



## **Psychology Internship Training Program**



**Bruce W. Carter Veteran Affairs Medical Center**

**Miami VA Healthcare System**

**Psychology Service**

**1201 N.W 16<sup>th</sup> Street, Miami, Florida 33125**

**<https://www.miami.va.gov>**

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## MIAMI VA PSYCHOLOGY TRAINING

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**Introduction:** The Miami Veteran Affairs (VA) Medical Center is proud to offer **10 Psychology Internship positions** with a focus in a variety of emphasis areas for the **2024-2025** academic year. The program is fully accredited by the American Psychological Association and is also an APPIC member. The information provided in this document is updated yearly and as needed. If you have questions following review of the brochure, please contact Dr. Laura Weinberg, Director of Psychology Training or Dr. Lianne Gonzalez, Assistant Director of Psychology Training.

Applications are due on **November 3, 2023**, and specific Match numbers are as follows:

Health Psychology: 122012 (3 positions)  
Neuropsychology: 122013 (1 position)  
Geriatric Psychology: 122014 (2 positions)  
Psychiatry-General: 122015 (2 positions)  
Psychiatry-Recovery & Rehabilitation: 122016 (1 position)  
Forensic Psychology/Veterans Justice Program: 122017 (1 position)

**Accreditation Status:** The predoctoral internship at the Miami VA Healthcare System is accredited by the Commission on Accreditation of the American Psychological Association (APA). The next site visit will be held in 2027. All questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> NE, Washington, DC 20002-4242  
Phone: (202) 336-5979  
E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: <http://www.apa.org/ed/accreditation>

**Financial Support and Benefits:** The current intern stipend is **\$35,658** which is for a one year, full-time 2,080-hour training year. The stipend is paid biweekly, and Interns are eligible for medical insurance. Interns also earn four hours of both annual and sick leave per pay period, which accrues to 13 paid vacation days, 13 paid sick days, in addition to 11 paid Federal Holidays. Interns are granted administrative leave on a limited basis for dissertation related meetings, VA interviews and other events related to professional development.

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*\*This document may contain links to sites external to Department of Veterans Affairs. The VA does not endorse and is not responsible for the content of the external linked websites.*

*We will collect no personal information about you when you visit our website.*

## APPLICATION REQUIREMENTS

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**Equal Opportunity:** The Psychology Service abides by the Department of Veterans Affairs commitment to ensuring equal opportunity (EEO), and promoting diversity and inclusion, all applicable Federal EEO laws, regulations, Executive Orders, and Management Directives. As provided by the Policy, the VA will not tolerate discrimination or harassment on the basis of race, color, religion, national origin, sex, pregnancy, gender identity, genetic information, parental status, sexual orientation, age or disability. The Miami VA Healthcare System Psychology Service is committed to upholding an inclusive environment so that the associated stakeholders, (Veterans, supervised trainees, staff psychologists, technical and clerical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans.

**Eligibility Criteria For Internship Application:** To be considered for admission, candidates must meet the following requirements and be approved for internship status by their graduate program training director.

- Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined Psychology. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
- 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 must complete a Certification of Citizenship in the United States prior to beginning VA training.
- 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. Exemptions can be granted only by the US Office of Personnel Management; exemptions are very rarely granted.
- Interns are subject to Special Agreement Check (SAC) fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Please note trainees, like all employees, can be subject to *random* drug testing at any point during the training year. Additionally, we recognize that marijuana may be legal in select states. However, it is not legal federally, and as such we cannot hire an intern who tests positive for marijuana.

- VA training occurs in a health care setting. Some of the patients served by VA are elderly or infirm and could succumb to common illnesses like influenza. It is important to be able to document that your vaccinations are up to date, including the **COVID-19 vaccination**, and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals. Securing a statement from your university student health center, your regular health provider, or an urgent care clinic can expedite your appointment. Additionally, maintaining a current flu vaccination during the training year (or taking additional preventative measures to limit patient exposure to the flu) will be required. Please discuss any concerns with the program training director after you have matched and well before your start date to facilitate your onboarding.
- No slots are pre-allocated to any graduate program, and multiple candidates can be accepted from any one graduate program. The Miami VA Healthcare System Psychology Predoctoral Internship Program offers training only for full-time positions; part-time positions are not available.
- Candidates should have all course work completed by the time the internship begins. All major requirements of the graduate school program, including qualifying examinations, should also be completed. Additionally, candidates should have begun work on their dissertation. Specifically, a dissertation proposal should be accepted by the student's dissertation committee prior to internship. All candidates should have substantial practicum experience. At least **250** hours of clinical intervention, direct service delivery experience (excluding supervision hours), and **100** hours of assessment, direct service delivery (excluding supervision) are required for internship.

For additional information regarding eligibility please visit:  
<https://www.va.gov/oaa/hpt-eligibility.asp>.

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## APPLICATION PROCEDURES

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This internship program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the Match Program. All applicants must register for the Match in order to be eligible for consideration for internship training. An electronic application service, called AAPI Online, must be used by applicants to prepare and submit applications to the program. AAPI Online is a separate and distinct service from the Match, and applicants must register to use AAPI Online separately from registering for the Match. AAPI Online is used by applicants to apply to programs, while the Match determines the final placement of applicants into programs.

Information on the use of AAPI Online to apply to internship programs is provided on the APPIC web site at <http://www.appic.org>.

Information about the Match can be obtained at [www.natmatch.com/psychint](http://www.natmatch.com/psychint).

Applications must be completed by **November 3, 2023**, in order to be considered for the Miami VA Healthcare System internship program. Only completed applications will be reviewed by the Training Committee for the final round of consideration. Confirmation of the status of applications will be sent out in mid-December.

**Application Materials:** Applications are to be completed electronically using the AAPI online Applicant Portal and must include the following:

- Standardized AAPI Online Form. Access to instructions for the online application can be obtained at [www.appic.org](http://www.appic.org).
- Indicate the **emphasis area** (indicating first and second preferences is acceptable) to which you are applying at the beginning of your cover letter:

**Health Psychology: 122012**

**Neuropsychology: 122013**

**Geriatric Psychology: 122014**

**Psychiatry-General: 122015**

**Psychiatry-Recovery & Rehabilitation: 122016**

**Forensic Psychology: 122017**

- Applicants may also identify themselves as representing a racial, cultural, or other minority group. These statements can be reflected in the Diversity Essay and separated from the formal body of the cover letter.
- Two letters of recommendation from psychologists familiar with your clinical practicum.
- A copy of a psychological assessment report that you have written which includes diagnostic and personality concerns. Neuropsychological reports are acceptable if they have a section referencing diagnostic/personality related concerns. Please include reports on adults only. Remove any identifying and confidential material.

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## **INTERN SELECTION**

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All applications are reviewed by members of the Psychology Training Committee in November and December. Applicants are asked to choose a primary and (if applicable) secondary emphasis area (Health Psychology, Geriatric Psychology, Neuropsychology, Psychiatry, Psychiatry - Recovery and Rehabilitation, or Forensic/Veterans Justice Program) based upon their training interests, experience, education and professional goals. Applications in each "emphasis area" will then be reviewed by the supervisors in this area.

The top ranked applicants in each group will then be selected as finalists and invited for interviews. Upon invitation to interview, applicants will be interviewed for a position in their primary emphasis area unless otherwise notified. Please remember that this is always a relative process since each applicant is being compared to the other applicants in a particular year. Thus, while an applicant may have an interest in Neuropsychology, for example, the applicant will be compared to other candidates who may have strong experience and training. It would therefore be wise for an applicant to not only consider their training interests, but also their experiences, credentials, and training and choose the emphasis area that would make for the strongest overall application.

Approximately 70 of the applicants will be selected for the final round of consideration. All applicants will be notified of their final round status by email in mid-December. Finalists will be invited to interview with the Training Committee during January.

Miami VAMC will be conducting **VIRTUAL INTERVIEWS ONLY** via video conferencing platform (i.e., Microsoft Teams). Interviews will be conducted with the Psychology Training Director and other training faculty members.

Following interviews, the Training Committee will meet and evaluate all finalists. The Committee will vote on each finalist and the resulting rankings will be used to formulate rank order lists. Interns are matched with the program according to the procedures set forth by APPIC and The Match service.

- Rank Order Lists will be submitted for Phase I of the Match in accordance with APPIC Policies by **February 2, 2024**.
- The results of Phase I of the Match will be released by the Match agency on **February 16, 2024**.

Please refer to the APPIC website for details. Written confirmation of offers and acceptances is required. For more details of APPIC Guidelines, please read the APPIC Policy listed on the website.

\*This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

**INQUIRIES REGARDING THE APPLICATION PROCESS CAN BE DIRECTED TO:**

Laura Weinberg, Ph.D., ABPP-CN, Director of Psychology Training  
Psychology – 116B 1201 NW 16<sup>th</sup> Street Miami, FL 33125-1693  
Phone: 305-575-5000 ext. 13215  
E-mail (**preferred**): [Laura.Weinberg@va.gov](mailto:Laura.Weinberg@va.gov)

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## **PSYCHOLOGY SETTING AT THE MIAMI VETERAN AFFAIRS MEDICAL CENTER**

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The Miami VA Healthcare System is a Joint Commission accredited, complexity level 1A facility serving approximately 62,000 Veterans in three South Florida counties: Miami-Dade, Broward, and Monroe. The Bruce W. Carter VA Medical Center is in downtown Miami and supports one major satellite outpatient in Sunrise (Broward County), six Community Based Outpatient Clinics (CBOC) located in Homestead (Miami-Dade); Key Largo (Monroe); Pembroke Pines, Hollywood, Deerfield Beach and Key West (Monroe County). The facility provides general medical, surgical, and psychiatric services, as well as serving as an AIDS/HIV Center, Prosthetic Treatment Center, Spinal Cord Injury Rehabilitative Center and Geriatric Research, Education and Clinical Center. A Healthcare for Homeless Veterans Clinic is located about one mile from the medical center. The organization is recognized as a Center of Excellence in Spinal Cord Injury Research, Substance Abuse Treatment, and chest pain. In addition to medical services, the healthcare system's Research Program conducts nearly \$8 million in research in areas of oncology, PTSD, endocrinology, mental health, diabetics, hypertension and other medical fields.

The Miami VA Healthcare System's mission is to honor American's Veterans by providing exceptional healthcare that improves their health and well-being. Our vision is to continue to strive to be the benchmark of excellence and value in healthcare by providing exemplary services that are patient centered, culturally competent and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research, and service in national emergencies.

The Miami VA Healthcare System has a long and vibrant history. In 1942, the commanding General of the U.S. Army Air Forces directed that an officer candidate school be established to maintain an Air Force Replacement Training Center with facilities for medical services. The Floridian and Nautilus Hotels were used for this purpose. The Nautilus is considered to have been the first Veterans Administration hospital in the Greater Miami Area. The facilities of the Nautilus were soon inadequate for the number of troops stationed in the area and another Air Force Team was called in to inspect all hotels in South Florida. The famed Biltmore Hotel in Coral Gables was selected and became an Army Hospital in 1946. It was renamed Pratt General Hospital in honor of one of the U.S. Army Air Forces' pioneer flight surgeons. Pratt General Hospital was deactivated in May 1947 but was taken over immediately by the Veterans Administration. The hospital, consisting of 450 general medical and surgical beds, was maintained until the completion and activation of the present Medical Center, located at 1201 NW 16th Street, in May 1968.



Miami VA Medical Center was officially re-named on October 27, 2008 to honor a decorated Marine – Private First Class Bruce W. Carter who served as a radio operator with Hotel Company, 2nd Battalion, 3rd Marines Division. On August 7, 1969, while in combat north of the Vandegrift in Quang Tri Province in Vietnam, Private First Class Carter threw himself on an enemy grenade, giving his life in service to our country so that his fellow Marines could survive. His medal and decorations include the Medal of Honor, the Purple Heart, the Combat Action Ribbon, the National Defense Service Medal, the Vietnam Service Medal with one bronze star, and the Republic of Vietnam Campaign Medal.

Approximately 40% of Veterans served by MVAHS are age 65 or older. Over one-third (38%) of Veterans served are mental health service recipients. A total of 1,201,475 outpatient visits were generated by over 62,000 Veterans in 2022. Of the top ten diagnoses treated through the healthcare system, four are mental health related. Approximately 16% of Veterans served are women, the fastest growing demographic at the Miami VA. The Miami VA has a dedicated Women Veteran's Clinic. Estimated race and ethnicity demographics include approximately one-third each of Caucasians, African Americans, Latinos, and smaller percentages each of American Indians, Asians, and Pacific Islanders.

Psychology Service is situated within the Mental Health and Behavioral Sciences Service, and functions under an Associate Chief of Staff for Mental Health. Psychology and Psychiatry remain separate and individual professional sections, however, each section is under the direct supervision of a chief and continues to maintain its own professional identity, credentialing and privileging, training program, continuing education program, peer review system, and other unique characteristics. Psychologists share leadership roles with psychiatrists and are intimately involved in the planning and provision of clinical services in all capacities and in all sections. All of the clinical programs and teams are overseen by a Mental Health Council, which is led by the ACOS for Mental Health and includes the Chief of Psychology, the Chief of Psychiatry, the Associate Chief of Nursing for Psychiatry, the Supervisor of Social Work Service, the Supervisor of Recreation and Creative Arts Therapy, in addition to other participating staff.

The psychology staff is composed of approximately 40 doctoral level Clinical and Counseling psychologists, master's-level therapists, peer support specialists, a secretary, clerk, and volunteers. Psychology staff members are responsible for their assigned program areas and provide evaluation, consultation, assessment, interventions, and research. Psychologists are involved in almost all areas of the Miami VAMC including Patient Aligned Care Teams, Integrated Health, Medicine, Psychiatry, the Behavioral Health Interdisciplinary Program, Psychiatric Residential Programs, Physical Medicine & Rehabilitation, Spinal Cord Injury, Extended Care, Hospice and the Community Living Center.

Psychologists also develop and provide specialized programs such as Whole Health, psychoeducation and support groups for patients, families, couples and other hospital staff. They are heavily involved in training and continuing education, not only with psychology residents, interns, and externs, but with trainees and professionals from other disciplines as well. Several psychologists have faculty appointments in the University of Miami's Miller School of Medicine, Psychology Departments at the University of Miami, and Nova Southeastern University.

The Medical Center has an extensive research program of over 200 active projects concentrating on mental health, endocrine polypeptides and cancer, diabetes and epilepsy, geriatric studies, neuronal injury and disease, HIV/AIDS, chronic fatigue, and Gulf War Syndrome. Residency training programs are provided to 150+ residents in most of the medical and surgical subspecialties as well as Pathology, Pharmacy, Social Work, Audiology/Speech Pathology, Nuclear Medicine, Nutrition & Food Service, Physical & Occupational Therapy, Psychiatry and Radiology. As a result, an active teaching role has been developed to accomplish the hospital's mission of patient care, medical education and research, and a complete range of medical, surgical and psychiatric subspecialty services are provided.

In addition to the 10 pre-doctoral psychology interns, there are 10 postdoctoral psychology positions in Clinical Psychology. The facility also serves as a psychology practicum placement site (externship) for three local universities' APA-accredited doctoral training programs.

There are over 35 licensed doctoral psychologists on staff who are available for supervision. Nearly all treatment philosophies and specializations are expressed by this diverse staff, along with teaching expertise and research interests.

## TRAINING MODEL AND PROGRAM PHILOSOPHY

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**Internship Training Philosophy:** The Miami VA Psychology Internship Program adheres to a competency-based scholar-practitioner model. The program believes that a scientific approach to culturally informed psychological practice is a critical core competency for all psychologists and serves to distinguish psychologists from other healthcare professionals. The program aims to produce culturally competent and scientifically minded graduates who have the knowledge and clinical skills for entering the professional practice of psychology.

