

PHOENIX VAHCS PSYCHOLOGY POSTDOCTORAL RESIDENCY BROCHURE



Phoenix VA Health Care System
Psychology Postdoctoral Residency Program
Psychology Section (116B)
650 East Indian School Road
Phoenix, Arizona 85012



Director of Training: Matthew Weyer, Ph.D.
Psychology Service Executive: Joelle Oizumi, Ph.D.



Application Due Date: December 15, 2022
Start Date: August 28, 2023

Psychology Postdoctoral Residency

Training Brochure | 2023 - 2024 Training Year

Executive Group

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PROGRAM OVERVIEW

Dear Applicant,

Thank you for your interest in the Phoenix VA Health Care System's Psychology Postdoctoral Residency Program! It is a true honor to work with our Veterans, and to provide high quality services to them as a token of our appreciation for what they have done for us. The clinical services we provide afford excellent training opportunities to develop advanced competencies in clinical psychology, further preparing psychologists to serve within the VA or the nation at large.

We are offering eight (8) positions in our **Psychology Postdoctoral Residency** that will begin August 28, 2023. These positions are in the following areas of emphasis:

- General Mental Health (GMH)
- Posttraumatic Stress Disorder (PTSD)
- Health Psychology (Health)

At least 2 postdoctoral resident positions are dedicated to each of the three emphasis areas listed above. The seventh and eighth resident positions are determined each year based on the psychology department's needs and could go to either GMH, PTSD or Health. The postdoctoral residency is organized with a goal of producing advanced competencies in the practice of clinical psychology, so graduates have the requisite knowledge, skills and abilities necessary to assume the role of an independent, professional psychologist. Our program also provides a depth of experience within an area of emphasis. We believe that graduating postdoctoral residents should exhibit behavior that is consistent with professional standards and be able to provide competent assessment, interventions, consultation, and supervision. Additionally, residents will become highly trained in working with Veterans. Our residents are well-positioned to continue their professional careers in areas of high need within the VA system.

We are excited about your interest in our Psychology Postdoctoral Residency and look forward to reviewing your application! Please feel free to contact us with questions as you progress through the application process.

Sincerely,

The Psychology Postdoctoral Training Committee

PHOENIX VAHCS PSYCHOLOGY – COVID-19 RESPONSE

As a result of the COVID-19 pandemic, the Phoenix VAHCS Psychology training committee has developed additional policies and procedures to ensure that trainees are able to meet their training goals throughout the training year. The federal government and VA Health Care System recognizes psychologists *and* psychology trainees as essential employees during pandemic situations. As a result, trainees typically mirror staff psychologists in their work schedules and locations. For example, if staff are working at the hospital three days a week, trainees will also be expected to be at the hospital three days a week. At this time, most staff and trainees are on site three days a week and teleworking two days a week. As a result of social distancing recommendations and shifting to telework, trainees may also receive video supervision with some or all of their supervisors during the training year. It is important for each intern to research the licensing laws applicable to them to determine whether video supervision is allowed. The program can provide 100% in-person supervision in these cases.

As a result of the shift to telework for many trainees, the Phoenix VAHCS developed a new Telework, Telehealth, and Telesupervision policy to address the changes noted above. All trainees have completed recommended trainings on telehealth provided by the VA and APA. The training committee has also developed additional training goals for all trainees that focus on increasing knowledge and proficiency in telehealth throughout their rotations. It is our hope that the additional training that we are providing in this area will allow trainees to feel competent in delivering services via telehealth following the completion of their training experience.

APA ACCREDITATION STATUS

The Psychology Postdoctoral Residency at the Phoenix VA Health Care System (PVAHCS) had its initial self-study and site visit in 2017 and was recently accredited by the American Psychological Association (APA) in May of 2018. The program was reviewed by the Commission on Accreditation (CoA) and was awarded the maximum 10 years of full accreditation. The next site visit will be during the academic year 2027. Questions related to the program's accredited status should be directed to the Commission on Accreditation at:

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

APPIC MEMBERSHIP

The PVAHCS is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Our training site agrees to abide by the APPIC postdoctoral selection guidelines.

COMMITMENT TO DIVERSITY

Our program maintains a strong commitment to diversity among staff and trainees, as exemplified by our past success in the recruitment and retention of individuals of diverse backgrounds at the intern, postdoctoral, and staff levels. As a federal employer and an equal opportunity training program, our facility and department of Psychology strongly adhere to policies on non-discrimination and accommodations to facilitate success in our internship. We encourage applications to our postdoctoral residency from diverse applicants.

The Phoenix VA Psychology Department believes that diversity presents in multiple facets. We consider diversity as including various cultures, values, and experiences of trainees and faculty, as well as different theoretical models, research paradigms, and ways of professional practice. The Phoenix VA is proud to be part of fourteen VA postdoctoral psychology training sites across the country that participates in a collaborative effort to provide specialized diversity training at the postdoctoral level. This is a monthly VTEL presentation facilitated by a range of practitioners and researchers from a variety of VA settings. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. In addition to the VTEL seminar, postdoctoral residents will collaborate with members of the Training Committee/CE Committee to develop 8 one-hour presentations across the training year. This series will be designed collaboratively by the postdoctoral class to include important diversity topics taught at the postdoctoral level to the Phoenix VA Mental Health staff. Postdoctoral residents will have responsibility for both designing the series and leading individual talks/experiences conforming to requirements associated with receiving VA Field Accreditation Service approval for APA-approved CEs.

Our training program and service regularly work towards creating a culture of humility with respect to diversity knowledge, awareness and skills. As an example, the Phoenix VAHCS is now rated a "Top Performer" with respect to LGBT patient equality ratings because of the efforts of the members of the Psychology Service. We are also proud to share that multiple member of our psychology training committee have been invited by the Medical Center Director to serve as panelists on discussions related to race, inclusion, and inequality. The Phoenix VAHCS Psychology Service aspires to combat prejudice, stereotyping, and harassment and is committed to the continued development of the personal and professional skills of its employees, who are treated in a fair and unbiased way and given every encouragement to realize their potential.

MENTORSHIP PROGRAM

Our program is excited to offer a mentorship program for our trainees. The mentorship program was created to support our residents' overall professional development in a non-

evaluative, collegial environment. The mentorship program is independent of any supervisory relationships to ensure the opportunity for trainees to openly discuss professional issues. Early in the year, postdoctoral residents will select a mentor to meet with at various times throughout the year. Topics discussed are varied but include resident's personal and professional development, helping the resident negotiate the postdoctoral program, and planning for post-training year goals.

APPLICATION & SELECTION PROCEDURES

Application materials are due by **11:59 PM EST on December 15, 2022**. All applications must be submitted via APPA CAS, except under unusual circumstances and consultation with the training director, Dr. Matthew Weyer.

Eligibility Criteria:

1. United States Citizenship
2. Verification of Selective Service Registration (Male applicants born after 12-31-1959 must sign a pre-appointment Certification Statement for Selective Service Registration) and consent to participate in a background verification check to verify your application information and/or criminal history
3. Applicants must be in good standing with the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited doctoral programs in Clinical or Counseling Psychology and in good standing in an APA or CPR accredited internship.
4. The applicant's dissertation and doctoral degree from an APA, CPA or PCSAS accredited program must be completed prior to the start of residency. Further, they must have successfully completed an APA or CPA accredited internship program prior to the start of residency.
5. Consent to complete a pre-employment physical and fingerprinting and submit a completed TQCVL form, which is provided after accepted into the program

Application Materials:

The program will use the APPIC centralized postdoctoral application system: APPA CAS <https://appicpostdoc.liaisoncas.com> (pro tip: copy and paste the link into your browser).

1. **Personal Statement of Interest:** Applicants typically apply to one track. However, if interested, applicants can apply up to two different tracks (e.g., General Mental Health and PTSD, Health and General Mental Health or etc). If you are applying to more than one track, you must submit a separate statement of interest for **each track**. Please upload your Personal Statement under Documents and title it

“Personal Statement – (Emphasis Area)”. If you are submitting more than one personal statement, submit additional statements under the “Other Documents” option and add the alternate emphasis area to the title of your personal statement (e.g., “Personal Statement – PTSD”). The personal statement should contain the following information:

- a. The history of your interest in the area of emphasis
- b. Any relevant educational, clinical, and/or research experience
- c. A self-assessment of your training needs and goals for the training year
- d. A statement of your overall career goals

3. A detailed Curriculum Vitae

4. Official Graduate Transcripts

- 5. Three Letters of Recommendation:** One must be from a faculty member personally familiar with your graduate school performance, and at least one from a primary clinical supervisor during the doctoral Internship. Letters of recommendation from two clinical supervisors are encouraged.

Application Submission and Interview Procedure:

- 1.** Submit all application materials electronically no later than **11:59 PM EST on December 15, 2022**. All materials should be uploaded to the APPA CAS system.
- 2.** We encourage applicants to be selective and thoughtful when considering submitting applications to multiple areas of emphasis. As indicated above, if you do apply for more than one area of emphasis, **you must submit a separate statement of interest for the second area of emphasis in order to be considered for it.**
- 3.** Psychology Postdoctoral Applicants will be notified of interview offers by Thursday, January 12, 2023. In the spirit of equity and inclusion, the Phoenix VAHCS conducts all interviews via video format (vs in person). These video interviews will take place in the first week in February 2023. To assist the interview panel with their review of prospective applicants following our interview season, we will request that a group photo be taken at the end of the overview presentation. Participation is strictly optional. If an applicant chooses not to be in the photo, it will not impact any decision making or rankings of applicants.
- 4.** Selection guidelines for will follow the new [Postdoctoral Selection Standards and Common Hold Date \(CHD\)](#). Following interviews, offers will be made on a rolling basis until all positions are filled. We will be prepared to make reciprocal offers in advance of this, if necessary. We will notify applicants when they are no longer

under consideration, or when all positions to which they have applied have been filled. The Postdoctoral Selection Standards identify Monday, February 27, 2023 as the Common Hold Date at 10am EST.

5. Please contact Dr. Weyer with specific questions about the Psychology Postdoctoral Residency, or the above eligibility criteria and application procedures. He can be reached at matthew.weyer@va.gov or 480 261-9586.

