amount of funding we will receive. VA stipends are locality adjusted to reflect different relative costs in different geographical areas. For the current year, we received nine stipends of $25,675 each.

**Benefits**
VA interns are eligible for health insurance (for self, spouse, legally married same-sex couples, and legal dependents) and life insurance, in the same manner as regular employees. As temporary employees however, interns may not participate in VA retirement programs. Unmarried partners of either sex are not eligible for health benefits.

**Leave**
Interns accrue 13 days of vacation and 13 days of sick leave in addition to 10 Federal holidays, and are granted up to 10 days of additional release time to attend professional conferences and educational programs.

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

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

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

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

The Seattle VA Psychology Service The Psychology Service is comprised of psychologists at the two divisions, under the overall leadership of the Chief of Psychology. At the Seattle Division, the psychology service currently consists of 54 doctoral-level psychologists, nine doctoral interns, and 15 postdoctoral fellows. Most psychologists work primarily as clinical providers as a member of an interdisciplinary or interprofessional team, where they provide a range of psychological services appropriate to that setting. Psychologists are located in all of the mental health and substance abuse settings, as well as in a large number of medical settings. A few psychologists devote their time primarily or exclusively to clinical research activities.

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

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

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

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

**Description of service recipients**

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

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

Training Model and Program Philosophy

Program philosophy and values

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

- **Training is based on the scientist-practitioner model.** Our program accepts the view that highly capable clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by the experience of working with patients who struggle with important human concerns and sufferings. 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 interns may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that scientists will practice with a clinical sensibility. In that regard, we do not view the scientist-practitioner model as a continuum in which clinical and research interests coalesce at different poles. Instead, we view scientific-mindedness and discipline knowledge as a critical underpinning for all activities of the health service psychologist, including those who develop careers devoted exclusively to direct clinical service.

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

- **Broad and general training is an important foundation for professional competence.** Our program is based on the view that a professional psychologist must be broadly competent before she or he can become a skillful specialist. While graduate school prepares students to master the body of knowledge and principles of psychological science, the internship year allows interns to apply this body of knowledge to new clinical situations and problems. This intensive clinical experience is designed to help interns master the common principles and practices that form the foundation of clinical patient care. Moreover, the program recognizes that a professional psychologist must be capable of thoughtfully applying psychological principles to the solution of complex problems, rather than merely applying prescribed solutions to narrowly defined complaints. In this regard, our aim is to provide training that not only prepares an intern for the problems of today, but also assists them to develop the thinking and personal skills needed to successfully tackle the problems and challenges that will arise in the course of a long professional career.
Generalist training provides a broad view of psychological practice, intended to encourage creative problem solving of real-life dilemmas, utilizing evidence-based psychological principles and good judgment. It is intended to help interns think and practice as psychologists and to prepare them for careers in a variety of settings. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves. Training is preparation for the future.

- **Training is individualized.** The internship year allows for the consolidation of professional identity, and development of Health Service Psychology (HSP) competencies. Because interns function at a more advanced level than doctoral students, 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, interns are called upon to take responsibility for many decisions that impact their learning experiences. With help from their supervisors, interns construct an individualized learning plan that identifies the goals and experiences of importance to the intern and outlines a strategy for achieving these within the framework of the program’s expected competencies and learning outcomes. As a part of this strategy, interns are responsible for selecting the clinical settings in which they will work, and the supervisors with whom they will practice.

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

- **Training is sensitive to individual differences.** Our program is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of what it is to be human-including human variations and differences. Our practice is further improved as we come to better understand the complex forces that influence a person's development, including cultural, social, historical, systemic and political factors. For these reasons, professional growth requires that we expand beyond our own vision of the world and learn to see through the perspective of others; that we continually reflect upon our own implicit and explicit biases; and that we monitor and adjust our impact on patients and other professionals 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, and some of whom are disabled as a direct consequence of social policy (e.g., combat). At the same time, for many patients, we must understand that the VA itself is an example of the societal and institutional forces that have negatively impacted their lives.

For these reasons, the training program places high value on attracting a diverse group of trainees and on maintaining a continual awareness of cultural issues that impact professional practice. The program recognizes that attracting a diverse group of interns is important in providing quality patient care, in providing a quality
educational environment, and in creating a fair and respectful work atmosphere.

- **Training prepares interns for a variety of professional roles.** Historically, assessment and intervention 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 additional array of HSP competencies, including but not limited to consultation, teaching, supervision, clinical research, administration & management, leadership, and program development & outcome evaluation. Broad training in psychology practice is the best preparation for the future.

- **Training prepares interns to assume professional responsibility.** The internship provides an opportunity for full-time involvement in a professional role that requires personal commitment. Interns are accorded increasing responsibility for decision-making during the 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 psychology training.

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

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

**Purpose and goals**

Internship provides a year of intensive, supervised clinical experience, intended as a bridge between graduate school and entry into the profession of psychology. The clinical immersion that is made possible only by an extended, time-intensive clinical experience propels the development of doctoral students in a manner that cannot be duplicated by clinical experiences of shorter duration and intensity (i.e., practicum). The degree of challenge and responsibility possible only in an immersion experience are two major factors that make an internship year the *integrative* experience that pushes doctoral students to think and act in ways that are more complex, articulated, and higher-order. While usually referred to as the “capstone” of doctoral education, internship is better described as the “keystone” -- a phrase that evokes the image of an arch, which when completed with the insertion of the final keystone, creates a bridge that links and strengthens two pillars (practice and science) that otherwise might stand alone, such that the entire archway is now an integrated whole.

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

In order to achieve this primary aim, internship training is designed to promote the development of Health Service Psychology (HSP) competencies, consistent with the Revised Competency Benchmarks and with Competency-Based Education in the health professions. (These competencies include Professionalism, Professional Relationships, Science, Application, Education, and Systems).


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

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

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

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

Program Structure

Rotation Structure  The internship year is divided into three 4-month rotations. This division of time is designed to allow for breadth of experience, while still providing sufficient time within a setting to achieve depth of experience. Since most clinical settings are available on a full-time basis, the simplest rotation schedule would consist of three different placements during the year, thereby maximizing depth of experience in each of these three settings. Currently, 24 clinical placements are available to choose from, each with different strengths and opportunities, and many having multiple supervisors with whom to work.

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

In order to further increase the range of opportunities, or to pursue a particular interest not available at the Seattle VA, interns may also complete one entire four-month rotation at the American Lake VA (located in nearby Tacoma, WA), depending on availability. Alternatively, interns may also receive training in a placement entirely outside the VA system in order to work with other populations. Such outside placements are limited to a maximum of 316 hours, usually two days per week for a four-month rotation.

The description of rotation structure might be easier to understand by reference to actual intern schedules from the past. In the first example, the intern begins the year in the PTSD Outpatient Clinic focused on Women's Programming, and then carries a handful of cases from this clinic throughout the remainder of the year, while working in two additional settings in the second and third rotations. In the second example, the intern devotes one day per week to clinical research in the first part of the year, while receiving clinical training in a variety of distinct settings, both full and part-time. In the final example, the intern focuses on clinical training and foregoes research involvement.
Intern A
1st rotation  PTSD Outpatient Clinic – Women’s Programming
2nd rotation  Spinal Cord Injury (4 days/week)
             PTSD Outpatient Clinic – Women’s continuing detail (1 day/week)
3rd rotation  Primary Care Clinic (4 days/week)
             PTSD Outpatient Clinic – Women’s continuing detail (1 day/week)

Intern B
1st rotation  PTSD Outpatient Clinic (4 days/week)
             Clinical Research (1 day/week)
2nd rotation  Spinal Cord Injury (4 days/week)
             Clinical Research (1 day/week)
3rd rotation  Addictions Treatment (half-time)
             Clinical Research (half-time)

Intern C
1st rotation  Addictions Treatment (full-time)
2nd rotation  Primary Care Mental Health Integration (full-time)
3rd rotation  PTSD Outpatient Clinic (half-time)
             Intensive Outpatient Program (half-time)

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

One of our nine internship positions comes from specialized Central Office funding designed to provide training in addictions treatment within the Center of Excellence for Substance Abuse Treatment and Education (CESATE). These special funds require that the equivalent of three full-time interns receive training in substance abuse services and/or research over the course of the year. Because the Addictions rotations have consistently been popular selections, interns have always fulfilled this funding obligation by voluntary selection of rotations. Thus, practically speaking, history suggests that this one encumbered position will likely have little or no impact upon your choice of rotations. However, in the unexpected case that this obligation goes unfulfilled, the intern class would need to develop a plan to satisfy the requirement. Therefore, please be advised that submitting an application for internship indicates your willingness to accept an assignment under such circumstances.
Supervision  Training is provided through an “apprenticeship” model in which interns gain skills and knowledge by working side-by-side with supervising psychologists. All of our supervisors have major patient care responsibilities, and many of them also provide leadership in administration, training, and research. Because treatment is provided by interdisciplinary or interprofessional teams in all clinical settings, interns also have frequent and close contact with faculty and trainees from many other disciplines. This apprenticeship model allows for frequent direct observation of supervisors, as well as immediate consultation, feedback, and instruction. Interns can expect regular and intensive individual supervision that challenges them to thoughtfully examine what they do. Supervisors provide a minimum of two hours per week of scheduled, face-to-face individual supervision for each intern. Styles of supervision vary from unit to unit. By far, co-therapy and direct observation are the most common sources of supervisory information. Interns can expect that their supervisors will have plenty of opportunity to develop the sort of first-hand knowledge of their work that is necessary to provide helpful feedback and instruction. In addition, interns receive at least two more hours of supervision each week (and often, considerably more) through other structured activities, including patient care rounds, case review, post-group “debriefing”, and “on the fly” consultation (with supervisors, other psychology staff, and treatment unit staff).