The mission of the Miami VA Healthcare System Psychology Predoctoral Internship Program is to provide an integrated skills training and educational approach based on the scholar-practitioner model resulting in the development of culturally competent, proficient, skilled psychologists serving the needs of our diverse Veterans and military patients. The internship program helps the intern to set practical goals for their career, and then set up an appropriate training program to meet these goals. Interns also focus on a coherent and marketable area of expertise that will allow them to become highly proficient in health service psychology. Several of the staff psychologists at the Bruce W. Carter VA Medical Center have experience in private practice and possess practical knowledge of functioning as an independent service provider as well as in a large institutional setting. Emphasis is placed on learning the most current techniques and philosophies that are supported by empirical research and recognized as current professional standards.

Continuing education is also strongly emphasized, and there are many opportunities for formal training at the Bruce W. Carter VA Medical Center Complex as well as the South Florida area.

The major focus of the internship is on developing clinical skills. All training rotations provide ample opportunities for direct clinical experience. Psychological assessment, psychodiagnosis, clinical interviews, consultation, and individual and group psychotherapy are all emphasized, as well as cultural and individual differences, scholarly inquiry, and development of an ethical and professional identity. All supervisors provide individualized evaluation and feedback on a broad range of competencies, and the intern's professional growth occurs within a clinical role and setting. Interns participate in research colloquia during the training year. The objectives of research colloquia are to refine skills in critical analysis of research methodology and to discuss the implications of research on clinical practice.

The Miami VA Healthcare System Psychology staff is strongly committed to training and devotes an extraordinary amount of time and energy to each trainee. Psychology interns have performed exceedingly well in the setting and have earned a reputation for competence that is respected by all disciplines. In fact, psychology interns have become a highly valued employee in all areas of the Bruce W. Carter VA Medical Center, and their participation on a rotation is routinely requested. This provides a great number of training opportunities, as well as helping to develop a sense of pride, satisfaction, and flexibility as a professional psychologist.

## **DIVERSITY STATEMENT**

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The Miami VA Predoctoral Internship is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce interns that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.

The Diversity Committee is comprised of Miami VA psychologists who are committed to helping interns, psychologists and other stakeholders develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. It also aims to explore how, as mental health professionals, our biases, power, privilege, assumptions, and life experiences affect our clinical work. Interested interns can serve as diversity committee members for their internship year. Student members are an integral part of the Diversity Committee and are encouraged to participate with planning as well as serve as a liaison to their cohort.

The Diversity Committee conducts a series of diversity didactics, immersion experiences, and reflective discussions to foster professional development. The didactic series includes diversity readings that aim to address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, socioeconomic status, disability, LGBT Veterans, immigration/acclimation, aging, women's issues, etc.). Trainees and staff engage in immersion experiences by visiting with community resources that are implementing diversity in their care. Reflective discussions bring interns and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assists interns with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations. Interns are required to use the ADDRESSING model (Hays, P., 2008) in clinical and assessment case presentations to demonstrate the application of diversity into their practice.

The Miami VA serves Veterans from a highly diverse area, encompassing urban and suburban communities around Miami. Interns have the opportunity to provide services to a variety of minority and underserved populations, which is vital to the training of well-rounded psychologists. The Miami VA also has an active homeless program, which coordinates health care, services, and advocacy for homeless Veterans. Veterans who identify as Lesbian, Gay, Bi-sexual, and Transgendered (LGBT) are increasingly seeking services at the Miami VA, and the broader Miami metropolitan area features an active LGBT community. In this context, interns will be able to develop their appreciation for diversity in sexual orientation. Increasingly, the veteran population includes greater numbers of women and gender diverse veterans, which presents more opportunities for interns to develop skills for competently addressing sex and gender issues in their training. The Miami VA provides services tailored to address the needs of Veterans across their lifespan, and interns are offered opportunities to work in settings where age-related issues are relevant. Interns will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, language differences, religious/spiritual beliefs, and physical ability.

## PROGRAM GOALS & OBJECTIVES

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### COMPETENCY STANDARDS

The Miami VA utilizes a competency-based scholar-practitioner model. The Program's philosophy is that competencies can and will be demonstrated through a variety of formats. The Training Committee has identified goals with associated profession-wide competencies that must be successfully demonstrated by completion of training by all trainees:

- 1) Professionalism
- 2) Ethics and Legal Standards
- 3) Assessment, Evaluation and Conceptualization
- 4) Communication and Interpersonal Competency
- 5) Intervention Skills
- 6) Scientific Thinking and Research
- 7) Supervision, Education, and Teaching Skills
- 8) Diversity and Multiculturalism
- 9) Consultation and Interprofessional/Interdisciplinary Skills.

### DEMONSTRATION OF COMPETENCIES

The demonstration of competencies is an integral part of the evaluation process and an ongoing process. Trainees demonstrate competencies by their participation in training activities including rotations, case conferences, research colloquia, diversity training, provision of supervision, psychotherapy clinic assignments and assessment clinic assignments. Entry-level competency in training goals are also assessed at the beginning of internship.

The major focus of psychology training is on developing **clinical skills**. All training rotations provide ample opportunities for direct clinical experience. Psychological assessment, psychodiagnosis, clinical interviews, consultation, and individual and group psychotherapies using evidenced-based therapies are all emphasized, as well as the development of advanced skills in cultural/diversity awareness, scholarly inquiry, and development of an ethical and professional identity. All supervisors provide individualized evaluation and feedback on clinical skills, and the trainee's professional growth occurs within a clinical role and setting.

Interns participate in research colloquia during the training year under the guidance of their research seminar supervisor and will select a research area of interest which has current clinical relevance within the VA system. The research area of interest can pertain to a specific mental health issue, treatment modality, service delivery model, or allocation of available mental health resources. The intern will perform a thorough scholarly review of recent research publications pertaining to and falling within the selected interest area. The intern will make themselves familiar with the pertinent issues, questions, advancements, and barriers/limitations within the subject area and develop a research proposal identifying participants, methodology, and proposed analyses to address the

proposed area of interest. By the end of internship, each intern will prepare a 45-minute PowerPoint presentation of their proposal in a continuing education series.

## **PROGRAM STRUCTURE**

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The internship program consists of required weekly educational seminars, case conferences and research colloquia along with formal training rotations. The training year is comprised of four, quarter-year (3-month) rotations. Certain emphasis rotations may require six months as designated by specialty guidelines (e.g., Neuropsychology) or rotational structure. Rotations are categorized in six different emphasis areas: Health Psychology, Geriatric Psychology, Neuropsychology, Psychiatry, Recovery and Rehabilitation, and Forensic Psychology/Veterans Justice Program. Interns choose an emphasis area upon application from these six and will take at least two full rotations in their emphasis area.

Like other Miami VAMC employees, interns typically work a 40-hour week, with hours varied due to rotational requirements. For example, a typical tour of duty begins and ends 7:30AM – 4:00PM or 8:00AM – 4:30PM, with 30 minutes set aside for lunch. Approximately 24 of 40 weekly hours are devoted to work on the training rotation, with 6 hours allocated to psychotherapy and assessment, 4 hours to supervision, 3-4 hours to didactics and case conferences, and 2 hours to research colloquia.

Ongoing caseload of 3 individual psychotherapy referrals and a minimum of six (6) Psychodiagnostic assessment cases are provided to interns during the year, separate from clinical rotations to allow for broad generalist training. In addition to supervision provided by the rotation supervisor, interns also meet for a minimum of one hour per week with their psychotherapy supervisor, one hour (as needed) with their assessment supervisor, and one hour per week in group supervision with the director of training or a designee (typically a non-evaluative staff member). Interns meet with their research colloquia mentors on an "as needed" basis as they prepare for Research Colloquia meetings.

During the first week of internship, psychology supervisors provide a presentation to the intern class about their rotations, supervisory styles and involvements, as well as clinical interests. Interns have an opportunity to examine available training opportunities and discuss them with the supervisors before choosing their training rotations and ranking requests for psychotherapy and assessment supervision. Interns draw up a Training Plan for the internship year that serves as a guideline for their selection of rotations. This plan will be used by the intern and Training Director to select and approve the intern's training rotations for the year.

Interns are strongly encouraged to have one three-month rotation working with a psychiatric population or, because of extensive previous training in psychopathology and with diverse psychiatric populations, the intern may request that this suggestion be waived. Eligible rotations include all the training rotations listed in this brochure under the heading "Psychiatry." Interns provide a ranked list of all their rotation preferences to the Training Director. The top two requested emphasis rotations of each intern are almost always

granted, and usually all requests are approved as long as scheduling conflicts can be resolved.

Interns attend formal educational seminars that meet on a weekly basis. These seminars cover psychological assessment, empirically based interventions, ethics, licensure and professional development issues, as well as specialty topics. Interns also give presentations on assessment and therapy cases during the year for the Case Conference Series. In continued efforts to provide culturally competent treatment, interns incorporate the ADDRESSING model (Hays, P., 2008) into their conceptualization in the Case Conference Series. Interns will also receive cultural competency training through the diversity didactic series, immersion community outings and reflective discussions with staff focusing on how to apply dimensions of diversity, equity, justice, and inclusion into practice. Interns complete a pre and post questionnaire to provide feedback on how the Miami VA internship has addressed cultural/diversity enrichment of students. There are many other educational programs including Grand Rounds, which are offered at the Bruce W. Carter VA Medical Center and the University of Miami's Miller School of Medicine during the year, and interns are encouraged to attend these as schedules permit. Please see a sample schedule and potential topics of our seminar series below.

The program also offers an **optional** mentorship program available to interns as requested. Interns will receive a brochure identifying staff members available for mentorship and are able to request mentorship at any time during the internship year for a variety of needs such as professional development and/or assistance with the post-doc application process. The mentor is non-evaluative and does not disclose the trainee's mentorship needs to the Training Committee.

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**SEMINAR SERIES (PARTIAL LIST/SUBJECT TO CHANGE)**

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<b>TOPIC</b>	<b>PRESENTER</b>
Ethics For Psychologists	Dr. Weinberg
Florida Laws & Regulations	Dr. Sardarian
Diversity and Multiculturalism (multiple Sessions)	Diversity Workgroup
Assessment of Capacity	Neuropsychology Staff
MMPI-2	Dr. Gillette
WAIS-IV	Neuropsychology Staff
The Clinical Interview and Report Writing	Dr. Weinberg
Threat Assessment and Duty to Warn	Dr. Kenney
Effort Indicators	Dr. Hartman
Understanding the Veteran Patient	Dr. Kutcher
Family Issues	Drs. Hochman and Nawalrai
Models of Substance Abuse Treatment	Dr. Somerstein
Termination of Psychotherapy	Dr. Perez
Parkinson's Disease	Dr. Kenney
Motivational Interviewing	Dr. Dahn
Mindfulness and VA Calm	Dr. Slone-Fama
Military Sexual Trauma	Dr. Stein
Post-Docs & Job Preparation	Postdoctoral Residents
Third Wave Psychotherapies	Dr. Andres-Hyman
Evidenced Based Psychotherapy for PTSD	Drs. Gonzalez and Bustillo
Men's Sexual Health	Dr. Dahn
Suicide Risk Assessment	Dr. Caldas and Dr. Spar Alexander
Sleep Disorders	Dr. Wohlgemuth
EPPP and Licensure	Dr. Calle-Coule
Supervision (multiple sessions)	Dr. Weinberg

## TRAINING EXPERIENCES AND SUPERVISION

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**Psychotherapy Clinic:** Each intern will carry at least 3 individual psychotherapy cases at any one time with a separate supervisor specifically assigned for these cases. Provision of evidenced based interventions are encouraged, and some of the psychotherapy supervisors are certified in evidenced based psychotherapies (EBP's). The Psychology Service has an Evidenced Based Psychotherapy Coordinator who is available for consultation and guidance. The length of therapy will depend on the needs of the patient and be justified by treatment goals and plans; therefore, over the course of the year, interns will be involved with several therapy cases independent of their rotations. The *minimum* level of achievement is **80** psychotherapy hours delivered over the course of the training year. Interns will meet with their therapy supervisor for at least one hour per week to discuss these cases.

**Assessment Clinic:** Interns are required to complete at least **6** comprehensive Psychodiagnostic assessment reports during the year. A separate supervisor is also assigned for the management of these assessment cases. Interns use a combination of objective and projective instruments and structured interviewing for evaluations.

**Rotation:** Each intern will select four distinct rotations (with some rotations split) and receive at least two hours of individual supervision from the rotation supervisor each week or one hour on each split rotation. Supervisors meet with the intern group during Orientation to describe the learning opportunities and clinical experiences available during the rotation. This is also the time faculty introduce themselves as available supervisors for psychotherapy clinic, assessment clinic, and as a research mentor. The supervisor and intern develop training goals at the beginning of the rotation and anticipated experiences and learning opportunities to meet that goal. They also review the primary competencies and application to the specific rotation required for successful completion.

**Evaluation and Feedback:** Supervisors meet with the Training Committee on a regular basis (at least monthly) to provide verbal feedback on the progress of each intern. Formal competency-based evaluations are given to each intern at the end of each three-month training quarter on their performance and progress in rotations, assessment, psychotherapy. Performance evaluation regarding research colloquia is provided at the 6- and 12-month mark. Evaluations are designed to focus on the individual growth of the intern in regard to the training domains and related competencies as required by the internship and on areas of continued need. These forms are designed to provide specific feedback that will help the intern to develop as a professional. Interns are asked to provide feedback to the supervisor at the end of the training year.

A comprehensive evaluation is composed by the Training Director at the middle and end of the internship year, and is drawn from all sources of supervisor feedback, both written and verbal. These comprehensive evaluations are sent to the Training Director at the intern's graduate school. Interns also provide feedback to the Training Director about their supervisors, training activities, and the internship program in general.

Administratively, the rotation supervisor is the intern's immediate “boss.” Interns clear all leave, educational activities, research, and off-site excursions with their supervisor first. The internship program emphasizes the intern-supervisor relationship, and thus the supervisor is given maximum control over their training rotation.

**Patient Population:** The patient population at the Miami VA Healthcare System consists almost entirely of Veterans. Select veterans’ dependents and active-duty service persons also receive services at the facility. These are adults, aged 19 to 100, and mostly male but with an increasing number of females and gender diverse individuals. The patients come from a diverse ethnic and cultural background with an equally diverse set of presenting concerns. Select rotations may provide opportunities to work with the Veterans' families.

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### **TELEWORK, TELESUPERVISION, COVID-19**

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During the COVID-19 pandemic, the internship program with the support of medical center leadership successfully transitioned Psychology trainees to telework. In July 2022, trainees were required to report on-site four to five days a week. As such, they were granted *at most*, one day of telework dependent on rotation and other patient care needs.

This transition will tentatively apply to the training cohorts of 2024-2025, for a duration that will be continuously evaluated by medical center leadership and in accordance with VA Office of Academic Affiliations (OAA) and APA. As such, telework privileges can be revoked at any time. Moreover, routine telework privileges will be approved following a 60-day orientation phase allowing trainees to adequately acclimate to the Miami VAMC setting.

Policies and procedures related to telework are set forth by the Miami VAMC and Psychology Service. This includes teleworking at your designated off duty station (i.e., home address) exclusively and maintaining a suitable work environment that ensures confidentiality and privacy of patient care. Any violation of telework procedures will result in privileges being revoked and may result in remediation or termination from the program, depending on the nature and severity of the violation. Trainees are continuing to provide veterans mental health services via telehealth as well as through face-to-face modality.

At times, interns are receiving “tele-supervision” in addition to “face-to-face supervision” with guidance from the OAA and APA. This includes benefiting from live and direct observation of clinical care by supervising psychologists with the patient, intern and supervisor at three different locations.

Regarding COVID-19, psychology interns, like all Miami VA staff, are expected to complete vaccinations recommended by the Center for Disease Control (CDC) which includes the COVID-19 vaccination, as well as abide by any guidelines set forth by Occupational Health which may include wearing a facility issued mask, submitting for COVID-19 testing, and abiding by a prescribed quarantine from the medical facility.

## TRAINING EXPERIENCES

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### HEALTH PSYCHOLOGY

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As defined by the American Psychological Association, Division of Health Psychology, Clinical Health Psychology is the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiological and diagnostic correlates of health, illness, and related dysfunction.

