

Clinical Psychology Internship

2023 - 2024

**VA Portland Health Care System
Portland, Oregon**



VA | Defining
HEALTH CARE | **EXCELLENCE**
in the 21st Century

Affiliated with Oregon Health & Science University

Welcome

The Psychology Training Committee at the VA Portland Health Care System (VAPORHCS) appreciates your interest in our clinical psychology internship. Accredited by the American Psychological Association's Office of Program Consultation and Accreditation since 1978,* the internship continues a strong commitment to fostering clinical skills and professional identity in interns. VAPORHCS psychology staff values collegial working relationships with interns as well as the opportunity to teach and provide supervision.

In addition to the benefits of the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with cultural events, theatres, restaurants, music, shopping, and natural beauty. In Portland, it is literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening. We hope you enjoy living here as much as we do.

Thank you for considering VAPORHCS for your clinical psychology internship. We look forward to reviewing your application.

Sincerely,



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Director of Training, Psychology Internship Program
VA Portland Health Care System

Last site visit occurred in 2017

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About Us



The Veteran Affairs Portland Health Care System (VAPORHCS) is an attractive and vital health care center. In addition to comprehensive medical and mental health services, VAPORHCS supports ongoing research and medical education. VAPORHCS is connected to Oregon Health & Science University (OHSU) structurally by a beautiful sky bridge, and functionally by shared staff, trainees, and educational opportunities.

The Vancouver, Washington division of VAPORHCS is located just across the Columbia River. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, a substance abuse treatment program, a PTSD clinic, a post-deployment clinic, and primary care.

Additional community-based outpatient clinics (CBOCs) are located at other locations such as Hillsboro, Fairview, and West Linn.

VAPORHCS values diversity; therefore, many of our staff are veterans themselves and represent the population we serve in regards to race, ethnicity, sexual orientation, disability, and faith.

As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.



Training Program

Overview

VAPORHCS continues a long-standing commitment to clinical psychology internship training. Our internship program has been fully accredited by the American Psychological Association (APA) since 1978. Programs and training activities described in this brochure reflect the psychology staff's roles within the current organization of the health care system. We currently offer six internship positions.

VAPORHCS psychology staff consists of over 80 clinical psychologists with the majority holding faculty appointments in the Department of Psychiatry at the Oregon Health & Science University (OHSU). More than 35 of these psychologists are directly involved in the internship training program. Settings across both campuses afford staff the opportunity for clinical practice, training, research, and administration. Psychology, psychiatry, social work, nursing, and other disciplines have a collaborative relationship throughout VAPORHCS. Interns frequently work as part of multidisciplinary teams in addressing patient needs.

National VA guidelines designate this as a one-year, full-time, 2080-hour internship, including federal holidays, vacation, and sick days. The 2023-2024 internship training year will begin on June 20, 2023.

Training Setting

VA Portland Health Care System (VAPORHCS) is located on the ancestral lands of the Confederated Chinook Lower Tribes and Bands, the Klamath Tribe, the Burns Paiute, the Coquille, the Confederated Tribes of the Grand Ronde, the Cow Creek Band of Umpqua, the Confederated Tribes of the Umatilla, the Confederated Tribes of the Siletz, the Confederated Tribes of Coos, Lower Umpqua and Siuslaw, the Confederated Tribes of Warm Springs, as well as many other indigenous communities who have not been federally recognized. VAPORHCS serves more than 95,000 Veterans through 12 sites of care in these occupied territories, known as Oregon and Southwest Washington. The Portland VA Medical Center (PVAMC) is the largest medical facility in the VAPORHCS and overlooks the city of Portland atop Marquam Hill. PVAMC is a level 1a medical facility that provides tertiary medical, surgical, neurological, rehabilitative and psychiatric services and serves as a teaching hospital to over 1200 trainees in health professions. VAPORHCS maintains an active academic affiliation with the Oregon Health & Science University (OHSU), which is located adjacent to PVAMC and is connected by a 660 foot sky bridge. The Vancouver division of VAPORHCS is located just across the Columbia River in Washington State. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, substance abuse treatment program (SATP), residential recovery treatment program, PTSD Clinical Team, post-deployment clinic and primary care. Community-based outpatient clinics (CBOCs) are located in the greater Portland area in Hillsboro, Fairview, and West Linn as well as seven locations across coastal and central Oregon.

The general population of Oregon remains majority white (75%) (US Census, 2019). Although Portland is often identified as the "whitest" major city in the US (Semuels, 2016), it is home to vibrant communities of Black, Indigenous, Asian, Pacific Islander, Latinx, and immigrant people. Oregon and Portland-based BIPOC activism communities offer powerful voices in local

and national arenas within the Black Lives Matter, Land Back, Abolish ICE and PRIDE movements as well as many other social justice and community-led causes. Oregon is home to the second highest per-capita percentage of people who identify as LGBTQ+ in the US (5.6%), after Washington DC (9.8%). The Portland community has a rich history of LGBTQ+ activism, which is evident in LGBTQ+ visibility within the city as well as many LGBTQ+-friendly laws and policies enacted at the state and local level. Portland remains home to a thriving LGBTQ+ community and is a hub of LGBTQ+ culture, arts and activism.

Veterans living in Oregon represent a larger proportion of the state population (9.9%) than the nation as a whole (6.6%; NCVAS, 2017a). Oregon additionally has one of the highest proportions of aging veterans in the US, with over half falling above age 65. Veterans served by VAPORHCS are predominantly white, male, and of the Vietnam-era. However, the Department of Veteran Affairs serves an increasingly diverse population of veterans (NCVAS, 2017b). Given the history institutionalized, systemic discrimination present within the military, within the state of Oregon and the US as a whole, VAPORHCS plays an important role in providing equal access to high-quality, affirming and culturally responsive care to Oregon veterans representing historically marginalized groups. The VAPORHCS Women's Clinic addresses the unique health needs of women and femmes through gender-specific services for primary and preventative care, mental health, Military Sexual Trauma, family planning and maternity care. VAPORHCS has been designated as a "LGBTQ Health Care Equality Leader" on the Human Rights Campaign Foundation's Healthcare Equality Index for the past seven years and is committed to providing high quality, affirming care for veterans who identify as LGBTQ+ and to creating an inclusive and equitable workplace for LGBTQ+ staff.

Training Philosophy

The internship program at VA Portland Healthcare System recognizes that there is no psychology without culture. All of what we do as psychologists and as humans exists within a layered, ecological, and multicultural framework (APA, 2017). We believe that in order to train interns in effective evidence-based practice we must actively question the contexts and systems that impact our own lived experiences, as well as the lived experiences of our colleagues, trainees, and the Veterans we serve.

Our training philosophy is built on the following **core beliefs**:

- We believe **psychological safety for all participants in training is necessary for growth and learning.**
- We believe an **interdependent, communitarian approach to psychology and training elevates our practice** as well as the wellbeing of our entire training community.
- We understand that in order to provide effective care, consultation, and supervision that is **beneficial and non-harmful to all participants, staff and trainees must acquire and employ specific knowledge, skills and awareness for working effectively within and across cultures. We believe cultural competence is an active stance** to which one commits, to continually: seek new information, acquire new skills, engage in proactive self-reflection, take accountability for our mistakes, and receptively employ feedback to improve personal and professional practice.
- We **understand power as the ability or capacity to influence change over oneself, others, situations and systems.** We believe the provision of culturally competent and psychologically safe training and care requires us to acknowledge power differentials exist in veteran-provider interactions, within supervision dyads, in our training program and at VHA, as well as in larger social and cultural systems.
- We understand **cultural differences are not neutral with respect to power and privilege.** For this reason, we aim to center the needs and perspectives of veterans,

trainees, and staff who hold identities that have been historically marginalized within the field of psychology and in broader US and global contexts (e.g., BIPOC, LGBTQ+, femmes, people with disabilities).

- We understand that **training needs are distinct from the productivity needs** within any specific clinic. While we do aim to prepare trainees for the efficiency, efficacy, and timeliness standards required for an entry-level position including those within the VA system, trainees are not expected to fill gaps in staffing to meet clinic demands.
- We believe **mentorship is a central component of training** and professional development, including in the supervisory relationship.
- We prioritize self-reflection, accountability, and continuous development at the program, supervisory, cohort, and individual levels; **we seek and highly value candid feedback** regarding ways to make our program more culturally responsive, equitable, and non-injurious to trainees, staff, and the veterans we serve.

Training Model

The VAPORHCS internship is a generalist training program following a scientist-practitioner model. Our goal is to prepare interns for entry-level positions in psychology (including postdoctoral fellowships) by providing a robust opportunity to enhance skills in psychotherapy, assessment, and consultation across a broad array of treatment settings within our VA medical center. We strive to support interns' development progression across the training year as they make the transition from graduate student to entry-level professional.

Our program follows a competency-based meta-theoretical approach in which specific skills, knowledge, and attitudes across a number of domains of psychology practice are systematically addressed throughout the supervision process. The competency domains for our training program are listed under "Program Aims and Competencies". A competency-based theoretical approach is compatible with other models of supervision, and supervisors within our training program may enhance supervision by also using supervision models that are grounded in specific theories of psychotherapy (e.g., CBT, psychodynamic, feminist), developmental models, and/or process models of supervision. Regardless of each supervisor's orientation, our program emphasizes the value of modeling and supporting ongoing self-reflection in supervision pertaining to cultural competencies. In an effort to operationalize cultural competence and assist supervisors and trainees in attending to power dynamics, our program has additionally adopted a Queer People of Color Resilience-Based Model of Supervision (Singh & Chun, 2010). An article containing questions for reflection are included in our orientation materials.

Our didactic curriculum is designed to augment learning by supporting the developmental progression of skills and competencies across the training year. Didactics focus on enhancing trainees' knowledge of work with diverse veteran populations, including didactics on military culture, implicit bias, addressing harassment within the VA, and cultural considerations for working with BIPOC, LGBTQ+, and women veterans. The purpose of these trainings is to build on the trainees' foundational knowledge in these subjects while providing information and resources on the historical and contemporary policies and directives that impact the care of these populations. Didactics on various aspects of professional development as well as advanced discussions on particular therapeutic interventions are also a core part of our curriculum and align with our program's scientist-practitioner training model. Finally, several spaces in the didactic schedule are reserved for each cohort to design and select topics based on shared interest and a desire for deeper learning.

At the same time, all staff who are involved in training also participate in their own learning to support their continued professional development, knowledge, abilities, and skills related to supervision. For example, supervisors are required to engage in ongoing consultation by participating in a minimum of eight supervision-of-supervision meetings per year. While the topics for these meetings are designed to parallel the developmental needs of trainees across the training year, the central focus of these meetings is to ensure supervisors continue to develop their self-awareness, cultural, and supervision competencies within an ecological, multicultural framework.

