

Clinical Psychology Fellowships

2023-2024

VA Portland Health Care System

Portland, Oregon



Photo of a multistory white hospital building. In the forefront is a walking path, park, flagpole flying the American flag and shrubbery.



U.S. Department
of Veterans Affairs

Affiliated with Oregon Health & Science University

Welcome

The Training Community at the VA Portland Health Care System (VAPORHCS) appreciates your interest in our postdoctoral psychology fellowships. The VAPORHCS psychology staff values collegial working relationships with fellows 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 restaurants, music, shopping, and natural beauty. In Portland it's 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 think you'll enjoy the area as much as we do.

Thank you for considering VAPORHCS for your postdoctoral psychology fellowship training. We look forward to reviewing your application.

Sincerely,



Selfie style photo of a white woman with short, pink and purple hair, with the Portland cityscape in the background.

Cassi D. Franklin, PhD, VAPORHCS (she/they)
Director of Training, Psychology Postdoctoral Fellowship Programs
Cassi.Franklin2@va.gov
(503) 220-8262 ext. 57010

In July 2016, our postdoctoral fellowship program was accredited until 2023 by the American Psychological Association as a postdoctoral residency in clinical psychology. We have also received specialty accreditation, on contingency, from the American Psychological Association in Clinical Neuropsychology until 2023. For questions about our accreditation status please 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
[APA Accreditation](#)

Table of Contents

Welcome	2
Table of Contents.....	3
About Us.....	4
Training Setting.....	5
Training Philosophy.....	5
Fellowship Program Overview.....	11
COVID-19 Response and Adaptations.....	11
Program Aims and Competencies.....	12
Clinical Psychology Fellowship Descriptions	14
Health Psychology Emphasis	14
Primary Care Mental Health Integration Emphasis	16
Integrated Care Emphasis	18
Neuropsychology.....	20
MIRECC (Mental Illness Research, Education, and Clinical Center).....	22
Required Training Experiences for All Fellows	23
Assessment	23
Treatment	23
Consultation	23
Supervised Supervision.....	24
Administrative Project	24
Ethics, Multiculturalism, and Diversity	24
Diversity at VAPORHCS	25
Recent Staff Publications and Presentations.....	26
Applying to the VAPORHCS Postdoctoral Fellowships	33
Trainee Admissions, Support, and Outcome Data(IR) C-23 P.....	36
Clinical Neuropsychology con't.....	40

About Us

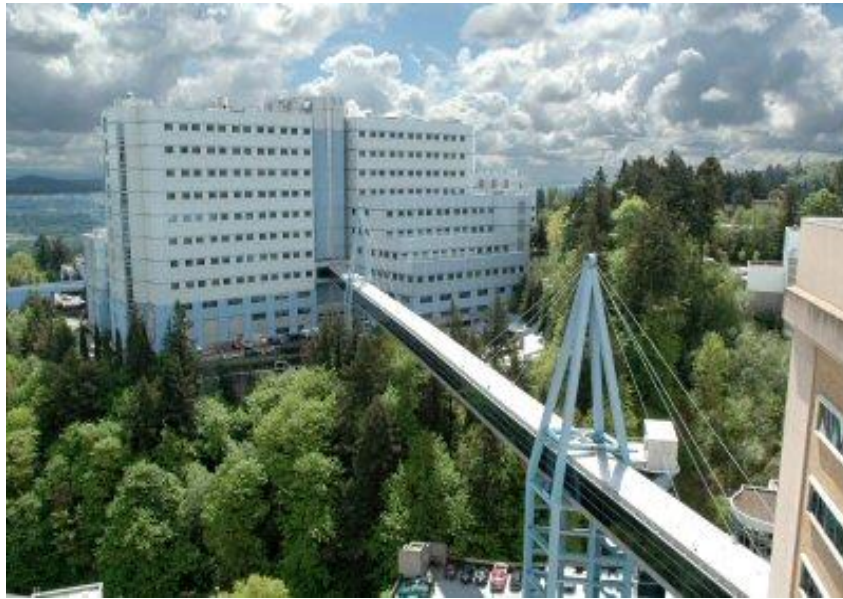


Photo of the white, multi-story VA Portland hospital surrounded by trees with the sky bridge to OHSU's campus in the forefront.

The VA Portland Health Care System (VAPORHCS) is a vital health care center with a mission to honor America's Veterans by providing exceptional healthcare that improves their health and wellbeing. 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 the VAPORHCS is located just across the Columbia River. This spacious campus houses many services, including long-term rehabilitation programs, a skilled nursing facility, substance addiction treatment program, PTSD clinic, post-deployment clinic, and primary care.

VAPORHCS values diversity in our staff. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.



Photo of the Vancouver campus two story red brick hospital building surrounded by trees and a large grass yard in the forefront.

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 addiction 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 fellowship 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.

Citations:

- Abramson, A. (2021). The ethical imperative of self-care. *Monitor on Psychology*, 53 (1), 47.
- American Psychological Association (2017a). Ethical principles of psychologists and code of conduct. Retrieved from: <https://www.apa.org/ethics/code/>.
- American Psychological Association (2017). Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- Edmondson, A. & Lei, Z., (2014). Psychological safety: The history, renaissance, and future of an interpersonal construct. *Annual Review of Organizational Psychology and Organizational Behavior*, 1, 23-43. doi:10.1146/annurev-orgpsych-031413-091305.
- Hook, J., Davis, D., Owen, J., Worthington, E., & Utsey, S. (2013). Cultural Humility: Measuring Openness to Culturally Diverse Clients. *Journal of counseling psychology*. 60. doi:10.1037/a0032595.
- William A. Kahn, 1990: Psychological conditions of personal engagement and disengagement at work. *AMJ*, 33, 692-724, <https://doi.org/10.5465/256287>
- Gurung S., Ventuneac A., Rendina H.J., Savarese E., Grov C., Parsons J.T. (2018). Prevalence of military sexual trauma and sexual orientation discrimination among lesbian, gay, bisexual, and transgender military personnel: A descriptive study. *Sexuality Research and Social Policy*. 15(1), 74-82. doi: 10.1007/s13178-017-0311-z.
- Johnson, W. B. (2007). Transformational supervision: When supervisors mentor. *Professional Psychology: Research and Practice*, 38(3), 259-267. doi:10.1037/0735-7028.38.3.259
- Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., Schwartz-Mette, R., & Kaslow, N. J. (2014). Preparing trainees for lifelong competence: Creating a communitarian training culture. *Training and Education in Professional Psychology*, 8(4), 211-220. doi:10.1037/tep0000048

-
- Johnson, W. B., Skinner, C. J., & Kaslow, N. J. (2014). Relational mentoring in clinical supervision: The transformational supervisor. *Journal of Clinical Psychology, 70*(11), 1073-1081. doi:10.1002/jclp.22128
- McClendon, J., Perkins, D., Copeland, L. A., Finley, E. P., & Vogt, D. (2019). Patterns and correlates of racial/ethnic disparities in posttraumatic stress disorder screening among recently separated veterans. *Journal of anxiety disorders, 68*, 102145. <https://doi.org/10.1016/j.janxdis.2019.102145>
- National Center for Veterans Analysis and Statistics. (2017a). *Oregon State Summary Report*. State/Territory Summaries. Retrieved from: [State Summaries Oregon.pdf \(va.gov\)](https://www.va.gov/StateSummaries/Oregon.pdf)
- National Center for Veterans Analysis and Statistics. (2017b). *Minority veterans report: Military service history and VA benefit utilization statistics*. Department of Veterans Affairs. Retrieved from: [https://www.va.gov/vetdata/docs/SpecialReports/Minority Veterans Report.pdf](https://www.va.gov/vetdata/docs/SpecialReports/Minority_Veterans_Report.pdf)
- Samuels, A., (2016, July 22). The racist history of Portland, the whitest city in America. *The Atlantic*. Retrieved from: <https://www.theatlantic.com/business/archive/2016/07/racist-history-portland/492035/>
- Sienkiewicz, M. E., Amalathas, A., Iverson, K. M., Smith, B. N., & Mitchell, K. S. (2020). Examining the Association between Trauma Exposure and Work-Related Outcomes in Women Veterans. *International journal of environmental research and public health, 17*(12), 4585. <https://doi.org/10.3390/ijerph17124585>
- Singh, A. & Chun, K., (2010). "From the Margins to the Center": Moving towards a resilience-Based model of supervision for queer people of color supervisors. *Training and Education in Professional Psychology, 4*, 36-46. doi:10.1037/a0017373.
- US Census Bureau. (2019). Quick Facts: Oregon. Retrieved from: <https://www.census.gov/quickfacts/OR>

Fellowship Program Overview

VAPORHCS is pleased to announce five openings in psychology postdoctoral fellowship (residency) emphasis areas at our facility for the 2023-2024 academic year. Our program has Fellowship programs in the following areas: **Health Psychology, Primary Care Mental Health Integration (PCMHI), Integrated Care, Neuropsychology, and Mental Illness Research, Education, and Clinical Center (MIRECC)**. The Health Psychology, PCMHI, and Integrated Care Fellowships are one-year positions, whereas MIRECC and Neuropsychology are two-year positions with a separate application process.