Each of the rotations described below provides training in Health Psychology. The interns in the Health Psychology emphasis area positions will typically spend nine months (3 rotations) on Health Psychology rotations. Health rotations are often taken as “splits” with a split rotation comprised of two rotations taken on a half-time basis (i.e., 1½ days per week on each rotation). For example, the intern may choose to spend one-half of their time providing psychological services to a Specialty Medical Service (i.e., Physical Medicine and Rehabilitation) and through Consultation & Liaison. Primary Care-Mental Health Integration (PC-MHI) is a **requirement** for one of three health rotations and is taken full-time. Please see a listing of specific rotations below.

### CONSULTATION & LIAISON

***Supervisor: Grace Caldas, Psy.D., and Paul Hartman, Ph.D., ABPP***

Consultation and Liaison (C&L) Psychology is, in some instances, the main entry to psychological services for Veterans. Referrals are received from Primary Care, Psychiatry, a wide range of Specialty Services (e.g., Endocrinology, Hepatology, Nephrology, Cardiology, Immunology, Pulmonology) and medical/surgical inpatient units. Related to the diverse sources of referrals, C&L Psychology interns provide services to patients with a wide range of problems, including those traditionally thought of as mental illnesses (e.g., depression, anxiety, adjustment reactions, substance abuse) and those conventionally considered physical conditions, such as diabetes, hepatitis, coronary artery disease, end-stage renal disease and HIV, as well as patients affected by a combination of psychological and physical conditions.

The hallmark of C&L Psychology is bridging traditional divisions in conceptualizing the patient's problems and strengths, and in providing effective treatment. The C&L Psychology evaluation and treatment plan take into account the patient's mental health and physical health, as well as developmental, familial, social, and cultural issues. C&L Psychology also bridges traditional divisions among health care providers. We work closely with Patient Aligned Care Teams, various specialty medical services, and psychiatry in order to coordinate care and provide behavioral medicine interventions such as psychoeducation for diabetes, coronary artery disease, and infectious diseases. In addition, C&L Psychology conducts mental health assessments for patients under consideration for solid organ (e.g., liver, kidney or heart), and bone marrow/stem cell transplants, and metabolic surgery.

Interns spend approximately 1 ½ days (one-half of their rotation time) with C&L Psychology during any Health Psychology rotation. As detailed below in the Competencies section, C&L interns develop and refine their skills to review and understand patient's medical records (including laboratory results), conduct a thorough biopsychosocial evaluation, and construct a treatment plan that comprehensively addresses the patient's behavioral health needs. For example, the biopsychosocial assessment's findings may lead to patients being referred to individual or group therapy, mental health specialty units (e.g., PTSD clinic, substance abuse services), disease-specific support groups, weight management interventions, physical rehabilitation, vocational assistance, social work services, or resources in the community.

C&L Psychology Interns develop their skills in communicating assessment findings and treatment plans to patients and to other clinicians, orally and in written reports. C&L Interns also refine their skills in brief individual psychotherapeutic interventions, such as increasing motivation and overcoming barriers to positive health behaviors (e.g., smoking cessation or weight loss), helping patients problem-solve to cope with stressors, and teaching patients the psychotherapy process prior to their beginning more long-term treatment through another psychology unit. Opportunities to participate in morning rounds on the medical inpatient units with Hospitalists and medical students, interns and residents are available. In addition, C&L Interns usually have the opportunity to supervise an extern. Through individual and group supervision, C&L Psychology interns are encouraged to develop their professional identity, self-assurance in relating to patients and other clinicians, and expertise for working with a range of behavioral health issues. Ethical, legal and diversity matters as they relate to the clinical experience are routinely addressed during group and individual supervision.

### **PRIMARY CARE-MENTAL HEALTH INTEGRATION**

***Supervisors: Lianne Gonzalez, Psy.D., Kayla Spengler, Psy.D., and Irina Zuyeva, Ph.D.***

The Primary Care-Mental Health Integration (PC-MHI) rotation provides an opportunity to work as part of an interdisciplinary team, co-located within primary care. Training experiences include conducting brief (30 minute) intakes where behavioral health concerns are identified. Based on the Veteran's needs, they are offered follow-up that is brief, time-limited psychotherapy (up to six total sessions), referral to health behavior groups, or a referral to a specialty mental health service. Behavioral health visits in the primary care setting are brief in the number of sessions (1-6 visits), and are provided in the primary care practice area, structured so that the patient views meeting with the behavioral health provider as a routine primary care service. Interventions may focus on stress management, anxiety, depression, tobacco and alcohol misuse, chronic pain, sleep hygiene, lifestyle changes, coping with chronic illness, and skill building (relaxation training, goal setting). The trainee will have exposure to working within a fast-paced primary care team environment with the primary goals of assisting PACT members with identification, treatment, and management of mental health and behavioral medicine conditions. Training will focus on providing functional assessment, triage, brief intervention, education and consultative services regarding a wide range of mental health and behavioral medicine concerns, on referral from primary care providers and allied PACT members.

## **HEALTH PROMOTION DISEASE PREVENTION**

***Supervisor: Jason R. Dahn, Ph.D.***

This half-time rotation provides an opportunity to work collaboratively with other services promoting a healthy lifestyle. The intern may work closely with staff members in patient education, audiology, nutrition, pharmacy, urology, and medicine. The intern may provide individual consultation as well as facilitate interdisciplinary health behavior groups, focusing on a range of prevalent health conditions (e.g., tinnitus, overweight/obesity, tobacco cessation, prediabetes/diabetes, cardiovascular disease, sexual dysfunction). The intern will receive extensive training in providing brief health-related interventions, individually and through structured VVC groups. The intern will have extensive opportunities to participate in program evaluation/system redesign efforts to improve provision of health-related services across the Miami VA Healthcare System.

## **HEALTH PSYCHOLOGY & GERIATRIC PSYCHOLOGY**

***Supervisors: Paul Hartman, Ph.D., ABPP, Neil Kenney, Psy.D., Yesenia Rivera, Psy.D., and Erik Santacruz, Psy.D., Ed.D.***

This rotation is geared to interns who are not receiving emphasis training in Geriatric Psychology, but who wish to receive some training in providing psychological services to older adults. In this half-time rotation, interns select from one of the four Geriatric Psychology settings: Community Living Center, Extended Care/ Palliative Care, Geriatric Primary Care, and Home-Based Primary Care. Training offered in each of these settings is further described in the Geriatric Psychology Specialization section (below).

## **HEALTH PSYCHOLOGY & PAIN MANAGEMENT**

***Supervisor: Karin Cabeza, Ph.D.***

The Miami VAMC Whole Health Center for Pain Management has operated as a specialty care clinic since 1995 and is currently staffed by an multidisciplinary team of providers. The team is committed to meeting the needs of veterans living with chronic pain through a variety of evidence-based and holistic approaches for pain management. Pain psychology offers weekly pain management groups (Pain School, Active Management of Pain (AMP) and Introduction to Behavioral Pain Management), provides brief individual psychotherapy targeting chronic pain, performs pre-procedure assessments for implantable devices, and provides psychoeducation to patients regarding behavioral management of chronic conditions. Additionally, pain psychology participates in the Opioid Risk Review Board, an interdisciplinary team charged with mitigating risk of suicide and overdose in veterans who are prescribed long-term opioids. Students learn to function as a member of a multidisciplinary medical team and utilize a biopsychosocial approach to treatment. Further, the opportunity to collaborate with team members and observe pain intervention procedures is available. This is a half-time rotation.

## **HEALTH PSYCHOLOGY & REHABILITATION PSYCHOLOGY**

***Supervisor: Grace Caldas, Psy.D.***

The Rehabilitation Psychology rotation may be taken full-time or split half-time. The focus will be on improving the health, independence, and quality of life of people with disabilities, from acute care throughout the lifespan. Interns participating in this rotation will follow Veterans on the Comprehensive Inpatient Intensive Rehabilitation Program (CIIRP) unit which provides a broad exposure to disability populations in short-term inpatient rehabilitation. Veterans are often recovering from stroke, amputation, orthopedic injury or surgery, neuromuscular disorders, and/or debility.

Interns will conduct rehabilitation-oriented assessments, focusing on the psychological, social, and environmental variables that affect adaptation to disability, such as coping strategies, cognitive and psychological functioning, social skills, substance abuse, personality traits, sexuality, family dynamics, and cultural background. Interns will provide brief treatment that incorporates disability-specific knowledge and seeks to maximize the individual's participation in the rehabilitation process. Interns will develop interdisciplinary team consultation skills by functioning as an integral team member, assessing veterans who have been admitted to the unit, addressing psychological barriers, and attending interdisciplinary rounds. Interns may also facilitate psychotherapy groups for veterans with amputations and TBI problem solving. Interns will have the opportunity to receive warm hand offs in the outpatient amputation clinic. There is also the opportunity to develop pre-surgical assessment skills related to bariatric surgery and organ transplants.

## **HEALTH PSYCHOLOGY & SPINAL CORD INJURY REHABILITATION**

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***Supervisors: Lindsey Calle-Coule, Psy.D., and Salome' Perez, Ph.D.***

This behavioral medicine rotation may be either three months or six months and may be taken either full-time or split half-time with another half-time health psychology rotation. It gives the intern the opportunity to become a member of an interdisciplinary medical rehabilitation team on the hospital's Spinal Cord Unit/Disorders (SCI/D) Rehabilitation Unit. The Unit is comprised of a 36-bed inpatient floor as well as the SCI/D Home Care Section that treats patients in their home setting. It is the primary care medical service for over 500 spinal cord injured Veterans in South Florida. Patients range in age from young adult to geriatric. Their spinal cord injuries were sustained in combat, as a result of accident, or disease process. The SCI/D Rehab Unit serves newly injured patients, as well as patients with long-term injuries.

The intern will have an opportunity to provide individual and group therapies. Family and couples therapy may also be available, as needed. She/he will attend rounds and interdisciplinary treatment planning meetings. While the most general goal of the intervention is to foster adaptive coping with disability, patients seen by the intern are often experiencing diagnosable problems of depression, anxiety, personality disorder, substance abuse, chronic pain, brain injury, or dementia. Interventions are eclectic and tend to include

psycho-education, cognitive- behavioral therapies, as well as existential and psychodynamic explorations. There is also the opportunity to develop and co-facilitate group interventions (i.e., support group for Multiple Sclerosis patients).

## **HEALTH PSYCHOLOGY & SLEEP DISORDERS**

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*Supervisor: William Wohlgemuth, Ph.D.*

The sleep disorders rotation is a six-month, half-time rotation. It will provide the intern with experience working with a multi-disciplinary team comprised of physicians (neurologists, pulmonologists, psychiatrists), and a psychologist. Experiences will include becoming familiar with the diagnostic nosology in sleep medicine (International Classification of Sleep Disorders) interviewing and diagnosing patients in the sleep disorders clinic, becoming familiar with polysomnography (PSG), understanding the results of overnight PSG, and learning about appropriate treatment for a wide range of sleep disorders. Of particular relevance to psychology interns will be training in behavioral sleep medicine. This training entails applying behavioral therapy to sleep disorders, for example, CBT for insomnia or therapy to enhance compliance with continuous positive airway pressure (CPAP). The intern in this rotation may have the opportunity to learn how to 'score' sleep and/or become involved in research projects involving sleep.

## **GERIATRIC PSYCHOLOGY**

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The need for Geriatric Psychologists is rapidly growing. By 2030, the number of older adults in the U.S. is predicted to double, to 70 million. Effective psychotherapies are being modified and developed for older adults, and the importance of addressing mental health needs of this population is increasingly recognized. Moreover, the positive impact of behavioral medicine interventions on health conditions prevalent among older persons (including heart disease, diabetes, COPD, and pain conditions) is well- established. Furthermore, baby boomers now entering older adulthood seek and accept psychological interventions more readily than did older cohorts in the past. Psychologists are needed to provide care to older persons in outpatient settings, nursing homes, inpatient medical units, palliative care or hospice programs, and older persons' homes.

The geriatric psychology emphasis trains interns in the knowledge, skills, and attitudes required to provide effective psychological services to older adults. In addition, interns have opportunities for research and teaching. The Miami VA is a Veterans Health Administration-sponsored Geriatric Research, Education, and Clinical Center (GRECC), i.e., a "center of geriatric excellence" designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology into the total VA health care system. Moreover, there are cooperative educational opportunities with the University of Miami Miller School of Medicine, which is located in close proximity to the Miami VA.

Interns specializing in geriatric psychology complete the 6-month full-time geriatric psychology rotation. Throughout the 6 months, they receive training in 2 settings of their choice, selected from 1) Community Living Center, 2) Geriatric Primary Care, 3) Home Based Primary Care, and 4) the Intermediate and Palliative Care Rotation. Interns may also elect to complete one 3-month rotation in Geriatric Neuropsychology (see Neuropsychology section for rotation description) if they meet pre-requisite requirements.

Interns not specializing in geriatric psychology who desire exposure to geriatric psychology may request a half- time 3- or 6-month rotation in one of the 4 settings

In each of the geriatric psychology settings, interns gain greater understanding of how aging and related factors affect presentation of psychological problems and response to psychological treatment. In addition to recognizing and treating presentations of mental illness in older persons, interns learn to assess and help older adults use their strengths, including resilience, wisdom, humor, and other coping abilities.

Integrating family and community resources in the psychological treatment plan is also stressed. Specialized training is received for assessment of functional capacities and decision- making in older adults and helping patients and their family plan in advance for medical care, nursing assistance, and supervision of activities that may be needed in the future.

Interns are helped to explore how their personal attitudes about aging affect their work with older adults. Understanding how ethnicity, gender, educational level, and socioeconomic status affect presentation and response to treatment is emphasized. In addition, interns develop understanding of medical conditions common in older adults and their treatment, including medications. Interns are trained in skills for consultation with family members, other health care professionals, and agencies. A more detailed description of the 4 geriatric psychology settings follows:

### **GERIATRIC PRIMARY CARE**

***Supervisor: Paul Hartman, Ph.D., ABPP***

Psychological services are provided to patients within a geriatric primary care clinic, in response to referrals from the clinic's medical director and fellows, psychiatry staff housed in the clinic, and specialty medical services. Patients are seen for psychotherapy and assessment, which may emphasize general psychological adjustment or neurocognitive functioning. Patients represent a wide range of ages (mid-60's to 90's), ethnicities, and socioeconomic circumstances. Psychological issues commonly encountered in the geriatric clinic include anxiety, depression, partner-relational problems, parent-adult child relational problems, employment problems, difficulty in adjusting to health conditions or disability, caregiver stress, concerns about aging, concerns about dying, and bereavement. Recognition and appropriate reporting of elder abuse and neglect are emphasized.

Assessment methods include biopsychosocial interview, standard instruments such as the MMPI-2, and instruments more specific for a geriatric or medical population such as the GDS. A neuropsychology battery is used for patients with suspected mild cognitive impairment or early-stage dementia. The training emphasis is on developing skills for clear and sensitive communication of assessment results to patients, families, and referral sources, both in writing and orally.

The primary therapy approach is cognitive-behavioral, in addition to use of concepts and methods from patient-centered therapy, motivational interviewing, interpersonal therapy, and mindfulness approaches. Couple therapy or family therapy is provided when appropriate. Interns also help lead,

"Happy Till One Hundred," a weekly learning and support group that promotes positive aging. Interns also have the opportunity to be part of the clinical team providing services at the weekly geriatric shared medical appointment for cardiovascular risk reduction. Lastly, the geriatric clinic is in the process of starting new services, including group and individual smoking cessation interventions, frailty clinic, and incontinence clinic, and interns will have the opportunity to be involved in these clinics.

Extensive supervision is provided by modeling (intern sitting in on supervisor providing services), direct observation of intern's provision of service, review of audio or video recording, review of written reports and notes, and discussion of cases. Interns are encouraged to attend "mini-lectures" given by the clinic director to medical fellows on various geriatric issues at the start of the day, as well as geriatric grand rounds which are held once or twice a month.