Evaluation of intern progress

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

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

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

Intern self-evaluation  Interns are asked to evaluate themselves as a routine part of the evaluation process, and as a practice in developing a high-degree of professional self-reflection and awareness. At the start of the year, interns meet individually with the Training Director and with their primary supervisor to assess their prior training and to identify strengths and weaknesses that would impact their internship experience. These are subsequently addressed in the individualized learning plan (Goals) that each intern develops. As the year progresses, interns are periodically asked to evaluate their progress in terms of their original training goals, to modify their goals and activities as appropriate, and to plan for attaining these goals during the remainder of the year.
Informal evaluation  Formative evaluation (e.g., casual feedback) occurs on a regular basis. At the end of the first month, each intern meets individually with the Training Director to review their adjustment to internship, their self-assessment, and their training plan, in order to maximize the intern’s learning experience. As part of the supervisory relationship, supervisors are expected to routinely exchange feedback with interns regarding the intern’s performance, the supervision relationship and process, and other aspects of the overall learning experience. These discussions ensure that any difficulties or special training needs are identified at an early point in the internship so that remedial recommendations or assistance can be offered in a timely manner. They also provide an opportunity for on-going evaluation and improvement of the program.

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

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

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

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

Research activities  Research in the VA has always provided a valuable tool for improving patient care, and in the recruitment of clinical providers and scientific staff. Currently, more than 150 staff members at VA Puget Sound are principal investigators involved in medical and behavioral science research. We receive approximately $12 million annually in VA intramural funding and another $13 million in non-VA funds (including support from NIH, NIMH, private foundations, and biomedical and pharmaceutical industries) to support over 400 active research projects throughout the Medical Center.

While the primary focus of the internship is on the development of clinical skills and professional behavior, interns are strongly encouraged to continue some involvement in research and scholarly activities. Internship provides a unique opportunity to become involved in on-going research projects, or to generate and initiate research derived from your own clinical experience (feasible for those who wish to stay for fellowship). A number of faculty encourage and make available part-time rotations specifically focusing on research (on-going projects are likely to be at
different stages of development, including grant preparation, data collection, data analysis, and manuscript preparation). Such collaborative research efforts have led to a large number of publications and professional presentations by interns. Interns especially interested in developing research careers can take advantage of many resources associated with our postdoctoral program, including web based education, research mentoring, postdoctoral didactics, research workgroups and teaching opportunities. Because we aim to support research activities that build upon the graduate school experience, we do not provide release time for dissertation work, preferring that these responsibilities are completed prior to, or outside the internship. Interns who choose to pursue clinical research during the year can reserve one day of protected time per week throughout the year. Additionally, interns can expand this protected time in the second or third rotation by completing a half-time clinical research placement under the supervision of an individual research mentor.

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

For the 2016-2017 year, we offered 18 fellowships:
- one 1st year and one 2nd year fellowship in PTSD
- one 1st year and one 2nd year fellowship in Rehabilitation Psychology
- two 1st-year and one 2nd year fellowships in Substance Use Disorders
- one 1st and one 2nd year fellowship in Neuropsychology
- three fellowships in Primary Care / Mental Health Integration
- two fellowships in Couple and Family Health
- one fellowship (each) in Telehealth, Liver Disease/HIV, Serious Mental Illness, and Mental Health (Anxiety and Mood Disorders)

The PTSD fellowship provides 75% protected research time. All other fellowship tracks emphasize clinical training, with an allocation of 20% protected research time. For applicants with a demonstrated history of publication productivity and academic career goals, the protected research time in these tracks can be increased up to 40%. A full description is available in our Postdoctoral Fellowship brochure, available at [http://www.pugetsound.va.gov/careers/mentalhealth.asp](http://www.pugetsound.va.gov/careers/mentalhealth.asp).

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

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

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

**Addictions Treatment placements**

**Assessment, Engagement and Consultation Clinic**

**Team 1** Opioid Treatment Program

**Team 2** Mild to Moderate Co-occurring Disorders Treatment

**Team 2** Women’s Addiction Programming

**Team 4** Moderate to Severe Co-occurring Disorders Treatment

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

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

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

The following services describe the many programs in which addictions treatments are provided.
Assessment, Engagement, and Consultation Clinic (AEC). The AEC is the first contact a veteran has with ATC. The AEC provides initial assessment, screening, and treatment planning to all veterans seeking addictions treatment. The AEC “Orientation Group”, which meets twice a week, evaluates approximately 100 patients per month. During this time each Veteran is assessed by a member of the interdisciplinary team. Disposition and referral decisions are subsequently made with input from the AEC team. In addition to Orientation Group, the AEC team is responsible for inpatient and outpatient consult response, coordination of inpatient and outpatient medically managed withdrawal services, and coordination of care with other parts of the medical center. Additionally, AEC providers offer individual, group, and ongoing assessment services designed to promote engagement in substance use treatment. Interns are often a part of the assessment process, although AEC is not a primary placement.

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 substance use disorders 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 stability (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 duration of ISS treatment involvement is twenty-one days. The ISS team administratively houses 2 specialty programs, 1) Contingency management for stimulant use disorders and 2) Collaborative Addictions and Pain Program (CAPP). The contingency management for stimulant use disorders is a structured intervention that involves selective reinforcement for urine toxicology screens negative for cocaine and methamphetamine. CAPP is a multi-faceted program serving veterans with both chronic pain and addiction treatment needs in conjunction with the Pain Service. CAPP provides assessment, treatment planning, urine drug/alcohol screen monitoring, an ACT-based chronic pain group, and liaison with both Pain Service and Primary Care.

Team 1 is licensed by the federal government to provide medication assisted treatment with methadone or buprenorphine) for veterans with opioid use disorders. The team houses two clinical tracks, Clinic Based treatment and Office Based treatment, and operates its own on-site medication dispensary. Veterans in Clinic Based treatment present to the clinic dispensary for observed dosing and participate in a behavioral contingency management system based on treatment progress including the results of urine toxicology. The Office Based treatment track utilizes buprenorphine for maintenance therapy. Because buprenorphine has fewer regulatory requirements than methadone, the Office Based treatment track offers much more flexibility in treatment planning. Both treatment tracks provide psychoeducation, care coordination, health maintenance interventions, overdose education and naloxone distribution, psychiatric medication management, and both group and individual psychotherapy services. Team 1 is the only clinic licensed to provide methadone for opioid use disorders and the primary clinical team using buprenorphine, so it serves both male and female Veterans with a full range of psychiatric severities.

Team 2 (Mild to Moderate Co-Occurring Disorders Treatment) is responsible for treating veterans with a primary substance use disorder, most of whom have at least one co-occurring mental health condition. Treatment is informed primarily by principles of the Recovery and Harm Reduction Psychotherapy models. Common co-occurring conditions include PTSD, mood/anxiety disorders, and personality disorders. Team 2 also serves the needs of many legally-referred veterans (30% of referrals) since ATC is state-approved to provide legally-mandated treatment. Team 2 offers a variety of groups to match veterans’
substance-related treatment goals (e.g. abstinence, controlled use, reduced harm) and preferred level of treatment intensity. Team 2 services include several outpatient treatment tracks for patients in the early stages of treatment (1-5 days per week), as well as weekly continuing care and monthly extended care groups to assist in maintaining treatment gains. Treatment modalities include skills groups (CBT and mindfulness-based relapse prevention, motivational enhancement, substance use management), psychotherapy process groups, motivational interviewing, contingency management, care coordination, legal reporting, medication-assisted treatments for alcohol/tobacco, psychiatric medication management, and brief individual therapy. Specialty groups typically offered include PTSD skills, grief support, spirituality, and tobacco cessation. In addition to standard clinic hours, extended hour offerings (Tuesday evenings and Saturday mornings) are highly utilized by Team 2 veterans. The interprofessional Team 2 staff meetings are professionally diverse and include representation from chaplaincy as well as standard mental health disciplines.

**Women’s Programming within Team 2** provides services to women veterans with substance use and co-occurring disorders within both women-only and mixed-gender frameworks. All women veterans entering ATC are offered gender-sensitive care including initial evaluation by a female staff member, assignment to a female care coordinator and treatment in women-only groups. Women involved in gender-sensitive programming on Team 2 have co-occurring psychiatric severity ranging from mild to severe. Women-specific offerings in addition to standard Team 2 services include skills groups (DBT skills, CBT and mindfulness-based relapse prevention), psychotherapy process groups (harm reduction and continuing care), and opportunities to work with same-gender providers.

**Team 4** (Moderate to Severe Co-Occurring Disorders Treatment) provides specialized, combined treatment for veterans with both substance use disorders and significant psychiatric disorders of moderate to severe severity. This includes severe PTSD, bipolar disorder, schizophrenia and other psychotic disorders, and significant cognitive difficulties. A variety of services are offered on Team 4, including process-oriented therapy groups, skills groups (including a beginning CBT-based relapse prevention, Mindfulness-Based Relapse Prevention, an exposure-based coping with trauma group, a DBT skills group, and two introductory mindfulness groups), psychiatric medication management, urine toxicology screens, assistance with social services, crisis management, and monitoring of medication assisted treatments such as Antabuse and naltrexone. Team 4 treatment supports both abstinence-based as well harm reduction-oriented goals. Compassionately helping veterans learn how to cope with their substance use problems as well as their mental health difficulties in an integrated way is the primary mission of the Team 4 treatment team.