PHOENIX VA HEALTH CARE SYSTEM

The Phoenix VAHCS is a tertiary care and training facility with 129 medical/surgical beds, 48 psychiatric beds, and a 102-bed community living center. The hospital has been providing service to veterans in Maricopa County since 1951. In 2021, the medical center had over 800,000 visits with a total veteran enrollment of over 91,000. There are two primary training locations that our residents complete training rotations. First, the main hospital which is located at 650 E. Indian School Rd., Phoenix, AZ 85012 primarily houses our Health Psychology trainees that are working in the Chronic Pain Wellness Center or completing a Health Psych rotation. Second, our GMH, PTSD and PC-MHI residents typically complete rotations at our newly built 32nd Street Clinic located at 400 N. 32nd Street, Phoenix, AZ 85008. The two facilities are located just 5 miles from each other and allow for residents to receive trainings at either location. Finally, residents also can complete training rotations at several Community Based Outpatient Clinics (CBOC) located throughout the valley. These rotations are typically offered in primary care and general mental health services.

Department of Psychology

The Psychology Service of the Phoenix VAHCS is committed to excellence in training and service. The Psychology Service has grown significantly in the last few years, which reflects the commitment of the Phoenix VA to quality mental health service delivery and training. The faculty members are heterogeneous in terms of evidence-based treatment modalities, which makes possible a wide range of orientations for instruction, observation, role modeling, and professional development. The Psychology Service faculty contributes to the larger community through donation of personal and professional services to community groups, participation in university and professional activities, and private practice outside the Medical Center. Several faculty members currently hold elected and appointed leadership positions in local, state and national professional associations and groups.

Program Administration

Matthew Weyer, Ph.D. is the Director of Training of the Psychology Postdoctoral Residency. Jennfier Averyt, Ph.D., ABPP and Tim S. Ayers, Ph.D. are Assistant Directors of Training. Together, they are responsible for the coordination, oversight, and day-to-day operations of the Psychology Postdoctoral Residency and the Psychology Internship Program. An

Executive Training Committee periodically reviews all aspects of the training program, and when necessary, recommends changes in procedures and policy. Additionally, each area of emphasis training has a track leader who is a member of the Training Committee. This committee meets monthly to monitor the progress of postdoctoral residents, and to address issues as they surface in the training program. The committee also attempts to ensure continuity of training among various rotations and training settings. Final decisions regarding the Postdoctoral Residency Programs are the responsibility of the Associate Chief of Staff – Mental Health, Kris Kratz, Ph.D., ABPP-CL/CN and the Psychology Service Executive, Joelle Oizumi, Ph.D..

OVERALL TRAINING MODEL AND PROGRAM PHILOSOPHY

The Psychology Postdoctoral Residency at the Phoenix VAHCS offers training for eight (8) Residents across the following areas of emphasis (“tracks”):

- General Mental Health
- Posttraumatic Stress Disorder
- Health Psychology

Within the Psychology Postdoctoral Residency, our approach includes training residents to inform their practice through review of relevant scholarly literature, program development, ongoing program evaluation, and when possible, participation in ongoing research projects in the medical center. We aim to provide training consistent with APA’s Standards of Accreditation for programs in professional psychology at the postdoctoral level. Residents develop advanced competence in several areas, to include the integration of science and practice, legal and ethical issues, individual and cultural diversity, assessment, intervention, consultation, and supervision. We aspire to train future psychologists who will bring these skills to the VA system and further strengthen our changing health care environment.

The philosophy of our program is grounded in the practitioner scholar model, which emphasizes clinical practice and the importance of using theory and research to inform practice. In addition, the practitioner scholar model emphasizes the delivery of psychological services that consider individual, cultural, and societal considerations.

Clinical training is focused on evidence-based interventions. The Phoenix VAHCS Department of Psychology has several staff members who are national trainers and consultants for the VA’s evidence-based treatment programs, including Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for Chronic Pain (CBT-CP), Prolonged Exposure (PE), and Motivational Interviewing (MI). Residents can take part in training initiatives, including ongoing consultation groups, with staff members during the year.

Our training philosophy emphasizes a collaborative approach. An important component of all training experiences is the development of skills to work with other psychologists and

members of other disciplines. Our Residents routinely collaborate with psychiatry, social work, pharmacy, nutrition, and primary care staff.

There is a focus in our program on creating a safe environment for learning. We value open discussions and processing of challenging experiences that Residents might face as they grow into their roles as autonomous practitioners.

Program Aim and Competencies

The overall aim of the Psychology Postdoctoral Residency is for residents to develop advanced competence in clinical psychology for independent practice and board eligibility. This is accomplished through training in specific areas of emphasis that are currently a high priority for our Veterans. To accomplish the above aim, several Level 1 and Level 2 competencies were developed, with behavioral exemplars for each competency informed by several publications related to APAs benchmark competencies and the Standards of Accreditation profession-wide competencies. Together, the advanced competencies that Residents are expected to develop over the course of the Psychology Postdoctoral Residency include the following:

A. Level 1 Competencies (required of all programs)

1. Develop advanced competence in the interface of science and practice.
2. Develop advanced competence in individual and cultural diversity.
3. Develop advanced competence in legal, ethical and professional standards.

B. Level 2 Competencies (program specific)

1. Develop advanced competence in professionalism, to include professional values and attitudes, reflective practice, and self-care.
2. Develop advanced competence in communication and interpersonal skills in all aspects of one's professional responsibilities.
3. Develop advanced competence in the assessment of adult Veterans presenting with diverse psychological problems and treatment needs.
4. Develop advanced competence in psychological interventions, to include empirically based interventions, for adult Veterans with diverse psychological problems and treatment needs.
5. Develop advanced competence in consultation.
6. Develop advanced competence in supervision skills.

Clinical Areas of Emphasis

Residents can expect to spend a minimum of 25% of their time in direct patient care. While each area of emphasis will equally focus on the advanced competencies noted above, the specific clinical experiences are distinctive. For example, postdoctoral residents will have an opportunity to provide evidence-based psychotherapies relevant to their area of emphasis (e.g., PE, EMDR, and CPT for PTSD or CBT for chronic pain). Residents will triage patients, complete diagnostic interviews, provide relevant treatment, measure treatment progress, and complete other more formalized assessment batteries relevant to each area of emphasis. Consultation will occur frequently across disciplines within each clinic setting and, when relevant, across clinic settings and training tracks. Further information regarding each area of emphasis is provided below:

1. **General Mental Health.** The Phoenix VAHCS has a dynamic, large outpatient mental health program devoted to serving the needs of the Veteran population in Phoenix. Trainees in the General Mental Health area of emphasis can complete experiences in the General Mental Health Outpatient Clinic, the Women Veteran's Program and/or the Inpatient Mental Health Unit. Residents in this area of emphasis can explore and evaluate the implementation of evidence-based psychotherapies (EBPs) for the treatment of PTSD, depression and many other general mental health issues. Residents also gain experience with diagnostic evaluation and both individual and group psychotherapies. Residents participate in regular interprofessional huddles in a team-based treatment model for a panel of patients (Behavioral Health Interdisciplinary Program [BHIP] teams). This follows the national model for behavioral health interdisciplinary teams, with each team including two to three psychiatrists, a nurse, a psychologist, a social worker and a pharmacist. Each BHIP team works collaboratively to plan for the overall mental health care of the veterans on their panels. Residents on this rotation also spend one day a week in our Opal walk-in clinic that provides emergency care and triages veterans in crisis.

The Women Veteran's Program (WVP) is currently co-located in our gynecology/ mammography departments in the Main Hospital. Residents on this rotation will expand their clinical skills and proficiency in evidence-based practices that address the physical, mental and behavioral health needs unique to female veterans. This includes working in an outpatient mental health and integrative gender specific specialty clinic where behavioral health concerns such as perinatal and postpartum depression, trauma recovery and reproductive health, self-management of chronic pain, relationship problems, and other stress related illnesses are the focus of treatment. Residents will be exposed to wide range of literature on the needs of women veterans. They will gain competence in culturally sensitive functional assessment, triage and care coordination, crisis intervention, brief psychotherapy, and whole health integrative consultation services. Opportunities to learn evidence base treatment modalities such as CBT-i (Insomnia), CBT-CP (Chronic Pain), PST (Problem Solving Training), Mindfulness Based Stress Reduction (MBSR), CBT-E (Eating Disorder), Motivational Interviewing (MI), STAIRS and CBT-D (Depression)

will be offered.

Residents might also have the opportunity to work with the hospital's Intimate Partner Violence (IPV) Coordinator, who is tasked with building resources, developing community partnerships, and educating the hospital about issues related to intimate partner violence in veteran populations. Residents will be able to experience a dynamic training experience that includes elements of both primary care mental health integration services and general mental health. At this time, the IPV coordinator position is vacant but will likely be filled by the start of the 2023-24 training year.

Psychology trainees participating in the Inpatient Mental Health rotation will gain experience facilitating groups on the unit (including Seeking Safety, Illness Management and Recovery, and Social Skills Training), providing brief supportive individual services, assisting with outpatient treatment planning, and may complete psychological assessments. Additionally, one of the two units frequently serves Veterans who present with issues related to aging. Trainees will have an opportunity to expand their skills related to assessing and treating mental health issues in older adults, conducting dementia assessments, and implementing behavioral interventions for dementia. This rotation has a significant interdisciplinary component, and psychology works closely with professionals from psychiatry, medicine, pharmacy, nursing, social work, recreational therapy, and nutrition.

Finally, General Mental Health Residents will have the opportunity to participate in two evidence-based psychotherapy trainings and consultation groups throughout the year. They are required to receive training in Dialectical Behavior Therapy (DBT) and attend weekly consultation group meetings. If interested, the resident can then choose to participate in one of the following trainings/consultations as their second option: Cognitive Processing Therapy, Cognitive Behavioral Therapy-Chronic Pain, or Motivational Interviewing.