### **COMMUNITY LIVING CENTER (CLC)**

***Supervisor: Yesenia Rivera, Psy.D.***

The CLC is home to approximately 80 veterans who require a supervised nursing/medical environment to ensure their health, safety, and well-being. Residents in the CLC range in age from 40 to 98. Our CLC residents are as unique as our Miamian community: they show diversity in ethnic, racial, and gender orientations, influenced by their worldwide military views and socio-economic backgrounds. Most residents are willing to explore spirituality, or find meaning in the suffering associated with physical or mental difficulties. Thus, their request for psychological services requires sensitivity to individual differences and awareness of diversity-based intervention models but it also leads to sharing of meaningful interactions between individuals. Because treatment recommendations are coordinated via an interdisciplinary team, requests for psychological services are ongoing; trainees are expected to function as active contributors in discussions with those who are equally invested in the care of our veterans including physicians, nurse practitioners, nurses, clergy, dietitians, pharmacists, recreational therapy and social work.

1. **SHORT TERM CARE:** This team is made up of the Geriatric Evaluation and Management Unit (GEM) and the Extended Care Unit. GEM serves frail elderly veterans who are not acutely ill, but have multiple medical, functional, and psychosocial problems. They are admitted with the goal of addressing their comorbid medical conditions, functional impairments, and psychosocial issues with the aim to avoid permanent institutional placement. The typical length of stay is one month. While, the Extended Care Unit is tailored to veterans with acute medical illness, who have specific treatment goals, such as being admitted for a course of antibiotics, radiation therapy, wound care, or rehabilitation. The length of stay can range from two months to one year. Psychological issues commonly encountered include adjustment disorder, depression, anxiety, substance abuse, and PTSD. Pain and sleep disturbances are also common problems.
2. **LONG TERM CARE:** This team treats residents with a wide range of issues germane to such a population including chronic medical and psychiatric illnesses, lack of decision-making capacity, disabling physical problems, end-of-life issues, and/or psycho-social

problems. Family needs also play a vital role in treatment planning and health care delivery within a non-institutionalized 'home-like' environment.

This CLC team, along with residents and their families, anticipates a full range of psychological interventions to be provided, such as cognitive and emotional evaluations (e.g., baseline cognitive and functional status, decision-making capacity, or mental status changes), brief neuropsychological testing, and psychotherapeutic modalities (e.g., supportive, reminiscence, and cognitive-behavioral), as well as educational interventions when coping with depression, anxiety, or grief. Family members might be included in our sessions. Also, psychoeducational presentations are offered to CLC nursing staff members when implementing individualized behavioral (STAR-VA) interventions. While direct supervision (i.e., co-therapy, supervised administration of assessment instruments) and consultation times are available, trainees are expected to function independently within CLC; therefore, trainees will acquire a basic understanding of mental and medical illnesses along with a sensitivity to diversity issues like power and privileges, biases or interpersonal aggressions while advocating for residents. Increased levels of awareness and proficiencies will be attained by the trainees thru active participation in regular bed-side rounds, didactics, and treatment meetings as well as frequent discussion with other disciplines involved in the residents' care.

### **HOME BASED PRIMARY CARE (HBPC)**

***Supervisor: Neil Kenney, Psy.D.***

Home Based Primary Care: Home Based Primary Care (HBPC) provides interdisciplinary primary care in-home services to Veterans with chronic medical conditions. The HBPC program serves Veterans in advanced stages of chronic disease and specifically targets Veterans who are at high risk for recurrent hospitalization or nursing home placement.

This rotation is either three or six months in duration and split halftime with another rotation in the Geriatric Psychology emphasis. During this rotation, the intern will work collaboratively with HBPC interdisciplinary team (IDT) members including representatives from Medicine, Nursing, Pharmacy, Social Work, Physical Therapy, and Nutrition. Providing feedback and consultation to HBPC providers during weekly IDT meetings is an integral component of this rotation. The rotation will focus on applying assessment, diagnostic methods, and evidence-based intervention strategies to a diverse patient population in the home environment. Duties include providing screening, assessment, diagnosis, and treatment of numerous mental health conditions with an emphasis on time-limited, evidence-based approaches. Providing services to the family members and caregivers of Veterans enrolled in the HBPC program is also an integral component of the HBPC rotation. The intern will have opportunities to provide psychoeducational/supportive interventions and recommendations to caregivers and to family members in an effort reduce caregiver burden and allow the family to sustain the Veteran in the home environment.

Specific objectives of the rotation include: (1) enhancement of assessment and treatment skills with Veterans in a home environment; (2) broadened experience in conducting cognitive screening to address specific functional questions, particularly for elderly patients and/or patients with co-occurring medical diagnoses; (3) observation and/or provision of individual interventions designed to support patients who are coping with feelings of grief

and loss associated with disabilities, loss of loved ones, and other life transitions (4) experience in providing consultation about mental health diagnoses with other healthcare providers and (5) familiarity with minimal standards for practice in HBPC including but not limited to appropriate hygiene practices and protection of patient confidentiality.

The intern on this rotation is primarily supervised by the licensed psychologist assigned to the HBPC team. The supervising psychologist will accompany the intern on all patient visits, with the expectation that the intern will come to exhibit sufficient clinical experience, judgment, and technical skill which has been formally documented. Opportunities for interns to provide independent home visitations while the supervising psychologist remains in the general vicinity may be available. Patient referrals are originated by the members of the HBPC team and are discussed during weekly team meetings. Common referral questions consist of assessment of a mood disorder (e.g., depression/anxiety), dementia, medical non-compliance, and bereavement issues. When individual therapy is initiated, it is often time-limited and focused on issues such as adjustment to a new living situation (e.g., recent nursing home placement), depression, bereavement, and stress and pain management.

Given that all of the HBPC patients have a chronic medical diagnosis, it is important that the intern develop a knowledge base of common medical conditions that often afflict our older patients (e.g. diabetes, COPD, stroke, dementia). The intern will have numerous opportunities to broaden their understanding of these medical conditions and to observe the psychological impact of these diseases on the patient's overall physical health. At the conclusion of the rotation, the intern will have advanced knowledge of psychological diagnosis, brief cognitive assessment, and behavioral health skills that will adequately prepare the intern to provide mental health services to a primarily community dwelling geriatric population with co-morbid medical and psychiatric conditions.

## **PSYCHO-ONCOLOGY & HOSPICE/PALLIATIVE CARE**

***Supervisor: Erik Santacruz, Psy.D., Ed.D.***

Psychology interns will serve as part of the Palliative Care Consult Team providing services to individuals living with chronic, life-limiting, or terminal illness (i.e. cancer, end stage organ disease, congestive heart failure, dementia) and their family members/caregivers. The patient population is diverse in terms of age, ethnicity, socioeconomic status, mental health issues and life experience.

Interns will provide direct clinic care to Veterans and their family members admitted to our 10-bed, acute hospice and palliative care unit. This entails conducting clinical interviews evaluating the Veteran's adjustment to his/her hospitalization & illness, mood, emotional well-being, grief, and coping skills. The majority of veterans are administered a brief cognitive screening measure (i.e., Mini-Mental State Examination) and a mood questionnaire (i.e. Geriatric Depression Scale). The primary therapeutic approach offered is supportive, bedside therapy. Orientations used include patient-centered therapy, interpersonal therapy, acceptance-based therapy, reminiscent / life review, existential therapy, and bereavement counseling. Anticipatory grief evaluations and assessment of caregiver stress are also conducted with family members of Veteran's admitted for hospice care. Consultation is an integral component of this rotation. Interns are expected to actively participate in the weekly interdisciplinary team meetings which is comprised of physicians, medical trainees,

nurses, social worker, recreation therapist, chaplains, physical and occupational therapists, dietician, and pharmacist. Interns are also required to participate in and occasionally present during our bi-weekly interprofessional educational seminars. The opportunity to attend weekly medical rounds is also available.

Psychology interns will provide outpatient psychological services to Veterans diagnosed with hematological and/or oncological disorders/diseases. These services include individual psychotherapy, couples counseling, and facilitating the Cancer Education Support Group. Psychology interns will also participate in radiation oncology medical rounds. Opportunities to develop and implement other group therapies are available. Interns will gain familiarity with oncological disorders/diseases, behavioral health interventions, and goals of care conversations.

## **NEUROPSYCHOLOGY**

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The Neuropsychology service provides consultation to all specialties of the Bruce W. Carter Medical Center and affiliated Community Based Outpatient Clinics (CBOCS). Approximately 50 consults are received each month from departments throughout the Medical Center, with questions commonly pertaining to diagnostic clarification, capacity, presurgical/postsurgical cognitive evaluations, measuring cognitive/functional changes over time, as well as rehabilitation and treatment planning. The most common referral sources include Psychiatry, Psychology, Neurology, Primary Care, and other medical specialties.

The three Neuropsychology rotations offered at the Miami VA Healthcare System provide training in the neuropsychological assessment of individuals with known or suspected brain dysfunction. The rotations aim to provide interns with a solid foundation in brain-behavior relationships, including neuropathology and functional neuroanatomy. This is accomplished by providing interns with a wide range of clinical experiences, many of which involve interdisciplinary or multidisciplinary collaboration. These experiences include training in direct patient care, provision of supervision to graduate-level practicum students, and involvement in weekly structured didactic activities. Skill enhancement will occur in numerous areas, including clinical interviewing, behavioral observation, test administration, scoring and interpretation, report-writing, consultation, and provision of feedback to Veterans, family members, and referring providers. There is an emphasis in the importance of patient-centered service, psychometric integrity, detailed observation, collection of essential neurobehavioral interview data, and the appropriate use of qualitative information. A flexible battery and process-oriented approach is most often utilized.

Didactic training is provided through a weekly neuroanatomy and neuropsychological case conference series as well as a weekly multi-site VTC neuropsychology didactic led by neuropsychology residents. The Miami VA Neuropsychology service enjoys a collegial relationship with the University of Miami-Miller School of Medicine and Jackson Health System and participates in psychiatry and neurology grand rounds and neuropathology case conferences. This participation enhances the training offered through the Neuropsychology rotations by providing exposure to diagnostically diverse patient populations across the lifespan. Neuropsychology Interns are expected to take at least two three-month rotations in neuropsychology to ensure six months of specialized training to meet Division 40/Houston Conference Guidelines in preparation for Board Certification. The following three rotations are offered to interns who match to the Neuropsychology emphasis area. Interns whose emphasis area is outside of Neuropsychology but are interested in taking a neuropsychology

rotation should have taken courses in neuropsychological assessment and neuroanatomy (either through your program or NAN), completed at least two neuropsychology practicums, and plan to pursue a career as a neuropsychologist (in line with Houston Conference Guidelines), or plan to conduct neuropsychological testing as appropriate and relevant to their career goals.

### **GENERAL NEUROPSYCHOLOGY - MIAMI**

***Supervisor: Arlene Raffo, Psy.D.***

This rotation provides experience primarily in an outpatient setting, although interested interns will also have the opportunity to evaluate patients with acute and subacute presentations on the inpatient units. Interns will gain experience working with Veterans with complex presentations who present with a wide variety of medical, neurological, and neuropsychiatric presentation; common referrals include memory disorders, movement disorders, stroke, epilepsy, TBI, brain tumors, metabolic conditions, presurgical evaluations, and chronic mental illness. Clinical services include comprehensive neuropsychological assessments following a flexible fixed-core battery approach followed by the provision of detailed feedback to patients, family members, and health care providers. Capacity evaluations (medical, financial, independent living) are routinely performed as well. Report styles vary from comprehensive to more succinct, depending on the case and referral source. There will also be an opportunity to gain proficiency conducting culturally sensitive Spanish-language neuropsychological evaluations for interns who are interested and fluent in Spanish.

### **GENERAL NEUROPSYCHOLOGY- BROWARD OUTPATIENT CLINIC (OPC)**

***Supervisor: Jennifer M. Gillette, Psy.D.***

The Broward OPC neuropsychology rotation provides experience in a full range of outpatient neuropsychological activities. Patients are referred to this service from a variety of sources; referrals typically include cognitive dysfunction secondary to a medical or psychiatric condition, epilepsy, ADHD, stroke, traumatic brain injury, and dementia. The role of the intern in this rotation is to provide a variety of assessment and consultation services. The intern will determine the cognitive and behavioral deficits resulting from cerebral dysfunction secondary to disease or injury. An assessment is also made of cognitive strengths so that such information can be utilized in rehabilitation and future vocational or placement planning. This is accomplished by the selective use of a variety of neuropsychological evaluation procedures as well as test instruments for functional assessment. The intern will be encouraged to approach clinic activities anticipating their own preferences as it relates to growing independence in professional practice. Interns will demonstrate proficiency in managing their workload and clinical caseload with the expectation of completing approximately 2 cases per week. Interns will be involved in the clinical interview, administration, data scoring, report writing, patient feedback, and multidisciplinary team consultation. In addition to the assessment experience, interns will have the opportunity to lead or co-lead a psychoeducational/cognitive rehabilitation group. Informal mentorship and professional development are an expected component, with the goal of developing peer consultation and mentoring skills in the context of providing supervision and mentorship to practicum students. Readings via journal club and neuropsychology didactics will be incorporated into the rotation.

## **NEUROPSYCHOLOGY- GERIATRIC EMPHASIS**

This rotation aims to train interns and fellows who are interested in expanding neuropsychological expertise with the geriatric population regarding assessment, consultation, intervention, and psychiatric/pharmacological factors. This unique experience offers specialty practice with older adults – a vastly growing population increasingly requiring neuropsychological services. This rotation is designed to further hone core neuropsychological skills while developing exposure to related disciplines (e.g. geriatric medicine). Finally, this training experience will focus on other important aspects of geriatric evaluation including the evaluation of capacity and ethical dilemmas that can arise in geriatric evaluation.

This clinic provides evaluations for both outpatient and inpatient referrals. In addition to neuropsychological assessment, emphasis will be placed on chart review, report writing, test selection, review of neuroimaging results, communicating feedback to an interdisciplinary team and patient/family members, and making appropriate recommendations. Report styles vary from comprehensive to more succinct, depending on the case. Turn-around time for evaluations and reports is typically expected within 48-72 hours. A patient-centered approach to evaluation (e.g., sensitive and targeted feedback, recommendations) will be heavily emphasized. Additionally, trainees will take on a junior-colleague role within the clinic to prepare for postdoctoral level experiences. Although this rotation is commonly selected as a full-time rotation, it is also available part-time for individuals with a significant neuropsychology background, upon request

## PSYCHIATRY

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### ACUTE INPATIENT PSYCHIATRY 4AB (AIP)

***Supervisor: William Lamb, Ph.D.***

The Acute Inpatient Psychiatry (4AB) rotation provides the opportunity to work with individuals with serious mental illness and/or co-occurring substance use disorders who are seen for short-term stabilization. This rotation involves working as part of an integrated interdisciplinary team which includes psychiatry, pharmacy, nursing, social work, and suicide prevention. Additionally, this rotation offers the opportunity to provide short-term evidence-based treatments in both individual and group format. There is the opportunity to participate in family meetings as well as opportunity to conduct psychological assessments for diagnostic clarification purposes. There are opportunities to gain supervisory experience with practicum students from local training programs. This rotation is offered on a half-time or full-time basis.

### BEHAVIORAL HEALTH CLINIC (BHC)

***Supervisors: Joshua Kalman, Psy.D. Michelle Mantilla, Psy.D., Karina McCoy, Psy.D., Soseh Sardarian, Ph.D., Pedja Stevanovic Ph.D.,***

The Behavioral Health Clinic is under the General Psychiatry umbrella and provides outpatient mental health services to veterans who manifest a broad range of psychiatric disorders and levels of daily functioning. The clinical issues range from chronic and persistent mental illness to short-term adjustment disorders (i.e., maladaptive response to civilian life after military discharges). A number of these veterans are medically compromised, which lends complexity to their psychological and functional presentation and ongoing treatment needs. The BHC staff is multidisciplinary including psychiatry, social work, psychology, nursing, and recreation therapy providers whose goals are to tailor treatment recommendation to the specific needs of veterans and their spouses. Interventions recommended for veterans include individual, couple and group psychotherapy, psycho-educational classes, psychotropic medications, and case management services.