One-year Fellowships are for 2080 hours to be completed over a 12-month period. The 2023-2024 fellowship training year will begin on August 13, 2023. Our Fellowship program is currently accredited by the American Psychological Association.

Six hours per week are spent in structured training for all Fellows. Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactic seminars include psychology-specific professional development topics, including those focused on culturally competent service to diverse populations, alternating with individualized emphasis-specific didactics selected by the postdoc from the many other professional training opportunities available, such as OHSU Psychiatry Grand Rounds.

Supervision is provided by licensed VAPORHCS clinical psychologists. Fellows will receive 4 hours per week of supervision. Fellows will receive two hours of individual supervision weekly from their primary supervisor, one hour per week of individual supervision weekly from their secondary supervisor, and one hour of group supervision with other psychology fellows from a staff psychologist who serves on the Training Committee. Fellows will also be trained in supervision and may have the opportunity to obtain experience in supervised supervision of either interns or practicum students from nearby doctoral programs. All fellows meet weekly for one hour of informal peer group time to encourage mutual support and development of a professional collegial network. When the opportunity is available, we encourage our fellows to complete certification for evidence-based treatments, which may include Cognitive Processing Therapy (CPT) and Telehealth.

Average time spent in service delivery is 30 hours. The stipend for these positions is currently (2022-2023) \$49,447 plus benefits (fellow pays part of the premium). Fellows are granted Annual Leave and Sick Leave, eleven federal holidays, and up to six days of authorized absence, for professional training and presentations. Most clinical and research activities will take place at VAPORHCS, but Fellows may also spend time at outpatient satellite clinics and/or Oregon Health & Science University (OHSU), our medical school affiliate. The VAPORHCS Mental Health Division provides an administrative support staff member to mental health training programs. Fifty percent of this position is allocated to Psychology training programs. This staff member assists trainees with the hiring process, assignment/equipment of offices, maintenance of training records, and out-processing.

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

COVID-19 Response and Adaptations

In discussing our response to the COVID-19 pandemic, our program would like start by first express our heartfelt hopes for safety, continued and or sustained health, and support for you and your loved ones during such a difficult and uncertain time for all applicants, trainees, and staff. Due to the COVID-19 pandemic starting in 2020, the training program, in concert with support from our local medical center leadership, continues to evaluate and comfort of trainees working in the hospital. For a period in 2020 we maintained an all virtual program with an effort to maintain most of our training activities without significant disruption. In 2021, our clinic moved to a hybrid model with limited patient contact. Currently trainees see many Veterans via telehealth for individual and group therapies, assessments (when the assessment can be modified to telehealth modality), and attending and participating in didactics and supervision via virtual media technologies. As of Summer 2022, trainees and staff are generally working a mix of on-site and telework schedules, and the exact nature of these hybrid schedules vary based on clinic needs and training goals. That said, the number one focus for us is the health and safety of our Psychology Trainees. Our belief is that as we transition our services, we will continue to provide competent care for our nation's Veterans.

We will continue to provide high quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront. We will continue to update this status and our training materials as the situation evolves. As tracks have been differentially impacted by changes in service delivery, tracks have listed any COVID-19 specific changes in their sections of the brochure. If you have any specific questions about the impact of COVID-19 to a specific track or a training activity, we encourage you to call us or reach out via e-mail. We would be happy to discuss this with you. We want you to feel as fully-informed as you can be as you consider our program. Please continue to take care of yourselves and let us know how we can assist and support you.

Program Aims and Competencies

Our Program Aims and Competency Areas include the following:

- 1) Assessment: Fellows will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.
- 2) Intervention: Fellows 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: Fellows 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: Fellows 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: Fellows 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: Fellows will be knowledgeable of ethical, legal, and professional standards of behavior while integrating them into professional conduct.
- 7) Individual and Cultural Diversity: Fellows 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: Fellows will demonstrate professional values, attitudes, identity and behavior.
- 9) Communication and Interpersonal Skills: Fellows will demonstrate effective

communication and interpersonal skills when delivering professional services and engaging in professional activities and interactions.

- 10) Specialty (or Emphasis-Specific) Skills: If applicable, supervisors will discuss any specialized skills or competency areas with the Fellow that will be attained throughout the training year. Specialized competencies will be discussed at training onset, with clear behavioral benchmarks that delineate basic, intermediate, and advanced performance. All specialized competencies will be discussed in concurrence with the Fellow's initial Training Agreement and require both the Fellow and Supervisor(s) signature to denote that Fellow has a clear understanding of these areas prior to evaluation.

Through experiential training and learning activities, Fellows receive training in these competencies throughout the training experience (i.e., one or two-year). 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 Fellows during their orientation period, or upon request prior to Fellowship. 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 Fellowship, Fellows will perform at an advanced level on each competency and will be well-prepared for jobs as early career psychologists, consistent with their training.

Clinical Psychology Fellowship Descriptions

Health Psychology Emphasis

Bret Fuller, Ph.D., Veronica Rodriguez, Ph.D., lead supervisors.

The health psychology fellow develops behavioral medicine clinical and research skills in a variety of integrated care settings over the course of the year. VAPORHCS offers a variety of unique training experience across the Liver Transplant Program, outpatient mental health, and Substance Addiction Treatment Program. Fellows will split their time across these different clinics and work specifically with complex specialty medicine conditions including Hepatitis C, surgical weight loss intervention evaluations, HIV, liver disease, chronic pain, insomnia, diabetes mellitus and tinnitus.

Through first hand observation and followed by direct supervision, the fellow will develop a unique set of skills, including the consideration of systemic and socio-cultural influences of complex medical conditions requiring interprofessional care:

1. **Conducting Pre-Treatment/Transplant Evaluations.** Fellows will conduct mental health pre-treatment evaluations to determine patients' suitability to begin transplant and range of different treatments such as bariatric surgery, bone marrow transplants, and transgender surgery evaluations, etc. Evaluations include developing plans to help less than suitable candidates become prepared for treatment and to monitor high-risk patients throughout the course of treatment. These evaluations assess disease knowledge and progression, treatment and side effect knowledge, psychiatric stability, substance use, psychosocial security, treatment planning and monitoring, and treatment adherence and self-management.
2. **Conducting Pre-Liver Transplant Evaluations.** Working with the pre-liver transplant team, fellows will conduct these evaluations to determine Veterans' suitability to receive and make best use of a rare organ donation. Portland is one of three VA facilities that offer this type of transplant, and individuals are referred by VA's from mostly West Coast states (e.g., California, Arizona, Wyoming, Idaho, etc.). Fellows will conduct assessments of mental health, substance use, and behavioral issues including transplant procedure knowledge, psychosocial support, and adherence and self-management. The fellow will also conduct reassessments to determine progress following transplant. Fellow will also have the opportunity to engage in brief inpatient consultations for patients recovering from liver transplants as well as outpatient consultations for patients both pre-and post-transplant.
3. **Liver Transplant Selection Conference.** Fellows have a unique opportunity to participate in the Liver Transplant Selection Conference with OHSU and VAPORHCS medical providers. During these conferences, cases from both the VA and OHSU are presented to the interprofessional medical team to discuss eligibility, severity, and potential barriers of transplant. Fellows are provided the opportunity to present and discuss their assessment of VA patients they evaluate with the medical team and provide recommendations and levels of risk.
4. **Providing Psychological Interventions.** The Health Psychology Fellow will have the opportunity to be part of specialty medical clinics and provide psychological services in the Mental Health Clinic. The fellow will learn and expand on their knowledge of providing evidence-based treatments and behavioral medicine interventions for complex conditions such as chronic pain, binge eating disorder, PTSD, adjustment to medical diagnoses, and other somatic symptoms exacerbated by psychological factors.

