



Psychology Postdoctoral Residency Program

Bruce W. Carter VA Medical Center

Miami VA Healthcare System

Psychology Service (116B)

1201 N.W 16th Street, Miami, Florida 33125

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



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MIAMI VA PSYCHOLOGY TRAINING

Introduction: The Miami Veteran Affairs (VA) Medical Center is proud to offer **Ten Postdoctoral Residency Positions in Clinical Psychology/Health Service Psychology** with a focus in the following emphasis areas for the **2024-2025** academic year. The training program is accredited by the American Psychological Association and is an APPIC member. The information provided in this document is updated yearly and as needed. Positions subject to funding should receive final confirmation of funding by the end of October and this brochure will be updated accordingly. If you have questions following review of the brochure, please contact Dr. Laura Weinberg, Director of Psychology Training.

- **Clinical Health:** 1 position
- **HIV/Liver Disease and Health Promotion-Disease Prevention:** 1 position
- **Mental Health Recovery and Rehabilitation:** 2 positions
- **Neuropsychology and Geriatric Psychology:** 1 position
- **Primary Care-Mental Health Integration (PC-MHI):** 2 positions
- **Posttraumatic Stress Disorder and Related Concerns:** 1 position (Subject to Funding)
- **Rehabilitation Psychology:** 1 position (Subject to Funding)
- **Veterans Justice Program:** 1 position

Applications are due on **December 8, 2023**, and the program will follow APPIC and Common Hold Date (CHD) procedures. For more information regarding this procedure please visit: <https://www.appic.org/Postdocs/Postdoctoral-Selection-Standards>

Accreditation Status: The postdoctoral residency is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will occur in 2024/2025. For information regarding APA Accreditation of this Residency or other accredited programs, please write or call:

Office of Program Consultation and
Accreditation American Psychological Association
750 1st NE, Washington, DC 20002-4242
Phone: (202) 336-5979
Fax: (202) 336 - 5978
E-mail: apaaccred@apa.org
Web: <http://www.apa.org/ed/accreditation>

Financial Support and Benefits: The current postdoctoral residency stipend is **\$55,407** which is for a one year, full-time 2,080-hour training experience. The stipend is paid biweekly. Residents are eligible for medical insurance. Residents also earn four hours of both annual and sick leave per pay period, which accrue to 13 paid vacation days, 13 paid sick days, in addition to 11 paid Federal holidays. Residents are granted administrative leave on a limited basis for VHA-related employment interviews, professional examinations, and other events related to professional development.

**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.*

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APPLICATION REQUIREMENTS

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.

All applicants must have **completed all graduation requirements** from a doctoral program in Clinical or Counseling Psychology accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA), and an APA- or CPA-accredited predoctoral internship in Psychology by **August 15th** of the residency year. As a desire to work with a Veteran population is required, practicum or internship at a VHA facility is encouraged, but not mandatory. A prior clinical experience in one of the following emphasis areas is also highly recommended: Health Psychology, Forensic Psychology, Geriatric Psychology/ Neuropsychology, PTSD and Related Disorders, and Mental Health Recovery and Rehabilitation. As research, administration, and supervision are integral parts of the Miami VA postdoctoral residency program, some experience--or a willingness to develop skills in these areas--is also recommended. Please see eligibility requirements below.

Eligibility: Applicants must meet the following prerequisites to be considered for our postdoctoral training program:

1. Completion of doctoral degree, including defense of dissertation, from an APA- or CPA- accredited Clinical or Counseling Psychology program before the start date of the residency. Documentation verifying completion of requirements from Training Directors at both the doctoral program and predoctoral internship will be required.
2. Completion of an APA- or CPA-accredited Psychology Internship program.
3. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. All Residents must complete a Certification of Citizenship in the United States prior to beginning VA training.
4. 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 *rarely* granted.