2. **Posttraumatic Stress Disorder.** Residents in this track can expect to receive a rich and diverse experience in the assessment and treatment of PTSD. The training experience is located within the Posttraumatic Stress Disorder Clinical Team (PCT), at the 32nd Street Clinic. The PCT provides evaluation and treatment for Veterans with PTSD related to combat and/or military sexual trauma (MST). This training experience emphasizes evidence-based training in the following areas: 1) diagnostic evaluations, 2) individual psychotherapy, and 3) group psychotherapy. Residents will learn and utilize evidence-based psychotherapies (EBPs) through in-person and telehealth modalities. As part of this training experience, postdoctoral residents will consult with and learn from faculty with a wide range of knowledge in a variety of EBPs for the treatment of PTSD. Specifically, faculty include a national and regional trainer for Cognitive Processing Therapy (CPT), a national trainer for Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD), and a national trainer for Prolonged Exposure Therapy (PE). Residents have the opportunity to attend a local multi-day CPT training and begin working toward CPT provider status within the VA.

Additionally, residents may have opportunities to gain experience in the use of Eye Movement Desensitization-Reprocessing (EMDR), Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy for Insomnia (CBT-I), Imagery Rehearsal Therapy for nightmares (IRT), Acceptance and Commitment Therapy (ACT), Skills Training in Affect and Interpersonal Regulation (STAIR), and Seeking Safety. Residents will also function as a member of the PCT, attending interdisciplinary team meeting weekly to build programming, address clinical issues, and improve clinic functioning. During team meetings, staff regularly consult with one another about challenging cases and integrate professional articles relevant to the work of the clinic.

3. **The Straits-Troster Health Psychology track.** The Straits-Troster Health Psychology Track is named after Dr. Kristy Straits-Troster who established the PC-MHI program and was instrumental in the implementation of our Psychology Postdoctoral Residency at the Phoenix VAHCS. Her contributions in research, program development, and training over the past 25 years have had a profound impact on veterans, colleagues, and trainees. The Straits-Troster Health Psychology Track incorporates training in three separate types of Health Psychology programs: Primary Care-Mental Health Integration (PC-MHI), Chronic Pain Wellness Center (CPWC) and the Health Psychology Consultation Clinic.
 - a. **Primary Care-Mental Health Integration (PC-MHI):** The PC-MHI program combines co-located collaborative care and evidence-based care management components. Residents are an integral part of the primary care-based interprofessional team and provide assessment and psychosocial treatment for a variety of problems, including depression, anxiety, adjustment issues, and sleep problems. Whether teleworking or working on station, postdoctoral residents work as part of the Primary Care Patient Aligned Clinical Team (PACT) and work closely with Depression Care Managers (Nursing), PC-MHI Psychiatry, Pharmacy, and Social Work. Residents provide same-day access appointments for PACT patients new to mental health or referred for brief psychotherapy (4-6 30-minute sessions). Residents in this area also provide assistance with behavioral health issues (e.g., smoking cessation, medication adherence). Residents provide individual and group therapy, including brief evidence-based treatments relevant for this care setting, such as Problem-Solving Training, Motivational Interviewing, Mindfulness-Based Stress Reduction and CBT for Insomnia or Chronic Pain. Residents complete diagnostic assessments and triage Veterans to the appropriate levels of care in collaboration with PC-MHI Depression Care Managers (DCMs) and other PACT team members. Residents working in the PC-MHI rotation are also part of the Academic PACT team that incorporates Internal medicine residents, social workers, dietitians, nurses, pharmacists and attending physicians. They participate in shared medical appointments (e.g., Hypertension SMA), joint consultations, and provide residents with informal interprofessional trainings as requested.

- b. **Health Psychology:** A second opportunity for Health Psychology Residents is in the Health Psychology Consultation Clinic. This includes receiving individual therapy referrals from specialty care services (e.g., Oncology, Endocrinology, Gastroenterology) and conducting pre-surgical mental health evaluations for transplant surgery (e.g., kidney, liver, stem-cell) and bariatric surgery. Residents co-facilitate interdisciplinary group programs for health conditions such as diabetes, bariatric surgery, and tobacco use. Residents will also have the opportunity to participate in the interdisciplinary Eating Disorder Program. This team consists of staff from Psychology, Psychiatry, Nutrition and Primary Care. Residents who participate on this team will have the opportunity to complete assessment and individual/group treatment for a variety of eating disorder diagnoses.
- c. **Chronic Pain Wellness.** A third opportunity for Health Psychology Residents is the opportunity to work in the Chronic Pain Wellness Center (CPWC). Residents working in the CPWC become an integral part of this innovative interdisciplinary program designed to enhance the quality of life and functioning of Veterans coping with chronic pain. The CPWC team includes staff from Psychology, Medicine, Nursing, Pharmacy, Addictions Psychiatry, Physiatry, Physical Therapy, Nutrition, Health Coaching, Chiropractic, and Recreational Therapy. As an integrated program, the CPWC utilizes an innovated Sociopsychobiological treatment approach influenced by an acceptance and commitment therapy (ACT) framework. Residents in this emphasis area develop a deeper understanding of interdisciplinary treatment planning, and the role that each discipline plays in the treatment of complex chronic pain. Residents conduct both individual intake assessments and integrated intakes with other disciplines (e.g., nurse practitioners, physicians, pharmacists) in order to refine case conceptualization skills to generate maximally effective treatment plans. Residents develop skills in providing chronic pain education, enhancing patient engagement while managing distress, crisis management, and interprofessional consultation. Residents are supervised in evidence-based treatment approaches, specifically motivational interviewing, cognitive behavioral therapy for chronic pain (CBT-CP), CBT for insomnia (CBT-I), ACT for chronic pain, and behavioral management of migraines. In addition, postdoctoral residents co-facilitate innovative group programs, including mindfulness-based groups for women Veterans and interdisciplinary rehabilitative programs for Veterans with various levels of functionality. Finally, residents in the CPWC have the opportunity to conduct pre-spinal cord stimulator psychological evaluations, receive supervision in providing clinical hypnosis, and cover the Inpatient Health Psychology Consult Service.

SUPPLEMENTAL TRAINING EXPERIENCES

In consultation with the Training Director, residents can choose a supplemental experience in one of three areas: Disruptive Behavior Committee or Research. Supplemental

experiences are typically 4 hours a week and can occur for a 6 month or 12 month period. Below provides a description of these two supplemental training experiences.

DISRUPTIVE BEHAVIOR COMMITTEE:

SUPERVISING PSYCHOLOGIST: ADRIANA WEYER, PH.D.

Although not offered as a full rotation, residents will have the opportunity to work with Dr. Weyer as part of the Disruptive Behavior Committee (DBC), a multidisciplinary group of staff that address reports of Patient-Generated and Visitor-Generated Disruptive Behavior. The DBC identifies risks associated with reported behaviors and assists the medical center in developing risk mitigation strategies. The DBC provides residents with an opportunity to learn about the violence risk assessment process by participating in DBC meetings and reviewing individual cases to present to the DBC. A postdoctoral resident completing this experience might work complete supplementary DBC training for 4 hours a week.

Research:

Supervising Psychologists: JENNA GRESS SMITH, PH.D., BRANDI LUEDTKE, PSY.D., BRAD BELSHER, PH.D., AND TIM AYERS PH.D.

Residents will have the opportunity to learn about and be involved with the Institutional Review Board (IRB) process in VHA and to collaborate with other disciplines in planning research projects, data collection and analysis, and manuscript preparation. Residents may learn how to conceptualize, and conduct studies based on CPRS data. This rotation may be particularly appealing to residents who wish to maintain involvement with research and continue making scientific contributions while engaged in clinical work during their postdoctoral residency and/or in their future careers. Because of the limited number of faculty, this rotation is considered on a case-by-case basis in conjunction with the training director.

Training Methods

Personalized Training Plans:

The Phoenix VAHCS has created different options to provide a comprehensive clinical psychology training experience for our Psychology Residents. At the start of the training year, Residents meet with their primary supervisor to develop a specific training plan which takes into account: 1) previous clinical experiences, 2) level of knowledge, 3) initial competencies, 4) clinical interests, and 5) supervisor availability. If desired, the training plan can be revised at the completion of each 6-month rotation. Residents are required to spend a minimum of 60% of their time in their primary area of emphasis ("track") throughout the year.

Below are some samples of training schedules of previous trainees that have completed the Postdoctoral Residency at the Phoenix VAHCS:

HEALTH PSYCHOLOGY RESIDENT SAMPLE SCHEDULES

Sample Schedule 1

PC-MHI (50%)/Health Psychology (50%)	PC-MHI (50%)/Health Psychology (50%)
Required activities that include: Assessment lab, diversity seminar, supervising an Intern, didactics, mentorship, journal clubs, clinical supervision.	

Sample Schedule 2

CPWC (100%)	CPWC (100%)
Required activities that include: Assessment lab, diversity seminar, supervising an Intern, didactics, mentorship, journal clubs, clinical supervision.	

Sample Schedule 3

CPWC (100%)	PC-MHI (50%)/Health Psychology (50%)
Required activities that include: Assessment lab, diversity seminar, supervising an Intern, didactics, mentorship, journal clubs, clinical supervision.	

Sample Schedule 4

PC-MHI or Health Psychology (80%)	PC-MHI or Health Psychology (80%)
General Mental Health -DBT/CPT/MI (20%)	General Mental Health -DBT/CPT/MI (20%)
Required activities that include: Assessment lab, diversity seminar, supervising an Intern, didactics, mentorship, journal clubs, clinical supervision.	

GENERAL MENTAL HEALTH RESIDENT SAMPLE SCHEDULES

Sample Schedule 1

General Mental Health (100%)	General Mental Health (100%)
Required activities that include: Assessment lab, diversity seminar, supervising an Intern, didactics, mentorship, journal clubs, clinical supervision.	

Sample Schedule 2

General Mental Health (100%)	General Mental Health (80%)
	PC-MHI (20%)
Required activities that include: Assessment lab, diversity seminar, supervising an Intern, didactics, mentorship, journal clubs, clinical supervision..	

PTSD PSYCHOLOGY RESIDENT SAMPLE SCHEDULE

Sample Schedule 1

PTSD (100%)	PTSD (100%)
Required activities that include: Assessment lab, diversity seminar, supervising an Intern, didactics, mentorship, journal clubs, clinical supervision.	