Treatments include a focus on cognitive-behavioral and acceptance-based strategies. The fellow will carry an individual case load and will have to opportunity to co-facilitate treatment groups, should they be interested. Some group that have been facilitated in the past include an HIV Positive support group, ADHD compensatory skill training group, and LGBTQ support group.

5. **Substance Addiction Treatment Program.** The Health Psychology Fellow will also have the opportunity to provide psychological services as part of the Substance Addiction Treatment Program (SATP) team. The fellow will learn and expand on their knowledge of empirically-based treatments for co-occurring substance use conditions such as chronic pain and insomnia. The fellow will carry a small case load of individual patients through the SATP, as well as will be expected to co-facilitate treatment groups aimed at managing chronic pain through cognitive-behavioral and acceptance-based modalities.
6. **Clinical Supervision.** The post-doctoral fellow will also supervise an Intern-level trainee in their clinical and assessment work as the intern will see cases and conduct assessments in the health psychology team.
7. **Conducting Clinical Research and Receiving Research Mentorship.** VAPORHCS is home to many grant-funded psychologists researching health-related topics. The Health Fellow may select from many existing research opportunities or develop new ones. The Health Fellow selects a primary research mentor for the year and can design a training plan involving several principal investigators. Fellows can spend up to 30% of their time on research-related activities.

Primary Care/Mental Health Integration Emphasis

Odessa Cole, PhD, Supervisor; Women's Health Clinic

Mary Steers, PhD, Supervisor, Resident Clinic

***Locations subject to change and we recommend that the fellow have access to a car if possible**

***Potential covering supervisors and consultants may include Dr. Krista Herbert, Dr. Vanessa Hara, and/or Dr. Erika Shearer.**

The PCMHI fellow practices for one year in a VA Primary Care clinic, a setting that integrates Behavioral Health and Primary Care (PC) services. The fellow works as a PCMHI provider who serve two clients—the Veterans and the Primary Care staff in each of the Patient Aligned Care Teams (PACT) towards the goal of better coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities.

Training emphasizes:

- Utilizing a systems approach to behavioral health evaluation and intervention in PC
- Examining sociocultural influences to common chronic medical problems and their relationship with psychiatric disorders
- Providing open access triage, warm handoff and curbside consultation to PACTs
- Understanding commonly used psychotropic medications and how behavioral health providers can help support primary care prescription practices
- Providing time-limited individual treatment, such as Focused Acceptance and Commitment Therapy, PTSD symptom management, and SMART goal oriented solution focused treatments while incorporating the Common Factors of psychotherapy
- Engaging in joint visits with the Primary Care Provider (PCP) and patient (subject to COVID-19 restrictions)
- Educating PACTs about PCMHI practices and mental health topics
- Facilitating brief PCMHI-appropriate assessment (PHQ, GAD, PCL, MOCA)
- Offering population-based group classes (possibly co-leading w/ PACT member) such as: smoking cessation, weight management, chronic pain, and depression and anxiety symptom management
- Conducting specialized brief assessments, including a Maternity/Parental Psychosocial Assessments and Gender Affirming Readiness Evaluations for Hormones
- Our PCMHI team is dedicated to providing culturally sensitive care that recognizes and elevates the unique experiences of clients with marginalized and/or intersectional identities. It is important that members of our team demonstrate humility and engage in careful analysis of the power and privilege we hold as well as the impact of our own identities on interactions with Veterans, MH colleagues, PACT staff, and others.

*The above experiences may occur live, in person, or via a virtual video conference depending on COVID-19 restrictions

Where the Fellow Works:

There are five VA primary care locations across the Portland area. Currently the PCMHI fellowship is located at the Portland main hospital campus in two different PC clinics described below (located in the same building). Additional primary care clinics are located in surrounding areas ~15 miles from the main campus, in Fairview, Hillsboro, Vancouver, and West Linn. The Portland VA has two additional PCMHI teams, in Bend and Salem. ***Note: locations, supervisors and specific opportunities are subject to change based on psychology staffing and the needs of the PC clinic. However, we try to meet the training needs of the fellow, if possible. Virtual care and/or telework may be necessary due to COVID-19 restrictions.*** The PCMHI Fellow is tentatively scheduled to train at the following clinics:

Women’s Health Clinic: WHC is a stand-alone clinic that includes primary care, urology and gynecology. In addition to the general PCMHI services including behavioral health interventions and consultation, unique opportunities may include: treating mental health concerns related to peripartum, postpartum, infertility and menopause; supporting survivors of sexual assault during gynecology visits, shared medical visits with the maternity care coordinator; co-leading Women’s Health complex case meetings, embodying and teaching “trauma informed care”; and offering wellness/burnout prevention education to Women’s Clinic staff.

Internal Medicine Resident Clinic: The Portland IM Resident Clinic houses attendings and residents from Oregon Health and Sciences University (OHSU; which is located across the sky bridge on an adjoining campus). Working with residents is a unique opportunity as it includes additional teaching opportunities to support medical residents develop mental health integration skills early in their careers. In addition to the general PCMHI roles, training opportunities may include: participating in the Controlled Substance Review Group to offer education and clinical consultation to PC Staff who treat Veterans using high doses of opiates; guest teaching in the IM resident didactics; staffing patients with attendings and residents in the resident room; and attending PACT meetings.

PCMHI Quality Improvement, Admin or Research Project:

Each PVAHCS fellowship differs in research experiences. While the PCMHI position is focused on clinical practice, we are also dedicated to the APA research competency. We require the completion of a quality improvement, administrative, or research project that includes data collection. Time allocated to the fellow’s project will depend on scale and goals. **The project will be housed within the PC clinics and/or will support PCMHI practices or mission.** It is unlikely that the fellow will have time to go through IRB approved for publication; rather, the data collection will be under the category of quality improvement research.

Covid 19 Potential Changes:

For the 2023-24 year we expect that the fellow will work in a hybrid model that includes part time virtual telework from home and part time in-clinic. However in-person work is highly dependent on the current standards of the hospital and the viability of telework agreements and as a result, may change throughout the year as needed. Ideally, the will work part-time in-person, if it is safe to do so, because we recognize that in-person work is important in learning about the primary care setting to achieve more multidisciplinary teamwork and shared visits. We are also continuing to use the “virtual warm handoff” so that we can offer Veterans and PCPs immediate consultation virtually. PCMHI is also running virtual PCMHI classes that we expect to continue. We hope the fellow will bring ideas and initiatives to support new and innovative ways to use virtual care in the interdisciplinary team. As a result of this new chapter in healthcare delivery, some of the experiences listed above may be reimaged to occur in a virtual format.

Contact:

The PCMHI team understands that each PCMHI fellowship program can differ greatly and it can be challenging to determine if this placement is a fit for your training goals. As such, we **strongly encourage** you to reach out to the lead supervisor via email and she will be happy to communicate further about the position. Email: Mary.Steers@va.gov. You can also contact the Postdoc Training Director Dr. Cassi Franklin (cassi.franklin2@va.gov) who can connect you to the current post doc or other supervisors.