Psychological Safety

Psychological safety is the experience of feeling included in the larger group, of feeling safe to learn (even through failure), and safe to challenge the status quo without fear of negative consequence to self-image, status, or career (Kahn, 1990). We understand that psychological safety is an imperative for all participants in our training program, including trainees, staff, and the veterans we serve. We also understand psychological safety may operate at many levels at the same time—the individual, the group, and the organization (Edmonson & Lei, 2014). Psychological safety is promoted by a culture of mutual trust, respect, and support and allows for conflict and discomfort to occur in a manner that enhances performance and growth. As a program, we continue to enhance psychological safety by developing and disseminating information to trainees and training staff that is as consistent, clear, and predictable as possible. At the level of the supervisory dyad, each supervisor involved in training works with their supervisee to review and sign a supervisory contract at the outset of the training relationship. This document acts as a guide for all parties involved in the training relationship and helps to outline the expectations and commitments each person is making in the relationship. Trainees in our program also work to promote psychological safety by engendering a culture of compassion and mutual respect within their cohort and with training staff, and by approaching training with an openness to both receiving and giving feedback for the purpose of mutual growth.

Communitarianism

We aspire to a training program and psychology service that builds upon the principles of a Communitarian Training Culture (CTC, Johnson, et.al, 2014). A common approach to psychology training programs is a focus on individual trainee competencies; however CTC is a training ethos that believes “a flourishing community of psychologists is one in which both individuals and groups of colleagues forge interconnections to address competence concerns honestly and collaboratively, and bolster each other’s competence.” We adhere to the belief that we have a responsibility to each other as a professional community and recognize that an interdependent approach to competencies is protective of lifelong professional performance. In addition to creating a network of support for competent practice, a communitarianism approach honors individual dignity while also maintaining an awareness that human wellbeing is deeply interconnected. We center care and compassion within our training program, which allows for a culture of humility and openness when a trainee or supervisor is struggling. We place the highest value on CTC practices including collegiality, collaboration, honesty, transparency, community engagement and self-care.

Cultural Competence and Cultural Humility

APA Multicultural Guidelines (2017) underscore the importance of both cultural competency and cultural humility in the ongoing development of psychology practices—including a wide range of functions such as teaching, psychotherapy practice, research, assessment, supervision, consultation, and advocacy. Working effectively within and across cultures requires 1) fostering self-awareness, 2) acquiring knowledge about the experiences, worldviews of others including in the contexts of historical and contemporary policies or institutions, and 3) learning skills for effective implementation of culturally appropriate

interventions. Increasingly, our field understands cultural competence is not a finite destination, and indeed that a psychologist's own perception of their multicultural competence may not align with the perception of those whom they serve. Cultural humility, broadly defined as having an "other-oriented stance" has been helpful in bridging this gap; however, it does not eliminate the need to acquire requisite knowledge and skills for culturally appropriate practices (Hook, et al, 2013). We emphasize the vital importance of both cultural competence and cultural humility in fostering psychological safety, communitarianism, growth, and resilience in our training program. It is a specific expectation of this program that our staff has a working knowledge of the historical and contemporary policies and practices that shape inequity within the field of psychology, in our professional communities, and in the experiences of the veterans we serve. Cultural competence is not a destination but an active stance toward ongoing self-exploration, self-education, humility, openness to feedback, and accountability for our mistakes.

Mentorship in Supervision

Mentorship is a dynamic, emotionally connected, reciprocal relationship in which the supervisor shows deliberate and generative concern for trainees beyond skills acquisition (Johnson, 2007; Johnson, Skinner & Kaslow, 2014). Supervision and mentorship are not synonymous. We believe in and commit to mentorship as a salient quality of our supervisory relationships and as a foundation of our training program. We also value a culture of mentorship that extends beyond the trainee-supervisor dyad. Mentoring can occur in a number of places within the program and services, including within various clinical teams, within the preceptor relationship, among MDC and SOGI group memberships. Each of us bring unique talents, gifts, and knowledge which we offer one another to uplift our psychology community as a whole. We commit to accessing mentoring with humility and appreciation and ask trainees in our program to do the same. We commit to being visible in our struggles to meet our highest mentoring ideals and hold an understanding that seeing these struggles is part of the mentoring process; our growth edges need to be nurtured as well. While mentorship in supervision is reciprocal and there is mutual influence, we recognize the responsibility of supervisors to actively pursue continued self-growth and learning opportunities so as to not rely on trainees' experiences or knowledge as a sole source of learning.

Self-Disclosure

The work we provide as psychologists sits at the intersection of the personal and the professional. Effectiveness in all domains of our work requires an awareness borne of self-reflection and exploration of positionality, life experiences and belief systems. Exploring this in supervision is both a vehicle for self-awareness and necessary for provision of care that is not harmful to those we serve. We want to inform trainees that there is an expectation for contemplation of 'self' in clinical work, and as part of this discussion personal information may be shared and discussed. We believe that self-disclosure happens in the context of trusting supervisory and programmatic relationships and it is the responsibility of the program to demonstrate the trustworthiness and safety needed to facilitate these conversations. We support trainee agency regarding what and how much is shared. In compliance with the APA Ethics Code, Section 7.4, there is not an expectation that sensitive topics are disclosed (e.g., sexual history, history of abuse, psychological treatment or conditions, relationships with family members, peers, significant others). An exception to this is if a trainee's personal experiences or health concerns could be reasonably determined to put veteran care or training operations at risk and personal disclosure is necessary for safety; in this case, disclosure is limited in scope to management of the specific issue or concerns.

Self-Care

It is an ethical imperative outlined in the APA Ethics Code (Principle A) that “psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work” (APA, 2017). In other words, we must take care of our own physical, mental, social, and spiritual health in order to ensure that we can continue to help those we serve (see Abramson, 2021). To the best of our ability in a context where productivity metrics are used to guide evaluation of staff performance, we seek to deeply embrace an awareness, practice and embodiment of self-care. We recognize that we each need to continue to grow our awareness of our vulnerabilities and to work to replenish our resources. We agree to model self-care with intention. We recognize that visibly modeling self-care is necessary for trainees to internalize the importance of doing so and agree to deconstruct the narrative that being overly busy as a trainee is demonstrative of greater learning or growth.

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Program Aims and Competencies

Our Program Aims and Competency Areas include the following:

- 1) **Assessment:** Interns will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
- 2) **Intervention:** Interns will demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology, broadly defined to include, but not limited to, psychotherapy. Interventions may be directed at an individual, family, group, clinic, hospital, community, population or other system.
- 3) **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will demonstrate competence in collaborating with diverse individuals or groups to address problems, seek or share knowledge, or promote effectiveness in professional activities.
- 4) **Supervision:** Interns will demonstrate competence in the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills.
- 5) **Research:** Interns will demonstrate knowledge, skills and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research.
- 6) **Ethical and Legal Standards:** Interns will be knowledgeable of ethical, legal, and professional standards of behavior while integrating them into professional conduct.
- 7) **Individual and Cultural Diversity:** Interns will demonstrate the ability to conduct all professional activities with sensitivity to human diversity, including ability to deliver high quality services to an increasingly diverse population.
- 8) **Professional Values and Attitudes:** Interns will demonstrate professional values, attitudes, identity and behavior.
- 9) **Communication and Interpersonal Skills:** Interns will demonstrate effective communication and interpersonal skills when delivering professional services and engaging in professional activities and interactions.

Through experiential training and learning activities, interns receive training in most competency areas across all rotations - assessment, intervention, consultation, research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, and communication and interpersonal skills. Although interns do not typically supervise other trainees or staff, supervision competencies are addressed through simulated practice (e.g., role plays, vignettes) during a multi-week supervision-focused group supervision block.

Using a written evaluation form and standardized rating criteria, supervisors evaluate each intern on specific competencies in each of the above nine competency areas. Evaluation forms are made available to interns during their orientation period, or upon request prior to internship. Evaluations occur mid-way through and at the end of each rotation. Through experiential training and regular feedback from supervisors, the expected outcome is that, by completion of the internship, interns will perform at a level demonstrating readiness for entry-level practice on all competencies and will be well-prepared for postdoctoral fellowships or jobs as early career psychologists, consistent with their training.

Diversity at the VA Portland Health Care System

The Portland area provides a wide array of diverse cultural opportunities, such as festivals, open and affirming faith communities, Lesbian, Gay, Bisexual, Transgender, Intersex, or Queer (LGBTIQ) events, advocacy groups and organizations, clubs, museums, theatres, music venues, gardens, etc. For additional information on Portland events and activities, see: <https://www.portlandoregon.gov>.

“Partners in Diversity” is a local organization that has the mission of attracting and retaining professionals of color to the northwest, honoring professionals of color who have relocated to Oregon, and connecting them to the multicultural community: <https://www.partnersindiversity.org>.

On an institutional level, the Veteran’s Health Administration (VHA) is an equal opportunity employer which welcomes and strongly encourages applications from all qualified psychology candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. In alignment with this mission, VAPORHCS fosters a diverse workforce and inclusive working environment through equal employment opportunities such as outreach, retention, policy development, workforce analysis, and education.

The VAPORHCS Equal Employment Opportunity (EEO) Program and Multicultural Diversity Network promotes diversity through Special Emphasis Program Representatives (SEPRs) who champion diversity concerns of ethnic, racial, women, LGBTIQ, and people with disabilities. VAPORHCS was the first VA site to establish an LGBTIQ SEPR position on its EEO Advisory Committee. The Multicultural Diversity Network holds varying special-emphasis programming for veterans and staff to highlight the presence of diversity in the facility and help others gain a more complete understanding of those who may be different from themselves. Past examples include Asian-Pacific Islander Day, which features food and music from the diverse Asian and Pacific Islander cultures of VAPORHCS employees; LGBTIQ movie presentations for LGBTIQ Pride Month; and, the Martin Luther King Day celebration.

As part of our efforts to improve our awareness, the psychology staff established a Multicultural and Diversity Committee (MDC) in 2011 to identify, improve, and maintain cultural competencies of our staff and trainees. Our MDC reflects both the National VA MDCs, and APAs commitment to diversity and inclusion. The MDC includes both staff and trainees and provides educational events and consultation towards improving our knowledge, awareness and skills in practicing, teaching, and supervising in an inclusive environment.

In addition, the Sexual Orientation and Gender Identity Advisory Group (SOGI) was created under the MDC to promote self-exploration, awareness and respect of diversity issues related to LGBTIQ veterans. SOGI is an interdisciplinary team of providers who are committed to the development and implementation of LGBTIQ-affirmative services for veterans at the VAPORHCS, including the provision of appropriate training and consultation support to VAPORHCS staff and trainees.

Recent demographic information about our psychology staff and interns are summarized below:

Intern Demographics: From 2004 to 2021, among 96 interns who graduated from our program, 67 (70%) identified as women and 29 (30%) as men; 88 (92%) identified as Caucasian, 1 (1%) as American Indian/Alaskan Native, 9 (11%) as Asian/Pacific Islander, 1 (1%) as Black/African American, and 5 (6%) as Hispanic/Latino; 14 (16%) identified as LGBTIQ; 6 (7%) identified as subject to the Americans with Disability Act; 2 (2%) identified as a foreign national; 0 (0%) were active duty military, and 5 (5%) were veterans; 11 (13%) spoke fluently in other languages in addition to English.

Staff Demographics: Of 71 psychologists in 2021, 44 (62%) identified as women, 26 (37%) as men, and 1 (1%) as transgender; 57 (80%) identified as Caucasian, 0 (0%) as American Indian/Alaskan Native, 8 (11%) as Asian/Pacific Islander, 1 (1%) as Black/African American, 7 (10%) as Hispanic/Latino, and 1 (1%) as Ukrainian/Austrian; 10 (14%) identified as LGBTIQ; 4 (6%) identified as subject to the Americans with Disability Act; 0 (0%) were active duty in the military, and 6 (8%) were veterans; 8 (11%) spoke fluently in other languages in addition to English (1 speaks Afrikaans, 1 Mandarin Chinese, 1 German, and 5 Spanish). 59 (83%) received doctoral degrees in clinical psychology and 12 (17%) in counseling psychology; and, 57 (80%) have a Ph.D. and 14 (20%) have a Psy.D.