Pre- and Post- Assessment:

Residents will undergo a pre-and post- assessment of their assessment/diagnostic/writing skills. At the beginning and end of the training year, residents will be paired with a member of the training committee and will have 60 minutes to conduct a mock intake interview. Following the interview, residents will be provided with personality assessment data related to the case (e.g., MMPI-2RF, PHQ-9, GAD-7). Residents will be given three hours to integrate data gathered from the interview and the test results. They will write up a one-page summary of their findings to include diagnostic impressions and treatment recommendations. Residents will then present their findings and receive feedback on their interview, diagnostic, and writing skills. The purpose of this exercise is twofold. First, it is to assist residents with an appraisal of their assessment skills at the beginning of the year which is useful in guiding their training plan for the year. Second, the exercise will help residents prepare for board certification as it is modeled after the ABPP process.

Supervision:

Residents will receive a minimum of 2 hours of individual face-to-face supervision with one's primary supervisor each week. Supervision will be provided either face to face or over video. Individual supervision will involve clinical case supervision (i.e., case conceptualization, didactics on specific interventions), collaborative input regarding administrative duties and projects, team interactions, research opportunities that are explored, and career planning/career development. Residents will receive formative feedback throughout individual supervision, as well as summative feedback at the end of each 6-month rotation.

In terms of group supervision, residents receive three hours of group supervision a month related to their experience supervising interns. Residents also have the option to attend the Advanced Psychotherapy Seminar in which they can learn innovative therapy skills and techniques to adapt evidence-based protocols for their current caseload. This seminar emphasizes the “art” behind effective psychotherapy.

One of the strengths of our training program is the variety and quality of supervision offered. We have a training committee that consists of seasoned clinicians with diverse clinical expertise. The majority of the training committee has received formal training in one or more of the evidenced-based therapies (e.g., Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), Motivational Interviewing (MI), Problem-Solving Training (PST), CBT for Insomnia (CBT-I), Interpersonal Processing Therapy (IPT), Dialectical Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT)). Furthermore, we are proud to have faculty that serve as national trainers in PE and CPT. This type of quality supervision affords the resident an exposure to a variety of theoretical orientations, techniques, and skills.

Audiotapes, direct observation, role-plays, and co-therapy are among the tools used to aid in supervision. Residents receive supervision on their clinical work, reports, case presentations, consultative/supervisory work, and overall professional conduct. Residents should expect to be assigned readings and literature reviews as part of their supervision.

Given Covid-19, supervision is currently provided via face-to-face or through video format. It is up to each resident to research relevant licensing laws for their state to determine whether video supervision is allowed at the start of the training program.

Interprofessional Training:

Interprofessional training and experience is a vital component of the Postdoctoral Residency and is considered a strength of our program. Examples of interprofessional experiences include the Academic PACT clinic collaboration, interdisciplinary work in the Chronic Pain Management clinic, the BHIP team huddles/meetings, and attending didactic trainings with one’s respective interprofessional teams. Additional interprofessional activities may include collaboration with joint Health Promotion Disease Prevention/PCMHI ongoing projects, including Employee Stress Management and Healthy Living programs.

Team Meetings:

In each area of emphasis, the resident will participate in an interdisciplinary treatment team that meets weekly to discuss shared cases, program development, collaborative treatment planning, and interdisciplinary topics. This will provide a unique opportunity for Residents to learn from professionals in different disciplines and fine-tune their understanding of the role of a psychologist in the specific area of emphasis in which they are being trained.

Development of Diversity Education Series:

Residents will collaborate with members of the Training Committee/CE Committee to develop 8 one-hour presentations across the training year. This series will be designed collaboratively by the postdoctoral class to include important diversity topics taught at the postdoctoral level to the Phoenix VA Mental Health staff. Residents will have responsibility for both designing the series and leading individual talks/experiences conforming to requirements associated with receiving VA Field Accreditation Service approval for APA-approved CEs. Residents will work with supervisors/mentors and the Phoenix VA Psychology CE Committee to craft these offerings. There is the opportunity for one to two residents to serve on the Phoenix VA Psychology CE Committee to liaison about this series as well as assist with the Regularly Scheduled Series of CEs offered to Phoenix VA, Northern AZ VA, and Southern AZ VA staff.

Development of Administrative Skills:

Residents will attend administrative meetings within the Psychology Department and within one's area of emphasis. Residents may choose to complete a program evaluation project over the course of the Postdoctoral Residency. Projects will be evaluated based on their thoughtfulness, link to relevant theory, attentiveness to specific areas of concern to our hospital, plan for evaluation, ability to disseminate the findings, and likelihood to make substantive changes that are maintained within our system. The residents will also be asked to, periodically, manage consults, lead team meetings and/or consult with other programs in the hospital. Opportunities will be provided for residents to become familiar with facility and program performance metrics and quality improvement efforts.

Assessment:

At the beginning of the year, residents will participate in a mock interview with a faculty member. This baseline assessment of the resident's interviewing, diagnostic and assessment skills assist residents early on with determining their strengths and areas for targeted improvement in assessment and can guide training throughout the year.

All postdoctoral residents complete comprehensive personality assessment batteries assigned to them through the General Mental Health clinic throughout the year, *regardless of their area of emphasis*. Residents typically carry 1-2 assessment cases throughout the year. The total number of assessment cases completed by the end of the year varies, but typical is between 6-10 comprehensive personality assessments. In addition to receiving individual supervision for assessment cases, residents attend a monthly assessment lab to ensure an adequate knowledge base for various assessment instruments and a chance to integrate assessment findings.

Additional assessment experiences may occur outside of the assessment clinic. For instance, residents can complete assessments done within their area of emphasis. For example, residents with a Health Psychology emphasis might complete Transplant Evaluations or Bariatric Surgery Evaluations and residents with a Chronic Pain emphasis might complete Spinal Cord Stimulator Evaluations. Residents interested in completing these types of assessments would discuss this further with their supervisors and DCT.

Finally, all postdoctoral residents complete weekly diagnostic intake interviews in their respective clinics and utilize measurement-based care instruments to monitor treatment progress in their ongoing psychotherapy cases.

Research:

As described previously, residents may participate in a research supplemental experience for 4 hours a week in which they partner with a current faculty member to work on a VA-sponsored research project.

Mentorship Program:

A mentorship program has been developed and instituted to support our residents' professional development in a non-evaluative and collegial environment, which is independent of the supervisory relationship, program evaluation process/procedures, and any communication with training committee members. Primary aspects of the mentor's role are to foster the trainee's personal and professional development, help the resident negotiate the Postdoctoral Residency, and plan for entry into the profession at the conclusion of training.

Didactics:

Didactics take place throughout the training year, and include shared training across emphasis areas, as well as didactics that take place within one's emphasis area. Didactics support the competencies our program trains, ensuring a firm knowledge-base as well practical opportunities to demonstrate the associated skills during one's rotations. Residents will also be required to lead didactics. Residents may also have the opportunity to present at a broader professional setting (e.g., Grand Rounds, the Psychology Department Continuing Education Series, or to other Mental Health staff such as social work or psychiatry). More specific didactics include the following:

1. **Resident Didactics.** Topics include assessment, consultation, training or exposure to various empirically-based psychotherapies (CPT, PE, DBT, CBT-I, CBT for depression/anxiety, MI, EMDR), program evaluation, interprofessional training, communicating across disciplines, ethics, leadership/management in the VA, and EPPP preparation. In addition to didactic presentations on the above topics, there will also be a lab portion to some didactics where residents can bring cases for advanced integrative learning (e.g. assessment cases with MMPI-2-RF, MCMI-IV, and/or other cognitive or projective testing).
2. **National Psychology Diversity VTEL.** The Phoenix VAHCS is proud to be part of fourteen postdoctoral psychology VA training sites across the country that participate in a collaborative effort to provide specialized diversity training at the postdoctoral level. This is a monthly VTEL presentation facilitated by a range of practitioners and researchers from a variety of VA settings. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. Dr. Hamilton is the local coordinator and member of the national planning committee. It is held on the second Wednesday of every month from 11:00 am to 12:30 pm

Central Time. In addition to the VTEL seminar, postdoctoral residents will be required to lead one Diversity Journal Club discussion that is attended by psychology doctoral Interns and faculty. Postdoctoral residents are welcome to attend any additional Diversity Journal Club sessions if they choose.

3. **Supervision Clinic.** The Phoenix VAHCS Supervision Program is designed to give residents the opportunity to provide supervision during the training year. Early in the year, residents attend a half-day Supervision Workshop in which they review supervision skills as well as complete a supervision self-assessment. Residents are then paired with a Psychology Intern in either the first 6 months of the year or the second 6 months of the year. Supervision of supervision is provided by Dr. Christopher Ogle in weekly group supervision every Tuesday from 1-2pm. This weekly experience gives residents an opportunity to get feedback and process their supervision experience with an experienced proctor.
4. **Psychology Department Continuing Education Series.** The Psychology Department hosts a one-hour monthly APA-approved continuing education series that the residents are required to attend. These presentations are designed to meet the needs for licensure within Arizona, as well as the needs of professionals working at the medical center and in the broader community. These CEs include local subject matter experts, as well as outside speakers. On occasion, longer CEs are offered to cover topics in greater detail (e.g. ethics, supervision, domestic violence; 2-4 hours).
5. **Training Director Meeting.** These meetings are one hour once a month and are designed to be a place Residents can more freely discuss topics of professional relevance and meet with the Director of Training. In the past, this has included a time for peer support, informal case consultation, and practical discussions about early career independent practice (e.g. licensure process/procedures, licensure mobility, hospital credentialing, and board certification). This will also be a time for the Director of Training to share relevant information to the residents on any training-related matters, as well as a forum where the residents can provide feedback as a class to the Director of Training to address any concerns.

Optional Didactics:

In addition to the didactics noted above, additional didactics opportunities are available within the training program, within the Phoenix VA Health Care System (PVAHCS) more broadly, or through local/national conferences. Attendance at these can be discussed with one's primary supervisor and factored into one's individual training plan. Optional didactics include:

1. **PVAHCS Medical Grand Rounds.** Postdoctoral residents may also attend the Medical Service Continuing Medical Education presentations if the topic is an area of interest.

2. **Approved Absence for Educational Opportunities/Job Interviews.** Residents may take up to 40 hours a year to attend local or national conferences to further their educational objectives or to attend job interviews. A paper or poster presentation at such conferences is not required, although would increase the likelihood of being funded for the conference.
3. **Alternate PVAHCS Journal Clubs/Specialty Seminars.** Several journal clubs and specialty seminars are available outside one's area of emphasis within the Psychology Postdoctoral Residency, Neuropsychology Postdoctoral Residency, and our Doctoral Internship Program. Residents may discuss attending offerings of interest with one's supervisor.