**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. CESATE supports one of our internship positions by granting special funds to support the training of doctoral interns in the assessment and treatment of substance abuse disorders. These special CESATE funds require that during the year, an equivalent of three full-time interns is trained in an Addictions Treatment setting. Any combination of clinical team placements described below (or research placements) can be used to fulfill the CESATE requirement.

**Supervising psychologists** in the ATC include: Carl Rimmele, PhD (Director; CAPP)); Josie Tracy, PhD (Team 2); Michelle Esterberg, PhD (Team 4); Gail Rowe, PhD (Team 4), and Ann Cotton, PsyD (Team 1). John Baer, PhD, and Eric Hawkins, PhD are researchers and educators in the CESATE, and are available as mentors and research supervisors.
Health Psychology placements

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

1. **Primary Care & Health Psychology**
   - a. Primary Care/Mental Health Integration (Primary Care Clinic)
   - b. Primary Care/Mental Health Integration (Women’s Health Clinic)
   - c. Primary Care/Mental Health Integration (Behavioral Medicine Clinic)
   - d. Home-Based Primary Care
   - e. Pain Clinic
2. **Rehabilitation Psychology**
   - a. Rehabilitation Care Service
   - b. Spinal Cord Injury Service
3. **Neuropsychology**

1. **Primary Care Psychology**
   - a. **Primary Care Mental Health Integration (PCMHI) – Primary Care Clinic.**
   
   The Primary Care Clinic is a fast-paced outpatient primary care medical setting that serves as a training site for the Center of Excellence in Primary Care Education. Psychologists and interns work in an interprofessional environment, providing consultation to primary care providers, as well as providing mental health triage and brief treatment for patients with a wide range of mental and behavioral health issues. Additionally, PCMHI includes 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 three psychologists, two psychiatrists, two nurse care managers, and additional trainees (psychology fellows and psychiatry residents).

   Primary Care patients present with a broad range of mental health concerns including trauma- and stress-related disorders, anxiety, depression and mood spectrum disorders, coping with chronic illness, psychotic disorders, chronic pain, substance abuse, relationship concerns, grief and loss, and sexual concerns. Since patients’ presenting problems encompass a wide range of concerns, interns will strengthen their diagnostic skills and learn to develop appropriate treatment plans based on their assessments. Interns 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). Interns 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 patients who are often referred following an appointment with their primary care provider. While serving in this manner, interns 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, interns will also have the opportunity to become more familiar with chronic disease conditions (e.g., diabetes, hypertension), psychotropic medications, and biological 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.

   Interns 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-deployment stressors and learning to readjust 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 interprofessional team to ensure that medical and social needs are also met.

An intern interested in this placement need not have previous experience with medical patients, but can benefit from having strong diagnostic skills, as he/she will be exposed to patients with a wide range of diagnoses and levels of functioning. Interns will have flexibility in organizing their time and priorities. There are many activities of which to take advantage, including working within a behavioral health setting, promoting the whole health of veterans, providing individual and group therapy (e.g., CBT-I, ACT-based, or Whole Health groups), interfacing with other disciplines and clinics within the VA, working with OIF/OEF Veterans, brief couples/family therapy, and teaching stress management and relaxation skills. Interns also have the option of working in a Community Based Outpatient Clinic (CBOC), which is a satellite primary care clinic established to reach veterans in more rural areas. Interns work with medical providers, learning about psychopharmacology, and various approaches to symptom management. The intern has an opportunity to experience and explore different ways of functioning as a psychologist in a medical setting and also has the opportunity to explore his or her own concepts of physical illness.

Craig Santerre, PhD is the team leader of the Primary Care Mental Health Team. Kelly Caver, PhD and Nicola De Paul, PhD are the psychologists in PCMHI. Autumn Del Fierro, PhD is a psychologist based at the North Seattle CBOC.

b. Primary Care Mental Health Integration (PCMHI) - Women's Health Clinic

The Women's Health Clinic (WHC) is a part of the Primary Care Mental Health Integration Program, and a training site of the Center of Excellence in Primary Care. WHC 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 many Veterans who have served in Iraq or Afghanistan. The clinic is staffed by an interprofessional team including internal medicine physicians, a gynecologist, nurse practitioners, other nursing staff, a social worker, pharmacist, health techs and several part time behavioral/mental health practitioners (psychologists and psychiatrist). In addition to the permanent staff, trainees from various disciplines work in the clinic and the clinic is a placement site of the Psychology Postdoctoral Fellowship in Primary Care.

The WHC embraces an integrative approach to health care in which the role of behavioral and psychological health care is valued. This is reflected in the co-located, collaborative care model of primary care mental health service in WHC. Mental/behavioral health practitioners have been integrated in Women's Health Clinic since the 1990s. Integration of services reflects the holistic model and addresses the mutually influential spheres of physical and psychological well-being.

The WHC offers the opportunity of working within a primary care setting devoted to meeting the needs of women veterans and addressing the unique needs they present. Women veterans have distinct issues and complexities that challenge traditional models of primary care mental health. Multiple trauma exposure, including childhood abuse, military sexual trauma and combat trauma, is highly prevalent in the histories of women veterans, and these histories are associated with significant physical health impairments as well as psychological sequelae. Women Veterans present with issues related to reproductive health, hormonal change over the lifespan, and stresses associated with their key roles in parenting and family relationships. The veterans referred for behavioral/mental health consultation represent a wide range of concerns including mood and trauma-related disorders, problems dealing with the health care environment and/or
procedures, somatization, chronic pain syndromes including fibromyalgia, high utilization of health care resources, relationship and/or sexual problems, gender transition issues, strained patient-provider relations, and non-adherence with health care recommendations. Veterans are also referred for adjustment to serious health problems, psychosocial losses/stressors and age-related decline.

The WHC psychologists and interns provide assessment, consultation, and intervention, including individual, family and group therapies. Psychologists in the WHC embrace technology to assist in meeting the needs of women veterans, offering individual and group mental and behavioral health services through clinical videoconferencing, telephone care and by promoting the use of personal technology to support mental health goals. Consulting to the primary care providers and clinic staff on issues of effective patient management is an important function of the psychologist. In addition, the psychologist participates in periodic Care Coordination Rounds with the WHC primary providers. This forum is used to consult with primary care providers regarding psychological factors and treatment strategies for somatic and psychological manifestations of illness and regarding the countertransference and behavioral/communications issues that arise in their practice. Because interns vary in their level of experience in primary care settings and in working with women veterans, specific training experiences are modified to address the training needs of the intern. Specific training experiences are also adjusted based on the interests of the intern.

A rotation in the WHC is available full or half-time or one day per week detail. Male interns are welcome in the clinic but Veterans’ preferences for providers would likely make a detail the most viable option for male interns. This placement offers an opportunity for interns to refine assessment and formulation skills, to hone skills for communicating effectively with medical providers, and to address the intersection of physical and mental health in consultation as well as in group, individual and couple therapies. The Pain & Health Self-Management Group, a group for women with chronic pain and other chronic health conditions, is one of the groups offered in WHC. In addition, monthly groups for transgender veterans and for cancer survivors are offered. Many interns have opted to participate in groups for women offered in MHC while rotating in WHC.

An intern especially interested in health psychology in primary care or in women’s health could maximize their learning opportunity by continuing a 4-8 hour placement through the internship year. Part time placement in WHC works well with many other rotations including PCMHI (Primary Care Clinic), PTSD Outpatient Clinic, Mental Health Clinic, Pain Clinic, Telehealth among others depending on the goals of the intern.

Mary Jean Mariano, PhD is the lead clinical psychologist in the WHC. Kelly Caver, PhD and Nicola De Paul, PhD work part time in the WHC.

c. Primary Care Mental Health Integration (PCMHI) - Behavioral Medicine Clinic

Health psychology experiences are available through the Behavioral Medicine Clinic within the Primary Care Clinic. A wide range of experiences are offered, including individual assessment and brief treatment of bio-behavioral conditions (e.g., diabetes, obesity, cardiovascular health), facilitation of interprofessional health education groups (e.g., weight management, tobacco cessation), consultation with medical staff, program development and evaluation, medical staff education (e.g., Motivational Interviewing), participating in 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. An intern can expect to gain experience applying cognitive-behavioral and motivational interviewing interventions. Interns will learn how to communicate effectively and work collaboratively with members of the interprofessional health care team, including physicians, internal medicine residents, nurse practitioners, nurses, registered dietitians, social workers, and
clinical pharmacists. Opportunities to employ treatment via telehealth are available. Didactic experiences are available through the Rehabilitation/Health Psychology didactic series, as well as biweekly journal clubs presented by physicians in the Primary Care Clinic. Administrative skills and clinical documentation are emphasized on this rotation.

Tiffanie Fennell, PhD, ABPP, is the psychologist in the Behavioral Medicine Clinic.

d. Home Based Primary Care (HBPC)
The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. Care is provided in patients’ private homes, adult family homes or assisted living facilities. The interprofessional team consists of members from the following disciplines: medicine, social work, psychology, nursing, occupational therapy/physical therapy, pharmacy and nutrition. Due to the complexity of the population served, many treatment goals can only be reached through the coordinated effort of staff from several disciplines.

The psychologist provides assessment, consultation, and intervention to individuals and families to address psychological issues that are interfering with their medical care, compromising their health status and functional capacity, and/or reducing their quality of life. Common presenting problems include grief, depression, anxiety, PTSD, and adjustment issues related to the aging process or chronic illness. The psychologist may also implement behavioral health interventions for weight loss, smoking cessation, pain management, sleep disturbance, and adherence to medication and treatment recommendations.