5. Selected postdoctoral residents are subject to Special Agreement Check (SAC) fingerprinting and background checks. 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 for employees of Federal Facilities, and as such we cannot hire a resident who tests positive for marijuana.
6. 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 and that you have been screened for active tuberculosis prior to starting your training at VA or other hospitals, this includes proof of **full vaccination from COVID-19**. Securing a statement from 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 well before your start date to facilitate your onboarding.
7. Due to the demands of the postdoctoral training, residents are advised against outside employment. Residents who are considering outside employment must obtain approval from the Postdoctoral Training Committee through the Training Director **prior** to making commitments to those activities. This will minimize the possibility that the external employment will interfere with their training experience. Although external activities are considered the resident's private and personal experience, this advice is meant to minimize potential problems and conflicts of interest that might arise. External activities cannot in any way interfere with the usual tour-of-duty of the resident in training. Moreover, all requests will undergo Government Ethics review of the outside employment to ensure there is no conflict of interest with VA employment.

To apply, the candidate *must submit the following materials electronically by using APPIC Psychology Postdoctoral Application ("APPA CAS") at: <https://aapicas.liaisoncas.com>.*

1. Cover letter indicating the area of emphasis to which you are interested in applying, your career goals, along with a detailed description of how the postdoctoral residency at the Miami VA will help you achieve those goals. Make sure to describe your experience with interventions, particularly empirical based or supported interventions, psychological assessment, and your research/scholarly experience.
2. Diversity Identification: The Miami VA takes a proactive stance to create an inclusive environment that welcomes and incorporates all different aspects of diversity. Feel free to share your diverse identities in your application materials.

3. Detailed Curriculum Vitae (CV).
4. Three letters of recommendation. *At least one of these must be from an internship supervisor.*
5. De-identified work sample - a comprehensive integrated psychological assessment report. Make sure the report is **de-identified** according to HIPPA standards. Geriatric Psychology/Neuropsychology emphasis applicants should submit a neuropsychology report of a geriatric referral if possible.
6. Letter from your dissertation chair or academic program Training Director regarding dissertation status and anticipated completion date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
7. Statement from your internship Training Director (if applicable) verifying your status, including the expected date of completion of internship training. Transcripts are not required at this time but will be required if selected for this position.
8. Applications are due and will be reviewed beginning **December 8, 2023**. A selection committee composed of postdoctoral residency supervisors will review and rank order all completed applications. The top candidates will be offered interviews. We will be conducting **Virtual Interviews Only** via video conferencing platforms. Interviews will be conducted with the Psychology Training Director and other training faculty members.
9. Consistent with the Association of Psychology Postdoctoral and Internship Centers (APPIC) Postdoctoral Selection Guidelines, notification to applicants regarding invitation to interview are anticipated to occur in late December/early January. Interviews, however, will not be scheduled until after January 1, 2024. Following interviews, the selection committee will again rank order applicants and offers will be extended to the top ranked applicants.
10. Offers will be extended and available to “hold” beginning **January 22, 2024**. Earlier or reciprocal position offers may be made to applicants that have received an offer from another site in the event that Miami VA postdoctoral training is their preferred site. We require verification of other offers in the form of a forwarded email of the offer or through verbal or email confirmation from your internship Training Director.

Inquiries regarding the application process can be directed to:

Laura Weinberg, Ph.D., Director of Psychology Training,

Psychology – 116B 1201 NW 16th Street Miami, FL 33125-1693

Phone: 305-575-5000 ext. 13215 E-mail (**preferred**): Laura.Weinberg@va.gov

PSYCHOLOGY SETTING AT THE MIAMI VETERAN AFFAIRS MEDICAL CENTER

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 two major satellite outpatient clinics located in Sunrise and Key West; and five community-based outpatient clinics located in Homestead, Key Largo, Pembroke Pines, Hollywood and Deerfield Beach. 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 wellbeing through education, research, and service in national emergencies.

The Miami VA Healthcare System has a long and colorful 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, Supervisor of Recreation and Creative Arts Therapy, in addition to other professionals.

The psychology staff is composed of over 35 doctoral level Clinical and Counseling psychologists, master's-level therapists, peer support counselors, a secretary and 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, Telehealth Care, Integrated Health, Medicine, Surgery, Psychiatry,

Physical Medicine and Rehabilitation, Spinal Cord Injury, Extended Care, Hospice and the Community Living Center.