Structure of the Internship

This doctoral internship program includes four, 12-month, full-time positions, each of which is divided into three, 4-month rotations. In the first rotation, all interns complete full-time (i.e., "Major") rotations. We believe this immersion allows greater in-depth learning in a particular specialty area. However, in Rotations 2 and 3, interns have the opportunity to choose two, 4-month minor rotations from some of our rotation choices to prepare them for further specialized training programs. "Minor" rotations are offered and conceptualized as adjunct training experiences to round out the intern's training year and/or prepare them for further specialized training (i.e., postdoctoral fellowship). Minor rotations occur during the second and third rotations and account for one day of clinical training. Minor rotations are optional and based upon availability of training staff.

Of note, given that minor rotations are optional, interns can also choose to complete Rotations 2, 3, or 2 and 3 as "Majors" or in the Major/Minor format. As such, we believe this model offers trainees greater flexibility in their training options and opportunities for their desired preferences throughout the year.

Major Rotations offered include: Health Psychology, Neuropsychology, Outpatient Mental Health, Primary Care Mental Health Integration (PCMHI), Posttraumatic Stress Disorder Clinical Team (PCT), Substance Use Disorder Treatment Program (SATP), Women's and Gender Diverse Mental Health, and Acute Psychiatry Inpatient Mental Health (5C). Each setting provides training in intervention and assessment within the generalist model, as well as clinical work with special populations. In addition, some rotations are able to take multiple interns simultaneously.

Minor Rotations offered include Neuropsychology (if the trainee has completed the Neuropsychology rotation as a "Major" earlier in the year), Outpatient Mental Health (with either a generalist, Acceptance Commitment Therapy/Mindfulness focus, or Community Based Outpatient Clinic focus), Women's and Gender Diverse Mental Health, and our Assessment Clinic.

An overview of our 2022-23 choices of rotations can be seen below as an example (with the number of interns that could potentially be on a major rotation also being indicated):

	Rotation 1	Rotation 2	Rotation 3
Full Time/Major	HEALTH (2)	HEALTH (2)	HEALTH (2)
	PCT (2)	PCT (2)	PCT (2)
	SATP (1)	SATP (1)	SATP (1)
	WOMENS HEALTH (1)	WOMENS HEALTH (1)	WOMENS HEALTH (1)
	PCMHI (1)	PCMHI (1)	PCMHI (1)
	NEURO (1)	NEURO (1)	NEURO (1)
		MHC (GENERALIST, 1)	MHC (MINDFULNESS, 1)
		FAIRVIEW MHC (1)	MHC (GENERALIST, 1)
		5C INPATIENT (1)	FAIRVIEW MHC (1)
			5C INPATIENT (1)
Minor/Part Time		ASSESSMENT CLINIC	ASSESSMENT CLINIC
		WOMENS HEALTH	WOMENS HEALTH
		MHC (GENERALIST)	FAIRVIEW MHC
		NEURO	MHC (MINDFULNESS)
		FAIRVIEW MHC	MHC (GENERALIST)
			NEURO

Interns are expected to commit a minimum of 40 hours a week to the internship experience. Trainees are required to travel to Vancouver (WA) for certain rotations (e.g., SATP, PCT, Fairview CBOC Mental Health Outpatient Clinic); however, all other rotations take place on the main campus, located in Portland, Oregon. During the COVID-19 pandemic, Interns can also work from home using VA issued equipment. It is most likely that Interns will have a hybrid schedule, working on campus and at home. The amount of telework will depend on training goals, clinical appropriate care, and personal/public safety. Interns will receive at least four hours (3.0 hours of individual; 1.0 hour group) of supervision a week. It is expected that each intern attend all scheduled didactic presentations, individual/group supervision, journal club, Psychiatry Grand Rounds, interprofessional case conferences, and CE presentations, and actively engage in the training rotations. In addition, interns are encouraged to participate in other training opportunities, including Medical Grand Rounds, Primary Care Seminars, and online educational opportunities.

Interns participate in a structured, one-week orientation program when they first arrive. During orientation, interns are given a program handbook/orientation binder that includes internship policies and procedures, program evaluation forms, rotation training agreements, and other resources; these materials are also available to interns and the public upon request prior to internship. The Training Director reviews the orientation binder with interns, and interns attend rotation previews as well as a variety of didactic seminars. After attending all the rotation previews, interns complete a form outlining their training objectives/goals for the year, and they rank order rotations in terms of preference. Interns are encouraged to discuss

this form with the Training Director, Training Committee Members, or other staff prior to submission. The form is then reviewed with the Training Director and the Training Committee to assist with the rotation assignment process. In line with the program's generalist training model, we believe that all rotations provide excellent and meaningful training experiences to interns, and we are unable to guarantee that interns will be assigned to their top rotation preferences. Ultimately, rotation assignments are made by the Training Director and Training Committee based on intern training needs, rotation coverage needs, and intern preferences.

Research

Supervised clinical work is the main focus of training; however, up to four hours may be used each week for research and counted toward training hours. The training program strongly supports interns finishing their doctoral requirements; thus, interns who have not completed the dissertation are required to utilize these hours for dissertation completion. Interns who have completed the dissertation may request to use this time for other research projects. Research hours during the work week must not interfere with clinical work and are contingent upon satisfactory progress in clinical training and demonstrated research productivity. Requests for research hours must be submitted in writing and approved by the Training Director or designee at the beginning of each rotation.

Stipend & Benefits

The stipend is currently \$28,064 for the internship year. Benefits include health and life insurance (intern pays part of premium; available to same gender partners), paid holidays, paid vacation and sick leave, free access to VAPORHCS and OHSU libraries, and use of the Employee Fitness Center. Interns with children have access to low-cost child-care located on the Portland Campus (provided there are openings) and have qualifying status for a VA child-care subsidy program. Like all other VA employees, interns are eligible for unpaid medical and parental leave (once all other leave has been used), consistent with VA leave policies and the Family and Medical Leave Act. However, in the case of extended leave, a remediation plan will need to be developed to ensure that an intern completes training equivalent to a 2080-hour, twelve-month long internship year, as required by APA; at the discretion of the training program, this may require that an intern continue training unpaid for a period beyond the typical internship year. A remediation period may not extend more than six months beyond the typical internship year, and it must not interfere with the training of new interns. Like all other VA employees, interns are eligible for leave to accommodate cultural and religious holidays.

Intern Life

Interns typically work a 40-hour week, Monday through Friday, from 8 a.m. to 4:30 p.m. Modifications may be made on occasion, depending on rotation-specific duties. Interns may request four hours each week to work on their dissertations or research projects.

The intern class shares an office furnished with desks, computers, and telephones. Sharing space provides consultation opportunities with colleagues and builds camaraderie within the intern class. Past intern classes have reported that they prefer this arrangement to individual, isolating offices. The intern office is adjacent to a shared postdoctoral resident office, a shared psychiatry fellows office, a collection of workstations shared by the social work interns, counseling students, and psychology practicum students, and the Mental Health Education Program Support Assistant's office.

At the end of each weekly didactic seminar and group supervision, interns are given one-hour of Intern Development Time during which they are encouraged to socialize with one another, discuss issues related to their individual rotations and professional development, and offer support to each other. Interns are encouraged to enjoy this time away from the VA and build class cohesion. Past intern classes have explored Portland's excellent array of restaurants for this mandatory meeting, while others choose to relax on the waterfront or at a local park.

Training Rotation Descriptions

Health Psychology and Integrated Care

Supervisor: Dr. Bret Fuller. The Health Psychology rotation is an interdisciplinary experience designed to prepare interns for new and evolving roles as psychologists in medical settings. Interns learn consultation, assessment, and treatment skills in a variety of settings, including the Primary Care Clinic and the Outpatient Mental Health Clinic. Interns have a unique opportunity to work directly with medical care providers to assess patients during physician visits and to provide psychological counseling and education to patients with medical concerns. Interns will also provide brief psychotherapy and supportive counseling to those veterans in need of more in-depth services.

Primary Care and Mental Health Integration: The intern will be co-located in the primary care team and attend to the mental health needs of veterans outside of the mental health clinic. Physicians consult with the behavioral medicine team to help with referrals to other programs, brief treatments in the exam room for psychological conditions such as depression, anxiety and trauma. Screening and brief intervention for alcohol and substance use, PTSD and depression will assist physicians in treating the entire veteran rather than just physical needs. Interventions for chronic medical conditions such as chronic pain, diabetes management, weight control and smoking cessation are also a part of PCMHI.

Typical Schedule/Activities on the Health Psychology and Integrated Care Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Hep C Treatment Support Group ▪ Supervision w/ Dr. Fuller ▪ Individual Client (Hep C/Behavioral Medicine)
Afternoon	<ul style="list-style-type: none"> ▪ Hep C Client: Pre-Interferon Evaluation ▪ Individual Client (Hep C/Behavioral Medicine)
Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual clients (Primary Care) ▪ GM Psych Intake
Afternoon	<ul style="list-style-type: none"> ▪ Weight Management Group (monthly) ▪ Paperwork
Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Research Hours
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients (Hep C/Behavioral Medicine)
Afternoon	<ul style="list-style-type: none"> ▪ Hep C Treatment Team Case Conference ▪ Paperwork

Friday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients (Primary Care)
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients (Primary Care) ▪ Supervision w/ Dr. Fuller ▪ Paperwork

Mental Health Clinic

Supervisors: Drs. Ortola, Rinker, McGhee. As a major rotation, the Mental Health Clinic (MHC) rotation is located adjacent to the main hospital in Portland two days a week and at the Fairview CBOC two days a week (the remaining time is primarily comprised of didactics and research time). As a minor rotation, Interns are able to pick from either of the locations one day per week. The clinic staff members are multidisciplinary and include psychiatrists, psychologists, nurses, social workers, counselors, recreation therapists, and peer support specialists. Providing training is a priority for all clinic staff, and interns are encouraged to consult with providers from other disciplines. Interns join a multidisciplinary treatment team and meet with the team to staff intake assessments and complex cases. Interns are encouraged to focus on professional development as well as on clinical training. Supervision is intended to maximize individuation of the intern as a developing professional and is tailored to individual strengths and needs. Listed below are some of the experiences available on this rotation.

General outpatient mental health. Interns have the opportunity to gain exposure to the full spectrum of mental health diagnoses and will become familiar with the heterogeneity of the veteran population with respect to factors such as disability, age, gender, socioeconomic status, ethnicity, sexual orientation, and gender identity, and learn to adapt their assessment and intervention strategies accordingly. Breadth of training is encouraged by offering interns exposure to new demographic groups, diagnostic groups, and treatment approaches. Depth of training is encouraged by supporting interns in developing more experience in their particular interest areas. Intern activities include intake assessments, individual therapy, and group therapy. Supervisors: Dr. Caspari, Ortola, Rinker, Shepherd or Yuan.