Integrated Care Emphasis

Kenneth Sewell, PhD, Supervisor; Center for Integrated Pain Care

Quyen Sklar, PhD, Supervisor; Community Living Center

Timothy Wright, PsyD, Supervisor; Center for Integrated Pain Care, Mindfulness Institute, Whole Health

Overview of Track:

Fellows will work with their supervisors to create individualized training plans that are highly flexible based upon fellow training goals and clinic/supervisor availability. Interdisciplinary collaboration and integrative health and wellness interventions are the core of this fellowship track. We view the postdoctoral training year as an opportunity to consolidate and advance assessment, treatment, and consultation skills established during internship, while increasing autonomy across the training year to allow our graduates to feel fully prepared to enter an independent psychology career at the end of training. In supervision we reflect the advanced skills of the postdoctoral trainee by eliciting the fellow's case conceptualization and plan at the outset, and offering reflective supervision to assist the fellow in deciding on therapeutic goals and actions.

The fellow selected for this emphasis track will work collaboratively within two primary interdisciplinary treatment teams. In our Center for Integrative Pain Care (CIPC) located on the Portland, Oregon campus, the fellow may provide outpatient team evaluations (inc. pain medicine, behavioral health, pharmacy), individual behavioral health support (CBT/ACT treatment, biofeedback, clinical hypnosis), consultation for biopsychosocial management of chronic pain, co-facilitation of integrated chronic pain groups (behavioral health and physical therapy), and/or spinal cord stimulator evaluations. The fellow may receive training in and co-facilitate mindfulness-based interventions such as VA CALM and MBSR (mindfulness-based stress reduction), through VA Portland's Mindfulness Institute with Timothy Wright, Psy.D. In our Community Living Center located on our Vancouver, Washington campus, training may include behavioral health consultation and education to various CLC clinical disciplines and administration, psychological evaluation of physical rehabilitation and hospice/palliative patients, bedside individual/family psychotherapy, active participation in team care planning meetings, and behavioral assessment and milieu care planning.

COVID-19 Adaptations to CLC Rotation: While there may be active COVID+ patient at the CLC isolated in negative pressure rooms, fellows do **not** see these active COVID+ patients. Please note that at this time, all CLC staff and trainees are required weekly COVID-19 surveillance testing offered onsite by Employee Health regardless of vaccine status.

Other possible training opportunities:

- Supervised supervision of a practicum and/or intern trainee
- Present a didactic topic on diversity and/or ethics to psychology trainees and staff
- Minor rotation working within PCMH (as available)

An example of the Integrated Care fellow's weekly schedule (NOT definitive)*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00	CIPC (Anes)	Individual Supervision	CIPC Training/Admin	MBSR (or Monthly CIPC Lecture Series)	CIPC (PMR)
9:00	CIPC (Anes)	ACT on Pain Group	Individual Therapy/Admin	MBSR	CIPC (PMR)
10:00	CIPC (Anes)	ACT on Pain Group	Individual Therapy/Admin	MBSR	CIPC (PMR)
11:00	CIPC (Anes)	Individual Therapy/Admin	Individual Therapy/Admin	MBSR	CIPC (PMR)
12:00	LUNCH	LUNCH (Staff Meditation)	LUNCH	LUNCH (Opioid Review Safety Group)	LUNCH
1:00	Individual Therapy/Admin	AIM (Pain Ed Class)	Psychology Didactic	Mindful Movement (CIPC)	CIPC Training/Admin
2:00	Individual Therapy/Admin	AIM (Pain Ed Class)	Group Supervision	Mindful Movement (CIPC)	Admin
3:00	Supervision	Mindfulness Orientation	Postdoc Cohort Hour	Admin	CIPC Complex Case Conf
4:00					

*Please note by mid-year, Tuesdays and Wednesdays will be spent at the **CLC**.

Integrated Care Quality Improvement, Administrative or Research Project:

While the VAPORHCS fellowship in Integrated Care is focused on clinical practice, we are also dedicated to competency in research. As part of the program requirement, fellows are expected to complete a quality improvement, administrative or research project that entails data collection, analysis, and a written report of findings and recommendations. Fellows have the option to request a maximum of four hours per week dedicated towards this project and/or other research projects they may be involved in (e.g., preparing manuscripts for publications, participating with faculty on existing research).

Contact:

We are so excited about your interest in our Integrated Care fellowship! If you want to learn more about what this fellowship entails to determine if this placement is a good fit for your training and career goals, please contact our Postdoc Training Director cassi.franklin2@va.gov who can connect you to the supervisors.

Clinical Neuropsychology

Megan Callahan, PsyD, ABPP Supervisor; Clinical Neuropsychology

Joshua Clark, PhD, Supervisor; Clinical Neuropsychology

Nicole Crocker, PhD, Supervisor; Clinical Neuropsychology

In service of our postdoctoral training program's broader clinical training philosophy, our Neuropsychology Fellowship adheres to the scientist-practitioner model of training in preparing Fellows for advanced practice in clinical neuropsychology. We particularly emphasize the integration of science and practice throughout training. The VAPORHCS Neuropsychology Postdoctoral Fellowship is structured to provide advanced clinical, didactic and research experiences over the course of a two-year, full-time residency. The Fellowship is designed to progressively build upon previously developed competencies through participation in increasingly more advanced specialty training by providing developmentally appropriate training experiences fostering greater autonomy and responsibility as well as increased participation in research activities consistent with the training goals of the fellow. Specialty training experiences serve to expand knowledge of brain-behavior relationships, cultivate expertise in the evaluation and treatment of neurobehavioral disorders, and enhance professional development through increasing involvement in direct supervision of doctoral trainees, leadership roles in neuropsychological and neurobehavioral clinics, and expert consultation within the multi-disciplinary treatment teams.

At the start of training, residents are assigned a primary clinical training supervisor select a research mentor, and complete a pre-residency evaluation that relies substantially on direct observation and is designed to assess general neuropsychological skills. This evaluation identifies the fellow's prior relevant experiences, strengths and weaknesses, and training and career goals. Information from this evaluation is used to guide development of a formal individualized training plan outlining training objectives, required activities, and caseload guidelines. The primary clinical training supervisor is responsible for coordinating the fellow's overall training experiences, and works closely with other supervisors, research mentors and teaching faculty to facilitate and assess the fellow's progress in achieving advanced neuropsychological competencies. At the midpoint and completion of each residency year, written evaluations of the fellow's progress in achieving rotation-specific training objectives are provided by supervisors. The fellow and program supervisor review these evaluations with systematic assessment of the extent to which individualized competencies are being attained. Adjustments to the training plan to accommodate greater or less than expected advancement may be made throughout the year.

Emphasis and Purpose

The VAPORHCS Clinical Neuropsychology Training Program provides high-quality advanced training in the practice of clinical neuropsychology. Compromise of brain and central nervous system functioning can result in extensive distressing changes in the quality of life of Veterans and their families, and clinical science indicates that providing care for Veterans and their families experiencing these distressing life changes requires comprehensive specialized training in clinical and cognitive psychology, neuroanatomy and neurophysiology, behavioral neurology, and cognitive rehabilitation and other neuropsychological interventions. We believe that particularly within clinical neuropsychology, adherence to the scientist-practitioner model is crucial for competent practice and rapid incorporation of new knowledge into clinical practice. Our program comprises clinical, didactic, and research experiences leveraging the extensive resources available at VAPORHCS and its affiliated university Oregon Health & Sciences University (OHSU). Our overall goal is to produce highly trained, scientifically knowledgeable, clinically skilled independent practitioners who will be competent to work as advanced clinical neuropsychologists.

The trainee in this position will develop skills primarily in the assessment and treatment of complicated diagnostic profiles that include comorbid neurologic, psychiatric, medical and substance use problems. Trainees will work in the Outpatient Neuropsychology Clinic, the Outpatient Neuropsychological Rehabilitation Clinic, and Neurology Service at VAPORHCS. Fellows within these clinics will see patients with various diagnostic presentations including: Dementia of the Alzheimer's Type (DAT), Vascular Dementia, Parkinson's Disease and other movement disorders, Traumatic Brain Injury (TBI), focal stroke, Multiple Sclerosis, Epilepsy, and ALS. The Fellow can also expect to see patients experiencing cognitive deficits secondary to psychiatric disorders (e.g. depression, post-traumatic stress disorder, schizophrenia). Clinical services include comprehensive neuropsychological evaluations, neurocognitive screenings, neuropsychological interventions, and detailed feedback to patients, family, and referral sources.