Within the HBPC program, trainees will have opportunities to conduct psychological/cognitive assessment, brief psychotherapy, family interventions in a non-traditional setting, and become active members of an interprofessional treatment team. Skills emphasized on this rotation include:

a) an understanding of normal functioning in aging, such as age-related changes in cognitive and physical functioning, and common developmental issues/tasks associated with aging
b) assessment of older adults through use of clinical interviewing, psychodiagnostic evaluation, brief neuropsychological screening, and evaluations of daily living skills
c) individual psychotherapy with older adults with chronic medical illnesses
d) adapting treatment approaches to fit the unique needs of the HBPC population and associated challenges of delivering interventions within a non-traditional clinical setting
e) provision of services to the family in coping with caregiver stress and addressing problems that arise during the course of a medical or mental illness, including dementia
f) integrative medicine including joint home visits, consultation, staff education, and facilitating team functioning.

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

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

Our treatment approach is based on the biopsychosocial model and our “collaborative self-management” approach to care, which emphasizes establishing a strong working relationship with patients to help them improve their own long-term function and quality of life. That model is being widely adopted as a foundation of pain education in the VA, and provides the theory behind clinical approaches unique to our program—including the provision of a pre-clinic pain education series, and the use of a co-disciplinary model of care.

Interns have the opportunity to conduct interprofessional evaluations and treatment interviews with medical providers who see patients simultaneously with psychologists. Our wide range of patients allows interns with interests in special populations to customize their caseloads. Interns will gain a working knowledge of various pain syndromes and both psychological and medical treatments for chronic pain. They also may choose to co-facilitate a variety of groups and classes, including “hybrid” telehealth programs. Interns also are encouraged to collaborate in ongoing research, quality-improvement, and program-development projects or to propose their own ideas.

Examples of training opportunities include:

- **Comprehensive Pain Clinic**: Interprofessional intake evaluations and progress visits with patients, conducted by psychologists and a Pain Clinic medical provider. Primary goals include obtaining pain and psychosocial histories, developing on-the-spot case conceptualizations, offering biopsychosocial treatment recommendations, and working with patients to set goals and monitor progress.

- **Pain Education Series**: A weekly “pain school” for patients and their families, which outlines the biopsychosocial model and seeks to motivate Veterans to engage in pain self-management strategies. The format is large two-hour interactive lectures in the VA chapel (and via telehealth), taught in tandem by psychologists and medical providers. Topics include orientation to self-management of complex chronic pain, overview of “disabling beliefs” and the “REHAB” model, what providers can do for pain, and what patients can do.

- **Pain Groups**: A rotating selection of pain groups offered in person or via telehealth to CBOCs throughout VISN 20. Recent offerings have included Acceptance and Commitment Therapy for Chronic Pain (ACTion!), Beyond Pain (in conjunction with the Addictions Treatment Center), CBT for Chronic Pain, Exploring Change for Opioid Safety, Living Well with Chronic Pain, and SAFE Pain Management.

- **Opioid Safety Program**: A comprehensive, cross-clinic program to triage and engage patients who are at high risk for misusing opioid medications or have co-occurring psychiatric or substance use disorders. Provides opportunities to work with providers and shared patients from Pain Clinic, Addictions Treatment Center, Mental Health Clinic, and Primary Care.

- **Pain Telehealth**: Remote telehealth pain services to increase access for Veterans who have challenges with travel, mobility, work schedules, or other barriers that interfere with regular treatment attendance.

- **Telepain**: National pain didactics and case consultation delivered by VTel, and co-led by pain experts at University of Washington, VA Puget Sound, and Department of Defense.

- **American Lake Pain Clinic**: Multiple meetings and discussions that offer additional
opportunities for supervision and learning, including the recently CARF-accredited outpatient and residential Functional Restoration Programs.

- Opiate Safety Review Board (OSRB): A hospital-wide committee that meets monthly to review complex Veteran cases that involve opioid medications, and provide recommendations for safe pain management.
- Pain Procedures: Observation of biomedical procedures for treating chronic pain (e.g., injections, medical branch blocks, radiofrequency ablations, peripheral nerve blocks, spinal cord stimulator trials, acupuncture).
- e-Consults: Collaboration with medical staff to review medical records and respond to electronic consults with pain-management recommendations.

Tony Mariano, PhD, Ryan Henderson, PhD, and Lisa Glynn, PhD, are the psychologists in the Pain Clinic.

2. Rehabilitation Care Service (RCS)
   a. Rehabilitation Care and the 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 amputations. Psychologists and interns are appreciated members of interdisciplinary teams, providing an array of neuropsychological and diagnostic assessment, group and individual psychotherapy, and team training and consultation. RCS includes a 12-bed inpatient acute rehabilitation unit, the Center for Polytrauma Care, as well as several large specialty outpatient clinics, focusing on conditions such as Multiple Sclerosis, Stroke, TBI, and limb loss.

Research and clinical work are frequently blended in RCS, and several of the training faculty members are involved with significant research activities. The Rehabilitation Care Service (RCS) is home to two national Centers of Excellence within the VA system -- the Multiple Sclerosis Center of Excellence and the VA RR&D Center of Excellence in Limb Loss Prevention and Prosthetic Engineering.

RCS is also home to one of 20 national Polytrauma Network Sites - the Center for Polytrauma Care - which is a rehabilitation team dedicated to caring for Veterans who are returning from the Middle East with multiple injuries. Most commonly, psychology interns will work with 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.

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

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 include neuropsychological assessment and rehabilitation psychology interventions, which are offered in both individual and group formats. This rotation provides an
opportunity to hone assessment skills, as psychologists provide neuropsychological evaluation services for a wide variety of patients; such evaluations can range from brief cognitive screening to full neuropsychological battery approaches. Second, individual therapy is available, usually offered in a brief therapy model but available for longer-term interventions as indicated. Psychologists in RSC provide empirically supported treatments Veterans with physical injuries and comorbid PTSD or mood disorders. Third, several structured groups [e.g., Cognitive Rehabilitation] and ongoing groups (Amputee support group) are offered. Finally, psychologists are present in the various specialty medical clinics and provide consultation to patients and medical staff. Trainees are welcome to participate in any of these assessment or treatment activities.

Interested interns need not have had previous experience in a rehabilitation setting, but strong assessment and general clinical skills are helpful. This rotation is offered as a full-time clinical rotation. Approximately fifty percent of interns who complete this rotation go on to accept local post-doctoral fellowships in Rehabilitation Psychology. Interns who are particularly interested in Rehabilitation may also participate in a number of research initiatives on this service as part of a full-time rotation, or as part of a research detail. Interns may also elect to participate in a neuropsychological assessment detail. There is also weekly specialized didactic focusing on Rehabilitation and Health Psychology; all interns are invited to attend whether or not they are currently doing a Rehabilitation rotation.

Related to this rotation, interns who are interested in a year-long detail can participate in a 2-day training that will prepare them to facilitate structured classes in chronic pain management. These classes are offered within the context of an NIH trial. Three types of classes are offered: hypnosis, meditation, and self-management.

Aaron Turner, PhD, ABPP, Rhonda Williams, PhD, ABPP, and Jennifer Bambara, PhD, ABPP are the psychologists on this service.

b. Spinal Cord Injury Service
The Spinal Cord Injury Service (SCIS) consists of a 38-bed inpatient unit for veterans with spinal cord injuries, as well as an outpatient clinic serving over 600 active patients in 5 states. 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 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. Interns 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. Interns have the opportunity to facilitate a weekly support group for veterans with SCI in addition to forming individual and family therapy relationships. This rotation is an immersion experience focused on disability response from a personal and societal perspective. The work setting is very dynamic, and a psychology intern takes a leadership role in helping Veterans with both recent and remote spinal cord injuries get the most from medical care. Most interns have the opportunity to provide assessment and treatment to newly injured patients, who are followed closely throughout initial rehabilitation. The Spinal Cord Injury and Disorders Service takes on primary care for all SCI patients in the VA, making this rotation exemplary in providing training in interprofessional medical care. Skills in interprofessional care can be generalized to any work setting in the new health care economy,
There are a variety of educational opportunities available on the unit related to the medical and psychosocial aspects of spinal cord injury. Also, interns are encouraged to attend a monthly Rehabilitation Psychology journal club. Prospective interns need not have prior experience in a rehabilitation setting; however, prior assessment experience and good clinical skills are helpful. Supervision occurs in a collegial relationship designed to challenge the intern in areas of their choice. Interns may also choose to participate in several research projects on this rotation, and there are opportunities to participate in the hospital ethics consultation service. Seventy-five percent of interns who have completed this rotation have gone on to accept post-doctoral fellowships in rehabilitation psychology. A rotation in Spinal Cord Injury Service is available on a full or half-time basis.

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

3. Neuropsychology
The Seattle VA offers neuropsychological services in numerous settings throughout the hospital, allowing in-depth training in neuropsychological assessment, cognitive rehabilitation, and provision of psychoeducation regarding cognitive changes to Veterans and their family members. Comprehensive neuropsychological evaluations and cognitive rehabilitation services (both group based and individual) are available through the neuropsychology clinics located in the Mental Health Service (MHS) and Geriatrics Research, Education, and Clinical Center (GRECC). A wide range of patients are seen in these clinics, with a primary focus on individuals with cognitive changes secondary to acquired neurologic injury or illness, psychiatric disorders, and neurodegenerative disorders. Prior experience in neuropsychological assessment is recommended for these rotations, but exceptions may be made on a case by case basis after discussion with a neuropsychology supervisor. Additional training in neuropsychology is available through the Polytrauma Clinic and Spinal Cord Injury Unit rotations. A combination of these rotations would meet Division 40 guidelines for training in clinical neuropsychology; interns interested in this path are encouraged to consult with the training director and one or more of the neuropsychology faculty during internship orientation week in order to create a rotation schedule that meets these guidelines as well as their personal training goals. Finally, interns may also participate in the neuropsychology didactic and case conference series throughout the year.