Individual therapy. Common presenting issues include depression, anxiety, trauma related disorders, substance use, insomnia, interpersonal difficulty, personality disorders, and health concerns such as chronic pain. The MHC focuses on providing time-limited and solution focused care via the use of evidence-based treatments. Common interventions include cognitive behavioral therapy, acceptance and commitment therapy, mindfulness-based interventions, insight-oriented/interpersonal therapy, and trauma-based interventions.

Group therapy. Interns will be involved as leaders and co-leaders in recurrent psychoeducational groups. Common groups offered include: Acceptance and Commitment Therapy, Mindfulness-based Cognitive Therapy for Depression, Anger Management, Dialectical Behavior Therapy-based Interpersonal Effectiveness and Emotion Regulation classes, Skills Training in Affective and Interpersonal Regulation (STAIR), and Seeking Safety. There may be opportunities to be involved in process groups as well.

Additionally, within the MHC interns can choose a specialized training opportunities in Mindfulness Based/ACT interventions or PTSD.

Mindfulness-Based/ACT. Interns will have the opportunity to engage in weekly individual therapy and co-lead groups specifically designed to enhance the trainee’s understanding of ACT and mindfulness-based techniques. This could involve assessment and case conceptualization cases using ACT and the learning and utilization of ACT based protocols for anger, depression, and PTSD. Supervisors: Supervisor: Dr. Ortola.

Posttraumatic Stress Disorder. Interns will have the opportunity to engage in weekly individual therapy and co-lead groups on the treatment of PTSD. This could involve diagnostic assessment of PTSD using the CAPS-5, trauma-focused treatment planning and supervision of research- and evidenced-based protocols for PTSD including Skills Training in Affective and Interpersonal Regulation (STAIR), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Seeking Safety. Supervisors: Drs. Rinker or Shepherd.

Typical Schedule/Activities on the Mental Health Clinic Rotation

Monday (Fairview)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients and Group Preparation
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients and/or Group Therapy

Tuesday (Fairview)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients and/or Group Therapy
Afternoon	<ul style="list-style-type: none"> ▪ Individual Supervision

Wednesday (Portland)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients ▪ Individual Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday (Portland)	
Morning	<ul style="list-style-type: none"> ▪ Assessment Client
Afternoon	<ul style="list-style-type: none"> ▪ Individual Client ▪ Team meeting ▪ Assessment Supervision

Friday (Portland)	
Morning	<ul style="list-style-type: none"> ▪ Paperwork ▪ Group Preparation ▪ Co-lead Group, e.g. ACT, MBCT-Depression
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Neuropsychology

Supervisors: Drs. Callahan, Clark, and Crocker. Neuropsychology serves the entire state of Oregon and much of southern Washington. While many referrals come from Neurology, patients are seen from all services and have a wide variety of neurological diseases or suspected brain dysfunction. Neuropsychology provides assessment of patients with possible brain dysfunction for diagnostic and treatment purposes, individual and group counseling to patients and their families, and consultation on patient management. The training experience is designed to enhance the specialized skills of interns with prior neuropsychology experience and to allow novices the opportunity to learn basic skills while providing useful clinical service. The assessment approach combines structured and flexible techniques. Although assessment remains the primary clinical activity of the Neuropsychology Clinic, in recent years there has been increasing emphasis on providing neuropsychological rehabilitation services as well. Interns attend seminars that provide theoretical and practical reviews of current issues including Neuropsychology Case Conferences and Neuropsychology Journal Club Meetings. Interns will generally complete 20 to 25 neuropsychological assessments while on this rotation.

Typical Schedule/Activities on the Neuropsychology Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting (alternating case presentations and admin) ▪ Supervision - 1 hour ▪ Writing Evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Testing ▪ Neuropsychology Journal Club (bi-monthly)
Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Testing
Afternoon	<ul style="list-style-type: none"> ▪ Scoring Tests ▪ Completing Follow Ups
Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Follow-Up Appointments or Writing Evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time
Thursday	
Morning	<ul style="list-style-type: none"> ▪ Supervision ▪ Testing
Afternoon	<ul style="list-style-type: none"> ▪ Scoring Tests ▪ Writing Evaluations
Friday	
Morning	<ul style="list-style-type: none"> ▪ Follow-Up Testing ▪ Writing Evaluations
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours

Primary Care Mental Health Integration (PCMHI)

Supervisors: Dr. Mary Steers, Hara, Cole, and Shearer. This rotation emphasizes inter-professional collaboration, behavioral health consultation, and population-based care in an outpatient, community-based primary care setting in Portland and Fairview, OR. Interns work directly alongside primary care physicians to provide brief assessment and intervention to Veterans with mild-moderate mental health symptoms as a part of their routine primary care. Common presenting issues include depression, anxiety, substance use, PTSD, insomnia, medical compliance, obesity, chronic disease management, relationship distress, stress management, and chronic pain.

Primary Care Mental Health Integration. The PCMHI team serves two clients—the Veteran and the PCP. Interns on this rotation will develop skills in serving both. The intern will conduct functional assessments via “warm hand-off” from the primary care provider. They will learn to quickly assess functional impairment and strengths, and to provide brief intervention within a spontaneous, 20-30 minute session. They will also provide concise and timely feedback to the PCP about the plan of care. An episode of care in PCMHI typically ranges from one to six 30-minute sessions. Interns will have the opportunity to develop and enhance consultation-liaison skills in a primary care setting that values collaboration across disciplines. They may partner with other PACT auxiliary services such as primary care social work, pharmacy, or nutrition to provide brief interventions that enhance the overall health and wellbeing of Veterans in their care. Common interventions include cognitive behavioral therapy (for chronic pain, depression, anxiety, insomnia, etc.), focused ACT, motivational interviewing, mindfulness training, and problem-solving training.

Typical Schedule/Activities on the Primary Care Mental Health Integration Rotation (PCMHI) Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ PACT Team Meetings ▪ Co-facilitate Group ▪ Individual psychotherapy ▪ Warm hand-offs
Afternoon	<ul style="list-style-type: none"> ▪ Individual psychotherapy ▪ Documentation

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ PACT Team Meetings ▪ Co-facilitate Group ▪ Individual psychotherapy ▪ Warm hand-offs
Afternoon	<ul style="list-style-type: none"> ▪ Individual psychotherapy ▪ Documentation

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Research Time (if intern chooses to utilize research time)
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ PACT Team Meetings

	<ul style="list-style-type: none"> ▪ Co-facilitate Group (Move! Behavioral class, LGBT) ▪ Individual psychotherapy ▪ Warm hand-offs
Afternoon	<ul style="list-style-type: none"> ▪ Individual psychotherapy ▪ Documentation

Friday	
Morning	<ul style="list-style-type: none"> ▪ PCMHI Team Meeting ▪ Co-facilitate MOVE! Maintenance group (4th Fri) ▪ Warm hand-offs (post-deployment) ▪ Individual psychotherapy
Afternoon	<ul style="list-style-type: none"> ▪ PACT Team Meetings ▪ Individual Clinical Supervision ▪ Documentation

Posttraumatic Stress Disorder (PTSD)

Supervisors: Drs. Franklin, Lozier, Powch, Rodriguez, & Stasko. Interns on this rotation work as integral members of the PTSD Clinical Team. This multidisciplinary team responds to requests for assessment and treatment of PTSD throughout the Medical Center. In addition to combat trauma, veterans may present with military sexual trauma and other types of trauma that occur in the line of duty. Co-diagnoses and associated issues commonly occurring in these populations include childhood trauma, substance abuse, mood disorders, personality disorders, and traumatic brain injury. Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae, largely from a cognitive-behavioral perspective. Supervision is conducted in individual and group formats and incorporates interns' individual training goals and attention to the impact of working with traumatized populations. Supervision will also focus on facilitating intern development of consultation and interprofessional skills as a psychologist working within an interdisciplinary treatment team. This rotation takes place on the Vancouver and Portland campuses and will require the intern to travel between both locations. Listed below are some of the experiences available on this rotation.

Individual, Couples, Family, and Group Therapy, and Assessments. Interns maintain a caseload of individual clients with opportunities for couples and family therapy as treatment-relevant and consistent with interns' training objectives. Interns are also expected to participate in skills-based groups with opportunities for process groups or trauma processing groups. While more male veterans are seen in our outpatient clinic than female, opportunities exist for working with female veterans and will be incorporated into interns' training as much as possible. Efforts will be made to generate a caseload that is diverse along a range of dimensions and training will include cultural considerations in PTSD assessment and treatment. The primary therapeutic orientation of supervisors is cognitive-behavioral, though additional orientations and treatments may be incorporated according to the supervisor and case. The PTSD Clinical Team adheres to empirically supported approaches to treatment. Interns will have opportunities for training in Prolonged Exposure Therapy, Cognitive Processing Therapy, and skills-based training for management of PTSD symptoms. Additional treatments, such as Behavioral Activation, Acceptance and Commitment Therapy, Adaptive Disclosure, Emotion-Focused Therapy, DBT modules, and Compassion-Focused Therapy may be incorporated as relevant. In addition, interns will complete a minimum of two psychological assessments, which include the Clinician Administered PTSD Scale (CAPS), personality assessments as relevant, and a thorough case formulation.

Group Therapy. The PTSD Clinical Team offers a range of group treatment options for veterans, including PTSD Symptom Management (a skills-based, psychoeducational group, separate groups offered for women veterans), Cognitive Processing Therapy, Compassion-focused Therapy for Anger, Acceptance and Commitment Therapy for Moral Injury, Seeking Safety, and PTSD Graduates and Support Groups (process groups). Interns co-facilitate, on average, four groups during this rotation.

PTSD-Focused Assessments. Interns obtain training in standard PTSD diagnostic and screening assessment instruments including the Clinician Administered Structured Interview for PTSD (CAPS) and the Posttraumatic Stress Disorder Checklist (PCL). Interns will also complete, at least, two integrative assessments that include PTSD-focused assessment with personality assessment and cognitive testing, according to supervisor and client need.

Typical Schedule/Activities on the PTSD Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Intake Clinic ▪ Supervision
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Cognitive Processing Therapy) and Debriefing

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Group Treatment (e.g., Acceptance and Commitment Therapy) and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ PTSD Clinical Team (PCT) Meeting
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ PTSD Symptom Management Group and Debriefing
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork

Friday (alternating - every other Friday is research time)	
Morning	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork
Afternoon	<ul style="list-style-type: none"> ▪ Individual Clients/Paperwork ▪ Supervision

Substance Use Disorder Rotation

Supervisors: Drs. Howard, Johnson, and Peterson. This is an excellent rotation for interns interested in developing their diagnostic skills, treating substance use disorders and dual diagnosis, and preparing for Health Psychology fellowships. The Substance Use Disorder Rotation interns provide intake screenings, biopsychosocial assessments, individual and group education sessions, and treatment and consultation services while serving as clinicians-in-training with the Substance Use Disorder Treatment Program multidisciplinary teams. The primary site for this rotation is at the Vancouver, WA, campus of VAPORHCS. Interns may obtain experience in assisting with Substance Use Disorder Treatment Program development and in providing substance use disorder consultations to VAPORHCS providers. These consultations occur in the Medical Center's Primary Health Care and Specialty Care Clinics and Programs (e.g., Liver Transplant Program). Interns may choose to develop group offerings based on their areas of interest and expertise, co-facilitate groups, and/or build assessment skills. Accurate diagnosis is emphasized, with opportunities in assessment including Liver Transplant Program pre-transplant evaluations, brief assessments, and neurocognitive batteries.