The assessment approach at VAPORHCS combines structured and flexible techniques. In addition to clinical training, fellows will attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, VAPORHCS Neuropsychology Didactic Seminars, Neuropsychology Case Conferences led by Dr. Muriel Lezak at OHSU, and Neuroscience Grand Rounds. Training and education is designed to support a Fellow's preparation for board certification in neuropsychology.

The VAPORHCS has a long tradition of research in neuropsychology and the neurosciences. As such, Fellows will also have opportunities to participate in ongoing clinical research and pilot efforts. A major portion of the research at the VAPORHCS is conducted on the Portland and Oregon Health & Science University (OHSU) campuses, and involves collaboration between neurologists, clinical and experimental psychologists, and other neuroscientists at the VA and OHSU. The close collaboration between clinicians and researchers on the Portland campus has provided an extraordinary opportunity for developing and evaluating innovative new treatment and diagnostic programs, and has created an exciting and fertile training ground for postdoctoral Fellows.

Fellows will be expected to participate in research and encouraged to present their research work within our group and at national meetings such as the International Neuropsychological Society, the National Academy of Neuropsychology, American Academy of Clinical Neuropsychology, Society for Neuroscience, and the Cognitive Neuroscience Society. They will also be encouraged to participate in professional societies to keep their knowledge of our field up-to-date.

Application & Selection Procedures

The VAPORHCS Postdoctoral Residency in Neuropsychology began September 1, 2018. It is a full-time program with a salary of \$49,447 for year 1 (\$52,119 for year 2) with benefits. Applicants must be U.S. citizens who are candidates in (or have completed) an APA-accredited doctoral program in clinical or counseling psychology. They must have completed an APA approved internship program and earned their Ph.D. or Psy.D. prior to the start of the residency. Successful candidates typically have substantial academic and clinical experience in neuropsychology, with preference for candidates who have completed internships satisfying Houston Conference requirements in neuropsychology. While our program is organized to provide two years of postdoctoral training, advancement to the second year is contingent on successful completion of first year requirements.

Additional information about this fellowship can be found at the end of this document beginning on page 40.

Mental Illness Research and Treatment (MIRECC Fellowship)

James Boehnlein, MD, Ruth Ann Tsukuda, EdD, MPH; Co-Directors
Benjamin Morasco, PhD, Maya O’Neil, PhD, Supervisors of Research Training
Sarah Súniga, PhD, Trisha Vinatieri, PsyD, Supervisors of Clinical Training

The Veterans Affairs' Advanced Psychology Postdoctoral Fellowship in Mental Illness Research and Treatment is a two-year postdoctoral training program. The primary goal of the Northwest Mental Illness Research, Education and Clinical Center's (NW MIRECC) Advanced Psychology Postdoctoral Fellowship program is to train and equip psychologists with the knowledge and expertise to lead clinical research efforts that make lasting contributions in the lives of Veterans experiencing mental health challenges. In collaboration with their mentors, the Advanced Psychology Postdoctoral Fellows will develop and implement research projects, publish and present findings, write grants, and utilize the latest technology for educational activities and clinical service delivery. Psychology Postdoctoral Fellows devote 75% of their time to research and education activities (25% of research must be clinically-focused) and 25% to clinical training. Over the course of the two-year program, fellows are trained in clinical and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The VA Portland Health Care System NW MIRECC Psychology Postdoctoral Fellowship site is linked electronically to other national MIRECC sites for didactic, academic, and research efforts.

Table 2. National Research Centers housed by VHAPORHCS
VA Center to Improve Veteran Involvement in Care (CIVIC)
Portland Alcohol Research Center (NIH)
Methamphetamine Abuse Research Center (NIH)
VA National RR&D Center for Rehabilitative Auditory Research
VA Mental Illness Research Education and Clinical Center
VA Parkinson’s Disease Research Education & Clinical Center
VA Multiple Sclerosis Center of Excellence
AHRQ Effective Health Care Program Scientific Resource Center
VA Evidence Synthesis Program (ESP) Coordinating Center
VA Veterans Rural Health Resource Center—Portland

NOTE: The MIRECC Fellowship is a two-year research program, and we have a separate more detailed brochure about the training experience (e.g., training opportunities). We encourage you to visit our homepage ([VA Portland MIRECC](#)) where you can download that document. To learn more about the NW Mental Illness Research, Education and Clinical Center, you may also visit [VISN 20 MIRECC](#).

Required Training Experiences for All Fellows

Regardless of emphasis area, all psychology fellows will gain experience in assessment, treatment, consultation, supervision, administration, ethical principles, and cultural and individual diversity.

Assessment

Fellows will conduct intake assessments and learn to make competent DSM-5 diagnoses. Fellows also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Fellows will further advance their ability to clarify referral questions, select 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.

Treatment

VAPORHCS uses a number of psychological treatment approaches, with an emphasis on empirically-supported treatments implemented with sensitivity to contextual and cultural factors. Fellows will provide individual therapy that is generally time-limited. Presenting problems include anxiety, depression, personality disorders, and major mental illness. Family therapy also can be an important component of treatment and may be used as an adjunctive or primary mode of therapeutic intervention. Treatment is provided in conjunction with the ongoing assessment of outcome. Additionally, fellows will provide group therapy for a variety of Veterans. Fellows acquire skills in developing, planning, and leading psychoeducational and process groups.

Consultation

Fellows will learn to function as consultants throughout the medical center. In some instances, this will include representing psychology as an integral member of a multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for fellows. In other instances, the fellow will serve as an independent consultant. Fellows will strengthen valuable professional skills including clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers and nurses. By the end of the fellowship, the fellow will have gained advanced skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Supervised supervision

We are committed to mentoring growth in the provision of supervision to future psychologists. Postdoctoral Fellows may have the opportunity to participate in layered supervision of a graduate psychology practicum student and in some cases a current VAPORHCS Psychology intern during the training year. The training program will strive to match interns or practicum students as supervisees who have training interests in the areas of clinical strength of the postdoctoral Fellow.

Administrative/Program Development Project

Each postdoctoral trainee is required to complete an administrative project during the training year. This project provides fellows with a mentored educational experience to develop administrative and leadership skills as part of a well-rounded program of training for professional psychology. Some typical projects in past training years have included:

- Assist with an aspect of developing a VAPORHCS mental health service (e.g. telehealth; training rural providers) or clinic (e.g. post-deployment)

-
- a 6-8 week psychoeducational group with pre and post (ratings or outcome) measures

At the completion of the project, the postdoctoral resident will write a brief summary of the goals of the project, a 2-3 sentence description of the project, and a summary of the outcomes of the project (narrative, including participant ratings or outcome measures).

Diversity at VAPORHCS

VAPORHCS values diversity in our staff. The Directors of Training, Training Committee Executive Board (TCEB), training committee, supervisors, and other staff attempt to model disclosing and welcoming diversity in the workplace. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, gender identity, disability, or other minoritized statuses. We strive to place a high value on learning about and welcoming diversity into our midst, and have been responsive to feedback as we grow.

In 2011, VAPORHCS Psychology staff initiated a Multicultural and Diversity Task Force to undertake a far-reaching examination of ourselves as mental health service providers, teachers, and supervisors. The results of staff and trainee focus groups helped us to identify learning goals for our staff and our training programs, and the Task Force was soon converted to an ongoing Multicultural and Diversity Committee (MDC). The MDC now 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.

On an institutional level, VAPORHCS promotes diversity recruitment and retention through an active Equal Employment Opportunity (EEO) Program with an Advisory Committee as well Special Emphasis Program Managers (SEPMs).

The EEO/Diversity program fosters a diverse and inclusive work environment that ensures equal opportunity through policy development, workforce analysis, outreach, retention, and education to best serve our nation's Veterans. Special Emphasis Program Managers (SEPMs) champion diversity concerns of particular groups including Veterans, ethnic/ racial/ cultural groups, women, LGBTQ people, and people with disabilities. VAPORHCS was the first VA site to establish an LGBT SEPM position on its EEO Advisory Committee; only two other VA sites are known to have an LGBT/sexual minority SEPM. The facility has now achieved Equality Leader status for the past three years on the Human Rights Commission's Healthcare Equality Index (HEI). Leader status is granted to those healthcare facilities who have met performance standards on four criteria: Patient Non-Discrimination, Equal Visitation, Employment Non-Discrimination, and Training in LGBT Patient-Centered Care.