Clinical neuropsychologists at the Seattle VA are Pamela Dean, PhD, ABPP-CN (MHS), Kati Pagulayan, PhD (MHS) and Emily Trittschuh, PhD (GRECC).

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

PTSD Outpatient Clinic (POC)
The PTSD Outpatient Clinic (POC) provides outpatient treatment of patients who can profit from brief and long-term treatment of PTSD and co-occurring disorders. It is the largest and most active outpatient PTSD clinic in the nation. 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
services for other sources of military-related PTSD (e.g., military sexual trauma, medical trauma). Interns can receive focused supervision in evidence-based individual psychotherapies, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Motivational Interviewing/Enhancement, Dialectical Behavior Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), Acceptance and Commitment Therapy (ACT), and Behavioral Activation (BA). Services offered by the clinic include individual, couple and group therapy. Groups include a wide array of evidence-based approaches (including MBCT, ACT, BA, DBT skills, CBT, ME), interpersonal psychotherapy groups, dual disorder groups for PTSD/SUD patients, case management groups for the chronically impaired patient; time-limited, topic-focused groups; and an array of health behavior and ‘complementary medicine’ groups. The POC primarily serves Vietnam and Iraq/Afghan Veterans, though special services are also available for Gulf War, Korean War and WWII Veterans, former POWs and Veterans with non-combat, military-related PTSD (e.g., Military Sexual Trauma).

**Women's Programming within the POC** serves women Veterans with military-related PTSD and co-occurring conditions within a women’s only and mixed gender framework based on patient preference. The majority of women Veterans served within POC have experienced military sexual trauma (MST), though many of these women also have experienced duty-related trauma (combat, nursing or medical trauma), as well as other types of interpersonal trauma (e.g., childhood sexual and/or physical abuse, domestic violence). Therapy services and intern opportunities are consistent with those noted above with this population. Women’s only group therapy offerings include a wide array of evidence-based approaches (Acceptance and Commitment Therapy, Mindfulness, Behavioral Activation, Cognitive Processing Therapy, Dialectical Behavior Therapy) as well as case management and health behavior/complimentary medicine groups.

The POC clinic staff consists of psychologists, psychiatrists, social workers, and nurses. A rotation in the PTSD Outpatient Clinic provides an intern with the opportunity to participate in all the functions of the psychologist, including individual, couple and group psychotherapy, psychological assessment, case management, team consultation and treatment planning. This placement is offered as a full-time, half-time, or detail placement.

David Pressman, PhD is the Team Leader of the PTSD Outpatient Clinic. Katherine Hoerster, PhD, MPH, Jane Luterek, PhD, and Scott Michael, PhD are psychologists in the POC.

**Mental Health Clinic (MHC)**

The Mental Health Clinic (MHC) offers outpatient mental health care for a broad range of problems and utilizes a variety of evidence-based treatment approaches. The interprofessional team consists of psychologists, social workers, psychiatrists, psychiatric nurses, a peer support specialist, and various trainees. The MHC psychology staff has experienced a dramatic expansion in the last few years and we are now one of the largest groups of psychologists practicing at the Seattle VA, with a corresponding wealth of expertise.

Given that we see the majority of patients within the Mental Health Service, our patients are the most diverse in presentation and provide trainees with the opportunity to obtain generalized training in outpatient mental health and/or to create a specialized curriculum in one or two particular areas (see below). Patients come to us with a range of clinical presentations, including: mood and anxiety disorders, serious mental illness, psychotic spectrum disorders, PTSD (commonly resulting from sexual assaults, childhood abuse, and motor vehicle accidents), personality disorders, as well as somatic and substance use disorders. Veterans typically get referred to the MHC from programs such as the Psychiatric Emergency Services (PES), the Intensive Outpatient Program (IOP), or through their primary care provider (PCP). Once the patient is referred, they are seen through the Triage and Rapid Evaluation Clinic (TREC), which is designed to help Veterans quickly access mental health services and receive a comprehensive
intake aimed at clarifying diagnostic concerns, assisting with initiation of psychiatric medications, and initiating the treatment planning process.

Because of the highly diverse patient population seen in MHC, our menu of services is necessarily quite comprehensive. We offer a wide variety of groups that range from evidence-based manualized treatments that target specific skills and/or disorders (ACT; DBT skills training; CBT; CPT (and CPT-C); Unified Protocol for Transdiagnostic Treatment of Emotional Disorders; Exposure and Response Prevention for OCD; Problem-Solving Therapy for Depression in Older Adults; Attention Skills for ADHD; CBT for Insomnia) to more general skill building, health behavior change, and peer support (Health and Wellness; Transgender Support Group; Taking Steps to Decrease Health Risks). MHC offers individual psychotherapy in a variety of evidence-based approaches including CBT, CPT, PE, Behavioral Activation, Functional Analytic Psychotherapy, ACT, DBT, Motivational Interviewing/Enhancement, Present-centered Therapy, and Interpersonal Therapy. Couple therapy is also offered via Integrative Behavioral Couple Therapy and Cognitive Behavioral Conjoint Therapy for PTSD. Interns are encouraged to select psychotherapy cases according to their training goals.

**Geropsychology Programming:** Recognizing the growing population of Veterans over the age of 65, the MHC has developed services specifically designed to meet the needs of older Veterans. Interested interns have the opportunity to gain experience in the following areas: 1) Comprehensive mental health, cognitive, behavioral and functional assessment with older Veterans, 2) Evidence-based interventions for older adult patients with interacting psychiatric, medical and psychosocial problems, and 3) Consultation across disciplines. Interns can participate in the Geriatric Mental Health Consult Team, an interdisciplinary team that meets weekly to consult on complex geriatric patients. Common clinical issues addressed in individual psychotherapy include depression, anxiety, grief, PTSD, memory loss, caregiver support, adjustment to disability, and end-of-life concerns. There are also opportunities for participation in program development.

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

Psychology interns have the opportunity to become involved in all aspects of patient care. Opportunities include: psychodiagnostic assessment, evidence-based individual psychotherapy, group psychotherapy, couple therapy, case management, treatment planning, consultation, program development, and quality improvement projects. This rotation is offered as a full-time, half-time, or detail placement.

Kendall Browne, PhD, Mark Engstrom, PhD, Marketa Krenek, PhD, MaryJean Mariano, PhD, Clair Rummel, PhD, Catherine Wallace, PhD, and Samantha Yard, PhD, are psychologists in the Mental Health Clinic.

**Telemental Health Program (TMH)**
Technology is expanding the ways in which the VA may reach out to Veterans with mental health needs. The Puget Sound Healthcare System Clinical Video Teleconferencing (CVT) team provides outpatient mental health care to Veterans served in rural VA community-based outpatient clinics (CBOCs) and Veteran residences. The program aims to increase access to mental health primary care and specialty care in rural and underserved areas, and to reduce the number of miles that Veterans must travel to receive mental health services. Using secure
videoconferencing technology, the CVT team connects mental health providers to clinics that require additional services for their patients, including consultation, initial patient assessments, individual psychotherapy, group psychotherapy, and specialized interventions (e.g., evidence-based therapies, others). Commonly requested services include brief intervention, Prolonged Exposure, Cognitive Processing Therapy, ACT, CBT, and others. The CVT provider collaborates with the patient’s other, local providers to ensure quality comprehensive care. CVT providers also deliver care into Veterans’ residences via video teleconferencing. Because the CVT team serves an array of different clients with variable clinical needs, the placement may align with a diversity of training goals.

In addition to these clinical opportunities, an intern would have the option of contributing to several ongoing educational, administrative, quality improvement and research projects. 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. Interns will receive training in the technology used in telemental health, as well as specialized clinical and programmatic considerations for this mechanism of service delivery. Interns may participate in an interdisciplinary group supervision that addresses ethical considerations in telehealth.

Meghan McGinn, PhD and Sari Gold, PhD are psychologists on the service. TMH program staff also includes ancillary psychologists and psychiatrists.

Family Therapy Program
The Family Therapy Program (FTP) is a specialized service that provides treatment for veterans with their partners and/or families. Couples and families seen in the FTP are referred from other mental health programs, medical clinics, and inpatient units across the facility. At least 90% of the cases treated within this program involve couple therapy. The FTP treats couples struggling with a wide range of difficulties, including PTSD and other mental health conditions, adjustment to life cycle and role changes, medical comorbidities, infidelity, parenting stress, sexuality, and post-deployment readjustment, for example. The treatment orientation is based on integrative behavioral and family systems approaches. Interns can focus their entire rotation on learning Integrative Behavioral Couple Therapy (IBCT, Jacobson and Christensen), an evidence-based couple therapy that combines traditional behavioral approaches with acceptance based strategies. Interested interns may also have the opportunity to receive training in Cognitive Behavioral Conjoint Therapy for PTSD, a couples-based PTSD treatment. Other services offered through the FTP include educational groups and classes for relatives and friends of Veterans experiencing PTSD and other mental health issues. These include: PTSD 101 for Family and Friends; Support and Family Education (SAFE) group; a couples skills group; parenting classes; and a support/education group for spouses of Veterans with PTSD. Telemental Health (TMH) is an option for delivery of our services, including both couple therapy and groups.