The Substance Use Disorder Rotation offers three treatment tracks to Veterans, with flexibility in treatment planning to combine elements from all three tracks based on individual goals. Veterans may choose to participate in the following:

Mind and Body Track: Focusing on the connection between mind and body to treat substance use disorders, current offerings include Mindfulness Based Relapse Prevention, Mindfulness Drop-in Group, ACT/CBT for Chronic Pain, CBT for Insomnia, and referrals for Tai Chi.

Positive Living Skills Track: Helping Veterans to build coping and life skills to manage their lives more effectively without abusing substances, current offerings include DBT for Recovery, Advanced DBT Skills, Prevention and Management of Relapse, Behavioral Couples Therapy, Dual Diagnosis Group, and Relationships Recovery Group.

Trauma and Recovery Track: Recognizing the relationship between substance use as a coping mechanism and trauma, this track offers Seeking Safety groups, CPT (individual and/or group), and referrals for Trauma Informed Yoga.

Typical Schedule/Activities on the Substance Use Disorder Rotation

Monday	
Morning	<ul style="list-style-type: none"> ▪ Team Meeting ▪ Dual Diagnosis group ▪ Individual client sessions ▪ Paperwork/Readings
Afternoon	<ul style="list-style-type: none"> ▪ Prevention and Management of Relapse (PMR) group ▪ Individual client sessions ▪ Charting

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Liver transplant assessment ▪ Supervision ▪ Dialectical Behavior Therapy (DBT) for Recovery group

Afternoon	<ul style="list-style-type: none"> ▪ Individual client sessions ▪ Seeking Safety group ▪ Paperwork/Readings Charting
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Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Access Clinic
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Development Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Paperwork/Readings ▪ Supervision ▪ Individual client sessions ▪ Charting ▪ DBT for Recovery
Afternoon	<ul style="list-style-type: none"> ▪ Liver Selection Conference ▪ Seeking Safety group ▪ Team meeting ▪ Individual client sessions

Friday	
Morning	<ul style="list-style-type: none"> ▪ Individual client sessions ▪ Other specialty group ▪ Charting
Afternoon	<ul style="list-style-type: none"> ▪ Research Hours or PMR group

Acute Psychiatry/Inpatient Mental Health (5C)

Supervisor: Dr. Samlan. This rotation is located at the inpatient psychiatric unit (5C) at the Portland VA. Acute inpatient psychiatry provides short-term treatment services for up to 18 Veterans, presenting with a range of urgent mental health and psychosocial needs. The unit serves patients receiving voluntary and involuntary treatment. Common presenting concerns include psychosis, bipolar disorder, substance use, personality disorders, suicidality, and neurocognitive disorders. Interns will be active members of interdisciplinary teams, regularly consulting with and working directly alongside staff and trainees of other disciplines. Due to the diversity in patient population and staff disciplines, a variety of training opportunities are available on 5C. Group treatment is an area of emphasis on 5C. Current psychology group offerings consist of brief CBT, DBT skills, and process groups. Interns will have opportunities to develop group offerings of their own as well as co-facilitation of groups with other disciplines (e.g. OT, chaplain). Time limited (typically 1-3 sessions) individual therapy will be conducted by the intern, with a focus on brief interventions, crisis counseling, and assessment and treatment of patients with acute suicide risk.

Typical Schedule/Activities on the Inpatient Mental Health Rotation

Monday

Morning	<ul style="list-style-type: none"> ▪ Nursing report ▪ Treatment team meetings ▪ CBT Group
Afternoon	<ul style="list-style-type: none"> ▪ Individual therapy ▪ Documentation

Tuesday	
Morning	<ul style="list-style-type: none"> ▪ Nursing report ▪ Milieu time and consultation with staff ▪ Individual therapy
Afternoon	<ul style="list-style-type: none"> ▪ Distress Tolerance Skills Group ▪ Supervision ▪ Documentation

Wednesday	
Morning	<ul style="list-style-type: none"> ▪ Nursing report ▪ Treatment team meetings ▪ Emotion Regulation Group
Afternoon	<ul style="list-style-type: none"> ▪ Intern Seminar ▪ Group Supervision ▪ Intern Process Time

Thursday	
Morning	<ul style="list-style-type: none"> ▪ Nursing report ▪ Emotion regulation group
Afternoon	<ul style="list-style-type: none"> ▪ Mindfulness group ▪ Individual therapy ▪ Supervision

Friday	
Morning	<ul style="list-style-type: none"> ▪ Nursing report ▪ Treatment team meetings ▪ Distress tolerance skills group
Afternoon	<ul style="list-style-type: none"> ▪ Research hours

Women & Gender Diverse Mental Health

Supervisors: Drs. Courtney Johnson & Rebecca Brown. The Women’s Mental Health Specialty Team (WMHST), also referred to as the Women’s & Gender Diverse Mental Health Specialty Team, is a primarily telehealth clinic with an office in P2 (#113), which is located adjacent to the main hospital in Portland. The clinic is managed by Psychologist, Gina Ortola, Ph.D. The clinic staff includes two psychologists, Rebecca M. Brown, Ph.D. & Courtney K. Johnson, Ph.D., and one part-time psychiatrist (~4 hours/week), Caitlin Hasser, Ph.D. The WMHST is designed to serve women and gender diverse Veterans throughout all of Oregon and parts of Washington in need of services within our 4 referral areas. Many Veterans served by this team receive care in the Women’s Primary Care Clinic. The clinic leads the Multidisciplinary Eating Disorder Treatment, which includes psychologists, a psychiatrist, dieticians, a social worker, and a primary care provider. It is also involved in leading the Women’s Mental Health Workgroup, a committee of MH Clinicians and other support/wellness staff across VA Portland who are dedicated to improving services for Women Veterans. The workgroup invests in project-based work, which are usually administrative in nature.

WMHST Referral Criteria:

- **Women's Repro MH Concern:** Primary MH concern related to pregnancy, postpartum, infertility, perimenopause, sexual dysfunction, or menstrual cycle. Clinical examples include depression or insomnia related to perimenopause/hot flashes, postpartum mood or anxiety changes, miscarriage/infant loss, mood cycles that appear significantly worse based on menstrual cycle or secondary to hormonal contraception, and stress related to fertility treatment.
- **Eating Disorders:** Any disordered eating that is causing distress including binge eating, restricted eating, purging (e.g., self-induced vomiting, compensatory exercise, laxative/diuretic misuse), and extreme dieting, especially if the Veteran links these behaviors to other MH problems and/or wants to make a change. Appropriate level of care will be assessed by WMH provider. Veteran's with high medical complication risk will be seen by staff psychologist and are not appropriate for supervisees due to associated mortality rate and liability.
- **LGBTQ+ - and Gender- Affirming Care:** Gender diverse (e.g., transgender, non-binary) and women-identified Veterans (i.e., not to include cisgender gay male-identifying Veterans) who specifically want to address primary topics related to queer or gender identities in therapy.
- **Women's Health-Related Complex trauma that is not appropriate for PCT:** Non-military- and non-MST-related complex trauma with a gender component (e.g., gender-based violence/ discrimination, race-based trauma, interpersonal violence, or trauma resulting in women's health concerns) as it relates to role transition, parenting, or other family changes, and Veteran requests a women provider and/or a provider with expertise with LGBTQ+-affirming care. *Not to include Veterans without a clear women's health need related to complex trauma.*

Opportunities for Clinical Training: The WMHST clinic accepts referrals in the 4 areas noted above. Veterans can be referred for individual therapy, group therapy, medication management (by psychiatry), one-time consultation (diagnostic assessment and treatment recommendations), and gender affirming surgery letters of support (GAS LOS). Creating training opportunities is a priority for the clinic, and supervisees are encouraged to consult with providers from other disciplines. Drs. Brown and Johnson coordinate the training experiences and act as the primary supervisors for the rotation.

Group therapy. Current offerings of group therapy with opportunities for supervisees to cofacilitate as it aligns with training goals includes:

- Disordered Eating Skills Group, which includes a transdiagnostic approach to eating disorder treatment, including psychoeducation and skills.
- Transgender Women Support, which is a drop-in interpersonal support and resource group for transwomen.
- Gender Diverse Support Group which is a drop-in interpersonal support and resource group for gender diverse, nonbinary, intersex, two-spirit, and gender expansive Veterans.
- Women's Support Group which includes interpersonal support and resources for women-identified Veterans.

Needs assessments for groups and group development are ongoing. As supervisees are interested, there are opportunities to develop groups that fit the needs of Veterans served by this clinic.

Assessment. Supervisees who are interested in being trained in eating disorder (ED) assessment and gender-affirming care assessments may have opportunities to conduct these evaluations.

Typical Schedule/Activities on the Women’s and Gender Diverse Mental Health Rotation

MONDAY	TUESDAY	WED	THURSDAY	FRIDAY
8-8:30 AM ADMIN	8-9 AM ADMIN/Meeting	Didactics, Group Supervision, and Research Day	8-8:30 AM ADMIN	8-8:30 AM ADMIN
8:30–10:30 AM New/Transfer Appointment	9 AM–11 AM Clinical Time (Follow-up appointments)		8:30 AM–11 AM Assessment Time (ED/GAS)	8:30 AM-11 AM Clinical Time (Follow-up appointments)
10:30-11:30AM Supervision	11 AM -12 PM Women’s Support Group		11 AM - 12 PM Supervision	11 AM – 12PM ADMIN
11:30AM– 12PM ADMIN			12-12:30 PM Lunch	12-12:30 PM Lunch
12-12:30 PM Lunch	12-12:30 PM Lunch		1-2 PM Group: Transgender Women Support (1 st & 3 rd wk); Gender Diverse Support (2 nd & 4 th wk)	1-3 PM Clinical Time (Follow-up appointments)
1-3 PM Clinical Time (Follow-up appointments)	1-2 PM WMHST Meeting (1 st & 3 rd week); ED Team Meeting (2 nd & 3 rd Week)		2-3 PM ADMIN	
3-4 PM Disordered Eating Group	2-3 PM ADMIN		3-4 PM Clinical	3-4 PM ADMIN
4-4:30 PM ADMIN	3-4 PM Education/ Development		4-4:30 PM ADMIN	4-4:30 PM ADMIN
	4-4:30 PM ADMIN			

Psychological Assessment Clinic (Minor Rotation Only)

Interns will spend one day a week conducting psychological assessment with a variety of different presenting concerns. The main hub of the Assessment Clinic is housed out of the Outpatient Mental Health Clinic at the Portland Campus (P2) with the primary focus of the clinic being on diagnostic assessment of complex presentations and personality disorders. However, trainees if they choose can gain experience in educational, cognitive, and inpatient-based assessments as these are also conducted. Interns will be exposed to a wide variety of measures including projectives, self-report batteries, structured interviews, personality measures, academic testing, cognitive testing, and validity measures. Interns in the Assessment Clinic are expected to complete 2 batteries per month.

Required Training Experiences for Interns

Regardless of which three rotations constitute an individual's course of internship training at VAPORHCS, all psychology interns will gain experience in assessment, treatment, and consultation across the rotations throughout the internship year.