Trainees on this rotation will conduct biopsychosocial interviews and have opportunities to conduct psychological assessments geared toward treatment planning. Most importantly, interns will provide individual, couple, or group psychotherapy, including specialized groups, such process/support and recovery. Interns will contribute to case conferences, crisis management, and treatment planning. Trainees have an opportunity to conduct Telehealth work that involves individual and group psychotherapy via Clinical Video & Teleconferencing (CVT) with patients who are located remotely.

## **PTSD CLINICAL TEAM (PCT)**

***Supervisors: Camille Gonzalez, Psy. D., Alanna Hochman, Psy.D., Divya Nawalrai, Psy.D., Pamela Slone-Fama, Ph.D., and Elaine Stein, Psy.D.,***

The PCT program provides outpatient therapy services to Veterans diagnosed with Post-Traumatic Stress Disorder incurred during their military service as a result of combat, non-combat, and military sexual traumas. The PCT clinic is staffed with a multidisciplinary team that provides evaluation, treatment planning, medication management, and therapy services. Treatment objectives are to reduce PTSD symptoms, to improve coping resources and self-image, to increase self-awareness of thoughts, behaviors, and feelings, as well as improve the Veteran's overall quality of life. Treatment interventions include evidence-based therapies, as well as coping skills-based therapies. Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT for PTSD), Recovery Group, and Anger Management Group are examples of some of the treatment options available within the PCT. There are also specialized groups for Veterans suffering from PTSD, such as Seeking Safety for dually diagnosed Veterans and the Military Sexual Trauma Modular Group. Interns on this rotation will receive training in group and individual psychotherapy for the treatment of PTSD. Interns expressing interest in particular specialty areas may be accommodated in order to maximize their learning experience. Interns will participate in screening evaluations of new patients, as well as assist with treatment planning. Moreover, trainees can focus on Military Sexual Trauma as an emphasis area within the PCT clinic rotation.

## **PSYCHIATRY -REHABILITATION AND RECOVERY**

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### **PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC)**

***Supervisor: Carlos Finlay, Ph.D.***

The Psychosocial Rehabilitation and Recovery Center (PRRC) is an innovative and exciting program that has been mandated at VAs nationwide. The program serves Veterans who are diagnosed with, and experience significant impairment in psychosocial functioning from, Serious Mental Illness (SMI). SMI conditions include psychotic disorders, mood and bipolar disorders, and severe Posttraumatic Stress Disorder (PTSD). Veterans enrolled in PRRC may present with a comorbid substance use problem and/or medical conditions for which additional assistance in navigating healthcare systems and community reintegration also is needed.

The mission of the PRRC is to support Veterans diagnosed with SMI conditions and with significant functional impairment as they reengage community-integrated employment, education, housing, spiritual, family, and/or social activities. By using mental health recovery and rehabilitative principles, PRRC offers a transitional, educational, and collaborative center to inspire and assist Veterans working toward their individualized, self-determined life goals. Veterans referred to PRRC are provided additional support, education, brief therapy and care coordination to adapt and thrive in the community based on personalized missions and visions based on their self-identified values, interests, goals, and

roles. Learning-based PRRC services focus on empowerment, instilling hope, highlighting strengths, and encouraging skill development.

Core components of the program include:

- Individualized assessments, curriculum building, and recovery planning.
- Individualized recovery coaching/psychotherapy which can include Motivational Enhancement Therapy, CBT-based treatments, and values-based and acceptance-based strategies.
- Psychotherapy groups: social skills, anger management skills, relationship skills, trauma coping, emotion self-regulation
- Community integration skills: interviewing skills, leisure/recreation skills
- Psychoeducational classes: sleeping well, pain management, self-care, Whole Health principles
- Illness Management classes: Wellness Recovery Action Plan (WRAP), medication education
- Health and wellness classes: nutrition and exercise
- Peer support: learning from others in recovery, trust building, problem-solving skills training
- Family services: education programs/classes (in conjunction with Miami VA Marriage and Family Counseling program)

The Miami VA PRRC interdisciplinary team currently includes a psychologist, two clinical social workers, one recreation therapist, and one peer support specialist. Additionally, trainees from these disciplines may also participate. PRRC interns will receive significant education about the recovery model and have the opportunity to participate in multiple components of the PRRC.

**Assessment and Intervention:** Interns will have the opportunity to conduct biopsychosocial assessments and recovery-based planning and goal-setting. Interns will gain practice at assessing diagnostic criteria for SMI conditions, complications due to comorbid conditions, and impact of symptoms on daily functioning. Additionally, interns will receive training in the provision of brief, evidence-based, individual and group psychotherapeutic/educational interventions. Since the PRRC consists primarily of group interventions, the interns will develop an expertise in this therapeutic modality.

**Interdisciplinary Meetings/Consultation:** Interns will participate as members of the interdisciplinary team and attend weekly treatment team and staff meetings. The interns will discuss clinical issues, review cases, conduct ongoing trainings for staff, and discuss consults requesting Veteran admission. They may have the opportunity to provide consultation to other disciplines/providers.

**Ethics and Diversity:** Interns will be expected to make a substantial effort to recognize, understand, appreciate and discuss ethically-based considerations and diversity issues. Diversity issues can include, but are not limited to, the following: age, sex, gender identity, disability status, ethnicity, race, language/culture-of-origin, sexual orientation, socioeconomic status, and religious/spiritual beliefs and attitudes. Interns will gain experience in understanding Veterans based on cultural backgrounds and the intersectionality of these multiple identities with a overall goal of gaining greater understanding of cultural competence through provision of mental health services. The exploration of power

differentials, dynamics, privilege and its impact on social structures, and institutionalized forms of discrimination may be explored in the context of providing recovery-oriented, mental health services.

Scholarly Activity, Supervision, and Professional Development: Interns may have the opportunity to be involved in continued program development projects, including the writing and updating of course curriculum based on literature review and sound research findings. Relevant readings will be suggested. Participation in relevant and available seminars will also be offered to interns. One hour of face-to-face supervision will be provided each week, in addition to ongoing supervision, as needed.

Mentoring of interns on various professional development issues is also provided on a regular basis and as desired by the trainee.

At the conclusion of the PRRC training experience, interns will be more proficient at both brief individual and group interventions to Veterans of all ages, assessment and treatment of SMI conditions, and a more sound understanding of the recovery model.

## **PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PRRTP)**

***Supervisor: Natalie Bustillo, Ph.D.***

**About the PRRTP:** The Miami VAHS Psychosocial Residential Rehabilitation Treatment Program (PRRTP) provides state-of-the-art, high quality residential rehabilitation and treatment services for veterans with serious mental illnesses, complex trauma, personality disorders, addictions and/or psychosocial deficits. The program is designed with a variable length of stay of approximately 90 days. The PRRTP identifies and addresses goals of recovery, rehabilitation, health maintenance, improved quality of life, and community integration in addition to the specific treatment of medical conditions, mental illnesses, addictive disorders and/or homelessness. In accordance with a recovery-oriented philosophy, Miami VAHS PRRTP provides residential rehabilitation and treatment services that focus on the veteran's strengths, abilities, needs and preferences rather than concentrating exclusively on illnesses and symptoms.

Residential rehabilitation and treatment services utilize a therapeutic community based on peer and professional supports in a structured and supervised setting. The therapeutic community is a system which guides the veterans' daily living on the ward. Unit rules and routines are designed to increase veterans' awareness of themselves and their effects on others and to model responsible living in a social framework. In essence, the therapeutic community provides mechanisms by which residents can learn adaptive behaviors which they may not have been able to master in the past. The therapeutic community empowers the veteran to engage in the decision-making process, facilitates the active participation of each resident in the program's daily living experiences, and creates a community organization by integrating the residents and staff into a system which guides the activities of the program.

Rehabilitation and treatment services address: 1) Building a more meaningful life in the context of medical conditions, mental illnesses, addictions and psychosocial difficulties; 2) Transitioning to safe, affordable, and appropriate community housing; and 3) Assisting

veterans to choose, access, and utilize the community and natural supports needed to be independent, self-supporting, and successful in their individual recovery. In support of these goals, the program offers comprehensive recovery-oriented services and evidenced-based practices such as Dialectical Behavior Therapy Skills Training, Acceptance and Commitment Therapy, Illness Management and Recovery, Wellness Recovery Action Planning, Cognitive Behavior Therapy, Seeking Safety, Motivational Interviewing, and Treatment of Addictions and Relapse Prevention. In addition, the PR RTP offers activities to promote physical health and wellness including groups in Whole Health, Tobacco Cessation, Nutrition, and referrals to Health Enhancement Fitness classes, and referrals to classes in Diabetes self-care. The Miami VAHS also provides education and guidance on self-medication management and adherence to assist veterans in understanding the purpose and side effects of their medications and to promote independent self-management of medications.

**About the Staff:** The faculty of the PR RTP is comprised of an interdisciplinary team of professionals that work collaboratively with veterans to assist them in accomplishing their goals. The interdisciplinary team is comprised of: a Psychiatrist/Medical Director, Psychologist/Program Director, Peer Support Specialist, Primary Care Physician, Registered nurses and Licensed Practical Nurses with 24/7 coverage, Mental Health Rehabilitation Technicians, Clinical Dietitians, Social Workers, Recreation Therapist, Music Therapist, Art Therapist, Vocational Rehabilitation Specialist, Chaplain, and Clinical Pharmacist.

**About the Intern Experience:** Interns will acquire experience delivering several evidenced based therapies using a transdiagnostic understanding of human problems in living. Interns will co-lead groups with their supervisor, another team member or practicum trainee and may carry individual therapy or recovery treatment planning assignments. Interns will function as a co-professional within the team and will: 1) Attend interdisciplinary treatment team meetings; 2) Discuss clinical concerns during rounds; 3) Develop individualized recovery plans; 4) Administer assessments; 5) Review referrals; 6) Conduct comprehensive psychosocial assessments/screening interviews; and 7) Provide consultation to other disciplines/providers.

Interns will have the opportunity to learn specific evidenced based approaches such as DBT, ACT, Seeking Safety, and Motivational Interviewing.

**About Diversity:** Emphasis is placed on understanding presenting problems in terms of both universal human challenges and specific factors and influences. Interns will enhance their knowledge of how multiple identities and coping strategies impact the individual and will increase their ability to integrate this knowledge to inform treatment. For example, interns will consider the impact of formative childhood events (both traumatic and loving), internalized messages, and existing strengths and supports in conceptualizing how best to help the veteran.

**About Professional Development and Supervision:** Interns may have the opportunity to collaborate on program development projects such as analyzing program data or developing a new group. One hour weekly and ongoing supervision are provided.

At the conclusion of the PR RTP training experience, interns will be equipped to work with individuals that experience challenges of high clinical complexity in a group format and

to collaborate as a psychologist within an interdisciplinary team. Interns will also acquire preliminary competence in delivering several evidenced based interventions within a **person-centered, recovery-oriented paradigm.**

### **SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT PROGRAM (SARRTP)**

***Supervisors: Abigail Somerstein, Ph.D. and Riwa Kassir, Psy.D.***

Patients in the SARRTP remain in residence for ninety days. A large proportion of patients are dually diagnosed with substance use disorders and other major psychiatric disorder, such as PTSD, schizophrenia, chronic depression, and bipolar disorder.

The Program maintains a bio-psychosocial conceptualization of the development of substance use disorders. It utilizes a multidisciplinary treatment approach and includes staff from psychology, psychiatry, social work, nursing, occupational therapy, recreation therapy, and music therapy. The program provides comprehensive services including psychopharmacology, therapeutic community, psycho-educational groups, process group therapy, individual therapy and family intervention.

SARRTP has adopted a recovery approach to treatment. Among other aspects, a recovery approach emphasizes building on patients' existing strengths and abilities, talents, and coping skills. A recovery approach promotes patients' respect for themselves and making use of the support of peers.

The overarching goal of the Program is to increase patients' motivation for sobriety and assist them to develop strategies of thinking and behaving to avoid relapse. The Program utilizes the following evidence-based treatments: motivational enhancement, cognitive behavioral strategies for relapse prevention, mindfulness, Dialectical Behavior Therapy skills group, social and coping skills training, and 12 step facilitation therapy. "Seeking Safety" is an empirically evaluated treatment for patients with both PTSD and substance use disorders used in the Program.

### **FORENSIC PSYCHOLOGY – VETERANS JUSTICE PROGRAM**

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#### **VETERANS JUSTICE PROGRAM**

***Supervisor: Adam D. Rosen, Ph.D., Jennifer Lee, Psy.D., and Gabriela Rojas, Psy.D.***

Consultation and clinical psychology in the emphasis area of Veterans Justice. This is a full-time psychology rotation aimed at providing trainees with emphasis training in forensic psychological practice within the VA hospital and South Florida Justice systems. This program will provide interns with training and experiences related to consultation and liaison work of professional forensic psychologists as well as clinical practice with justice-involved veterans.

The goal of the Veterans Justice Program (VJP) program is to avoid unnecessary criminalization of mental illness and extended incarceration among veterans. Participation in the Miami-Dade Veterans Treatment Court is the primary avenue through which interns

contribute to this effort. In general, Veterans Treatment Court exists to facilitate justice-involved veterans divergence from arrest into mental health or substance abuse treatment. Trainees are therefore required to participate in Veterans Court hearings and court-related meetings each week. The VJP intern will learn to effectively collaborate with multidisciplinary teams of professionals both within the local justice systems of Miami-Dade County as well as throughout the VA hospital system. Justice-related team members include treatment court judges, attorneys with the public defender and state attorney offices, and court clerk and case management services. Interns are expected to directly and regularly interface with these individuals. After shadowing the VJP supervisors, the intern will take initiative in building working relationships with the above noted professionals as part of our work centered on ensuring that justice-involved veterans are receiving needed services and that their progress in treatment is appropriately communicated to the treatment courts monitoring their legal status. Additionally, providing feedback/education to court staff team members regarding the science and practice of psychology and advocating on behalf of veterans' overall well-being within the treatment court setting represent significant components of the position. Opportunities may also be available for interns to actively participate in the training of local law enforcement Crisis Intervention Teams (CIT) to facilitate their capacity to effectively address veteran specific issues.

In terms of direct clinical activities, the VJP intern will participate in the organization, management, and administration of psychology services provided to our veterans participating in the treatment court programs. The primary focus of these encounters will be to assess justice-involved veteran treatment needs, identify appropriate services within the VA system, and engage in ongoing treatment planning. Additionally, psychotherapy experiences will be incorporated into both individual and group interventions. Use of Motivational Interviewing, problem solving, Cognitive-Behavioral techniques, and culturally-sensitive orientations represent some of the relevant clinical approaches associated with this population and training position.

Please be advised that although there are ample opportunities for direct clinical practice experiences with a forensic population throughout this rotation, the primary and unique focus of the VJP training program is professional psychological consultation and liaison work. Unlike some traditional forensic training programs, the VJP training experience at the Miami VA does NOT place emphasis on forensic assessment (e.g., risk, NGI, competency, etc.). Applicants interested in systemic/organizational change and/or the application of multiculturally competent approaches to the practice of forensic psychology are strongly encouraged to apply.