Psychologists also develop and provide specialized programs such as Whole Health for Life, 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. Most staff 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 postdoctoral psychology residents, there are ten predoctoral interns training in 6 different emphases in Health Service 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, several of whom provide supervision and training to the residents. Nearly all treatment philosophies and specializations are expressed by this diverse staff, along with teaching expertise and research interests.

DIVERSITY STATEMENT

The Miami VA Postdoctoral Residency program is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce residents 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 residents, 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 residents can serve as diversity committee members for their residency 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/acclulturation, aging, women's issues, etc.). Residents and staff engage in immersion experiences by visiting with community resources that are implementing diversity in their care. Reflective discussions bring residents and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assists residents with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations.

The Miami VA serves Veterans from a highly diverse area, encompassing urban and suburban communities around Miami. Residents 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, residents will be able to develop their appreciation for diversity in sexual orientation and gender identity. Increasingly, the veteran population includes greater numbers of women and gender diverse individuals, which presents more opportunities for residents 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 residents are offered opportunities to work in settings where age-related issues are relevant. Residents will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and physical ability.

PROGRAM GOALS & OBJECTIVES

Residency Training Philosophy: The goal of the Miami VA Psychology Post-Doctoral Residency Program is to prepare residents to function effectively and autonomously in priority areas of health care for Veterans. The Miami VA post-doctoral residency program utilizes a competency-based scholar-practitioner model. Our philosophy is that competencies can and will be demonstrated through a variety of formats, including rotations, didactics, research, supervision, and administrative responsibilities. To that end, clinical opportunities, didactic experiences, and research are designed to facilitate the development of competencies, professionalism, and advanced knowledge and skills that are necessary for the delivery of quality patient care in complex psychological settings.

Training within the Miami VAMC Psychology Postdoctoral Residency is designed to be individualized, graduated, and the primary focus of the clinical year. Residents collaborate with their supervisors to develop an individualized training plan that meets the residents specific training goals and professional training needs. Training is structured around those goals and increased in complexity and responsibility over the training year. Post-doctoral residents are encouraged to develop their professional roles as clinicians, mentors, supervisors, consultants, team members and researchers. Within each area of emphasis, residents will be expected to achieve the following profession wide and program wide competencies:

Level 1-Advanced Competency Areas Required of All Programs at the Postdoctoral Level

- 1) **Scientific Thinking and Research:** At the completion of training, Residents should demonstrate the independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- 2) **Ethical and Legal Standards:** At the completion of training, Residents should demonstrate advanced knowledge in ethical, legal, and cultural issues related to all objectives and conduct themselves in accordance with these principles and with current professional standards.
- 3) **Diversity and Multiculturalism:** At the completion of training, Residents should demonstrate an increase in diversity awareness and cultural competence.

Level 2-Program-Specific Focus Competencies

- 4) **Professionalism:** At the completion of training, Residents should demonstrate continued growth in professional development and identity over the training year.
- 5) **Assessment, Evaluation and Conceptualization:** At the completion of training, Residents should be able to appropriately assess, evaluate and conceptualize a broad range of patients, including those with complex presentations and complicated co-morbidities.

- 6) **Communication and Interpersonal Competency:** At the completion of training, Residents should develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- 7) **Intervention Skills:** At the completion of training, Residents should demonstrate the ability to effectively work with diverse populations and provide appropriate intervention in response to a range of presenting problems and treatment concerns.
- 8) **Supervision, Education, and Teaching Skill:** At the completion of training, Residents should demonstrate the ability to give presentations in a formal didactic setting; to teach skills to medical students, residents and allied health trainees in medical center training settings; and to educate and support other professionals in medical center settings.
- 9) **Consultation and Interprofessional/Interdisciplinary Skills.** At the completion of training, Residents should be able to engage in consultation and interprofessional/interdisciplinary activities and collaborate with professionals to address a problem, seek or share knowledge, or promote effectiveness in professional activities.
- 10) **Administrative and Systemic Skills:** At the completion of training, Residents should demonstrate an advanced level of knowledge of the VA health care and mental health care system, including economic, legal, and socio-cultural aspects of health care delivery.