Assessment

Interns obtain assessment experience on all rotations either through their rotation or supplemented by experience within the Assessment Clinic. Though the Assessment Clinic is not mandatory for all trainees, the Training Program will work with the trainee on their rotation selections to ensure that their training choices provide adequate experience with psychological assessment to ensure competency in this area of training. In some cases, the trainee's choice of major may be paired with the Assessment Clinic as a minor to provide this training experience in Rotations 2 or 3. Regardless of rotation (or rotation combinations), interns over the course of the year will be expected to conduct intake assessments, learn to integrate cultural issues into their formulations, and learn to make competent DSM5 diagnoses. Interns will also use a number of personality and cognitive assessment instruments, such as the MMPI-2, PAI, WMS-IV, and WAIS-IV. Interns will learn to clarify referral questions, consider cultural factors when selecting test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Intervention

VAPORHCS uses a number of psychological treatment approaches which include consideration of veterans' unique cultural factors and emphasis of empirically supported and evidence based psychotherapies (EBPs). Interns are generally trained on a brief therapy or episode of care (time-limited) model. Presenting problems are diverse and may include health related concerns, depression, anxiety, acute or posttraumatic stress, substance use disorders, neurocognitive disorders, personality disorders, and major mental illness. Couples therapy may be used as an adjunctive or primary mode of therapeutic intervention. Additionally, interns provide group therapy for a variety of veterans and can acquire skills in developing, planning, and leading psychoeducational and process groups.

Consultation

Interns will learn to function as consultants during all of their rotations. In some instances, this will include representing psychology as an integral member of an interprofessional or multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for interns. In other instances, the intern will serve as an independent consultant. Clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers, nurses, and chaplains are valuable skills. By the end of the internship year, the intern will have gained skills in providing consultation to interprofessional or multidisciplinary teams, as well as to individual practitioners from different disciplines.

Other Training Experiences

VAPORHCS and OHSU offer varied didactic opportunities. The Psychology Intern Didactic Series is presented weekly and attendance is required. Attendance at additional seminars, grand rounds, and other presentations is encouraged.

One afternoon a week is devoted to internship training activities that include a 90-minute didactic seminar, one hour of group supervision, and one hour of intern professional development and mutual support time (i.e., Intern Development Time). The afternoon focuses on development of both clinical competency and professional identity. Didactic seminars cover a variety of topics, examples of which are listed in the next section. Staff psychologists conduct the weekly group supervision.

Intern Development Time is an informal meeting during which the interns support one another and discuss relevant training and professional development issues. At the end of the first two rotations, interns are allotted four hours for an intern retreat to share information about experiences on the respective rotations and talk about growth during the training experience. Interns are given a full day for a retreat at the end of the third rotation to process their experiences. These retreats have proven to be valuable components of internship training and professional development.

In addition to working with their individual and group supervisors, interns are paired with a psychologist staff member to serve as their preceptor for the duration of the training year. The primary function of a preceptor is to provide professional guidance and support and is considered complimentary to but independent from both individual and group clinical supervision. Preceptors assist interns with the development of career or professional knowledge (such as orienting and socializing interns in mental health workplace environments; discussing ethical issues; exploring transitions from practicum student, to intern, to postdoc and ultimately independent professional) and provide interns with practical awareness and understanding of administrative and institutional protocols. Interns typically meet with preceptors at least twice per rotation and as needed throughout the internship year.

Regularly scheduled didactics, group supervision (one hour per week), primary individual supervision (three hours per week), preceptor meetings, and intern time (one hour per week) most commonly occur through face-to-face meetings. Consistent with APA's Standards of Accreditation, we allow up to 50% of the required minimum of four hours per week of supervision to occur through telesupervision with synchronous audio and video format. While the intention is for interns to spend most Wednesday afternoons together in one physical location, some didactics or group supervision meetings may occur via video-conferencing if co-location is not possible, such as due to emergencies or special circumstances. At times supplemental or consultative supervision may also occur through telephone or video-conferencing if, for example, this supplemental supervision would enhance an intern's training experience and adjunct supervisors are unavailable for in-person meetings. Additionally, if their schedule permits, interns may attend supplemental didactics through venues other than the internship didactic series, and, at times, some of these didactics may occur through telephone, video, or internet technologies.

Didactic Seminars

VAPORHCS staff and interns, OHSU faculty, and psychologists from the community present on such topics as:

- Military Culture

- Unconscious Bias and Other Multicultural and Diversity Related Issues
- Women’s Health
- Transgender Veteran Care
- Whole Health
- Ethical Decision Making
- Supervision Skills
- Suicide Risk Assessment
- Violence Risk Assessment and Threat Management
- Military Sexual Trauma
- PTSD Assessment
- Evidence Based Treatments for PTSD, Substance Use Disorders and Other Diagnoses
- Neuropsychology
- Professional and Career Development
- Self-care and Burnout

Clinical competence includes competence in working with culturally and individually diverse veterans. Therefore, a number of staff didactics are focused on diversity related topics each year, and all didactics integrate cultural factors relevant to the topic. Additionally, each intern presents one Seminar during the year on a self-directed topic concerning diversity or ethical/legal issues.

In addition to these weekly seminars, a wide range of educational opportunities are available at VAPORHCS and OHSU, including but not limited to the following: Geriatric Research Education and Clinical Center (GRECC) video conference seminars; Mental Illness Research, Education, and Clinical Center (MIRECC) video conference seminars; Geropsychiatry journal club discussions; VAPORHCS Neuropsychology Case Conference and Journal Club Meetings; OHSU Neuropsychology Case Conference; and OHSU Psychiatry Grand Rounds. The internship encourages the development of a lifelong pattern of continuing education through reading and attending lectures, seminars, and conferences.

Clinical Psychology Postdoctoral Fellowship Programs

To learn more about the fellowships that we offer at VAPORHCS, or to apply, please see our Clinical Psychology Fellowships brochure which can be found at our training program’s website: <http://www.portland.va.gov/cptp.asp>.

Meet the Staff

Staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, mentorship, and administration. The majority are also OHSU faculty. You can find brief descriptions of psychology staff who work with psychology interns in our “Meet the Staff” document at: <http://www.portland.va.gov/cptp.asp>.

Current Staff Research Activities

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. VAPORHCS also consistently ranks among the top 10 VA organizations in overall research grant support from the Department of Veterans Affairs. There are currently 176 staff Principal Investigators, including 7 Research Career Scientists and 13 Career Development Awardees, who are leading more than 640 active medical and behavioral

science research projects. VHAPORHCS houses a number of national research centers (Table 2, next page). The VAPORHCS research community was supported by \$38 million in VA, National Institutes of Health (NIH), Department of Defense (DoD) and other funding sources in Fiscal Year 2020.

While the primary focus of the internship is on clinical training and professional development, involvement in research activities is encouraged and nurtured. A number of staff welcome intern involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Interns may have opportunities to co-author publications and professional presentations. Interns especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is literally connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school, clinical psychology program, and other health science programs.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations by psychologists who contribute to psychology training.

In Press

Andrea, S.B., **Morasco, B.J.**, Gilbert, T.A., Saha, S., & Carlson, K.F. (In press). Factors related to prescription drug monitoring program queries for veterans receiving long-term opioid therapy. *Pain Medicine*.

Borsari, B., Li, Y., Tighe, J., Manuel, J.K., Gokbayrak, N.S., Delucchi, K., **Morasco, B.J.**, Abadjian, L., Cohen, B.E., Baxley, C., & Seal, K.H. (In press). A pilot trial of collaborative care with motivational interviewing to reduce opioid risk and improve chronic pain management. *Addiction*.

Christensen, V., **Nugent, S.M.**, Ayers, C., **Morasco, B.J.**, & Kansagara, D. (In press). A qualitative study of VHA clinicians' knowledge and perspectives on cannabis for medical purposes. *Family Practice*.

Elliott JE*, Balba NM*, McBride AA, **Callahan ML**, Wynde KT, Butler MP, Heinricher MM, Lim MM (in press, Journal of Neurotrauma). Different methods for TBI diagnosis related to presence and symptoms of post-concussive syndrome in US Veterans.

Magaletta, P.R., & **Morasco, B.J.** (In press). Perspectives on opioid misuse from public service psychology: An introduction. *Psychological Services*.

Morasco, B.J., Iacocca, M.O., **Lovejoy, T.I.**, Dobscha, S.K., Deyo, R.A., Cavese, J.A., Hyde, S., & Yarborough, B.J.H. (In press). Utility of the Pain Medication Questionnaire to predict aberrant urine drug tests: Results from a longitudinal cohort study. *Psychological Services*.

Nugent, S.M., **Lovejoy, T.I.**, Shull, S., Dobscha, S.K., & **Morasco, B.J.** (In press). Associations of pain numeric rating scale scores collected during usual care with patient reported outcomes: Need for enhanced assessment. *Pain Medicine*.

Wyse, J., **Morasco, B.J.**, Dougherty, J., Edwards, B., Kansagara, D., Mackey, K., Williams, B., Lindner, S., Gordon, A., Korthuis, P.T., Herreid-O'Neil, A., Tuepker, A., Paynter, R., & **Lovejoy, T.I.** (In press). Adjunct interventions to standard medical management of

buprenorphine in outpatient settings: A systematic review of the evidence. *Drug and Alcohol Dependence*.

2021

Bryson, W.C., **Morasco, B.J.**, Cotton, B.P., & Thielke, S.M. (2021). Cannabis use and nonfatal opioid overdose among patients enrolled in methadone maintenance treatment. *Substance Use & Misuse*, 56, 697-703.

Keil AT, Elliott JE, McBride AA, **Callahan M**, Lim MM (2021). Morning bright light therapy for sleep to augment cognitive rehabilitation in Veterans with comorbid traumatic brain injury and post-traumatic stress disorder: A pilot study. Experimental Biology Annual Meeting (virtual).

Richard, E.L., Althouse, A.D., Arnsten, J.H., Bulls, H.W., Kansagara, D., Kerbag, M.N., Luchius, C., Lipsey, D., **Morasco, B.J.**, **Nugent, S.M.**, Merlin, J.S., & Starrels, J.L. (2021). How medical are states' medical cannabis policies?: Proposing a standardized scale. *International Journal of Drug Policy*, 94, 103202.

Starks T.J., Dellucci T.V., **Lovejoy T.I.**, Robles G., Jimenez R., Cain D., Naar S., Feldstein E.S. (2021). Adolescent sexual minority males, relationship functioning, and condomless sex. *J Adolescent Health*, 68, 419-421. doi: 10.1016/j.jadohealth.2020.05.052.

Starks T.J., **Lovejoy T.I.**, Sauermilch D., Robles G., Stratton M.J., Cain D., Naar S., & Feldstein E.S. (2021). Developmental barriers to couples' HIV testing and counseling among adolescent sexual minority males: A dyadic socio-ecological perspective. *AIDS Behav.*, 25:787-797. doi: 10.1007/s10461-020-03044-4.

Wyse, J., Lovejoy, J., Holloway, J., **Morasco, B.J.**, Dobscha, S.K., Hagedorn, H., & **Lovejoy, T.I.** (2021). Patients' perceptions of the pathways linking problematic substance use with chronic pain. *Pain*, 162, 787-793.

Wyse, J., Simmons, A., Ramachandran, B., Dobscha, S.K., & **Morasco, B.J.** (2021). "I don't mind doing what it takes to be safe." Patient perspectives of urine drug testing for pain. *Journal of General Internal Medicine*, 36, 243-244.