<b>Sample Training Schedule 2023-2024</b>				
<b>Rotation</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Intern 1 Health Psychology	PCMHI	Consultation and Liaison Rehabilitation Psychology	Disease Prevention Pain Clinic	BHC
Intern 2 Health Psychology	Consultation and Liaison Pain Psychology	PRRC	PCMHI	Spinal Cord Injury
Intern 3 Health Psychology	PCT	PCMHI	Spinal Cord Sleep Medicine	Consultation and Liaison Sleep Medicine
Intern 4 Neuropsychology	General Neuro	Geriatric Neuro	Rehabilitation Psychology	PTSD-MST
Intern 5 Geriatric Psychology	Rehabilitation Psychology Geriatric Primary	BHC	Community Living Center, Palliative Care-Extended Care	Community Living Center, Palliative Care-Extended Care
Intern 6 Geriatric Psychology	Home Based Primary Care, Geriatric Primary Care	Home Based Primary Care, Geriatric Primary Care	PCT	VJP
Intern 7 Psychiatry	PCT-MST	Inpatient Psychiatry	PRRTP	SAARTP
Intern 8 Psychiatry	BHC	Inpatient Psychiatry	SAARTP	Physical Rehab
Intern 9 Psychiatry Mental Health Integration Rehab & Recovery	PRRTP	PRRC	SARRTP	BHC
Intern 10 Forensic	VJP	VJP	General Neuro	Inpatient Psychiatry

## EVALUATION

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**Rotation Evaluations.** Formal and informal feedback on performance as an intern are provided by supervisors on a regular basis. Formal competency-based evaluations are made by the rotation, psychotherapy, and assessment supervisors at the conclusion of the three-month rotation period. Research supervisors' complete evaluations at the six month and twelve month mark. Intern performance is rated against the specific competencies addressed in each rotation. Interns will review written evaluations and be asked to sign it. Interns are provided a copy of the evaluations. The original signed evaluations are given to the Director of Training for inclusion in the training files.

**Trainee Progress:** "Informal" feedback about trainee progress is provided by supervisors during monthly Training Committee meetings. The Director of Training keeps minutes on all such feedback. Rotation supervisors meet for a minimum of two hours per week with the intern and are able to provide verbal feedback routinely. Psychotherapy supervision is conducted at least one hour per week. Assessment supervision is provided for each individual assessment. Supervision with the Director of Training or a designee will be held one hour weekly. It should also be noted that supervisors (including the Training Director) may also provide supervisory feedback and evaluation on a less formalized basis when appropriate or necessary. A written copy of this feedback may be provided to the intern and/or filed in the intern's records at the discretion of the supervisor.

**Comprehensive Evaluations.** The Director of Training integrates all supervisor feedback into formal written evaluations provided to the interns' graduate school at the middle of the year and at the conclusion of the internship. The Director of Training meets with each intern, provides the intern with a copy of this evaluation, and discusses the intern's progress and perceptions of the training program with each intern. These comprehensive evaluations are based on the Competency Standards, which are used in development of the training contracts for the internship year as well as for each rotation. Interns must demonstrate competencies related to Program Goals for successful completion of internship.

**Intern Feedback.** Interns are asked to provide feedback about each rotation, training activity and supervisor at the end of each three-month and/or six-month rotation period. Interns' complete evaluation of didactics and seminars on a weekly basis. Interns also provide feedback about the training program at the end of the internship year to the Training Director. Interns are asked to raise any acute concerns or problems either directly to the Training Director and/or the Training Committee, or through their Intern Representative. Feedback should include a review of the relevant training contracts and whether the intern's expectations were met by the training and supervision provided.

## REMEDIATION PROCEDURES

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**Performance Deficits:** One of the goals of the training program is for trainees to identify and work on gaps and deficits in their knowledge, skills, and abilities. The training program helps trainees identify such areas through self-assessment and supervisor evaluations. The program provides opportunities for improving knowledge and skills through didactic presentations, clinical rotations and all other training activities. It is expected that trainees will make sufficient improvement in these areas so that they will be able to meet the **Competency Standards** described above (i.e., for interns, 100% of competency items rated at a performance level commensurate with *Intern Exit/Postdoc Entry Level*) at the end of the training year. Trainees **must** meet these standards in order to successfully complete internship. Usually, the process of supervisor evaluations and the supervisory feedback meetings by the Training Committee ensures that trainees receive adequate training and supervision to achieve satisfactory levels of performance.

**Definition of Problematic Performance:** Problem behaviors are said to be present when supervisors perceive that a trainee's behavior, attitude, or characteristics are disrupting the quality of their clinical services; their relationship with peers, supervisors, or other staff; or their ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."

Problematic performance is defined as an interference in professional functioning that renders the trainee: unable and/or unwilling to acquire and integrate professional standards into their repertoire of professional behavior; unable to acquire professional skills that reach an acceptable level of competency; or unable to control personal stress which leads to dysfunctional emotional reactions and behaviors that disrupt professional functioning. More specifically, behaviors typically become identified as problematic when they include one or more of the following characteristics:

1. The trainee does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the trainee is significantly negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by training personnel is required.
6. The trainee's behavior does not change as a function of feedback, remediation, efforts, and/or time.

Supervisory staff and/or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using a supervisor or the training director as go-betweens. If a problem or deficit is identified to be of sufficient severity that the trainee would **not** be able to successfully complete the training program, this problem **must** be brought to the attention of the Director of Training and the Training Committee immediately. The Training Committee will meet to decide the level of remediation. For example, if the trainee should be placed on a **Performance Improvement Plan** or **Probation**. In either case, the trainee will be provided an **Acknowledgement Notice** (see MB&HS/Psychology Policy Memo No. 6).

It is the **ethical responsibility** of trainees and especially supervisors to bring such issues to the Training Committee for discussion. If a trainee is not made aware of a deficit, they cannot remediate it.

If a supervisor gives a trainee an unsatisfactory rating on a formal evaluation (i.e., 1= “Needs remedial work”), this will automatically result in one of the two processes mentioned above. A trainee can also be placed on probationary status for significant or repeated instances of unethical, illegal, or unprofessional behavior. It should also be noted that flagrant ethical and legal violations, such as sexual relations with or abuse of a patient, may result in a trainee being immediately **terminated** from the program and their training program immediately notified (see below for details).

### **Procedures for Responding to Problematic Trainee Performance or Behavior:**

When supervisor(s) identify that a trainee’s skills, professionalism, or personal functioning are inadequate for training, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures:

1. The negative evaluation(s) will be reviewed and a determination made as to what action needs to be taken to address the problems identified.
2. The trainee will be notified that such a review is occurring through meeting with the Training Director and that the Training Committee is ready to receive any information or statement that the trainee wishes to provide with reference to the identified problems.
3. After reviewing all available information, the Psychology Training Committee may adopt one or more of the following steps, or take other appropriate action:
  - A. The Psychology Training Committee may elect to take no further action.
  - B. The Training Committee may provide the trainee a **Written Statement**. This communication will include how the Training Committee will work with the trainee to rectify the matter and that the behaviors are not significant enough to warrant more serious action (Performance Improvement Plan or Probation). The trainee will have 30 days to demonstrate objective changes in behavior and will be provided feedback from the

Training Committee. The written statement will not be communicated to an intern's graduate school program Training Director.

B. The Psychology Training Committee may issue an Acknowledgement Notice (formal counseling) through the Psychology Training Director which states the following in writing

- i. The Psychology Training Committee is aware of and concerned about the negative evaluation.
- ii. The evaluation has been brought to the trainee's attention, and the committee or other supervisors will work with the trainee to rectify the problem within a specified time frame.
- iii. The trainee's graduate program Director of Training will be consulted on the matter.

**Level One Remediation- Performance Improvement Plan:** A performance improvement plan consists of targeted competencies and expectations and related outcomes to meet expectations. Additional training experiences or immediate changes in the trainee's rotation or other training experiences may be warranted. The plan will establish a system for frequent feedback on the trainee's progress and performance typically weekly and not less than once per month. The plan will set standards for meeting minimal levels of proficiencies in the problem areas or deficits. The plan will devise opportunities for training and remediation that clearly and concretely address the areas of concern. Such a problem and its remediation would take priority over the trainee's preference for training rotations and experiences. The plan may involve the participation of the trainee's rotation, psychotherapy and/or assessment supervisors, as well as research mentor, when appropriate. In situations where a concern has been raised by someone other than the trainee's direct supervisors, that party may be consulted as part of the process. At this level of remediation, an intern's graduate school Training Director will be notified.

**Level Two Remediation: Probation.** If a trainee is unable to successfully remediate behavior with the abovementioned Performance Improvement Plan or the Director of Training, a Supervisor or a Trainee becomes aware of a serious deficit or unprofessional conduct on the part of the trainee that would create doubts or questions about their ability to satisfactorily meet the Competency Standards for successful completion of the program, the trainee may be placed on Probationary Status. The Training Committee will carefully evaluate the situation, including speaking with the trainee and their supervisors, as well as reviewing any written material relevant to the issue which may include the trainee's competency evaluations or clinical work. The Training Committee may request additional information in writing from the trainee and supervisors (i.e., VA 119 Report of Contact form).

In instances where concern is expressed about a trainee's performance without an unsatisfactory rating from a trainee's supervisor, the Training Committee will decide by

**majority** vote whether the trainee does have a severe enough deficit or problematic behavior that would jeopardize their ability to successfully complete the program. **A trainee on probation CANNOT graduate or successfully complete the program until the trainee has been removed from probation.**

When a trainee is put on probationary status, the trainee will meet with the Director of Training and the trainee's supervisors to devise and/or continue outlined goals similar to what is described in the Performance Improvement Plan. The burden of demonstrating that the problem has been adequately remediated will be upon the **trainee** once they are put on probation. The trainee must achieve the goals set by the agreement in order to be considered for removal from probation. If an intern is placed on probationary status, the Director of Training will notify the intern's graduate school program Training Director. A copy of the Performance Improvement Plan/Probation Plan will also be sent to the intern's graduate program. The Miami VAMC's Director of Training will provide regular updates to the intern's graduate school program Training Director on the intern's status and progress, both in writing and verbally.

**Removal from Remediation.** Supervisors responsible for implementation of the Performance Improvement Plan and Probation will provide written and verbal feedback to the Training Committee on a regular basis, not less than monthly. When the supervisors and Training Director believe that the trainee has satisfactorily addressed and remediated deficits, and has met all of the goals established in the plan, the Director of Training will formally propose that the Training Committee consider removing the trainee from remediation status. The Training Committee **cannot** vote on a trainee's removal from probation without such a recommendation by the Training Director. A trainee is removed from probation by a **majority** vote of the Training Committee. Removal officially indicates that the trainee's performance is at an appropriate level to successfully complete the program. A trainee can only successfully complete the program if they are **not** on probationary status.

**Termination from the Program.** If a trainee is on probation and the supervisors and Training Director do not believe that the trainee is achieving satisfactory progress toward acceptable levels of performance or believe that the trainee has not been able to remediate the deficit, the Training Committee may have to consider alternatives such as partial credit for internship and/or early termination from the program. Similarly, if the trainee does not cooperate with devising a remediation program or refuses to cooperate with this process, the Training Committee may consider termination from the training program.

Trainees **cannot successfully complete** the program if they receive an **unsatisfactory** rating on a **final** rotation, or other training activity competency evaluations. Such a final training activity competency evaluation essentially means the trainee has failed the rotation or activity, which is considered a **requirement** for successful completion of the program. If the trainee is not already on probation, the trainee will be on probation immediately and **automatically**, without a vote by the Training Committee. The Training Committee will meet as soon as possible to consider options such as devising a plan to address the specified deficits, extending the supervised training past the contracted one

year period, termination from the program, or giving the trainee **partial credit** for the year-long program. The Training Committee **cannot** reverse a supervisor's rating or give a trainee credit for a failed training activity.

**Illegal, Unethical, or Unprofessional Behavior.** If a supervisor or fellow trainee believes that a trainee has engaged in significant or repeated instances of illegal, unethical, or unprofessional behavior, then they are required to report these concerns to the Training Director. The Training Director will investigate the situation

and report findings to the Training Committee and Chief of Psychology. The Training Committee can place the trainee on probation by majority vote, and for very serious infractions, immediately terminate the trainee from the program by a **majority** vote. Interns are responsible for and will be held up to all of the appropriate ethical guidelines and professional laws established by the Department of Veterans Affairs, the local Psychology Service, the American Psychological Association, and the Florida Department of Professional Regulation.

The Director of Training will be in intensive communication with the trainee's graduate school program Training Director so that they can be involved in the process. If the Training Committee votes to terminate the intern from the training program or provide only partial credit for the internship, the Director of Training will meet with the intern and work with the graduate school program Training Director on an appropriate plan for the intern's future training path. The intern may **appeal** a termination decision with the same process for appealing final comprehensive evaluations.

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## ADMINISTRATIVE POLICIES AND PROCEDURES

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**Trainee Grievance Procedures:** Trainees who receive an Acknowledgement Notice or Probation Notice, or who otherwise disagree with any Psychology Training Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance procedure. Within 10 working days of receipt of the Training Committee's notice or other decision, the trainee must inform the Training Director in writing that they disagree with the Committee's action and provide the Training Director with information as to why the trainee believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the following actions will be taken:

A. Upon receipt of the written notice of grievance, the Training Director will convene a Review Panel consisting of the Training Director, two staff members selected by the Director and two staff members selected by the trainee. The trainee retains the right to hear all allegations and the opportunity to dispute them or explain their behavior.

B. The Review Panel's decisions will be made by majority vote. Within 10 days of completion of the review hearing, the Review Panel will prepare a report documenting the reasons for its decision and recommendations and will provide the report to the trainee and the Psychology Training Committee.

C. Once the Review Panel has submitted its report, the trainee or the Training Committee has 5 working days within which to seek a further review of the grievance and Review Panel report by submitting a written request to the Miami VAHS Associate Chief of Staff (ACOS) for Education and a copy to the Psychology Training Committee.

The request must contain brief explanations of the grievance, Review Panel report, and of the desired settlement which is sought, and it must also specify which policies, rules, or regulation have been violated, misinterpreted, or misapplied in previous steps of the process.

The Miami VAHS ACOS for Education will then conduct a review of all documents submitted, may meet with individuals involved, and render a written decision within 10 working days of receipt of a request for further review. The ACOS for Education may either accept the Review Panel's action or reject the Review Panel's action and provide an alternative. Decisions made by the ACOS for Education are final. If there is a decision by the ACOS for Education to terminate a paid traineeship, this would need to be done in coordination with the Chief of Psychology and Human Resources Management Service.

Once a final and binding decision has been made, the trainee will be informed in writing of the actions taken. The trainee's graduate Director of Training will also be informed in writing.

**Conflict Resolution and Grievances / Due Process.** If a trainee has conflicts or difficulties with a supervisor, the trainee's first recourse is to speak with the Training Director. The Training Director will make every effort to explore the trainee's concerns and attempt to mediate any problems between the trainee and supervisor. If the trainee has conflicts or difficulties with the Training Director or believes that the Training Director has not adequately addressed the trainee's concerns, the trainee may then speak with the Intern or Resident Representative or another supervisor and ask to have the issue addressed by the entire Training Committee. The trainee may also present issues directly to the Training Committee at one of the committee's meetings. The Training Committee will then investigate the situation and may gather additional information, request written responses, or interview all parties involved. The Training Committee may make suggestions and recommendations for resolution of the problem.

If the trainee is not satisfied with the results of bringing the issue before the Training Committee, the trainee may then file an "**official grievance**". The trainee will write up a summary of the problem, actions that have been taken, and the reasons why the trainee continues to be dissatisfied with the situation. The trainee will submit this "grievance report" to their graduate school program Training Director and the Miami VA Training Committee. All parties involved are then invited to make written responses to the grievance including the supervisor, Training Director, the intern's graduate school program Training Director, and Training Committee. The grievance, along with all of the written responses, will then be forwarded to the Chief of Psychology Service who will make a final decision about the resolution of the grievance. If the trainee remains dissatisfied with this decision, the trainee may consult with the Miami VAHS Associate Chief of Staff (ACOS) for

Education, as described in the above procedures. Interns always have the right to consult with their graduate school program Training Director about difficulties during internship.