Interns in FTP receive didactic and experiential training and supervision in family and couples interviewing, assessment, and therapy. Interns may also elect to co-facilitate the aforementioned groups. There are program development opportunities available for those who would like to further expand our services. The FTP also offers a quarterly didactic series to outpatient mental health clinics, for which interns are welcomed to develop curriculum.

Interns will attend a weekly FTP team meeting. In addition, they elect one of three pathways, dependent upon the supervisor of choice. This will include functions on one of three separate teams. These pathways include:
1. Electing Dr. Peter Fehrenbach as the supervisor, and participating in the PTSD Outpatient Clinic (POC) team meetings and consultation groups.
2. Electing Dr. Meghan McGinn as the supervisor and participating in the Telemental Health
Program (TMH) team meetings, while emphasizing couple therapy both live and via telehealth.

3. Electing Dr. Catherine Wallace as the supervisor and participating in the Mental Health Clinic (MHC) team meetings and consultation groups.

Interns will pick up cases through the FTP team meeting and/or directly from the second team meeting that they attend (POC, TMH, and MHC). The Family Therapy Program is available as a half-time rotation. During the first rotation, the other half of the intern’s time will be spent fully immersed in one of the three aforementioned clinics (POC, TMH, MHC), dependent upon the supervisor chosen. For the second and third rotations, interns may elect to combine FTP with another half-time rotation.

Peter Fehrenbach, PhD, Director of the Family Therapy Program and the Lead Consultant for the VA national dissemination of IBCT, is the supervising psychologist in FTP. Meghan McGinn, PhD, is a staff psychologist in FTP and the Telemental Health Program. Catherine Wallace, PhD is a staff psychologist in FTP and Mental Health Clinic. The FTP also includes two postdoctoral Fellows in Couple and Family Psychology.

Serious Mental Illness Emphasis
The Seattle VA offers internship training in a wide variety of settings that serve Veterans with serious mental illness (SMI; i.e., chronic mental health conditions that result in substantial functional impairment). The SMI training emphasis is designed to offer a range of experiences to assist in the development of a number of core professional competencies. A primary goal for the SMI training experience is to assist interns in further developing their skills in providing evidenced-based treatments to Veterans with serious and persistent mental illnesses. Interns will engage in recovery-oriented care that involves assessment and treatment planning, individual and group psychotherapy, case management, and psychoeducation. Further, interns may elect to take part in an SMI didactic series, participate in leadership activities on interprofessional treatment teams, or assist in a number of program development/research opportunities.

The SMI training experience is designed to accommodate psychology interns with a range of prior experience in working with serious mental illness, and has the flexibility to be adapted according to the psychology intern’s level of interest in gaining breadth and/or depth to SMI. For example, interns interested in a full immersion experience may spend the entire year rotating through each of the SMI training rotations; alternatively, interested interns might choose to incorporate one of the SMI rotations into a more diverse training year. During the internship orientation week, interns may work with the Internship Training Director and consult with one or more of the SMI program supervisors to develop a rotation schedule that meets their personal training goals for the internship year.

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 4 week program that provides assessment, evidence-based individual and group therapy, medication management, and case management services. Veterans in the IOP present with a wide range of difficulties including depression, PTSD, 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 interprofessional, consisting of psychology, psychiatry, and social work.
Psychology interns are involved in all aspects of care and have many opportunities including: individual and group psychotherapy, diagnostic evaluation, crisis intervention, case management, team consultation, treatment planning, and program development and evaluation. Interns are exposed to several EBPs on this rotation including CBT, DBT, and ACT. Due to the fast pace and complexities of a short-term treatment program, IOP is recommended as a full-time rotation. Depending on an intern’s training goals, a half-time IOP rotation may be combined with a half-time Psychosocial Rehabilitation and Recovery Center (PRRC) rotation, which would provide the intern with a view of both intensive and long-term treatments for individuals with serious mental illness. Additionally, interns interested in gaining some experience in acute care settings could spend a portion of the rotation working on the High Intensity Psychiatry Unit.

**Supervisors:** Kristen Strack, PhD is a psychologist and team leader in IOP. Jessica Brand, PhD is a psychologist in IOP.

**High Intensity Inpatient Psychiatry (7West)**
The High Intensity Psychiatry unit is available only in combination with an IOP rotation. An intern completing an IOP rotation may choose to spend a portion of their rotation on the inpatient psychiatry unit, receiving adjunctive supervision from a full-time social worker on the inpatient unit. 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. Many of the Veterans admitted to the unit are considered voluntary admissions, however at any given time there may be Veterans on involuntary treatment holds. The average length of stay is 6-10 days. 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. Interns interested in this experience may choose to participate in a wide variety of activities for up to one day per week. This could include limited assessment, leading and/or co-leading a variety of psychotherapy groups, brief individual therapy, and assisting with case management efforts. Interns will participate and consult with psychiatrists and other treatment providers regarding patient care, and may assist in treatment and/or discharge planning.

**Supervisors:** Heather Sones, PhD is the psychologist on 7W.

**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 patient 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/symptom severity (e.g., schizophrenia spectrum disorders, bipolar disorders, depression, PTSD, social anxiety disorders, chronic suicidality) and a range of education, socioeconomic, and ethnic backgrounds. The PRRC provides evidence-based individual and group psychotherapy, case management, psychiatric care, and vocational counseling. Interns will have the opportunity to gain clinical experience in the following evidence-based treatments for SMI: Cognitive Behavioral Therapy for Psychosis, Social Skills Training, Illness Management and Recovery, Cognitive Processing Therapy, and Acceptance and Commitment Therapy. Additional group offerings include CBT for Bipolar Disorder, Managing Anxiety, Positive Emotion Interventions, and Smoking Cessation. In addition to more symptom-based interventions, the PRRC offers a variety of groups with the goal of developing and maintaining mental health recovery and general wellness including, mindfulness, skills for managing chronic medical conditions, cognitive skills training, interpersonal effectiveness skills, peer support, goal setting, and community engagement. Interns are also
encouraged to contribute to PRRC programing by developing new group offerings in their areas of expertise. PRRC is an interprofessional team consisting of psychology, social work, addiction therapy, and peer support. A rotation in the PRRC will provide an intern with opportunities to participate in all the functions of the psychologist, including individual and group psychotherapy, psychological assessment, case management, team consultation and treatment planning.

**Supervisors:**  Chris Miller, PhD, Kristen Strack, PhD and Janelle Painter, PhD are psychologists in PRRC.

**Addictions Treatment Center (ATC) Team 4 (also described above)**
Team 4 treats patients with high psychiatric severity. This team provides specialized combined treatment for dual-disordered veterans—those with both substance use disorders and significant psychiatric disorders that are significantly impairing and likely contributing to substance use difficulties. A variety of services are offered including process therapy groups, skills groups, psychiatric medications management, urine toxicology screens, assistance with social services, crisis management, and monitoring of Antabuse and other medications.

**Supervisors:**  Michelle Esterberg, PhD and Gail Rowe, PhD are psychologists on Team 4.

**Additional SMI program opportunities**

**Didactic Series:** The SMI didactic series is a bimonthly meeting devoted to issues related to assessment and treatment of individuals with serious mental illness (offered on even months). Each didactic seminar is led by providers with expertise in conditions often associated with SMI (e.g., suicidality, trauma, barriers to accessing care, medication compliance), 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. Interested interns may elect to lead or co-lead a didactic seminar on a topic of their choice.

**Quality Improvement and Research Opportunities:** A variety of Quality Improvement (QI) projects are active amongst supervisors in the above rotations. Interns can be involved in existing projects or propose new projects while involved in these rotations. QI projects can be short-term in nature (e.g., one rotation) or can extend for the entire training year (e.g., a clinical detail). Current QI projects include:
- Program evaluations of IOP and PRRC
- Needs assessment of telemental health services for Veterans with SMI
- Improving engagement of under-served Veterans with SMI in the mental health service
- Providing PTSD EBPs for Veterans with psychosis

Interns can also elect to devote a percentage of time to research activities and can collaborate with researchers within the hospital on current projects. A recent example of this is a project examining factors related to high inpatient service utilization among Veterans with SMI and co-occurring Substance Use Disorders.

**Summary of clinical placements**  To summarize the previous descriptions, 20 placements are currently available. Each placement is for a four-month period, and may be full-time, half time, or one-day per week, depending on setting. Additionally, many of these settings provide research opportunities and training.