2020

Balba, N.M., McBride, A., Mist, S.D., Jones, K.M., Nardos, B., Olson, R.J., Hardman, S.C., **Callahan, M.L.**, Butler, M.P., Lim, M.M., & Heinricher, M.M. (2020). Photosensitivity thresholds are associated with chronic pain levels in TBI and PTSD. International Congress on Integrative Medicine and Health meeting in Cleveland, OH.

Kahler J., Heckman T.G., Shen Y., Huckans M.S., Feldstein E.W., Parsons J.T., Phelps A., Sutton M., Holloway J., **Lovejoy T.I.** (2020). Randomized controlled trial protocol for Project BRIDGE: a telephone-administered motivational interviewing intervention targeting risky sexual behavior in older people living with HIV. *Contemp Clin Trials*, 95. doi:10.1016/j.cct.2020. 106047.

Kansagara, D., Kondo, K.K., **Morasco, B.J.**, Nugent, S.M., & Ayers, C.K. (2020). Pharmacotherapy for the treatment of cannabis use disorder: In response. *Annals of Internal Medicine*, 173, 248-249.

Kansagara, D., **Morasco, B.J.**, Iacocca, M.O., Bair, M.J., Hooker, E.R., & Becker, W. (2020). Clinician knowledge, attitudes, and practice regarding cannabis: Results from a national Veterans Administration survey. *Pain Medicine*, 21, 3180-3186.

Mastarone, G.L., Wyse, J., Wilbur, E., **Morasco, B.J.**, Saha, S., & Carlson, K.F. (2020). Barriers to utilization of prescription drug monitoring programs among prescribing physicians and advanced practice registered nurses at Veterans Health Administration facilities in Oregon. *Pain Medicine*, 21, 695-703.

Morasco, B.J., Adams, M.H., Maloy, P.E., Hooker, E.R., Iacocca, M.O., Krebs, E.E., Carr, T.P., **Lovejoy, T.I.**, Saha, S., & Dobscha, S.K. (2020). Research methods and baseline findings of the Improving the Safety of Opioid Therapy (ISOT) cluster randomized trial. *Contemporary Clinical Trials*, 90, 105957.

Morasco, B.J., Smith, N., Dobscha, S.K., Deyo, R.A., Hyde, S., & Yarborough, B.J.H. (2020). Outcomes of prescription opioid dose escalation for chronic pain: Results from a prospective cohort study. *Pain*, 16, 1332-1340.

Morasco, B.J., Smith, N., Dobscha, S.K., Deyo, R.A., Hyde, S., & Yarborough, B.J.H. (2020). Prospective investigation of factors associated with prescription opioid dose escalation among patients in integrated health systems. *Journal of General Internal Medicine*, 35, 895-902.

Priest K.C., **Lovejoy T.I.**, Englander H., Shull S., & McCarty D. (2020). Opioid agonist therapy during hospitalization within the Veterans Health Administration: a pragmatic retrospective cohort analysis. *J Gen Intern Medicine*, 35, 2365-2374. doi: 10.1007/s11606-020-05815-0.

Priest K.C., McCarty D., & **Lovejoy T.I.** (2020). Expanding access to medications for opioid use disorder: Program and policy approaches from outside the Veterans Health Administration. *J Gen Intern Medicine*, 35, 886-890. doi: 10.1007/s11606-020-06266-3.

Prins, A., **Vinatieri, T.**, & Casillas, A. (2020, October 14). *VITAL: Student Veterans challenges & triumphs in the classroom*. The National Veterans Integration to Academic Leadership (VITAL) Webinar Series.

Seal, K.H., Becker, W.C., Murphy, J., Purcell, N., Denneson, L., **Morasco, B.J.**, Martin, A.M., Reddy, K., Van Iseghem, T., Krebs, E.E., DeRonne, B., Gibson, C., Krishnaswamy, A., Li, Y., Bertenthal, D., Chan, A., Nunez, A., McCamish, N. (2020). Whole Health options and Pain Education (wHOPE): A pragmatic trial comparing a whole health team versus primary care group education approach to promote non-pharmacological strategies to improve pain, functioning and quality of life in Veterans – Rationale, methods, and implementation. *Pain Medicine*, 21 (Supple 2), S91-S99.

Wilson, A.C., **Morasco, B.J.**, Holley, A., & Feldstein Ewing, S. (2020). Patterns of opioid use in adolescents receiving prescriptions: The role of psychological and pain factors. *American Psychologist*, 75, 748-760.

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Balba, N.M., McBride, A., Mist, S.D., Jones, K.M., Nardos, B., Olson, R.J., Hardman, S.C., **Callahan, M.L.**, Butler, M.P., Lim, M.M., & Heinricher, M.M. (2020). Photosensitivity thresholds are associated with chronic pain levels in TBI and PTSD. Society for Neuroscience meeting in Chicago, IL.

Engstrom, A., Holloway, J., Lovejoy, J., Wyse, J., & **Lovejoy, T.** Perceptions of cannabis in patients receiving treatment for substance use disorders. Poster presented at the 3rd Annual Scientific Meeting of the Research Society on Marijuana, July 2019, Vancouver, WA.

Grodin, J., Clark, J.L., Kolts, R., & **Lovejoy, T.I.** (2019). Compassion focused therapy for anger: a pilot study of a group intervention for veterans with PTSD. *Journal Contextual Behav Sci.* 2019;13:27–33. doi.org/10.1016/j.jcbs.2019.06.004.

Holloway, J., Engstrom, A., Wyse, J., Lovejoy, J., & **Lovejoy, T.** Use of cannabis in patients with active substance use disorders. Poster presented at the 3rd Annual Scientific Meeting of the Research Society on Marijuana, July 2019, Vancouver, WA.

Kahler, J., **O’Neil, M.E., Chen, J.L.,** Cameron, D.C., Hooker, E.R., Niederhausen, M., & **Lovejoy, T.I.** Examining PTSD symptom predictors of symptom management group completion in a VA PTSD Clinic. Poster presented at the 34th Annual Meeting of the International Society for Traumatic Stress Studies, November 2019, Boston, MA.

Kondo, K.K., **Noonan, K.M.,** Freeman, M., Ayers, C.K., **Morasco, B.J.,** & Kansagara, D. (2019). Efficacy of biofeedback for medical conditions: An evidence map. *Journal of General Internal Medicine, 34,* 2883-2893.

Kumthekar, A., Shull, S., **Lovejoy, T.I., Morasco, B.J.,** Chang, M., & Barton, J.L. (2019). Impact of hepatitis C treatment on pain intensity, prescription opioid use, and arthritis. *International Journal of Rheumatic Diseases, 22,* 592-598.

Li Q., Tso G.K., Qin Y., **Lovejoy T.I.,** Heckman T.G., Li Y. (2019). Penalized multiple inflated values selection method with application to SAFER data. *Stat Methods Med Res., 28,* 3205-3225. doi: 10.1177/0962280218797148.

Lovejoy, T.I. Pragmatic guidelines for review: Aid to both authors and editors. In: Sorrensen J and Guydish J, chairs. Manuscript review: tips and traps for emerging investigators in drug dependence. Symposium held at: College on Problems of Drug Dependence Annual Meeting; June 2019; San Antonio, TX.

Lovejoy, T.I., & Fowler, B. Designing and evaluating health psychology interventions. In: Revenson TR, Gurung R, eds. *The handbook of health psychology, 3rd edition;* Routledge; 2019.

Lovejoy, T.I., Lederhos, S.C., **Morasco, B.J.,** Dobscha, S.K., & McPherson, S. Identifying predictors of pain intensity following discontinuation of long-term opioid therapy among patients with and without substance use disorders. Poster presented at: The College on Problems of Drug Dependence Annual Scientific Meeting; June 2019; San Antonio, TX.

Maloy, P.E., Iacocca, M.O., & **Morasco, B.J.** (2019). Implementing guidelines for treating chronic pain with prescription opioids. *American Journal of Nursing, 119,* 22-29.

Marsiglio, M., Bohlig, A., & **Sklar, Q.** (2019). Supervision in context: A case example within Veterans Health Administration. In J. E. Manese. & T. Burnes (Eds.), *Casebook on Multicultural-Focused Supervision.*

Merlin, J.S., Long, D., Becker, W.C., Cachay, E.R., Christopolous, K.A., Claborn, K., Crane, H.M., Edelman, E.J., **Lovejoy, T.I.,** Matthews, W.C., **Morasco, B.J.,** Napravnik, S., O’Cleirigh,

C., Saag, M.S., Starrels, J.L., Gross, R., & Liebschutz, J.M. (2019). Marijuana use is not associated with changes in opioid prescriptions or pain severity among people living with HIV and chronic pain. *Journal of Acquired Immune Deficiency Syndromes*, 81, 231-237.

Morasco, B.J., Dobscha, S.K., Hyde, S., & Mitchell, S.H. (2019). Exploratory study examining associations between prescription opioid dose and delay discounting in patients with chronic pain. *Journal of Opioid Management*, 15, 19-25.

Morasco, B.J., Krebs E.E., Adams, M.H., Hyde, S., Zamudio, J., & Dobscha, S.K. (2019). Clinician response to aberrant urine drug test results of patients prescribed opioid therapy for chronic pain. *Clinical Journal of Pain*, 35, 1-6.

Papesh, M. A., Elliott, J. E., **Callahan, M. L.**, Storzbach, D., Lim, M. M., Gallun, F. E. (2019). Blast exposure affects habituation to acoustic startle and auditory event-related potentials: Mechanisms underlying impaired sensory gating. *Journal of Neurotrauma*. DOI: 10.1089/neu.2018.5801

Prins, A., Bramlett, D., & **Vinatieri, T.** (February, 2019). *Peer Support in the Effectiveness of the Online Moving Forward Course*. Roundtable discussion at the NASPA Symposium on Military-Connected Students, Las Vegas, NV.

Seal, K.H., Borsari, B., Tighe, J., Cohen, B.E., Delucchi, K., **Morasco, B.J.**, Li, Y., Sachs, E., Abadjian, L., Watson, E., Manuel, J., Vella, L., Trafton, J., & Midboe, A. (2019). Optimizing Pain Treatment Interventions (OPTI): A pilot randomized controlled trial of collaborative care to improve chronic pain management and opioid safety – rationale, methods, and lessons learned. *Contemporary Clinical Trials*, 77, 76-85.

Starks T.J., Feldstein E.W., **Lovejoy T.I.**, Gurung S., Cain D., Borkowski T., Fan C.A., Naar S., & Parsons J.T. (2019). Adolescent male couples-based HIV testing intervention (We Test): protocol for a type 1, hybrid implementation-effectiveness trial. *JMIR Res Protoc.*, 8, e11186. doi: 10.2196/11186.

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Adams, M.H., Dobscha, S.K., Smith, N.X., Yarborough, B.J., Deyo, R.A., & **Morasco, B.J.** (2018). Prevalence and correlates of low pain interference among patients with high pain intensity. *The Journal of Pain*, 19, 1074-1081.

Balba, N.M., Elliott, J.E., Weymann, K.B., Opel, R.A., Duke, J.W., Oken, B.S., **Morasco, B.J.**, Heinricher, M.M., & Lim, M.M. (2018). Increased sleep disturbances and pain in veterans with comorbid TBI and PTSD. *Journal of Clinical Sleep Medicine*, 14, 1865-1878.