Lastly, trainees are also always welcome to consult with the American Psychological Association Education Directorate and Office of Accreditation, as well as the Association of Psychology Postdoctoral and Internship Centers:

Office of Program Consultation and Accreditation  
American Psychological Association 750 1st, NE  
Washington, DC 20002-4242  
*Phone: (202) 336-5979/E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)*  
*Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

Association of Psychology Postdoctoral and Internship Centers Central Office  
17225 El Camino Real  
Onyx One - Suite #170  
Houston, TX 77058-2700

## TRAINING STAFF

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**Raquel Andres-Hyman, Ph.D.** is a licensed Clinical Psychologist and the Director of the Mental Health Residential Rehabilitation Treatment Programs (MHR RTP). Her work focuses on assisting veterans with serious mental illnesses, addictions, and psychosocial difficulties to achieve more meaningful lives in their community through the provision of evidenced-based and innovative recovery-oriented care. In addition to her interests in program development and treatment, Dr. Andres-Hyman has published in the areas of cultural competence, addictions, recovery-oriented services, and factors that influence recovery from trauma. She has been influential nationally in promoting recovery-oriented services and in transforming mental health practice. Dr. Andres-Hyman earned her doctoral degree at Nova Southeastern University and completed her pre-doctoral and postdoctoral fellowships at the Yale University School of Medicine. Prior to joining the faculty of the Bruce W. Carter Medical Center of the Miami VA Healthcare System in 2009, Dr. Andres-Hyman spent five years as faculty at Yale University School of Medicine and Co-Director of Cultural Competence & Health Disparities Research & Consultation in the Department of Psychiatry at Yale. Dr. Andres-Hyman provides intensive supervision to Psychology Interns in psychotherapy. <Raquel.Andres-hyman@va.gov>

**Natalie E. Bustillo, Ph.D.**, (University of Miami, Clinical Psychology, 2014). Staff Psychologist and Program Manager of the Psychosocial Residential Rehabilitation Treatment Program (PR RTP). Therapeutic orientation is primarily cognitive-behavioral, and experience includes completing all components of VA training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). Additional professional interests include mindfulness, acceptance-based interventions, and promoting healthy lifestyle changes (e.g., relapse prevention, pain management, weight management, stress management, and cardiovascular risk reduction). <Natalie.Bustillo@va.gov>

**Karin Cabeza, Ph.D.** (University of Miami, Clinical Psychology, 2018). Staff Psychologist assigned to the Whole Health Center for Pain Management which provides outpatient psychological services to veterans living with chronic pain. Clinical interests include pain psychology, rehabilitation psychology, behavioral medicine, medical psychology, and trainee development/mentorship. Approaches to interventions mainly focus on Cognitive Behavioral strategies, Acceptance and Commitment approaches, mindfulness based interventions and supportive therapies for adjustment to disability. <Karin.Cabeza@va.gov>

**Grace Caldas, Psy.D.** (Albizu University, Clinical Psychology, 2016). Staff Psychologist assigned to the Comprehensive Inpatient Intensive Rehabilitation Program (CIIRP) unit which provides a broad exposure to disability populations in short-term inpatient rehabilitation. Clinical interests include behavioral medicine, rehabilitation psychology, medical psychology, and primary care psychology. Approaches to interventions mainly focus on Motivational Interviewing, Problem Solving, and Cognitive Behavioral. <Grace.Caldas@va.gov>

**Lindsey Calle-Coule, Psy.D.** (Nova Southeastern University, Clinical Psychology, 2016). Staff Psychologist. Assigned to the Behavioral Medicine Section and to Spinal Cord Injury/Dysfunction (SCI/D) Rehabilitation Service. Duties include evaluation and treatment of individuals on an inpatient and outpatient basis, consultation to medical and nursing staff, research, and program development. Case conceptualization involves a biopsychosocial approach with an emphasis on humanistic/existential therapy. Research interests include the role of psychology with patients diagnosed with Amyotrophic Lateral Sclerosis (ALS), the role of existential therapy on the improvement of quality of life among patients with chronic illness, and issues of diversity in the disability population. <Lindsey.Calle-Coule@va.gov>

**Jason R. Dahn, Ph.D.** (Michigan State University, Clinical, 1999). Staff Psychologist and Health Behavior Coordinator. Expertise in individual and group psychotherapy, health behavior assessment and interventions, and in the treatment of serious mental illness (SMI). Therapeutic approach integrates psychodynamic, cognitive-behavioral, and health coaching perspectives. Serves as the lead clinical consultant to healthcare system staff, providing specific training and consultation to build and maintain competencies in health behavior coaching and associated interventions (e.g., motivational interviewing), and as co-chair of Health Promotion and Disease Prevention (HPDP) Committee. Collaborates with medical center staff to develop, adapt, implement and assess effectiveness of health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management. Research interests broadly include issues common to mental health and medical psychology (e.g., weight management, sexual dysfunction, tobacco cessation, medication adherence, adjustment to illness) as well as the influence of gender and race/ethnicity on illness perception and health-related behaviors. Adjunct Assistant Professor, Department of Psychology, University of Miami. <Jason.Dahn@va.gov>

**Giovanna Delgado, Psy.D.** (Carlos Albizu University, Forensic, 2004) Assistant Chief of Psychology. Dr. Delgado's experience at the Miami VA includes her current position as the Assistant Chief of Psychology where she is assistant to the Chief in overseeing the Psychology Service. Previously, she was the Veterans Justice Program Coordinator for the Miami VA, where she coordinated outreach services for Veterans involved with the judicial system and worked as a liaison with the court system to ensure access to care for Veterans reentering the community. She has expertise in working with an adult forensic population. Dr. Delgado's experience includes work with children, adults, the severely mentally ill, and clients suffering from sexual abuse, trauma, homelessness, substance abuse, medical, justice related and psychiatric issues. <Giovanna.Delgado@va.gov>

**Leila Eikevik, Psy. D.,** Dr. Eikevik is assigned to the Behavioral Health Clinic providing psychotherapy for individuals, couples/families, and groups, as well as Psychodiagnostic assessment. She completed her internship training at Broward Health Medical Center and postdoctoral fellowship at Jackson Health System. Her clinical interests include interdisciplinary care, health psychology, and eating disorders. <Leila.Eikevik@va.gov>

**Carlos Finlay, Ph.D.** (University at Albany, SUNY, Clinical, 2005). Director of the Psychosocial Rehabilitation and Recovery Center. Clinical responsibilities include implementation and management of Individualized assessment, Psychotherapy groups, Community integration skills, Psychoeducational classes, Illness Management classes, Wellness Recovery Action Plan (WRAP) and peer support. My therapeutic approach is cognitive-behavioral with an emphasis on empirically supported interventions. Professional interests include the following: treatment of anxiety disorders with concomitant mood complaints and/or substance use problems, motivational enhancement, and anger management. My supervisory approach to working with interns and externs can be described as a combination of scholar-practitioner and junior-colleague models. <Carlos.Finlay@va.gov>

**Jennifer M. Gillette, Psy.D.** Dr. Gillette is a staff neuropsychologist within the Miami VA Healthcare System, Broward Outpatient Clinic (OPC). She obtained her doctorate in Clinical Psychology with a specialty in neuropsychology at Albizu University. She completed her predoctoral internship training in neuropsychology at the Gainesville VA Medical Center, followed by a post-doctoral fellowship in neuropsychology at South Florida Neuropsychology. Clinically, she has experience evaluating patients with various neurological, medical, and psychiatric conditions in inpatient and outpatient settings. Dr. Gillette also works as a member of the Polytrauma Support Clinic Team (PSCT) serving OEF/OIF Veterans with multiple body system traumas, including traumatic brain injury. She supervises graduate students, interns and post-doctoral fellows in neuropsychology. Areas of interest include traumatic brain injury and cognitive rehabilitation. <Jennifer.Gillette@va.gov>

**Camille Gonzalez, Psy.D.** (Carlos Albizu University, Clinical, 2002). Staff Psychologist assigned to Post- Traumatic Stress Disorder Clinical Team, which provides outpatient psychiatric services to Veterans with military related PTSD. Clinical responsibilities include psychological evaluations, individual and group therapy, family/couples therapy, and psychoeducational classes. Additionally, she is involved in the coordination and implementation of evidenced-based psychotherapies. Therapeutic approach is eclectic, with a cognitive- behavioral emphasis. Dr. Gonzalez also supervises psychological assessment clinical cases with trainees. Research interests include evidenced-based treatment for PTSD. <Camille.Gonzalez@va.gov>

**Lianne Gonzalez, Psy.D.** (Nova Southeastern University, Clinical Psychology, 2012). Staff Psychologist and Assistant Director of Psychology Training. Assigned to the Primary Care Mental Health Integration (PCMHI) service. Dr. Gonzalez provides behavioral health services to veterans in the primary care clinics, including behavioral health evaluations and brief interventions. Behavioral health concerns addressed through PCMHI include depression, anxiety, substance use, as well as other psychological disorders. As a PCMHI psychologist, Dr. Gonzalez also focuses on veterans' health behaviors and management of physical health problems, such as diabetes, obesity, smoking cessation, chronic pain, and stress-management skills. The focus of the PCMHI model of service is on providing a

team-based approach and integrated care to veterans, addressing their behavioral and physical health needs in the primary care setting. Approaches to therapy mainly consist of cognitive-behavioral therapy, behavioral modification techniques, and motivational interviewing. Dr. Gonzalez also serves as Assistant Director of Psychology Training, providing support to practicum, internship, and postdoctoral training.

<Lianne.Gonzalez@va.gov>

**Paul Hartman, Ph.D., ABPP** (University of Miami, Biological Psychology, 1986; California School of Professional Psychology-Fresno, Clinical Psychology Respecialization, 1995; Board Certified in Clinical Health Psychology). Provides inpatient and outpatient psychological services as part of the consultation and liaison psychology team, and the geriatric primary care team. Privileges in psychological assessment, consultation, and therapy; and neuropsychology. Clinical approaches informed by patient-centered, motivational interviewing, cognitive-behavioral, interpersonal, positive psychology and mindfulness perspectives. <Paul.Hartman@va.gov>

**Alanna Hochman, Psy.D.** (Nova Southeastern University, Clinical, 2004). Staff psychologist assigned to the Posttraumatic Stress Disorder Clinical Team (PCT) team. Duties include providing psychological services to veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) with PTSD as well as veterans coping with polytraumas. Clinical responsibilities include individual and group psychotherapy, psychological assessments, and consultations. Clinical expertise and interest in the treatment of PTSD, rehabilitation psychology (especially traumatic brain injury and other polytrauma issues), behavioral medicine, cultural diversity issues, and neuropsychological evaluations. Conceptualization consists of an eclectic and integrated approach, determined by the patient's background, diagnosis, and treatment goals. Cognitive-behavioral therapy is predominantly used, with an emphasis on solution-focused modalities.

<Alanna.Hochman@va.gov>

**Joshua Kalman, Psy.D.** Assigned to Behavioral Health Clinic. Dr. Kalman provides outpatient individual and group psychotherapy at the Homestead Community Based Outpatient Clinic. <Joshua.Kalman2@va.gov>

**Riwa Kassar, PhD** (Fielding Graduate University, 2019), Staff psychologist/Admissions Coordinator in the substance abuse residential rehabilitation treatment program (SARRTP). Her personal background and her multicultural life experience are the seeds of her passion and focus on multiculturalism in psychology. These are central to both her clinical work and research interests. Dr. Kassar completed her clinical psychology internship at the Detroit VA Medical Center where she received specialized training in the treatment of trauma related disorders and severe and persistent mental illness, and completed her post-doctoral residency at the Mental Health Center of Florida where she focused on working with geriatric, forensic, and underprivileged youth populations in South Florida. Theoretical orientation involves the integration of cognitive behavioral theory with a deeply humanistic philosophical perspective and essence. Treatment

approach is integrative and evidence-based (to include ACT, DBT, MI, Schema Therapy, CPT, EMDR, CBT). <Riwa.Kassar@va.gov>

**Neil J. Kenney, Psy.D.** (Nova Southeastern University, Clinical, 2005). Assigned to Home Based Primary Care. Duties include psychological assessments, neuropsychological screenings, individual and group psychotherapy. Professional interests include health psychology, geropsychology, neuropsychology, patient/caregiver coping with degenerative illness, conceptual models of alcohol/substance abuse, individual and group psychotherapy. Therapeutic approaches vary dependent on the referral issue and/or client characteristics though often integrate aspects of Cognitive Behavioral, Client-Centered, and Insight-Oriented/Existential Therapy. Taught as adjunct faculty at Nova Southeastern University, Florida International University, Touro College South, and Everglades University. <Neil.Kenney@va.gov>

**Gary S. Kutcher, Ph.D.** (University of Miami, Clinical, 1992). Staff Psychologist and Clinical Director of the Miami VA's PTSD Division (composed of the PTSD Residential Rehabilitation Program (PTSD-RRP), PTSD-Clinical Team (PCT; in Miami, Broward and Homestead), and Military Sexual Trauma (MST) programs). Principle clinical responsibilities are in the PTSD-RRP. Privileged in psychological assessment and individual and group psychotherapy. Therapeutic approach is generally integrative with a "Reality Therapy" and CBT bent. Research interests include program evaluation psychological assessment and diagnosis of PTSD. Dr. Kutcher is currently the Local Site Investigator (LSI) for CSP589, a VA cooperative study entitled: Veterans individual placement and support towards advancing recovery. Adjunct faculty, University of Miami School of Medicine, Department of Psychiatry and Behavioral Sciences. ) <Gary.Kutcher@va.gov>

**William Lamb, Ph.D.,** (U.C. Berkeley, Clinical Psychology). Assigned to Adult Inpatient Psychiatry (4AB). Dr. Lamb provides psychological services to veterans during acute inpatient psychiatric hospitalization. Prior positions have included inpatient clinical work at Cambridge Hospital and McLean Hospital and prior outpatient clinical work at VA Palo Alto and VA San Francisco. Dr. Lamb has been a fellow with the American Psychoanalytic Association and completed training in CBT at the Beck Institute for Cognitive Therapy as well as the University of Pennsylvania Center for Cognitive Therapy in Philadelphia. Dr. Lamb's interests include the delivery of evidence-based treatments and understanding their mechanisms of change. Research interests focus on using meta-analytic methods for evaluating the treatment outcome literature. <William.Lamb@va.gov>

**Jennifer C. Lee, Psy.D.** Staff Psychologist assigned to Veterans Justice Outreach – Broward County. As the Veterans Justice Outreach Specialist for Broward County, she is the liaison between the Broward County Veterans Court and justice involved veterans receiving care at VA facilities in Broward and Miami. She coordinates appropriate and timely substance abuse and/or mental treatment for justice involved veterans as an alternative to incarceration. Dr. Lee works directly with the Broward County judge, state attorney, public defenders, and court case management team to advocate for veterans,

communicate veterans progress in treatment, and educate the court and law enforcement about veteran's mental health issues. She was a psychologist in the U. S. Navy and served with a Combat Stress Unit in support of Operation Iraqi Freedom in 2004. During her service in the Navy, Dr. Lee was stationed at the San Diego Naval Hospital. With the Miami VA and West Palm Beach VA, she worked with the PTSD Clinical Team and has expertise in assessment and treatment of military related PTSD. <Jennifer.Lee11@va.gov>

**Michelle Mantilla, Psy.D.** (Nova Southeastern University, Clinical Psychology, 2012). Dr. Mantilla is a Bilingual (English and Spanish) Staff Psychologist assigned to the Behavioral Health Clinic (BHC) at the William "Bill" Kling VA in Broward county. Clinical responsibilities include mental health intake screenings for psychological services, individual psychotherapy, and group therapy (DBT skills group and Better Coping Skills). Dr. Mantilla completed her pre-doctoral internship and post-doctoral residency at the Adult Crisis Stabilization Unit at Citrus Health Network in Miami, FL. Her experience includes providing services in outpatient and inpatient settings (short- and long-term residential treatment facilities and crisis units), and her primary focus has been in the treatment of adults presenting with co-occurring disorders (substance use and mental health), trauma, and chronic mental illness. Therapeutic approach is integrative with emphasis on Cognitive Behavioral, Motivational Interviewing, Client-centered, and Insight-Oriented approaches that vary depending on the diagnosis and individual needs. <Michelle.Mantilla@va.gov>