Progress and Exit Criteria

Residents are evaluated at two points during the year on the previously described competencies. Copies of the Postdoctoral Residency evaluation tools, and associated policies are available for review upon request. In evaluating a postdoctoral resident's performance and progress, applicable policies and procedures concerning due process and fair treatment are followed. In terms of each 6-month rotation evaluation, behavioral exemplars for each Level 1 and Level 2 competency are rated as "Entry Level," "Intermediate," "High Intermediate," "Proficient," "High Proficient," "Advanced," or "High Advanced." There is also a rating of "Skill Deficit or Problematic Behavior" that can be used for areas in which significant clinical or ethical concerns are noted. Below is the descriptions of the different rating levels:

Intern Entry Level (Triggers a Performance Improvement Plan/Remediation Plan at the Postdoctoral Level): Regular and systematic supervision needed on most straightforward cases/projects. Integrates knowledge acquired with guidance from supervisor. Decision-making facilitated by supervisory process.

Intermediate (Triggers a Performance Improvement Plan/Remediation Plan at the Postdoctoral Level): Consistent supervision essential for development of new skill areas and refinement of competencies. Developing solid understanding of relevant clinical issues. Some independent clinical decision-making but needs additional guidance and support.

High Intermediate (Triggers a Performance Improvement Plan/Remediation Plan at the Postdoctoral Level): Regular supervision needed for solidification of new skills. Understanding of most relevant clinical issues but continues to require some guidance and support. Independent decision-making for many clinical issues.

Proficient (Intern Exit level/Resident Entry level): Supervision needed mainly for unusual, complex situations. Solid understanding of relevant clinical issues. Independent decision-making for most clinical issues.

High Proficient: Supervision needed occasionally for unusual, complex situations, or refining a new clinical skill. Establishing a specialized knowledge of relevant clinical issues. Independent decision-making for the vast majority of clinical issues.

Advanced (Resident Exit level): Supervision needed only for unusual, complex situations. Demonstrates more specialized knowledge. Can function as an independent practitioner in this area without the need for supervision.

High Advanced: Seeks supervision/consultation as needed. Continues to independently expand knowledge and skills in content area. Demonstrates nuanced decision-making skills in complex clinical situations. Knowledge/skills/attitudes commensurate with board certification level (i.e., ABPP).

Skill Deficit/Problematic Behavior:** Intensive level of supervision needed. Lacks ability to benefit from supervision/team feedback. Lacks knowledge of relevant clinical issues and is not demonstrating progress in knowledge/skill development. Evidence of poor decision-making processes. Unethical, unprofessional, or illegal behavior.

N/A: Not applicable or not observed behavior in the rotation

The below represents the minimum level of achievement expected by the end of each six-month long rotation:

- Rotation 1 Evaluation (6-month mark) – 50% of the behavioral anchors rated at the “Advanced” or “High Advanced” level, with none being rated below the “Proficient Level.”
- Rotation 2 Evaluation (12-month mark; Exit Criteria) - 95% of the behavioral anchors rated at the “Advanced” or “High Advanced” level, with none being rated below the “High Proficient Level,” none being rated as “Skill Deficit/Problematic Behavior,” AND no more than 2 behavioral anchors rated at the “High Proficient” level *within* any one competency area (e.g., Ethics, Intervention, Assessment etc).

Successful completion of the Psychology Postdoctoral Residency is determined by the Training Committee and the following requirements.

1. Residents are required to be on site for the full duration of the one-year Postdoctoral Residency (52 weeks), complete a total of 2080 hours (13 days of annual leave, 13 days of sick leave, and all federal holidays are included in the 2080 hours).
2. Engage in a minimum of 25% of their time in direct patient care and meet competency thresholds.
3. In terms of the competency ratings at the end of the second rating period, 95% of the behavioral anchors rated at the “Advanced” or “High Advanced” level, with none being rated below the “High Proficient Level,” none being rated as “Skill Deficit/Problematic Behavior,” AND no more than 2 behavioral anchors rated at the “High Proficient” level *within* any one competency area (e.g., Ethics, Intervention, Assessment etc).

If there is any question that the postdoctoral resident may not be on trajectory to graduate, this will be specifically addressed at the appropriate time, including throughout the year or at midyear evaluation period. Residents will be provided timely written notification of any shortcomings, the opportunity to discuss them, and guidance regarding the steps necessary to demonstrate growth in the areas noted. Additionally, written feedback on the extent to which corrective actions are or are not successful will also be provided.

Upon successful completion of the program, all residents will receive a certificate that indicates they have successfully completed a Postdoctoral Residency in Psychology.

ADMINISTRATIVE AND PROGRAM STRUCTURE

The Psychology Postdoctoral Residency at the Phoenix VA Health Care System (PVAHCS) currently offers training to eight (8) one-year postdoctoral residents in Clinical Psychology. The residency is individualized to fit their needs and interests. In our program, we encourage residents to observe and experience a variety of supervisory and clinical models. As the residents progress in the program and their professional skills and duties advance, they assume greater responsibility in the clinical setting.

Funding/Benefits/Leave:

VA-funded psychology residents are paid a full-time stipend of **\$48,000**, and payments are every two weeks for a full year. Health insurance is available at employee copay rates. Training stipends are taxable. The PVAHCS does not offer part-time or unfunded postdoctoral positions. See page 38 for tables with additional details regarding benefits.

The official training year will begin on **August 28, 2023**. Residents earn four hours of annual leave and four hours of sick leave every two weeks. Additionally, residents are granted up to 40 hours of authorized absence (i.e., time allowed for attending or presenting at conferences, attending job interviews) for educational opportunities and receive ten paid federal holidays.

Facility and Training Resources:

The Psychology Department has staff at the Main Hospital, the 32nd Street Clinic and several Community Based Outpatient Clinics (CBOC), trainees share a large conference room with computers, phones and a printer. There are dedicated therapy and assessment offices for trainee use. Residents have access to a refrigerator and microwave for shared use. The Psychology Department has an administrative office, a secretary and a program assistant who assists residents with the procurement of supplies and various administrative tasks.

Training Program Evaluation:

The residents will complete formal rating scales after six months and at the end of the training year to indicate their satisfaction with the training experiences, quality of supervision provided, didactic experiences, and facilities and resources available. The training directors review the residents' satisfaction ratings and take reasonable steps to address any areas of concern. At each 6-month rotation evaluation, the residents also rate

their individual supervisor and group supervisors. Exit interviews with the residents by the training directors will be completed at the end of the training year in order to gather additional feedback about the training experience and in order to inform the continuous improvement of the postdoctoral training residency. It is expected that residents will provide feedback to their supervisors on an ongoing basis, as well, concerning their needs and the extent to which the training activities are fulfilling their goals.

Due Process – Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike. A copy of this is available upon request from the training director.

Time Commitment:

The Psychology Postdoctoral Residency requires a one-year full-time training commitment (2080 hours). To ensure a sufficient breadth of training experience, and that a trainee meets the training program's defined goals, postdoctoral residents may also choose to participate in additional training opportunities as appropriate.

Note: Consistent with APA and the VA's Office of Academic Affiliations, it is expected that Postdoctoral Residents will complete the entire training term without exception.

PHOENIX: A GREAT PLACE TO TRAIN AND LIVE

Phoenix is the fifth largest city in America with a population of more than 1.6 million. Despite its size, it remains affordable and easy to navigate compared to other large U.S. cities. Phoenix has much to offer in terms of culture and arts. The Heard Museum houses a renowned collection of American Indian art and culture. The Phoenix Art Museum has a fine permanent collection and presents several shows each year. Phoenix's downtown art galleries and music venues host "First Friday" events throughout the year. Phoenix is also home to five professional sports teams: the Phoenix Suns, Phoenix Mercury, Arizona Cardinals, Arizona Diamondbacks, and Arizona Coyotes. Several annual sporting events take place in Phoenix, including PGA and LPGA golf tournaments.

Phoenix offers over 300 days of sunshine! Many sporting activities are popular including hiking, running, and cycling. Several farmer's markets are available year-round in Phoenix, Scottsdale, and other surrounding communities. Phoenix's dining scene has expanded significantly in recent years, and most restaurants have patios to enjoy outdoor dining.

There are six man-made lakes near Phoenix where boating, fishing, and water skiing can be enjoyed. There are ski resorts, pine forests, and the red rocks of Sedona less than two hours away in northern Arizona. The Grand Canyon is a 4-hour drive to the north, and national parks in Utah are only a few hours further. The beaches of Mexico are a 4-hour drive to the south, and California is only 5-6 hours (or a quick flight) west. Sky Harbor International Airport provides daily connections to all major international airports. For additional information about the Phoenix metropolitan areas please go to: www.visitphoenix.com.

**PHOENIX VA HEALTH CARE SYSTEM
PSYCHOLOGY POSTDOCTORAL TRAINING COMMITTEE**

JENNIFER AVERYT, Ph.D., ABPP
Ohio University, 2012
Licensed Psychologist in Arizona
(Health Psychology)

Dr. Averyt is a member of the Health Psychology team and lead psychologist for the Phoenix VA Eating Disorder Program. After completing her internship at the Phoenix VA, Dr. Averyt completed a two-year fellowship in clinical health psychology at Tripler Army Medical Center. Dr. Averyt has training and experience in a variety of evidence-based psychotherapies including CBT for depression and anxiety, CBT for Insomnia (CBT-I), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), enhanced CBT (CBT-E) for eating disorders, and Motivational Interviewing. Her interests include eating disorders, sleep disorders, self-management of chronic illness, health behavior change, psycho-oncology, and chronic pain. Dr. Averyt is board certified in clinical health psychology and is a national consultant for the VA CBT-I Training initiative.