**Substance Use Disorders**
Assessment, Engagement and Consultation Clinic (AEC)
Addictions Treatment – Team 1 (Opioid Treatment)
Addictions Treatment – Team 2 (General SUD)
Addictions Treatment – Team 2 (Women’s programming)
Addictions Treatment – Team 4 (Co-occurring disorders)

Health Psychology
Primary Care Mental Health Integration – Primary Care Clinic
Primary Care Mental Health Integration – Women’s Health Clinic
Primary Care Mental Health Integration – Behavioral Health Clinic
Home Based Primary Care
Pain Clinic
Rehabilitation Care – Inpatient
Rehabilitation Care – Outpatient
Rehabilitation Care – Polytrauma Clinic
Spinal Cord Injury Service
Neuropsychology

Mental Health
PTSD Outpatient Clinic
PTSD Outpatient Clinic – Women’s programming
Mental Health Clinic
Mental Health Clinic – Women’s programming
Telemental Health
Family & Couples Therapy
Intensive Outpatient Program
High Intensity Inpatient Psychiatry (7West)
Psychosocial Recovery and Rehabilitation Center

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

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

Competency Domain I. Professionalism
Interns should demonstrate continued growth in professional development and identity over the internship year, and conduct themselves with decorum and integrity. In accordance with their advanced training, interns should assume increasing professional responsibility for patient care, consultation, and teaching activities. They should demonstrate knowledge in ethical, legal, professional standards, and cultural issues, and conduct themselves in accordance with these principles throughout their practice. Interns 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**
Interns 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**
Interns 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 base. They should demonstrate intermediate to advanced discipline-specific knowledge and apply it readily and effectively through evidence-based practice. Interns, either during the internship 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. Interns should demonstrate knowledge of, and sensitivity to, ethical, legal, and cultural issues in the conduct of research. Interns 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**
Interns 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 knowledge of current ethical and professional standards. The intern may demonstrate advanced skill in assessment by providing consultation and/or instruction to other providers. Interns 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.

Interns should demonstrate the ability to work effectively with diverse populations, and provide appropriate intervention in response to a range of presenting problems and treatment concerns. Interns 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. Interns 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**
Interns 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. Interns 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. Interns 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**
Interns should demonstrate 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. Interns 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.

**Facility and Training Resources**

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

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

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

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

**Administrative Policies and Procedures**

**Disclosure of personal information** Our privacy policy is clear: we will collect no personal
information about you when you visit our website. Enrollment in the training program does not
require disclosure of sensitive or personal information.

**Due Process Procedures**

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

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

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

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

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

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

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

Any findings resulting from a review of an intern grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Director of Psychology Service for appropriate personnel action.

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

Probation and termination procedures

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

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

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

The Training Committee may require the intern to take a particular rotation, or may issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.

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

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

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

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

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

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

The decision for credit or no credit for an intern on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract.
An intern may appeal the Training Committee’s decision to the Director of the Psychology Service. The Service Director will render the appeal decision, which will be communicated to all involved parties, to the Training Committee, and to the DCT of the graduate program.

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

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

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

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

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

Training faculty

The psychology staff at the Seattle VA is committed to excellence in patient care, research and training. Our 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 Health Research Scientist with Health Services Research and Development, and a Research Professor Emeritus 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 adjustment to chronic disabilities and currently conducts brief outpatient neuropsychological assessments as well as provides individual and group psychotherapy. Her intervention approaches are guided by empirically supported treatments, including Cognitive-Behavioral Therapy, Behavioral Activation, Acceptance and Commitment Therapy, Motivational Interviewing and Problem-Solving Therapy techniques to promote mood management, pain management, and optimize response to disability 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 and her internship at the Portland VA in 2013. She completed 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. 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. Her 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. Dr. Brand is licensed in the state of Washington and 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 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). She is the Principal Investigator of a University of Washington Alcohol and Drug Abuse Institute grant aiming to characterize cannabis use in Veterans with PTSD. This study is utilizing a mixed methods approach incorporating an online survey, daily symptom and use monitoring (i.e., interactive voice response), and in-depth qualitative interviews. She is also a Co-Investigator on
a Department of Defense (DoD) funded multi-site trial examining a brief transdiagnostic intervention for trauma-related guilt. Dr. Brown is available to supervise research details.

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 two groups in PCC: a brief anxiety and depression group based on the Unified Protocol and an ACT-based Chronic Pain group in the PCC. Her theoretical orientation is primarily cognitive-behavioral and her clinical interests include anxiety disorders, depression, PTSD, chronic pain, smoking cessation, interpersonal skills, and multiculturalism. Dr. Caver is licensed in the state of Washington. She has completed national VA evidence-based programs in Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Chronic Pain.

Ann J. 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. She is a front line clinician on the team after serving as its Team Leader for 8 years. 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.

Pamela Dean, PhD, ABPP is a clinical neuropsychologist in the Mental Health Service and an Acting Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. She received her PhD in Clinical Psychology from Gallaudet University in 2010 after completing her internship at the Tampa VAMC 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. She utilizes a hypothesis driven approach with a focus on the diagnostic or evaluative properties as well as functional recommendations to benefit the patient, family, and his/her providers. 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. Most recently, Dr. Dean has been working on a collaborative research project between the Mayo Clinic and the University of Washington investigating a behavioral management approach to patients with Mild Cognitive Impairment and their caregivers. 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 several committees for the American Academy of Clinical Neuropsychology. She also is a practice sample reviewer for the board certification process for the American Academy of Clinical Neuropsychology.
Nicola De Paul, PhD is a psychologist in Primary Care Mental Health Integration in the Primary Care Clinic (PCC) 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 collaborative care, conducting triage, assessment, and brief individual and group psychotherapy for Veterans receiving care in the PCC and WHC. Her theoretical orientation is primarily cognitive-behavioral with an emphasis on motivational interviewing and mindfulness based interventions. She collaboratively developed the trans-diagnostic Whole Health group and has worked to adapt the Whole Health curriculum for VA employees. She is also involved in quality improvement projects focused on employee wellness in PCMHI. She is the Telemental Health Champion for PCMHI Seattle. In this role she is interested in providing staff training in telehealth modalities, promoting technological innovation within PCMHI, and promoting increased access to treatment for rural and under-served Veterans.

Autumn del Fierro, PhD is a psychologist on the Primary Care-Mental Health Integration team (PC-MHI) 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 Mental Health Clinic and the PTSD Outpatient Clinic and a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. He completed his PhD in Clinical Psychology from the University of Illinois at Chicago in 2008, his internship at the Seattle VA in 2008, and his Postdoctoral Fellowship in Rehabilitation Psychology at the University of Washington in 2009. Early professional interests included community psychology, qualitative research, adjustment to disability, and the phenomenology of hope and posttraumatic growth in marginalized populations. Currently Dr. Engstrom has particular interests in the delivery of evidence-based treatments for PTSD, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Adaptive Disclosure. He is also interested in transdiagnostic and integrative assessment and treatment approaches for heterogeneous outpatient populations. Additionally, Dr. Engstrom is a leading member of our DBT skills programming in outpatient mental health clinics, and co-facilitates DBT Skills groups in both the Mental Health Clinic and the PTSD Outpatient Clinic. He also has several years of VA experience providing individual and group psychotherapy via telemental health, including individual PE and CPT, and group-based CBT. Dr. Engstrom is nationally certified within VA as a provider for CPT, PE, and individual and group Cognitive Behavioral Therapy (CBT). Dr. Engstrom is licensed in the state of Washington.

Michelle Esterberg, PhD, MPH is a psychologist in the Addictions Treatment Center (ATC) and Team Leader of Team 4, the Co-Occurring Disorders treatment team. She earned her PhD from Emory University in 2011. 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, facilitating integrated tobacco cessation programming, 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. Dr. Esterberg is a VA-certified provider of both Acceptance and Commitment Therapy for Depression (ACT-D) and Prolonged Exposure (PE) therapy for PTSD. 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 couples and 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 dissemination training in Integrative Behavioral Couple Therapy. He also chairs the Northwest region’s (VISN 20) Family Services Workgroup. Dr. Fehrenbach has been active in the Washington State Psychological Association for a number of years, formerly serving as President of the WSPA.

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 Psychology and is a Certified Diabetes Educator (CDE).

Sergio Flores, PsyD is a 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 theoretical orientation is informed by evidence-based treatments and primarily draws from Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Motivational Interviewing techniques. He is also a Contingency Management clinician in ATC and is certified to provide iCup point-of-care testing services.

Lisa Glynn, PhD is a 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. She is licensed in Washington. Her clinical work includes providing direct service to Veterans with chronic pain, serving as the lead of the Pain Telehealth program for Veterans within VISN 20, educating primary care providers through the Pain Mini-Residency program, 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) and Motivational Enhancement Therapy (MET) 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 also provides training and consultation to VA clinicians through the MI/MET evidence-based practice rollouts.

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 at North Seattle Community Based Outpatient Clinic. 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 assessment and treatment for individual patients as well as family therapy and group therapy. Her theoretical orientation is rooted in Phenomenological Theory and Existentialism. Dr. Greenberg is certified in CPT for PTSD. She uses CBT, MI and Mindfulness-based strategies as well as hypnosis in her clinical work. She also has training and expertise in family therapy.

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.

**Marketa Krenek, PhD** is a graduate psychologist serving as the PTSD-SUD Specialist for the Seattle Division of VA Puget Sound. In this role, she facilitates integrative care groups and provides individual therapy in both the Mental Health Clinic and the Addictions Treatment Center for Veterans with co-occurring PTSD and substance use disorders. She also acts as a liaison between these two clinics. She is an Acting Instructor/Senior Fellow in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Krenek received her PhD in Clinical Psychology from Syracuse University in 2014. 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. Krenek’s clinical and research interests include the use of Motivational Interviewing and other person-centered approaches for the treatment of substance use disorders, other health risk behaviors, and their co-occurring conditions, such as PTSD. She is VA Certified in Cognitive Processing Therapy. Dr. Krenek’s research background includes evaluating determinants of treatment outcome among Veterans with co-occurring substance use disorders and PTSD, and she has an interest in the application of advanced statistical techniques.

**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 underway. She also has a dataset focused on transgender Veterans. Dr. Lehavot is
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. She is a VA certified provider of both Prolonged Exposure and Cognitive Processing Therapy. Her clinical interests involve using acceptance- and mindfulness-based practices (e.g., Acceptance and Commitment Therapy, Dialectical Behavior Therapy) as well as evidence-based practices for treating Veterans with PTSD (and associated sequelae) drawing on a contextual behavioral theoretical framework.