Staff Demographics: 80 psychologists

Of 71 psychologists in 2019, 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.

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.

Each fellowship varies in its mix of clinical and research training; however, VAPORHCS encourages and nurtures involvement in research activities. Many staff welcome trainee involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Fellows have opportunities to co-author publications and professional presentations. Fellows especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school 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., Korhuis, 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.

2019

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.

2018

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.

Morasco, B.J., Shull, S.E., Adams, M.H., Dobscha, S.K., & **Lovejoy, T.I.** (2018). Development of an algorithm to identify cannabis urine drug test results within a multi-site electronic health record system. *Journal of Medical Systems, 42*, 163.

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.

Frank, J.W., **Lovejoy, T.I.**, Becker, W.C., **Morasco, B.J.**, Koenig, C.J., Hoffecker, L., Dischinger, H.R., Dobscha, S.K., & Krebs, E.E. (2017). Patient outcomes in dose reduction or discontinuation of long-term opioid therapy: A systematic review. *Annals of Internal Medicine*, 167, 181-191.

Lovejoy, T.I., Morasco, B.J., Demidenko, M.I., Meath, T.H.A., Frank, J.W., & Dobscha, S.K. (2017). Reasons for discontinuation of long-term opioid therapy in patients with and without substance use disorders. *Pain*, 158;526-534.

Morasco, B.J., Yarborough, B.J., Smith, N.X., Dobscha, S.K., Deyo, R.A., Perrin, N.A., & Green, C.A. (2017). Higher prescription opioid dose is associated with worse patient-reported pain outcomes and more health care utilization. *The Journal of Pain*, 18, 437-445.

Nugent, S.M., Dobscha, S.K., **Morasco, B.J.**, Demidenko, M.I., Meath, T.H.A., Frank, J.W., & **Lovejoy, T.I.** (2017). Substance use disorder treatment following clinician-initiated discontinuation of long-term opioid therapy resulting from an aberrant urine drug test. *Journal of General Internal Medicine*, 32, 1076-1082.

Nugent, S.M., Morasco, B.J., O'Neil, M.E., Freeman, M., Low, A., Kondo, K., Elven, C., Zakher, B., Motu'apuaka, M., Paynter, R., & Kansagara, D. (2017). The effects of cannabis among adults with chronic pain and an overview of general harms: A systematic review. *Annals of Internal Medicine*, 167, 319-331.

O'Neil, M.E., Nugent, S.M., Morasco, B.J., Freeman, M., Low, A., Kondo, K., Elven, C., Zakher, B., Motu'apuaka, M., Paynter, R. & Kansagara, D. (2017). Benefits and harms of cannabis for posttraumatic stress disorder: A systematic review. *Annals of Internal Medicine*, 167, 332-340.

O'Neil, M. E., Callahan, M., Carlson, K. F., Roost, M., Laman-Maharg, B., Twamley, E. W., Iverson, G. & **Storzbach, D.**, (2017). Postconcussion symptoms reported by Operation Enduring Freedom/Operation Iraqi Freedom Veterans with and without blast exposure, mild traumatic brain injury, and posttraumatic stress disorder. *Journal of Clinical and Experimental Neuropsychology* 39(5): 559-568. PMID: 27681407

Applying to the VAPORHCS Postdoctoral Fellowships

Eligibility: We seek candidates who are **US citizens** and will have completed a **doctoral program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS)** in clinical or counseling psychology and either a similarly **accredited internship** or VA-based internship as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the fellowship start date. VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the fellowships welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

Any potential fellow intending to seek licensure in the state of Oregon will need a supervision agreement approved by the Oregon Board of Psychology prior to the start date of the fellowship year.

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

ELIGIBILITY FOR VA EMPLOYMENT

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an accredited graduate program in Clinical or Counseling psychology (APA, CPA, or PCSAS) AND must have completed a similarly accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Selection Policies:

1. Selection of trainees is based on objective criteria derived from the Fellow's clinical experience (amount and diversity); scholarly preparation; personal maturity and significant life experience represented in cover letter essay; research competency, and the match of clinical interests to the emphasis area.
2. Applications are reviewed by the director of training, the respective emphasis supervisors, and the current postdoctoral trainee.

-
3. 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.
 4. Highly ranked applicants will be invited to participate in teleconference interviews.
 5. Selection decisions made by the emphasis supervisors and trainee are reviewed by the Fellowship Director for eligibility and overall programmatic fit. This includes review of initial applicants with an eye towards recruitment of excellent candidates reflecting diverse backgrounds.
 6. Selection will follow the new Common Hold Date process. Applicants receiving offers will be contacted after all interviews are complete. Applicants who are no longer under consideration will be notified as soon as possible.
 7. Responsibilities. The supervisors of each emphasis area recruit and select the respective candidate for that training area. The Fellowship Director has oversight of the process and the option of final approval for any program candidate's selection.

Deadlines: Applications must be received by December 12, 2022 at 11:59pm. We will acknowledge receipt as quickly as possible, and interview highly qualified candidates once applications have been reviewed. We plan to interview virtually to minimize applicant burden.

VAPORHCS plans to comply with APPIC recommended recruitment guidelines for the 2023-2024 recruitment cycle. As such, all of our programs are also advertised on the Universal Psychology Postdoctoral Directory (which can be found at: [APPIC UPPD Site](#)). Additionally, per APPIC Postdoctoral Selection Guidelines, we will comply with the Common Hold Date (CHD) procedures. Offers will be extended to our top candidates as soon as possible after the completion of all interviews. Selectees may choose to hold their offer until 10:00am EST on February 27, 2023. The exception to this is the MIRECC and Neuropsychology fellowships, which will make offers to our highest qualified and desired applicants typically in early-mid January. For more information regarding selection guidelines, please visit: [Postdoctoral Selection Guidelines](#).

Application Instructions

The following materials are required for all fellowship tracks:

1. A letter of interest (identifying the desired fellowship, a brief summary of your interests and qualifications for this specialty training, why you are interested in this position, and aspirations for your psychology career)
2. Curriculum Vitae (including a brief description of your internship rotations)
3. Three letters of recommendation (at least one from an internship supervisor)
4. A separate, brief memo from your graduate program Training Director or Dissertation Chair stating with certainty that your doctoral degree will be conferred by the start date of the Fellowship (please do not embed this within a letter of recommendation)
5. Official graduate school transcripts
6. **FOR NEUROPSYCHOLOGY ONLY:** Two sample neuropsychological reports.

We use the [APPA CAS](#) system for all fellowship applications.

Applicants may apply to more than one emphasis area; if so please submit separate applications for each emphasis track; a specific letter of intent should be written individually for each emphasis application and submitted with a CV.

Please feel free to contact Cassi Franklin, PhD, Director of Postdoctoral Training, Psychology (e-mail: Cassi.Franklin2@va.gov phone: 503-220-8262, ext. 57010) with any questions.