TIM S. AYERS, Ph.D.
Arizona State University, 1991
Licensed Psychologist in Arizona
(PTSD Clinical Team)

Dr. Ayers' theoretical orientation is cognitive-behavioral, with an emphasis on empirically-based treatments. He provides evaluation and individual and group psychotherapy to veterans with warzone-related PTSD. His primary interests are in the anxiety disorders, particularly OCD and PTSD. Dr. Ayers also has a background in prevention programming and clinical child psychology and prior to joining the VA held faculty appointments at Yale University and Arizona State University. He has interests in program evaluation, and the development of family-based interventions. In the past, he has received federal grants to carry out research on the impact of major stressors on families and the evaluation of prevention programs. Dr. Ayers is currently the Principal Investigator for a NIMH grant on a fourteen year follow up of a preventive intervention program called the Family Bereavement Program. Due to the efficacy of this program in long term follow up studies, Dr. Ayers has been contacted by the US Army Medical Research and Material Command expressing their interest in the redesign and delivery of this program to military families where there has been the death of a serviceperson.

COURTNEY E. BAKER, Psy.D..
Midwestern University, 2015
Licensed Psychologist in Arizona
(PTSD Clinical Team)

Dr. Baker is a Clinical Psychologist in the Posttraumatic Stress Disorder Clinical Team (PCT Team) and is regional trainer for Strength at Home, an evidence-based treatment for Veterans who engage in interpersonal violence. She specializes in using evidence-based practices to treat PTSD in individual and group formats along with providing services via telemental health. Additionally, she specializes in assessment of PTSD using the Clinician Administered PTSD Scale for DSM-5 (CAPS-5). Her primary interests are in Trauma and Stressor Related Disorders, including associated features such as moral injury and shame. In addition to clinical duties, Dr. Baker is a clinical champion for Mental Health Suite and heads a multidisciplinary team across the hospital that specializes in the development and implementation of patient-centered treatment plans.

BRAD BELSHER, Ph.D.
 Palo Alto University, 2010
 Licensed Psychologist in the Commonwealth of Virginia
 (PTSD Clinical Team)

Dr. Belsher is a Clinical Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT Team). He specializes in the delivery of evidence-based treatments for PTSD in individual and group formats. He completed his internship training and postdoctoral fellowship at the Washington DC VA, where he concentrated in the treatment of PTSD. Prior to working for the Phoenix VA, Dr. Belsher spent 8 years working for the Department of Defense where he conducted clinical research on improving the delivery of psychological treatments in the Military Health System. Dr. Belsher previously directed an evidence synthesis team for the Defense Health Agency and was responsible for providing objective and comprehensive evidence reviews on psychological health topics in response to congressional requests, stakeholder needs, and provider inquiries. Several of these reviews are now published in the peer-review literature. Dr. Belsher has published and presented in the areas of telehealth treatments for PTSD, stepped-care interventions, health systems research, and population-based care models.

ASHLEY BREEDLOVE, Psy.D.
 Nova Southeastern University
 Licensed Psychologist in Louisiana
 (Health Psychology)

Dr. Breedlove provides psychotherapy services in the multidisciplinary setting of Phoenix VA's main hospital. She was primarily trained in cognitive behavioral, interpersonal, and acceptance and commitment treatment approaches over the course of her doctoral training at Nova Southeastern University and clinical Internship at Dayton VA Medical Center. She completed her Postdoctoral Fellowship in the area of Health Psychology / Primary Care Mental Health Integration (PCMHI) at the Phoenix VA. In her current role as a staff psychologist on the health psychology team, Dr. Breedlove provides time-limited, evidence-based psychotherapy interventions for Veterans with health concerns, including Cognitive Behavioral Therapy (CBT) for specific health conditions such as diabetes, IBS, headaches, seizures, COPD, heart failure, cancer, sleep disorders, tinnitus, and sexual health concerns as well as Acceptance and Commitment Therapy (ACT) for chronic health conditions and

adjustment to new medical diagnoses. Treatment services also include CPAP desensitization, exposure therapy for medical phobias, and behavioral treatments to improve adherence to medical recommendations. Her training and experience has enhanced her proficiency in multiple treatment approaches, including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Cognitive Behavioral Therapy for Insomnia (CBT-I), Mindfulness Based Stress Reduction (MBSR), Interpersonal Therapy (IPT), Cognitive Processing Therapy (CPT), Brief Prolonged Exposure (PE-PC), and Dialectical Behavior Therapy (DBT). Breedlove also serves as national consultant for the VA CBT-I Training initiative. Her primary interests include sleep disorders, anxiety disorders, women's health, and trauma-informed treatment.

LISA BURGESS, Ph.D.
 Arizona State University, 2005
 Licensed Psychologist in Arizona
 (Health Behavior Coordinator)

Dr. Burgess is a Health Psychologist whose role is primarily with the Health Promotion and Disease Prevention Team as the Health Behavior Coordinator. The Health Behavior Coordinator develops and evaluates programs to enhance wellness for primarily Veterans, but also for VA employees. Involvement with facility-level policy and decision-making is integral to the role. There is also a clinical component consisting of smoking cessation, fitness and nutrition, and transplant evaluations. Dr. Burgess completed her predoctoral Internship in Geropsychology at the Palo Alto VA Health Care System and then went on to a Postdoctoral Fellowship at this facility in Health Psychology. She was previously employed both in a local group practice and at the Southern Arizona VA Health Care System. Dr. Burgess's orientation is primarily cognitive behavior with a focus on empirically supported treatments and common factors. Her interests include: adaptation to illness, healthy aging, stress and coping, grief and loss, motivational interviewing, and mindfulness-based interventions.

RHONDA S. CASILLAS, Ph.D.
 Arizona State University, 2010
 Licensed Psychologist in Arizona
 (Women Veteran's Program)

Dr. Casillas is the lead psychologist in the Women Veteran's Program. Dr. Casillas completed her internship at Denver Health Medical Center (DHMC) and completed a two-year fellowship in clinical health psychology at the Medical College of Georgia, Georgia Health Sciences University (GHSU). At GHSU Dr. Casillas specialized in behavioral medicine consultation services in HIV/AIDS, multiple sclerosis, eating disorders, bariatric, memory and oncology clinics. Before joining the VA, Dr. Casillas provided psychology and community outreach services at Arizona State University Counseling and Consultation Services and was adjunct faculty for ASU Department of Behavioral Health. Her primary interests are women's health, self-management of chronic illness, health behavior change, caregiver's stress, geriatrics psychology, cross-cultural assessments, chronic pain, sleep

disorders, depression, adjustment and anxiety disorders. Dr. Casillas is currently the lead facilitator of the Diversity Didactic Series for the internship and started the Mentorship Program for the Postdoctoral Residency.

BRITTANY L. FRIEDMAN, Psy.D.
Nova Southeastern University, 2018
Licensed Psychologist in Arizona
(Chronic Pain Wellness Center; Health Psychology)

Dr. Friedman is a Pain Psychologist within the interdisciplinary team at the Chronic Pain Wellness Center (CPWC). She graduated from Nova Southeastern University's Clinical Psychology Doctoral program and completed her internship at the VA Los Angeles Ambulatory Care Center in Los Angeles, CA, with a focus in Primary Care-Mental Health Integration. Dr. Friedman then completed fellowship at the Phoenix VA with a specialization in Chronic Pain. She continues as a staff member on this highly integrated, transdisciplinary team at the Chronic Pain Wellness Center as a Pain Psychologist. Her clinical areas of interest include chronic pain, rehabilitation psychology, highly integrated care teams in a medical setting, and healthcare provider wellness. Dr. Friedman's theoretical orientation is integrative with an emphasis on third wave cognitive behavioral therapies within a rehabilitation psychology framework. Clinically, she utilizes predominately mindfulness and relaxation interventions alongside Acceptance and Commitment Therapy for Chronic Pain (ACT-CP) and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) with the incorporation of Emotion-Focused Therapy, Time-Limited Dynamic Psychotherapy, and pain neuroscience education.

LEANNE FIERSTEIN, Ph.D.
California School of Professional Psychology, 2006
Licensed Psychologist in Arizona
(Outpatient Mental Health Clinic, Assessment Lab Co-Lead)

Dr. Fierstein works in the General Mental Health Clinic (Jade/Opal). Her treatment approach is primarily humanistic, utilizing interventions from Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). She specializes in using Evidence-Based Practice to treat anxiety disorders, depressive disorders, and Borderline Personality Disorder, in both individual and group formats. Dr. Fierstein has previously worked at Arizona State University, in the Counseling Center, and has experience supervising Interns and post-doctoral residents. Dr. Fierstein also has extensive experience in treating PTSD with survivors of sexual assault/abuse and domestic violence in a community mental health program. Dr. Fierstein is the Assessment Lab Co-Lead for the Psychology Postdoctoral Residency.

MARIA HAMILTON, Psy.D.
The Forest Institute of Professional Psychology, 2002
Licensed Clinical Psychologist in Arkansas
(Diversity Lead; PC-MHI – Southwest CBOC)

Dr. Hamilton serves as the Co-Lead of the Mentoring Program that meets with the postdoctoral residents once a month to discuss professional development. She works in the Outpatient Mental Health Clinic at the SW CBOC. Her theoretical orientation is predominantly Humanistic, utilizing a mix of interventions from the Cognitive Behavioral, Interpersonal, and Insight Oriented disciplines based on the needs of the individual being treated. Dr. Hamilton's diverse career as a psychologist includes working in the areas of addiction, child and adolescent treatment, rural mental health care, psychological testing, crisis management, clinical supervision, community mental health, correctional mental health, and inpatient mental health. While at the VA she has worked in the Jade/Opal Outpatient Mental Health Clinic, the Inpatient Mental Health Unit, and now at the SW CBOC. Prior to joining the psychology department at the Phoenix VA she managed the substance abuse treatment programs for the Federal Bureau of Prisons here in Phoenix. She is well versed in the Therapeutic Community model of substance abuse treatment, having developed and implemented the Modified Therapeutic Community Residential Drug Abuse Program at the medium security federal institution in Phoenix. Dr. Hamilton also has extensive treatment experience working with psychopathy using the work of Samenow to identify and treat criminal thinking patterns in male and female offenders. In addition, she participated in the National Health Service Corp (NHSC) program, whose mission is to provide needed health care to underserved populations. Dr. Hamilton is a recognized clinical supervisor by the Arkansas Board of Psychology and has an interest in the areas of depression, parenting, program development, and clinical supervision.