Boehnlein JK, Hinton DE. From Shell Shock to Posttraumatic Stress Disorder and Traumatic Brain Injury: A Historical Perspective on Responses to Combat Trauma. In Culture and PTSD: Trauma in Global and Historical Perspective, DE Hinton and BJ Good (Eds.). Philadelphia: University of Pennsylvania Press, 2016

Callahan, M. L. & Storzbach, D. (2018). Sensory Sensitivity and Posttraumatic Stress Disorder in Blast Exposed Veterans with Mild Traumatic Brain Injury. *Applied Neuropsychology: Adult*, doi: 10.1080/23279095.2018.1433179

Carlson, K.F., Gilbert, T.A., **Morasco, B.J.**, Wright, D., Van Otterloo, J., Herndorf, A., & Cook, L.J. (2018). Linkage of VA and state prescription drug monitoring program data to examine concurrent opioid and sedative-hypnotic prescriptions among veterans. *Health Services Research, 53*, 5285-5308.

Dash, G.F., Wilson, A.C., **Morasco, B.J.**, & Feldstein Ewing, S.W. (2018). A model of the intersection of pain and opioid misuse in children and adolescents. *Clinical Psychological Science, 6*, 629-646. **Nugent, S.M.**, Yarborough, B.J., Smith, N.X, Dobscha, S.K., Deyo, R.A., Green, C.A., & **Morasco, B.J.** (2018). Patterns and correlates of medical cannabis use for pain among patients prescribed long-term opioid therapy. *General Hospital Psychiatry, 50*, 104-110.

Elliott, J. E., Opel, R. A., Chau, A. Q., Weymann, K. B., **Callahan, M. L.**, Storzbach, D., Lim, M. M. (2018). Sleep Disturbances in TBI: Associations with Sensory Sensitivity. *Journal of Clinical Sleep Medicine. Journal of Clinical Sleep Medicine.* DOI: 10.5664/jcsm.7220

Hulen, E., Saha, S., **Morasco, B.J.**, Zeigler, C., Mackey, K., & Edwards, S.T. (2018). Sources of distress in primary care opioid management and the role of a Controlled Substance Review Group: A qualitative study. *Pain Medicine, 19*, 1570-1577.

Lovejoy, T.I., Morasco, B.J., Demidenko, M.I., Meath, T.H.A., & Dobscha, S.K. (2018). Clinician referrals for non-opioid pain care following discontinuation of long-term opioid therapy differ based on reasons for discontinuation. *Journal of General Internal Medicine, 33*, 24-30.

Lozier, C.C., Nugent, S.M., Dobscha, S.K., Smith, N.X., Deyo, R.A., Yarborough, B.J., & **Morasco, B.J.** (2018). Correlates of use and perceived effectiveness of non-pharmacologic strategies for chronic pain among patients prescribed long-term opioid therapy. *Journal of General Internal Medicine, 33*, 46-53.

McPherson, S., Smith, C.L., Dobscha, S.K., **Morasco, B.J.**, Demidenko, M.I., Meath, T.H.A., & **Lovejoy, T.I.** (2018). Changes in pain intensity following discontinuation of long-term opioid therapy for chronic non-cancer pain. *Pain, 159*, 2097-2104.

Morasco, B.J., Lovejoy, T.I., & Ilgen, M.A. (2018). Management of chronic pain in patients with comorbid substance use disorder. In: D.C. Turk and R.J. Gatchel (Eds), *Psychological Approaches to Pain Management: A Practitioner's Handbook, Third Edition*. New York: Guilford Press, pp. 530-540.

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Salinsky M, Rutecki P, Parko K, Goy E, **Storzbach D**, O'Neil M, Binder L, Joos S. (2018) Psychiatric comorbidity and traumatic brain injury attribution in patients with psychogenic nonepileptic or epileptic seizures: A multicenter study of US veterans. *Epilepsia. 59*(10): PMID: 30144027

2017

Demidenko, M.I., Dobscha, S.K., **Morasco, B.J.**, Meath, T.H.A., Ilgen, M., & **Lovejoy, T.I.** (2017). Suicidal ideation and suicidal self-directed violence following clinician-initiated

prescription opioid discontinuation among long-term opioid users. *General Hospital Psychiatry*, 47, 29-35.

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Applying to the VA Portland Health Care System Internship

Eligibility

A candidate for our clinical psychology internship must have all required course work completed prior to beginning the internship. Preferably, candidates will have completed the major qualifying examination for the doctorate and have only minor dissertation requirements remaining. In all cases, it is expected that an applicant has had a substantial amount of supervised clinical experience. An applicant with fewer than 1200 hours of practicum experience or fewer than 12 integrated (cognitive and personality) assessment reports is unlikely to be prepared for our setting.

Before applying, please read the below website carefully to ensure you meet ALL eligibility requirements for participation in a VA training program and a VA psychology internship. These eligibility requirements are standardized across all VAs in the nation:

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

Selection Process

The application and selection process has been designed to comply with the policy developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC) with respect to internship offers and acceptances. This internship site abides by the APPIC policy that prohibits the communication, solicitation, acceptance, or use of ranking-related information prior to the release of the Match results.

VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. All things being equal, consideration is given to top applications from individuals with diverse backgrounds and with a variety of experiences across veteran's status, racial, ethnic, religious, sexual orientation, disability, or other historically underrepresented groups.

In the selection process, several criteria are considered:

- Clinical experience, including total hours and number of comprehensive assessments
- Scholarly preparation, indicated by the academic transcript, research experience and productivity, presentations and publications, and teaching experience
- Quality of the cover letter
- Quality of the standard reference forms
- The fit between the applicant's stated objectives and VAPORHCS offerings

A member of the psychology staff evaluates each completed application. After this initial review, a cut is made, and the top applications are evaluated a second time by additional staff. To facilitate planning for internship site visits, applicants will be informed by e-mail as soon as possible whether or not they remain under consideration after the initial review. Generally, notification is made by early to mid-December. For the 2021-2022 academic year, we received 127 completed applications and invited 93 applicants to attend the Open House.

Application Procedures and Checklist

All materials must be submitted on or before November 4, 2022 through the online AAPI.

- ❑ AAPI online application (www.appic.org)

VAPORHCS requires a site-specific cover letter to be submitted through the online AAPI:

- ❑ A brief (1 to 2 pages) statement of interest, specifically highlighting relevant issues of cultural competence, by addressing the following:
 - What stimulated you to study psychology?
 - What life experiences have influenced you professionally and personally?
 - What kinds of therapies have you employed and how would you characterize your theoretical orientation?
 - How do you incorporate cultural competency into your conceptualizations, and how do you hope to grow as a culturally competent practitioner during your internship year?
 - What are your interests and goals for the internship and beyond?
 - Why did you apply to VAPORHCS?

Please enter this statement as your cover letter for VAPORHCS in your online AAPI. We do not evaluate the standard AAPI essays, and we do not require any supplemental materials other than the completed AAPI. Your completed AAPI should also include graduate transcripts, your CV, and 3 standard letters of recommendation.

VAPORHCS Internship's APPIC Match Number: 152711

For questions about the accreditation, you may contact:
American Psychological Association
Office of Program Consultation and Accreditation
750 First Street, NE • Washington, DC • 20002-4242
Phone: 202-336-5979 • TDD/TTY: 202-336-6123
Fax: 202-336-5978 • Email: apaaccred@apa.org
<http://www.apa.org/ed/accreditation/>

Open House & Interviews

An invitational half-day, morning, Open House will be held on **Thursday, January 5, 2023** to acquaint finalist candidates with the internship program. We will also be conducting virtual video **interviews the week of January 9th, 2023.**

Applicants who remain under consideration after the initial review of their application will receive an invitation in early to mid-December. At the Open House, staff psychologists, fellows, and current interns will describe the training experiences offered and will be available to answer questions. Small break-out groups with current interns and/or staff supervisors provide an opportunity for candidates to learn about and communicate specific training interests. The Open House serves as the final part of our review of candidates for internship, providing an opportunity for our staff and interns to learn more about you. Changes may be made to the working list of rankings based on Open House attendance and impressions. Candidates are strongly encouraged to attend the Open House to obtain the most information about our site and to meet our staff in person. If you are unable to attend the Open House, we may be able to arrange for you to talk briefly with an intern by phone on another date. This option is not always feasible and is subject to intern availability.

Applicants selected for internship at VAPORHCS will be asked to submit one or two sample psychological assessment reports during the summer prior to beginning internship. Questions about the program or the application process should be addressed to:

Jason C. Steward, PhD, Psychology Internship Training Director
VA Portland Health Care System, Mail Code: P3MHDC
3710 SW Veterans Hospital Road
Portland, OR 97239
E-mail: jason.steward@va.gov
Phone: (503) 220-8262, ext. 53088

Note: VA interns are subject to all employment rules applying to federal employees.

Support and Outcome Data Tables

Internship Program Admissions

Date Program Tables are updated: 6/22/22

<p>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.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, provide website link (or content from brochure) where this specific is presented: https://www.va.gov/portland-health-care/work-with-us/internships-and-fellowships/clinical-psychology-training-programs/</p>	

<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</p>
<p>We use formal rating criteria to assist with ranking. Your application will be rated on the following: 1) Clinical Experience (total clinical hours - intervention hours, assessment hours, and supervision hours; total number of integrated reports written), 2) Research Experience (publications; presentations, posters/abstracts; research and grant writing experience), 3) Academic Experience (course grades; teaching experience), and 3) Subjective Impressions (cover letter quality; references; quality of fit). We do not have official cut-off scores; instead, your application is compared to your cohort's statistics. We make a first cut based on your clinical experience score. The remaining applications are given a complete review and rated on all criteria. A second cut is made based on the first full review scores. Remaining applicants are invited to our Open House and ranked. The remaining applications are also given a second independent full review. First and second round review scores are averaged, and these average scores guide our ultimate rankings, with a particular focus on goodness of fit with our program.</p>

<p>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</p>			
<p>Total Direct Contact Intervention Hours</p>	<p>N - X</p>	<p>Y</p>	<p>Amount:</p>
<p>Total Direct Contact Assessment Hours</p>	<p>N - X</p>	<p>Y</p>	<p>Amount:</p>

<p>Describe any other required minimum criteria used to screen applicants: N/A</p>

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$28,064	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes - X	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes - X	No
Coverage of family member(s) available?	Yes - X	No
Coverage of legally married partner available?	Yes - X	No
Coverage of domestic partner available?	Yes - X	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes - X	No
Other Benefits (please describe): 10 paid federal holidays; leave to accommodate cultural and religious holidays; 4 hours per week of optional protected time for research, which must be toward your dissertation if this is not complete; at the discretion of hospital leadership, up to 5 days of administrative leave may be available for dissertation defense, conferences, or professional workshops; 2 half-day and one full-day retreats with your intern class; at the discretion of hospital leadership, either a free parking pass or a free monthly public transportation pass may be available; life insurance; access to VA library systems; use of the Employee Fitness Center; for those with children, low-cost child care located on the Portland Campus (provided there are openings) and qualifying status for a VA child-care subsidy program.		

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	19	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center	1	
Veterans Affairs medical center	7	5
Military health center		
Academic health center		
Other medical center or hospital	3	
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	3	
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.