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

Implementing Regulation (IR) C-23 P - Trainee Admissions, Support, and Outcome Data
Postdoctoral Residency Admissions, Support, and Initial Placement Data
Date Program Tables are updated:

Program Disclosures

<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>_____ Yes __X__ No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p style="text-align: center;">N/A</p>	

Postdoctoral Program Admissions

<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>Eligibility: We seek candidates who are US citizens and will have completed a doctoral program accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) in clinical or counseling psychology and either a similarly accredited internship or VA-based internship as of the start of the Fellowship. The dissertation and all doctoral degree requirements must be verified as completed prior to the fellowship start date. VAPORHCS encourages applications from individuals with diverse backgrounds and with a variety of experiences. As an equal opportunity training program, the fellowships welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status. Any potential fellow intending to seek licensure in the state of Oregon will need a supervision agreement approved by the Oregon Board of Psychology prior to the start date of the fellowship year.</p>

ELIGIBILITY REQUIREMENTS FOR ALL VA TRAINING PROGRAMS

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

ELIGIBILITY FOR VA EMPLOYMENT

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an accredited graduate program in Clinical or Counseling psychology (APA, CPA, or PCSAS) AND must have completed a similarly accredited internship in Psychology, with the emphasis area of the degree consistent with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

Selection Policies:

1. Selection of trainees is based on objective criteria derived from the Fellow's clinical experience (amount and diversity); scholarly preparation; personal maturity and significant life experience represented in cover letter essay; research competency, and the match of clinical interests to the emphasis area.
2. Applications are reviewed by the director of training, the respective emphasis supervisors, and the current postdoctoral trainee.
3. 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.
4. Highly ranked applicants will be invited to participate in teleconference interviews.
5. Selection decisions made by the emphasis supervisors and trainee are reviewed by the Fellowship Director for eligibility and overall programmatic fit. This includes review of initial applicants with an eye towards recruitment of excellent candidates reflecting diverse backgrounds.
6. Selection will follow the new Common Hold Date procedures. Applicants receiving offers will be contacted after all interviews are complete. Applicants who are no longer under consideration will be notified as soon as possible.
7. Responsibilities. The supervisors of each emphasis area recruit and select the respective candidate for that training area. The Fellowship Director has oversight of the process and the option of final approval for any program candidate's selection.

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

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$49,447- \$52,119	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	<u>Yes</u>	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?	<u>Yes</u>	No
Other Benefits (please describe): 11 paid Federal holidays Up to 6 days of authorized absence for professional training, presentations, and licensure exams		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of residents who were in the 3 cohorts	15	
Total # of residents who remain in training in the residency program	3	
	PD	EP
Academic teaching	0	1
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	0	4
Veterans Affairs Health Care System	3	3
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	2
Other	0	2

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.

Clinical Neuropsychology Con't:

Program Competencies

Upon completion of the program, each fellow will be able to demonstrate advanced competency in the following 11 competency areas:

1. Integration of Science and Practice
2. Neuropsychological Assessment
3. Neuropsychological Interventions
4. Supervision
5. Consultation and Interdisciplinary Skills
6. Research
7. Ethical and Legal Standards
8. Individual and Cultural Diversity
9. Professional Values and Attitudes
10. Communication and Interpersonal Skills
11. Specialized Neuropsychology Practice Competencies

Program Structure

Year One:

A. 80% Clinical

1. Core Experience (60%)
 - a. 50% (two evaluations per week for an average of 16 hours per week) VAPORHCS Neuropsychology Clinic; in the second six months of the fellowship, contact hours will be flexibly adjusted to 1-2 evaluations per week or an average of 12 hours per week).
 - b. 10% (an average of four contact hours per week) VAPORHCS Neuropsychological Rehabilitation Clinic.
2. Rotation Experiences (10%, four contact hours per week)
 - a. In the first six months of the fellowship, the Fellow will spend significantly more time in the Neuropsychology Clinic conducting outpatient neuropsychological assessments and neuropsychological rehabilitation. Upon entering the second half of the first year, consistent with the developmental model of our training program, the fellow will begin their rotation with VAPORHCS Neurology Service.
 - b. Choice of rotations for three, four, or six months in the VAPORHCS Neurology Service (e.g., dementia/geriatric assessment, stroke, general neurology, multiple sclerosis, or epilepsy clinics) or at OHSU in the Alzheimer's Disease Clinic or Movement Disorders Clinic (one full day or two half days).

B. 20% Didactic/Education/Research

1. Required didactics, including seminars, grand rounds, and clinical case presentations.
2. Each fellow must identify a research mentor. This may be a member of the VAPORHCS Neuropsychology faculty or an M.D. or Ph.D. researcher outside of Neuropsychology.
3. Each fellow will be expected to spend an average of four hours a week engaged in some scholarly activity. This may include participation in on-going research with a faculty member, preparation of a literature review, or development of an independent research project. Each project will be expected to have a product suitable for presentation at a scientific meeting or submission to a journal.

Year Two:

- A. 70% Clinical
 - 1. Core Experience (60%)
 - a. 40% (flexibly adjusted to 1-2 evaluations per week or an average of 12 hours per week) VAPORHCS Neuropsychology Clinic.
 - b. 20% (an average of four contact hours per week, with an option to increase to eight hours per week depending on the Fellow's goals) VAPORHCS Neuropsychological Rehabilitation Clinic.
 - 2. Rotation Experience (10%, four contact hours per week)
 - a. Choice of rotations for three, four, or six months in the VAPORHCS Neurology Service (e.g., dementia/geriatric assessment, stroke, general neurology, multiple sclerosis, or epilepsy clinics) or at OHSU in the Alzheimer's Disease Clinic or Movement Disorders Clinic (one full day or two half days).
- B. 30% Research/Didactic/Education
 - 1. Each fellow will have protected research time contingent on demonstration of productivity during their first year (an average of 4-8 hours per week depending on the Fellow's goals). Similar to the first year, scholarly activities may include participation in on-going research of a faculty member, preparation of a literature review, or development of an independent research project. Depending on the Fellow's specific career goals, some flexibility in adjusting research time may be considered.
 - 2. Four hours per week of required didactics including seminars, grand rounds, and clinical case presentations.

Please note that for the duration of the COVID-19 crisis the expectation is that our Fellows will primarily practice from a remote location other than the VA, usually in the Fellow's residence. The Fellow will do assessments, therapy, meetings, and supervision over telehealth platforms. These circumstances will, of necessity, result in temporary modifications to program structure outlined above until the COVID-19 crisis is resolved.

Evaluation

Following initial assessment, residents are assessed on core competencies at 6-month intervals to ensure that they are developing at the appropriate rate. We also solicit regular appraisals from our residents of the quality of the training provided by rotations and program supervisors. Program and fellow effectiveness are regularly monitored at monthly VAPORHCS Psychology Training Committee meetings. Semi-annual joint fellow/faculty lunch meetings provide a forum for residents to participate in program evaluation and development. Research and case conference presentations also provide the opportunity for the entire faculty to assess competence and progress of individual residents. We host an annual faculty retreat to review the previous year's curriculum, as well as the overall effectiveness of the program (*postponed due to COVID-19*). More distal measures of program effectiveness involve assessment of our graduates' success in securing employment that requires competencies in the areas of neuropsychology in which we train.

Training Experiences

This is a full-time post-doctoral residency, and it is expected that residents will spend at least 40 hours weekly in clinical, didactic, and research activities.

Clinical Training

Portland Outpatient Neuropsychology Clinic: The Outpatient Neuropsychology Clinic receives consults from all Health Care System services and all VA facilities in Oregon and SW Washington, most prominently from Neurology, Polytrauma, Mental Health, and Primary Care. Many Veterans present with complicated diagnostic pictures, and with comorbid neurologic, psychiatric, medical and substance use problems. Common neurologic illnesses seen within this clinic include Dementia of the Alzheimer's Type (DAT), Vascular Dementia, Alcohol Dementia, Parkinson's Disease, focal stroke, and Multiple Sclerosis. We also receive many consults for a young cohort of patients who experienced Traumatic Brain Injury (TBI) while serving in recent conflicts abroad. Patients experiencing cognitive deficits secondary to psychiatric disorders (e.g., depression, post-traumatic stress disorder, schizophrenia) are also frequently referred. Clinical services include comprehensive neuropsychological evaluations, neurocognitive screenings, neuropsychological interventions, and detailed feedback to patients, family, and referral sources.

Outpatient Neuropsychological Rehabilitation Clinic: The Outpatient Neuropsychological Rehabilitation Clinic receives a steady flow of consultation referrals from several disciplines, most prominently Neuropsychology, Neurology, Mental Health, Primary Care, Polytrauma, and Caregiver Support.

Treatments consist of group and individual modalities aimed at increasing awareness of cognitive problems, providing psychoeducation, optimizing independence, real-world problem solving, and stress management. Efforts are made to integrate treatments with efforts of other involved health care providers, community/work leaders, and families.