ERIC R. HANSON, Ph.D.
Loma Linda University, 2013
Licensed Psychologist in Washington State
(Chronic Pain Wellness Center; Pain Psychology)

Dr. Hanson is an Pain Psychologist within the interdisciplinary team at the Chronic Pain Wellness Center (CPWC). The CPWC is the first Chronic Pain Clinic in the VA to adopt the Sociopsychobiological model to provide high value pain care. Prior to coming to the VA, they completed their clinical Internship at the Greater Los Angeles VA Health Care System at Los Angeles Ambulatory Care Center and they went on to a clinical psychology fellowship in Behavioral Medicine at Harbor UCLA Medical Center. Their treatment approaches are primarily from an Acceptance and Commitment and Cognitive Behavioral Frameworks; they have had prior training in dynamic, interpersonal, and humanistic psychotherapies and incorporates these perspectives into their case conceptualizations. Dr. Hanson is a VA VISN 22 CBT-CP Trainer and Consultant and teaches trainees this evidence based model of treatment. Additionally, Dr. Hanson has had additional training in clinical hypnosis.

DANIELLE HERNANDEZ, Ph.D.
West Virginia University, 2005
Licensed Psychologist in Arizona
(PTSD Clinical Team – Southeast CBOC)

Dr. Hernandez provides individual and group psychotherapy as part of the PTSD Clinical Team and treats patients at both the main hospital and the Southeast Extension Clinic, located in Mesa, AZ. Her theoretical orientation is cognitive behavioral, with a focus on empirically validated treatments. In addition to clinical duties, Dr. Hernandez is a Prolonged Exposure consultant for the National Center for PTSD Prolonged Exposure Initiative and provides consultation to clinicians who are in the process of being certified to use Prolonged Exposure therapy to treat PTSD. Before joining the PTSD Clinical Team, Dr. Hernandez was the Home Based Primary Care team (HBPC) psychologist and provided psychotherapy and brief cognitive assessment for home bound veterans who received care from the multidisciplinary HBPC team. Prior to working for the VA, Dr. Hernandez had a variety of experiences, which included pre-employment psychological assessment for local law enforcement agencies as well as in home psychological services and behavior planning for individuals with serious mental illness and developmental disabilities.

CARL ISENHART Psy.D., ABPP
 University of Denver, Denver, Colorado, 1984
 Licensed Psychologist in Minnesota, Wisconsin, and Illinois
 (Motivational Interviewing Consultant)

Dr. Isenhardt served as a Staff Psychologist at the Phoenix VAMC between 2015 and 2020, and now serves as the Motivational Interviewing Trainer and Consultant to the Psychology Training Programs. In addition to a client-centered approach in working with clients, he has specific training in Motivational Interviewing, Rational-Emotive Therapy, Interpersonal Psychotherapy, and Cognitive-Behavior therapy. He has held clinical, supervisory, and managerial positions at the VAMCs in Danville, IL, and Minneapolis, MN. He has also conducted and published research in the areas of Motivational Interviewing, substance abuse assessment and treatment, and masculine gender issues. He was a clinical assistant professor in the Departments of Psychology and Psychiatry at the University of Minnesota and an adjunct profession at St. Mary's University of Minnesota. He holds Specialty Board Certification in Clinical Psychology, is a Fellow of the American Academy of Clinical Psychology, has a Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders, and is a member of the Motivational Interviewing Network of Trainers.

ANDREW C. JONES, Ph.D.
 Illinois Institute of Technology, 2000
 Licensed Psychologist in Arizona
 (PC-MHI- SE CBOC)

Dr. Jones has committed his career to VA Health Care, working in Health Psychology, primarily in chronic pain management and more recently in the areas of Primary Care-Mental Health Integration. Upon completion of Internship in 2000, he was hired into the Pain Clinic at the Louis Stokes Cleveland VA Health Care System and completed his postdoctoral training as a permanent staff member. He strongly believes in the power of providing the best education possible concerning the mind-body connection and enjoys

teaching patients and providers alike. His theoretical orientation is strongly ACT influenced, with an intertwining of CBT and mindfulness principles. Beyond initial evaluation and assessment of motivation and stage of change, he prefers group-based interventions as he finds the interaction between patients to significantly enhance self-efficacy. He has also undergone training in biofeedback interventions; and also enjoys incorporating his improv comedy training and experience into patient and trainee interactions.

BRYCE JUPINKO, Psy.D.
Argosy University/Orange County, 2015
Licensed Psychologist in Arizona
(Outpatient Mental Health Clinic)

Dr. Jupinko is currently working within the Jade/Opal Clinic (Outpatient General Mental Health). Her treatment approach is primarily humanistic and incorporates concepts from Cognitive Behavioral Therapy, Acceptance and Commitment Therapy and Dialectical Behavioral Therapy. She has evidenced based training in Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Cognitive Processing Therapy and Eye Movement Desensitization and Reprocessing. She currently co-facilitates several therapy groups, including a DBT group and Pathfinders group (DBT skills). She completed her internship at the Spokane/Walla Walla VA in general mental health. She also worked as a forensic evaluator for a community psychiatric hospital and completed fitness to parent evaluations for clients involved with the DCS system. Prior to pursuing a degree in psychology, Dr. Jupinko worked as a social worker in the emergency department and as a therapist at several residential substance abuse treatment programs.

KRIS KRATZ, Ph.D., ABPP (CL/CN)
Fuller Graduate School of Psychology, 2000
Licensed Psychologist in Arizona
Associate Chief of Staff – Mental Health Department

Dr. Kratz is the Associate Chief of Staff for the Mental Health Department. He is board certified in clinical psychology and clinical neuropsychology by the American Board of Professional Psychology, a practice sample reviewer for the American Board of Clinical Neuropsychology, and a mentor for the American Board of Clinical Psychology. In addition to his role for the Phoenix VA, Dr. Kratz has 15 years of experience as an Army officer (10 active duty, 5 in National Guard and Reserves). He has served in various military roles, to include psychologist, neuropsychologist, and as a unit commander. He has six combat deployments in support of Operation Iraqi Freedom, and practices CBT when functioning in his role as a military psychologist. Clinical neuropsychology interests include traumatic brain injury, baseline and clinical evaluations for those in high risk occupations (i.e. aviation, special operations), dementia, neuroimaging analysis utilizing FreeSurfer, industrial/organizational psychology, and moral injury.

BRANDI L. LUEDTKE, Psy.D., HSPP
 University of Indianapolis, 2010
 Licensed Psychologist in Indiana
 (PTSD Clinical Team- Section Head)

Dr. Luedtke is a Clinical Psychologist in the Posttraumatic Stress Disorder Clinical Team (PCT Team). Her main interests are in complex mental illness, particularly PTSD, and in the integration of third-wave behavior therapies, such as Mindfulness-based interventions, into evidence-based psychotherapies. Following Internship at the Cincinnati VA and prior to coming to the Phoenix VA in 2015, she served as Project Director/Co-Investigator of a VA-grant funded study entitled, "Mindfulness-based Cognitive Behavioral Conjoint Therapy for PTSD and Relationship Function" in which she assisted in the development and implementation of a randomized control trial of a mindfulness-based cognitive behavioral couples therapy intervention for OEF/OIF/OND veterans and their intimate partners at the Roudebush VA Medical Center in Indianapolis, IN. She has published in the areas of PTSD and schizophrenia disorders. Dr. Luedtke also serves as a National Cognitive Behavioral Conjoint Therapy for PTSD Trainer for the Veterans Affairs Office of Mental Health and travels nationwide conducting workshops for the dissemination of CBCT throughout the VA system, as well as the Department of Defense.

LINDSAY MANWAY, Psy.D.
 Nova Southeastern University, 2016
 Licensed Psychologist in Arizona
 (Home-Based Primary Care)
 (Psychological Assessment Clinic)

Dr. Manway is a psychologist in the Home-Based Primary Care program, which provides comprehensive, interdisciplinary, in-home care for veterans who have complex health care needs and for whom routine clinic-based care is not effective. She completed her internship and postdoctoral training at the Cleveland VAMC with an emphasis in Geropsychology and continues to enjoy working with older adults in HBPC. Some of her specialized interests in this area include dementia assessment, behavior management for dementia, staff training and education, and caregiver support. Dr. Manway enjoys co-facilitating the Caregiver's First group, which is an evidence-based treatment that focuses on support and skills for caregivers of veterans with dementia. Psychology trainees are always a welcome addition to this group. Dr. Manway also assists with the Psychological Assessment Clinic, including case assignment and supervision.

MICHAEL MOORE, Ph.D.
 The University of Southern Mississippi, 2011
 Licensed Psychologist in Arizona
 (PTSD- Southeast CBOC - CPT Regional Trainer)

Dr. Moore works for the Post Traumatic Stress Disorder Clinical Team and works out of the SE CBOC Clinic. He completed his psychology Internship at the Memphis, Tennessee VA, and a postdoctoral Fellowship in PTSD and trauma related mental health disorders at the

Tucson, Arizona VA. Dr. Moore specializes in using Evidence-Based Practices to treat trauma related disorders. He is a Cognitive Processing Therapy (CPT) Regional Trainer for the Department of Veterans Affairs. Dr. Moore has obtained provider status through the Department of Veterans Affairs in CPT, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD). He has also been trained in, and utilizes Prolonged Exposure (PE) and Dialectical Behavioral Therapy (DBT) in his work with Veterans diagnosed with PTSD. Prior to joining the Phoenix VA staff Dr. Moore worked as the Military Sexual Trauma (MST) program coordinator, and as a member of the PCT for the Tucson, Arizona, VA Health Care System.

CHRISTOPHER OGLE, PSY.D.
 Pepperdine University, 2013
 Licensed Psychologist in Arizona
 (Outpatient Mental Health Clinic - Southeast CBOC)

Dr. Ogle is a general mental health psychologist located at the Southeast CBOC. He completed his degree at Pepperdine University, his internship at the North Chicago VA/Captain James A. Lovell Federal Health Care Center, and his post-doctoral fellowship at the VA Pacific Islands Health Care System in Honolulu, HI. During residency, he specialized in outpatient and inpatient PTSD treatment and worked closely with the National Center for PTSD. He has completed training in Cognitive Processing Therapy (CPT) and Prolonged Exposure, and has certified provider status as a CPT provider. Clinical responsibilities include individual psychotherapy and assessment with a variety of clinical presentations. Additionally, Dr. Ogle has started and maintained a mindfulness group and an anger management group at the SE CBOC. Regarding theoretical orientation, he has a background in existential and cognitive-behavioral approaches, though he tends to adhere to cognitive-behavioral approaches.