**Karina McCoy, Psy.D.** (Nova Southeastern University, 2015). Staff Psychologist assigned to Behavioral Health Clinic (BHC). Clinical responsibilities include psychological evaluations for services, individual psychotherapy, group therapy, and consultation and orientation services. Prior experience has been in forensic inpatient settings, outpatient settings providing services to underserved populations including children, adolescents, adults and geriatrics. Prior research and publications have been pertaining to Suicide and suicide risk assessment and the therapeutic relationship. Conducted following evidence based approaches: Cognitive Behavioral Therapy (CBT) for Depression, Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Exposure with Response Prevention Therapy for OCD (ERTP) and Interpersonal Psychotherapy for Depression (IPT-D). Trained and conducted neuropsychological evaluations for children and conducted dependency court evaluations for children and adults. Areas of interest include: anxiety related diagnoses and treatments, personality disorders and transference/countertransference, severely mentally ill individuals and barriers they experience in treatment, anger and anger management, and the psychological challenges and effects of survivors guilt. ) <Karina.McCoy@va.gov>

**Divya Nawalrai, Psy.D.** (Nova Southeastern University, Clinical, 2010) PTSD / Substance Use Disorder Psychologist Provide evidenced based treatments to Veterans receiving services in residential and outpatient PTSD/ SUD programs. Clinical responsibilities include PTSD evaluations, individual and group therapy, consultation regarding complex PTSD/SUD cases, and psycho-education. Therapeutic approach is integrative, with an

emphasis on motivational interviewing and interpersonal/client centered modalities. Research interests include evidenced-based treatment for co-morbid (PTSD/SUD) and other addictive disorders. ) <Divya.Nawalrai@va.gov>

**Salome' Perez, Ph.D.** (Georgia State University, Clinical, 1998). Assigned to the Behavioral Medicine Section and to Spinal Cord Injury/Dysfunction (SCI/D) Rehabilitation Service. Duties include evaluation, treatment, consultation to medical and nursing staff, research, and program development. Strong emphasis on humanistic/existential approaches to therapy, and in long-term psychodynamic psychotherapy. Research interests include the role of spirituality in psychology, issues of diversity in the disability population, and pain issues in the SCI population. <Salome.Perez@va.gov>

**Arlene Raffo, Psy.D.** (Albizu University, Neuropsychology, 2014). Dr. Raffo is a bilingual neuropsychologist in the General Neuropsychology rotation. She completed her internship training in neuropsychology at the Pittsburgh VA, and a two-year postdoctoral fellowship in neuropsychology at the University of Miami Miller School of Medicine, Department of Psychiatry and Behavioral Sciences. Dr. Raffo provides neuropsychological evaluations in both outpatient and inpatient settings to Veterans presenting with a wide variety of neurological, medical, and psychiatric conditions. Areas of expertise include assessments of dementia, seizure disorders, movement disorders, TBI, and stroke. She also provides Spanish language evaluations, with opportunity to supervise interested interns who are bilingual and would like to gain proficiency conducting such evaluations. <Arlene.Raffo@va.gov>

**Yesenia Rivera, Psy.D.** (Albizu University, Clinical, 2017). Staff Psychologist assigned to the Community Living Center. Clinical responsibilities consist of conducting brief cognitive screenings, capacity evaluations, and providing psychotherapy using an eclectic approach including supportive psychotherapy, behavioral interventions, social skills training, as well as other evidence-based psychotherapeutic interventions in both individual and group modalities. Additional responsibilities include working with an interdisciplinary team to develop treatment plans. Interests include cognitive rehabilitation, multicultural assessment, and efficacy of behavioral interventions for patients with dementia. <Yesenia.Rivera@va.gov>

**Gabriela Rojas, Psy.D.** (Albizu University, Clinical Psychology). Staff Psychologist assigned to the Veterans Justice Program – Miami-Dade County. As the liaison between the VA and the Miami-Dade Veterans Court, she works directly with the judge, state attorney, public defender, and court case management team to facilitate veteran's diversion from incarceration into appropriate mental health treatment services. She has spent the last several years working across several forensic contexts in South Florida providing court-mandated treatment services and evaluations. Clinical areas of emphasis include substance abuse treatment, chronic and severe mental illness, and providing culturally sensitive mental health services within the context of the justice system. <Gabriela.Rojas@va.gov>

**Adam D. Rosen, Ph.D.** (University of Miami, Counseling). Staff Psychologist assigned to the Veterans Justice Outreach Program – Miami-Dade County. As the primary liaison between the VA and the Miami-Dade Veterans Court, he works directly with the judge, state attorney, public defender, and court case management team to facilitate veteran's diversion from incarceration into appropriate mental health treatment services. He has spent the last several years working across several forensic contexts in South Florida providing court-mandated treatment services and evaluations. Clinical and research areas of emphasis include substance abuse treatment, anger management, trauma, and providing culturally sensitive mental health services within the context of the justice system. <Adam.Rosen3@va.gov>

**Julie Ruddy, Psy.D.** (University of Denver, Clinical, 1998) Chief of Psychology. Dr Ruddy served as a naval officer and clinical psychologist in the U.S. Navy. In addition to military service, she worked in various mental health care settings including residential treatment programs for emotionally disturbed youth, hospice care, and drug and alcohol treatment facilities. As a senior psychologist at the first combined VA/DoD healthcare system, Dr. Ruddy was responsible for all operations involved in the evaluation of mental health issues for the recruit population of the U.S. Navy, and was appointed as a recommending waiver authority to determine suitability for military service. Therapeutic approach is integrative with a cognitive-behavioral emphasis. Research areas of interest include military medicine, mindfulness, addictive disorders, issues of diversity and gender within the Veteran population, and evidenced-based treatment. <Julie.Ruddy@va.gov>

Erik Santacruz, Psy.D., Ed.D., earned his doctoral degree in clinical psychology at The George Washington University with an emphasis in psychological assessment. He completed his doctoral internship training at Jackson Health System/University of Miami Miller School of Medicine at the Adult Outpatient Health Psychology Clinic (Hispanic Track) where he provided mental health services to the underserved, Spanish speaking community of Miami-Dade County. Prior to his role as Clinical Psychologist of Hospice and Palliative Care, Dr. Santacruz served as the Liver Diseases and HIV Psychology Postdoctoral Fellow at Miami VA Healthcare System. Dr. Santacruz also earned a doctoral degree in health education at Teachers College, Columbia University. Currently, his clinical and research interests address the intersection of health education and clinical psychology as a way to help individuals cope and adjust to living with acute and chronic illness, sustain medication adherence, and engage in health promotion and disease prevention. Dr. Santacruz also has extensive research and clinical experience working with the LGBTQ community. <Erik.SantaCruz@va.gov>

#### Selected Publications

Ruth, R., & Santacruz, E. (Eds.). (2017). *LGBT psychology and mental health: Emerging research and advances*. Praeger.

**Soseh Sardarian, Ph.D.** (Palo Alto University, 2019). Staff Psychologist assigned to Behavioral Health Clinic (BHC). Clinical responsibilities include psychological evaluations for services, individual psychotherapy, group therapy, and consultation and orientation services. VA certified for Cognitive Processing Therapy for PTSD. Previously conducted research on Substance Use Disorders at the Palo Alto VA and telehealth training for clinicians providing PTSD treatment for veterans at the National Center for PTSD at the Menlo Park VA. Conducted following evidence based approaches: Cognitive Processing Therapy for PTSD (CPT-PTSD), Cognitive Behavioral Therapy (CBT) for Depression, Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Exposure with Response Prevention Therapy for OCD (ERTP) and Prolonged Exposure (PE). Trained in neuropsychological testing for both pediatric and geriatric patients. Areas of emphasis include: men's and women's trauma treatment groups, exposure with response prevention, mindfulness group and motivational interviewing. Dr. Sardarian is a Virtual Provider and as such available for limited supervision during the telesupervision allowance during the COVID-19 pandemic (i.e. group psychotherapy provided by telehealth). <Soseh.Sardarian@va.gov>

**Abigail B. Somerstein, Ph.D.** (University of Central Florida, Clinical, 2013). Staff Psychologist and Program Manager of the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Professional interests involve group and individual therapy for the treatment of problematic substance use and co-occurring disorders. Therapeutic orientation involves the integration of motivational interviewing, cognitive-behavioral relapse prevention, and acceptance-based approaches. <Abigail.Somerstein@va.gov>

**Kayla Spengler, Psy.D.** (Nova Southeastern University, Clinical Psychology, 2018) Staff Psychologist. Assigned to the Primary Care Mental Health Integration (PCMHI) service. Duties include working collaboratively with an interdisciplinary team to address veterans' physical and behavioral health concerns in a primary care setting. Other duties include conducting behavioral health evaluations and providing brief, individual therapeutic interventions. Main approaches of therapy consist of cognitive behavioral therapy, motivational interviewing, solution-focused, mindfulness techniques, and behavioral modification. Dr. Spengler completed pre-doctoral internship in health psychology at the Salisbury VA and a postdoctoral fellowship in geropsychology at the Salem VA. Professional interests include geropsychology, psychological assessment, neuropsychology, health psychology, caregiver support, and individual and group psychotherapy. . <Kayla.Spengler@va.gov>

**Elaine Stein, Psy.D.** (Argosy University/Illinois School of Professional Psychology, Chicago 1998). Assigned to the Post-Traumatic Stress Disorder Clinical Team (PCT). Clinical expertise is in the treatment of PTSD and Military Sexual Trauma (MST). Currently serves as the Military Sexual Trauma Coordinator for the Miami VAHCS which includes the main medical center and six CBOC's (Community Based Outpatient Clinics). Within PCT, Dr. Stein provides evaluations, individual psychotherapy including

evidenced based treatments (i.e. ACT, PE, CPT), and group therapy for male and female Veterans who have experienced sexual trauma during military service. Case conceptualization and treatment approach embrace an emphasis on humanistic and transpersonal approaches to therapy as well as frequent integration of ACT and mindfulness particularly in the treatment of Depression and PTSD. Professional interests also include mind-body/body-based therapies, holistic health, impact of spirituality on trauma, consultation, and compassionate leadership. <Elaine.Stein@va.gov>

***Pedja Stevanovic, Ph.D.*** (Loyola University Chicago: Clinical Psychology, 2011; University of Miami Hospital/Neurology: Postdoctoral Fellowship in Neuropsychology, 2010-2012). Staff Psychologist. Assigned to Telehealth Psychology, Behavioral Health Clinic, and Recovery. Clinical Expertise in individual and group psychotherapy, psychological and neuropsychological assessment. Therapeutic approach generally eclectic, with a focus on relational approaches. Interests include insight oriented therapy and neuropsychological assessment with a focus on TBI and dementias. <Pedja.Stevanovic@va.gov>

***Pamela Slone-Fama, Ph.D.*** (University of North Texas, Clinical, 1996). Staff Psychologist assigned to Post-Traumatic Stress Disorder Team, which provides outpatient psychiatric services to veterans with military related PTSD. Clinical responsibilities include provision of individual evidenced-based treatments (i.e. Prolonged Exposure, Cognitive Processing Therapy, and Acceptance and Commitment Therapy for Depression) for PTSD and Depression, as well as psychoeducation groups. Therapeutic approach combines cognitive-behavioral and mindfulness-based interventions. She also is trained in a structured, Mindfulness based group intervention (i.e. VA Calm) and provides the 6 week program to all veterans through the Whole Health Service. Research interests involve treatment approaches to PTSD, Mindfulness based interventions, and the efficacy of Mindfulness based therapies. <Pamela.Slone-Fama@va.gov>

***Laura B. Weinberg, Ph.D., ABPP-CN*** (Nova Southeastern University, Clinical Neuropsychology, 2012). Director of Psychology Training and Board-Certified Clinical Neuropsychologist. Clinical responsibilities include provision of Neuropsychological Assessment and Psychodiagnostic Assessment as well as support groups. Dr. Weinberg completed her pre-doctoral internship at the Miami VA with an emphasis in Neuropsychology and a two-year Neuropsychology Fellowship with an emphasis in rehabilitation at MedStar National Rehabilitation Hospital (NRH). Clinical interests include the impact and recovery process of stroke. <Laura.Weinberg@va.gov>

***William Wohlgemuth, Ph.D.*** (University of Miami, Clinical, 1995). Assigned to the sleep disorders center. Duties include the diagnosis and treatment of a variety of sleep disorders. Therapeutic approach is cognitive-behavioral. Certified in Behavioral Sleep Medicine from the American Academy of Sleep Medicine. Currently engaged in insomnia and CPAP adherence research. <William.Wohlgemuth@va.gov>

**Irina Zuyeva, Ph.D.** (Alliant International University, Los Angeles, 2021). Staff Psychologist assigned to Post Deployment Primary Care Mental Health Integration (PCMHI). Unique to Post-Deployment clinic, many of the veterans still serve in the Reserves/National Guard, have recently separated/retired from the service, and/or work as first responders. Common referrals include anxiety, PTSD, depression, adjustment difficulties, coping and managing physical health concerns (chronic pain, mild-moderate TBI, heart issues). As such, Dr. Zuyeva provides a wide variety of behavioral health services to help address both mental and physical health concerns. Aside from Post Deployment PCMHI, Dr. Zuyeva also works closely with Cardiology Services and runs a Heart Health group for veterans with complex cardiac presentations. Most of the referrals come from Cardio Thoracic Surgery, Interventional Cardiology, and Critical Care Units. Dr. Zuyeva's approach to psychotherapy is integrative and flexible including interpersonal, psychodynamic, cognitive-behavioral, and meaning-centered therapy approaches. Areas of clinical interest/expertise include: acute and chronic medical conditions, consultation and liaison, bedside interventions, psycho-oncology and cardiovascular health. <Irina.Zuyeva@va.gov>

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## **TRAINEES**

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Interns comes from a wide variety of training programs. In the past several years, about half of each class came to us from Ph.D. programs, and half from Psy.D. programs. The majority have been enrolled in Clinical Psychology tracks, but we accept applications, and provide training to candidates from Counseling Psychology concentrations.

While we have always had at least one intern from a local university (University of Miami, Nova Southeastern University, Albizu University) in each class, most of our interns are new to (or returning to) the Miami area. Current and former interns have completed their graduate coursework at the following institutions: Howard University, University of Miami, La Salle University, Yeshiva University, Rutgers University, University of Missouri - St. Louis, Long Island University, Pepperdine University, and William James College.

This program does not require self-disclosure outside of what is stated as required in the description of clinical interactions with Veteran patients, when and if applicable, to provide quality care to patients.

## **FACILITY AND TRAINING RESOURCES**

Each predoctoral intern will be assigned an office to share with a fellow trainee but will also have their own telephone and networked computer. Internet access is available at each computer station.

Secretarial support is limited for all psychology staff, but access to needed equipment, materials, and medical center resources is available to staff and trainees service wide. Additionally, predoctoral interns will have lab coats and transportation benefits.

Full library resources are available. Direct access to MEDLINE, PSYCHLIT, MDConsult, PsychARTICLES, WEBMD, MICROMEDEX as well as other databases is available. Services include interlibrary loans, literature searching, database education, and meeting rooms. The VAHS Medical Media Service provides support for printing/copying, access to video conferencing resources, telemedicine and a variety of audiovisual equipment for educational purposes.

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### LOCAL INFORMATION

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Miami and its surrounding areas offer an incredibly culturally diverse living experience in a tropical environment. While often considered an ideal venue for outdoor activities, the area also offers rich cultural events including the nation's largest book fair, a new cultural arts center (for opera, ballet, symphony orchestras and plays), and a myriad of cultural festivals reflecting the diversity of the local population. A dozen colleges and universities, medical and other professional schools, and the nation's largest community college add to the area's "livability."

ADDITIONAL INFORMATION CAN BE FOUND ON THE FOLLOWING WEBSITES\*:

<https://www.miamiandbeaches.com/>

<https://www.miamigov.com/Home>

*\*The VA does not endorse and is not responsible for the content of the external linked websites.*

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### REFERENCES

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Hays, P.A. (2008). *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy* (2<sup>nd</sup>. Ed). American Psychological Association. <https://doi.org/10.1037/11650-000>