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 served on a national VA expert panel on Primary Care MH Integration services for women veterans and continues to work with national leaders to develop programming and training in service of addressing the unique needs of women veterans in Primary Care MH Integration. Dr. Mariano has special interest in biopsychosocial models of health and illness, 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, including: the 2006 APA Division 18 award for Outstanding Training Director; the 2010 Distinguished Psychologist Award from the Washington State Psychological Association; the 2012 VA national David M. Worthen Award for Educational Excellence; the 2014 Antonette and Robert Zeiss Award for Contributions to VA Psychology Training, and the 2016 Connie Hercey Award for Distinguished Service to APPIC. 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...
Janelle Painter, PhD is a graduate psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). She received her doctorate in Clinical Psychology from the University of California, Berkeley in 2015. She completed her internship and postdoctoral fellowship emphasizing Serious Mental Illness at the VA Puget Sound, Seattle. Dr. Painter is committed to providing empirically-supported treatments and has received advanced clinical training in CBT for Psychosis, Social Skills Training, and Cognitive Processing Therapy. She is actively involved in research examining factors related to high inpatient service utilization among Veterans with SMI and co-occurring Substance Use Disorders. She is also involved in program development projects seeking to identify barriers to treatment and improve access to care. As a PRRC psychologist, she provides individual and group evidence-based therapies, participates in program development initiatives (e.g., development of a positive emotion intervention group), and contributes to the annual review/evaluation of PRRC services.

David Pressman, PhD is the Team Leader of the PTSD Outpatient Clinic (POC). He received his BA in Psychology from Brown University and his PhD in Clinical Psychology from Columbia University-Teachers College in 2007 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. 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 Deputy Associate Chief of Staff for Mental Health, 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 Fuller Theological Seminary in 2004 and completed his psychology internship at Walter Reed Army Medical Center. He is an Army Veteran and deployed to Iraq in support of Operation Iraqi Freedom in 2005 where he served in the 98th Combat Stress Control Detachment. Dr. Reger spent five years as a civilian with the Department of Defense leading teams in the design and evaluation of technology 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.

Mark Reger, PhD is the Chief of Psychology and an Associate Professor in the Department of Psychiatry & Behavioral Sciences at the University of Washington. He completed his doctorate in clinical psychology at the Rosemead School of Psychology at Biola University, his internship at the American Lake campus of VA Puget Sound, and a three-year NIH NRSA postdoctoral fellowship at the VA Puget Sound and the University of Washington School of Medicine. Prior to
joining the VA, Dr. Reger worked as the Deputy Director for the Department of Defense’s National Center for Telehealth & Technology (T2), located at Joint Base Lewis-McChord, Washington. He provided senior oversight for six Divisions involved with the research, development, and implementation of technologies to provide behavioral health solutions, assessment, and support to service members, veterans and their families. Dr. Reger’s clinical work is focused on geriatric neuropsychology. His research centers on military and veteran suicide prevention. He led the development and implementation of the Department of Defense’s suicide surveillance system, and co-authored the DoD’s official annual suicide surveillance report for the last seven years. Dr. Reger has served as the principal investigator for multiple large studies including a large federally-funded epidemiological study of military and veteran suicide. He has extensive experience conducting clinical trials, and has authored more than 50 peer-reviewed articles and book chapters on topics including military suicide, post-traumatic stress disorder, telepsychology, neuroendocrinology and research ethics.

Luis Richter, PsyD, ABPP (CHP) is a Clinical Health Psychologist in Home Based Primary Care (HBPC). He received his PsyD from the Virginia Consortium in 2008. He completed a health psychology internship with the Denver Health Medical Center in 2008, and a psycho-oncology postdoctoral fellowship with the Rocky Mountain Cancer Centers in 2009. He began working with the VA in San Antonio in Primary Care Mental Health Integration (PCMHI) for four years prior to transferring to the Puget Sound VA in 2014. He provides clinical and consultation services with the HBPC team in Seattle, with interests in shared medical appointments (SMAs), geropsychology, behavioral interventions to improve health outcomes, and the overlay of behavioral and existential psychotherapies. He currently sits on the national board (ABPP) of health psychology and serves as the national exam coordinator. He is currently involved in a national VA quality improvement project geared toward suicide prevention with elderly veterans.

Carl Rimmele, PhD is the Director of Addictions Services at VA Puget Sound. 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.

**Shruti Shah, PhD** is a clinical geropsychologist in the Home Based Primary Care Program. She received her doctorate in Clinical Psychology (geropsychology emphasis) from the University of Louisville in 2013. She completed her internship and post-doctoral fellowship at VA Palo Alto Health Care System, where she received specialized training in geropsychology across a variety of inpatient and outpatient settings. Her clinical interests include adapting traditional psychological treatments to address the mental health needs of medically frail or cognitively impaired older adults, or those facing age-related/end-of-life issues or chronic illness. Her theoretical orientation is integrative with an emphasis on behavioral theory and intervention. Dr. Shah’s research interests broadly involve aging and mental health, and specifically focus on loneliness in older Veterans and resilience in late-life bereavement. As an early career psychologist, she is interested in serving the larger geropsychology community as well as mentoring trainees using the Pikes Peak Model to guide training in professional geropsychology. She is licensed in the state of Washington.

**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 internship at the Northern California VA Healthcare System and her postdoctoral fellowship at the Seattle VA’s Center of Excellence in Substance Abuse Training and Education (CESATE), 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 Clinician Investigator in the Center of Excellence in Substance Abuse Treatment and Education (CESATE). She assumed directorship of the Seattle Mental Illness Research, Education and Clinical Center (MIRECC) fellowship program in the fall of 2008 and has been a member of the VAPSHCS R&D Committee since 2013. She received her PhD in Clinical Psychology from the University of New Mexico in 1999, under the mentorship of Dr. William Miller. She completed her internship at the University of Washington in 1998 and completed a postdoctoral fellowship under the mentorship of Dr. Alan Marlatt at the University of Washington in 2000. She is 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 providing treatment for women Veterans through the Addiction Treatment Center’s Team 2 and the PTSD Outpatient Clinic. 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. 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 a telephone system to monitor daily changes in use and craving to provide further details about course and response to the interventions. Dr. Simpson has data sets available for secondary analyses and is available to supervise research details.

Heather Sones, PhD is a clinical 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 both her internship and postdoctoral fellowship at the Seattle Division of the Puget Sound VA. She is licensed in the state of Washington. 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 evidence-based individual and group psychotherapy, staff training, program development and evaluation, and has several current Quality Improvement projects. 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 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.

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 a Professor in the Department of Rehabilitation Medicine at the University of Washington. Dr. Turner serves as the Associate Director of Research for the VA Multiple Sclerosis Center of Excellence, is an 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 is available to supervise research details and has several datasets available for secondary analyses.

Catherine Wallace, PhD. is a clinical psychologist in the Mental Health Clinic and Family Therapy 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 a particular specialty in Integrative Behavioral Couple Therapy, trauma-focused treatments, and CBT for anxiety disorders, in both individual and group contexts. In addition, Dr. Wallace runs groups on exposure and response prevention for OCD and the
Unified Protocol for Transdiagnostic Treatment of Emotional Disorders. She has a particular interest in expanding training and services in family-based care throughout the medical center and across disciplines, which is the focus of her academic appointment with the University of Washington School of Medicine. 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. Dr. Williams devotes equal time to clinical and research activities. Current research projects include a DoD-funded RCT comparing two telephone-based treatments for pain in OIF/OEF Veterans with TBI (Site-PI), an NIH-funded RCT comparing 3 group-based treatments for chronic pain in Veterans (hypnosis, meditation, and self-management) (Co-PI), and a trial of a group-based self-management intervention for Veterans with limb loss (Co-I).

Samantha Yard, PhD is a graduate psychologist in the Mental Health Clinic (MHC). She is an Acting Instructor in the Department of Psychiatry and Behavioral Sciences at the University of Washington. Dr. Yard received her PhD in Clinical Psychology from the University of Washington in 2015. She completed her internship training and was an Advanced Fellow in the Mental Illness Research Education and Clinical Center (MIRECC) at VA Puget Sound, Seattle. Dr. Yard has advanced clinical training in evidence-based behavioral therapies (e.g., Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Functional Analytic Psychotherapy, Behavioral Activation) and cognitive behavioral treatments for PTSD (e.g., Prolonged Exposure and Cognitive Processing Therapy). She is VA Certified in Cognitive Processing Therapy. She has trained under treatment developers and experts including Drs. Marsha Linehan, Bob Kohlenberg, Christopher Martell, and Lori Zoellner. Her research background is in PTSD, health risk behaviors and correctional populations.

**Interns**

Recent interns have attended the following doctoral programs:

- Arizona State University
- Case Western Reserve
- Catholic University
- Duke University
- Emory University
- Florida State University
- George Mason University
- Ohio State University
- Oklahoma 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 Central Florida
University of Florida, Gainesville
University of Illinois, Chicago
University of Iowa
University of Maryland, College Park
University of Miami
University of Montana
University of Nebraska-Lincoln
University of Nevada – Reno
University of North Carolina, Chapel Hill
University of Pennsylvania
University of Pittsburgh
University of South Florida
University of Tennessee
University of Texas – Austin
University of Utah
University of Vermont
University of Washington
University of Wisconsin – Madison
University of Wyoming
Utah State University

Local Information

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