JOELLE OIZUMI, Ph.D.
 University of North Texas, 1996
 Licensed Psychologist in Arizona
 (Psychology Service Executive/Outpatient Mental Health- Southeast CBOC)

Dr. Oizumi currently functions as the Psychology Service Executive. She primarily provides individual psychotherapy for various mental health issues on an outpatient basis. Her theoretical orientation is cognitive-behavioral and interpersonal. She provides psychotherapy to mental health and Health Psychology patients. She conducts psychological evaluations for diagnostic and treatment purposes. Her primary clinical interest is in working with veterans with warzone-related PTSD and depression. Dr. Oizumi is an adjunct faculty member at Rio Salado and Everest Colleges. She has previously conducted disability evaluations at the VA and in the private sector. She has conducted fitness to parent evaluations for Child Protective Services. She worked in correctional psychology prior to coming to the VA in 1997.

BRENDT PARRISH, Ph.D.
 University of Delaware, 2014
 Licensed Psychologist in California and Kansas
 (PC-MHI)

Dr. Parrish is a psychologist in Primary Care Mental Health Integration (PC-MHI). After completing his internship at the Orlando VA, Dr. Parrish completed a one-year fellowship in PC-MHI at the Milwaukee VA. Dr. Parrish has training and experience in a variety of evidence-based psychotherapies including CBT for depression and anxiety, CBT for Insomnia (CBT-I), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT). His interests include integrated care models, measurement based care, sleep disorders, self-management of chronic illness, health behavior change, and chronic pain. Dr. Parrish is the VISN 22 PC-MHI training lead and national Problem Solving Training trainer.

ALEXANDRA PLEASANT, PSY.D.
 Arizona School of Professional Psychology, 2016
 Licensed Psychologist in Arizona
 (Outpatient Mental Health Clinic)

Dr. Pleasant is currently working as a clinical psychologist within the Jade/Opal Clinic (Outpatient Mental Health Clinic). Prior to becoming a psychologist at the Phoenix VAMC, Dr. Pleasant has completed training in a variety of VA and community settings, including residential treatment, sub-acute medical facilities, hospice care, disability assessments, primary care mental health integration, PTSD-specialty clinics, and private practice. She completed her internship at the West Palm Beach VAMC in the interdisciplinary training track and fellowship at the Phoenix VAMC in the Chronic Pain Wellness Center. Her treatment approach is primarily humanistic and incorporates concepts from Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and Dialectical Behavioral Therapy. She also has specific evidence-based training in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Chronic Pain, Dialectical Behavioral Therapy, Interpersonal Psychotherapy for Depression, and Acceptance and Commitment Therapy for Depression. She currently conducts individual therapy, intakes/assessments, triage, and group therapy in the Jade/Opal clinic, as well as participates in a variety of committees/work groups. In terms of group therapy, Dr. Pleasant co-facilitates several groups, including a therapy orientation group, Pathfinders group, and a coping skills group. Her main interests are interprofessional/interdisciplinary team work, the intersections between mental and physical health, particularly chronic pain, geriatrics, the mind-body connection, and mindfulness.

KIMBERLY SULLIVAN, Psy.D.
 Argosy University - Phoenix, 2011
 Licensed Psychologist in Arizona
 (PC-MHI- SE Clinic)

Dr. Sullivan earned a M.A. in Forensic Psychology from the University of Denver and a doctorate in Clinical Psychology from Argosy University. She completed a doctoral

internship at Napa State Hospital and post-doctoral fellowship at Harbor UCLA Medical Center where she focused on correctional/forensic psychology and assertive community therapy/rehabilitation. Prior to joining the Phoenix VA, Dr. Sullivan worked as a Drug Abuse Program Coordinator at the Federal Correctional Institution in Phoenix and served as the Mental Health Expert on the Bureau of Prisons local Crisis Negotiation Team. Dr. Sullivan currently works at the SE CBOC in the area of Primary Care -Mental Health Integration.

ERIN TRUONG, Ph.D.
The Ohio State University, 2016
Licensed Psychologist in Arizona
(PC-MHI)

Dr. Truong is co-located within primary care at the 32nd Street Clinic where she delivers short-term, evidence-based treatments for mental and behavioral health concerns. She receives warm hand-offs from medical staff, provides same-day assessment and triage, and facilitates referrals to specialty mental and behavioral health services when appropriate. She currently facilitates cognitive-behavioral therapy for anger management, cognitive behavioral therapy for chronic pain, and cognitive behavioral therapy for insomnia and teaches the behavioral health classes for the MOVE! Program. Dr. Truong has provider status in Cognitive Processing Therapy and has training and experience in cognitive-behavioral therapy and motivational interviewing. Dr. Truong completed her internship at VA Central Iowa Health Care System and her fellowship at Phoenix VA Health Care System. She was hired on as staff in 2017.

JESSICA S WERTZ, Psy.D.
Loma Linda University, 2012
Licensed Psychologist in Illinois
(PTSD Clinical Team)

Dr. Wertz is a Clinical Psychologist in the Posttraumatic Stress Disorder Clinical Team (PCT Team). She specializes in using evidence-based practices to treat PTSD in individual and group formats. She is certified in CPT, EMDR, CBT for Insomnia, Interpersonal Psychotherapy for Depression and Social Skills Training for Schizophrenia. Her primary interests are in Trauma and Stressor Related Disorders, especially childhood and attachment traumas. Another one of Dr. Wertz's interests is in supervision and leadership development. She has won several preceptor/instructor and excellence in training awards. She is also an APA Internship and Post-doctoral Accreditation Site Visitor.

ADRIANA TARAZÓN WEYER, Ph.D.
Arizona State University, 2003
Licensed Psychologist in Arizona
(Transition & Care Management Clinic; Disruptive Behavior Committee)

Dr. Weyer serves as the Chair for the medical center's Disruptive Behavior Committee (DBC) and Employee Threat Assessment Team (ETAT). She conducts evidence-based risk

assessments, using a combination of clinical and actuarial methods to identify violence risk and develop risk mitigation strategies. Both the DBC and ETAT consist of multidisciplinary staff throughout the medical center trained in the risk assessment process. Dr. Weyer also provides services in the Transition and Care Management Clinic (TCM), which provides services to Post 911 returning combat veterans.

MATTHEW WEYER, Ph.D.
Arizona State University, 1997
Licensed Psychologist in Arizona
(Health Psychology, PC-MHI)

Dr. Weyer is the Training Director of the Psychology Internship and Clinical Psychology Postdoctoral Residency programs. He has completed evidence-based training in Cognitive Behavior Therapy (CBT), Motivational Interviewing (MI) and Eye Movement Desensitization and Reprocessing Therapy (EMDR). His clinical interests include intervention and treatment of medical patients. Clinical responsibilities include assessment, individual psychotherapy, and psycho-educational groups. He is one of the lead therapists in the following Health Psychology Groups: CBT-Insomnia, Progressive Management of Tinnitus, and CPAP Adherence. His theoretical orientation is eclectic with a cognitive-behavioral emphasis. He sub-specializes in clinical hypnosis and EMDR and depending on trainee interest, leads a weekly self-study group for the psychology trainees.

**Postdoctoral Admissions, Support, and Initial Placement Data
Date Program Tables were updated: 7/1/2022**

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values. **No.**

If yes, provide website link (or content from brochure) where this specific information is presented? **N/A**

Psychology Postdoctoral Residency Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:

The minimum requirements for entry into the training program include 1) United States citizenship, 2) verification of Selective Service Registration (Male applicants born after 12-31-1959 must sign a pre-appointment Certification Statement for Selective Service Registration), 3) doctoral degree from an APA, CPA, CPSAS accredited Doctoral Program of Clinical or Counseling Psychology, and 4) completion of an APA or CPA accredited psychology internship program.

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented: VA Eligibility Requirements	
All requirements of federal hiring and employment, as well as VA health care system as outlined throughout this brochure and via program homepage: VA Eligibility Requirements	

Describe any other required minimum criteria used to screen applicants: **N/A**

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Year 1 Full-Time Postdoctoral Resident: \$48,000

Annual Stipend/Salary for Half-Time Residents: N/A

	Yes	No
Program provides access to medical insurance for Postdoctoral Resident?	X	
If access to medical insurance is provided:		
Trainee contribution to cost required?	X	
Coverage of family member(s) available?	X	
Coverage of legally married partner available?	X	
Coverage of domestic partner available?		X

		Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period/ 13 days per year	X	
Hours of Annual Paid Sick Leave	4 hours per pay period/ 13 days per year	X	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns/residents in excess of personal time off and sick leave?		X	
Other Benefits	Administrative leave for dissertation defense, post-doctoral interviews, and conferences (approved by training director)	X	

Initial Post-Residency Positions

	2018-2021	
Total # of Residents who were in the 3 cohorts	21	
Total # of Residents who completed the Postdoctoral Residency	21	
Total # of Residents who left prior to completing the Postdoctoral Residency to accept employment	0	
Total # of Residents who did not seek employment	0	
	PD	EP
Academic teaching	0	0

Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	1
Veterans Affairs Health Care System	0	17
Psychiatry facility	0	1
Correctional facility	0	0
Health maintenance organization	0	1
School district/system	0	0
Independent practice setting	0	1
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

ELIGIBILITY REQUIREMENTS TO WORK FOR THE DEPARTMENT OF VETERANS AFFAIRS

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

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however, are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. Of note, this drug screening includes cannabis, with application of federal law (not state law)

regarding drug policies (it is important to read the following document for more information [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)).

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit:

<https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.
https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included): *Specific factors.* In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

1. Misconduct or negligence in employment;
2. Criminal or dishonest conduct;
3. Material, intentional false statement, or deception or fraud in examination or appointment;
4. Refusal to furnish testimony as required by § 5.4 of this chapter;
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

1. The nature of the position for which the person is applying or in which the person is employed;
2. The nature and seriousness of the conduct;
3. The circumstances surrounding the conduct;

4. The recency of the conduct;
5. The age of the person involved at the time of the conduct;
6. Contributing societal conditions; and
7. The absence or presence of rehabilitation or efforts toward rehabilitation.

Additional information on VA eligibility:

<https://www.psychologytraining.va.gov/eligibility.asp>