Neurology Service at VAPORHCS: The VAPORHCS Neurology Service provides a full range of inpatient and outpatient neurological evaluation and treatment services to Veterans. Neurology subspecialty areas include the dementia/geriatric assessment, stroke, neuromuscular, seizure (including non-epileptic), movement disorders, multiple sclerosis, and ALS clinics. Neuropsychology fellows are integrated into the neurology subspecialty clinics where they provide brief assessment, consultation, and intervention services.

Neuropsychology Service at OHSU: This rotation affords Fellows the ability to gain experience conducting neuropsychological evaluations in the OHSU Movement Disorders clinic and the Layton Aging and Alzheimer's Disease Center with non-Veteran outpatients. Additional possible opportunities include participating in clinical case conferences, awake craniotomy cognitive testing, virtual rounds, clinical pathology case reviews, and forensic evaluations.

Research

The VAPORHCS has a long tradition of research in neuropsychology and the neurosciences. A major portion of this work is conducted on the Portland and OHSU campuses, and involves collaboration between neurologists, clinical and experimental psychologists, and other neuroscientists at the VA and OHSU. Because of our history of multi-site clinical outcome studies, our investigators also have long-standing collaborative relationships with VA and non-VA investigators across the U.S. including Seattle, San Diego, Boise, Iowa City, and Atlanta. Investigators and students from all sites are actively engaged in research on the Portland campus, and have ongoing contact with frontline clinicians through joint training and educational experiences. Gains in knowledge from this work have direct bearing on the development of more effective methods of treatment for Veterans with neurobehavioral disorders. The close collaboration between clinicians and researchers on the Portland campus has provided an extraordinary opportunity for developing and evaluating innovative new treatment and

diagnostic programs and has created an exciting and fertile training ground for postdoctoral residents.

Residents will be encouraged to present their research work within our group and to submit their work to national meetings such as the International Neuropsychological Society, the National Academy of Neuropsychology, Society for Neuroscience, and the Cognitive Neuroscience Society. They will also be encouraged to participate in professional societies to keep their knowledge of our field up-to-date.

Didactics

Residents will be required to participate in a range of scheduled didactics offered at VAPORHCS and Oregon Health Sciences University (OHSU). Didactics will be primarily provided by VA Neuropsychology, Clinical Psychology, and Research Psychology faculty, and will periodically include faculty from other related disciplines, such as Neurology, Psychiatry, and Speech Pathology. Residents will steadily increase their involvement in didactics; initially with attendance, and gradually assuming more active roles as junior faculty, providing presentations to staff and other trainees, leading case presentation activities, and leading journal club discussions. Core didactic experiences will be required and will maintain regular schedules, while other activities will be dependent on more variable factors, such as the fellow's particular interests in Neuropsychology, current status of the various faculty members' research, opportunities to engage with other related disciplines, and the schedule of OHSU activities. Core didactic experiences will maintain the following schedule:

Neuropsychology Case Presentations

This bi-weekly, one-hour series involves clinical case presentations by Neuropsychology faculty, residents, interns, and practicum students. Cases are selected by the presenting clinician based on such issues as the clinical uniqueness of the case, clinical, ethical, and cultural diversity issues encountered in the case, and assistance with case conceptualization and, or treatment recommendations.

Alternating Mondays, 8-9 a.m.

Neuropsychology Journal Club

This bi-weekly, one-hour series, involves presentations by Neuropsychology faculty, fellows, interns, and practicum students of journal articles, followed by a discussion led by the presenter. Articles are selected by the presenter and may include a wide range of topics relevant to Neuropsychology.

Alternating Mondays, 3-4 p.m.

Neuropsychology Seminar Series

This bi-monthly, 90-minutes series, involves presentations by Neuropsychology faculty and fellows on topics relevant to Neuropsychology. The series will follow a rotating schedule of 12 topics, over a two- year period, to correspond with the fellow's training time. Seminar topics are selected based on their relevance to recommendations of organizations, such as the American Psychological Association (APA) Division 40, American Academy of Clinical Neuropsychology (AACN), and American Board of Neuropsychology (ABN), for achieving specialized training and board certification in Clinical Neuropsychology. Examples of topics, each of which will involve multiple seminars, include: Neuroanatomy, Neurological Disorders, Assessment, Psychometrics, Ethics, and Cultural Diversity.

First Monday, bi-monthly, 2:30-4 p.m.

VA Psychology Postdoctoral Fellow Didactic Series

This bi-weekly, 80-minute series provides an opportunity for VA Psychology postdoctoral residents of all disciplines (i.e., Health Psychology, Integrated Care, PCMHI, MIRECC) to attend a series of didactics addressing a broad range of issues relevant to Clinical Psychology, including practice, research, ethics, and diversity. While most of the presentations in this series are offered by staff, all residents are required to provide a presentation of their own, related to a topic of their choice.

Wednesdays, 1:00-2:20 p.m.

In addition to the required core didactics, residents will also be expected to select from a range of didactic opportunities available at both VAPORHCS and OHSU. Residents will be expected to attend at least four-hours of these additional activities monthly. Optional didactics include, but are not limited, to the following activities:

- OHSU Neuropsychology Case Share
- OHSU Neurology Grand Rounds
- OHSU Psychiatry Grand Rounds
- OHSU Neurology Noon Conference
- VAPORHCS MIRECC Presentations
- VAPORHCS Movement Disorders Clinic Journal Club
- VAPORHCS Movement Disorders Clinic Didactics
- OHSU Brain Cuttings

Requirements for Completion

Fellow and supervisors develop a formal individualized training plan outlining training objective, required activities, and caseload guidelines. Written evaluations of the fellow's progress in achieving rotation-specific training objectives is provided by supervisors every six months. The fellow and program supervisor review these evaluations with systematic assessment of the extent to which individualized competencies are being met. Adjustments to the training plan to accommodate greater or less than expected advancement may be made throughout the year. It is expected that the fellow become licensed within the first 15 months of the fellowship so that they are prepared to begin the board certification (ABPP-CN) process and seek competitive employment upon graduation.

Facilities and Training Resources

The Fellow uses a shared office within the neuropsychology clinic for administrative and clinical purposes. While the Fellow has priority in the office, it is frequently checked out by other neuropsychology staff and trainees when available. The office is equipped with state-of-the-art computing services that support clinical, educational and research needs. The Fellow has a computer equipped with a remote camera to support clinical work in Telemental Health and they may obtain credentialing in this service on an elective basis. Computers offer access to the hospital medical records, and the Fellow will be expected to enter all progress notes and consultation requests electronically. The Fellow is provided with sufficient phone and computer privileges to facilitate easy access to patients' electronic medical records, the request of remote records for patients treated at VAPORHCS, and consultation with outside providers. In addition, most clinical, educational, and research settings are equipped with a conference room (many equipped for video teleconferencing) and other appropriate meeting space. At the beginning of the program, Fellows receive a VA email address for their professional use. Other word processing, database, slide preparation, statistical software, and web-based medical and psychological databases are readily available for their use. In all research and clinical settings to which they are assigned, equipment to assist with printing, photocopying, and scanning is available; regular office and government mailing supplies are provided at no charge, and specialty equipment (e.g., poster printer) is available for their use.

Training Staff**Clinical Faculty**

Megan Callahan, PsyD, ABPP

Staff Neuropsychologist and Research Psychologist, VAPORHCS
Assistant Professor, Department of Psychiatry, Oregon Health & Science University

Joshua Clark, PhD

Staff Neuropsychologist, VAPORHCS
Assistant Professor, Department of Psychiatry, Oregon Health & Science University

Nicole Crocker, PhD

Staff Neuropsychologist, VAPORHCS

Research Mentors

Megan Callahan, Psy.D., ABPP

Coordinates the Neuropsychology Rehabilitation Clinic
Staff Neuropsychologist and Research Psychologist, VAPORHCS
Assistant Professor, Department of Psychiatry, Oregon Health & Science University
Coordinates the Neuropsychology Rehabilitation Clinic

Historically other research collaborations have been available based upon interest and current VA & OHSU research projects.