PROGRAM STRUCTURE OF RESIDENCY POSITIONS

While the residency is in Clinical Psychology/Health Service Psychology, there are several areas of emphasis, and the positions are specific to the areas of emphasis:

1. Health Psychology
 - a. Primary Care- Mental Integration (PC-MHI): 2 positions
 - b. HIV/Liver Disease and Disease Prevention: 1 position
 - c. Clinical Health: 1 position
2. Rehabilitation Psychology: 1 position
3. Mental Health Recovery and Rehabilitation: 2 positions
4. Veterans Justice Program: 1 position
5. Geriatric Psychology/Neuropsychology: 1 position
6. PTSD and Related Disorders: 1 position

All residents participate in their **Major Emphasis Area Rotation(s), Psychology Psychotherapy Clinic, and the Psychodiagnostic Assessment Clinic.** Residents will be involved in supervising interns and/or practicum students on their rotations, as applicable. There may be additional opportunities for supervision of interns and practicum trainees in the psychology assessment clinic or psychotherapy clinic.

Residents are also responsible for the facilitation and management of intern activities, such as the **Case Conference Series** and **Research Colloquia Meetings**. Further, the trainees will work with a research mentor to complete a **Research Project** during their training year, in addition to attending and teaching didactic seminars.

ROTATION STRUCTURE/PLANS

Major Rotations provide the clinical core of post-doctoral training and the majority of the residents’ activities will be on rotations working with patients, families, staff, and functioning as a key member in interdisciplinary team meetings. Residents will also be working with predoctoral interns and practicum students and will be involved with the hierarchical supervision of these students, along with their clinical responsibilities on most of their rotations. Miami VA staff psychologists assume major leadership, clinical, training, teaching, and research roles within the emphases areas. The structure and description of the available training and research opportunities in each emphasis area are delineated below:

HEALTH PSYCHOLOGY EMPHASIS

The available post-doctoral residency positions and rotation structure with an emphasis area in Health Psychology are listed in the table below:

Position	Rotation 1 (6 months)	Rotation 2 (6 months)
Primary Care- Mental Health Integration (2 positions)	PC-MHI Team 1 “Red and Gold Team”	PC-MHI Team 2 “Blue Team and Women’s Clinic”
HIV/Liver Disease and Health Promotion- Disease Prevention (1 position)	HIV/Liver Disease and Health Promotion- Disease Prevention	HIV/Liver Disease and Health Promotion- Disease Prevention
Clinical Health (1 position)	Consultation & Liaison combined with Physical Medicine and Rehabilitation (CIIRP) or Health Promotion - Disease Prevention, Palliative Care, or Pain per Trainee Interest	

PRIMARY CARE-MENTAL HEALTH INTEGRATION (PCMHI)

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.

HIV AND LIVER DISEASE AND HEALTH PROMOTION-DISEASE PREVENTION

Supervisor: Jason R. Dahn, Ph.D.

The resident will develop competence in: Current prevalence/incidence rates of HIV infection; knowledge of infectious disease risk factors, and health behaviors that are common among those who are currently infected or those at higher risk for viral infections. Resident duties may include activities that align with the Ending the HIV Epidemic initiative and include focus areas pertaining to HIV Screening, PrEP Utilization and HIV Care. HIV clinical contacts are often related to data-driven processes which also provide context for interdisciplinary collaboration related to facilitating screening, testing and/or treatment. The rotation also includes identifying and educating at-risk patients on STI risk and PrEP availability. Given that South Florida is considered a high-risk community, supporting use and adherence to PrEP via provision of education, psychosocial support and referral to address MH or other patient needs are key aspects of the rotation. The successful treatment of hepatitis has transformed this aspect of rotation to a focus on weight related liver disease (i.e., fatty liver/NASH) which is increasingly a driver of liver biopsy and transplantation. The resident will serve as a liaison between primary care and Hepatology, addressing health behaviors which increase likelihood of liver disease. Weight-related liver dysfunction poses a significant health risk, and the resident will be actively involved in efforts to address overweight/obesity (i.e., MOVE Program) as well as other risk factors related to liver dysfunction (e.g., prediabetes/diabetes, alcohol use,). The position also entails coordinating with Public Affairs and/or Medical Media for distribution of social media

and e-signage information related to HIV/AIDS Awareness Days as designated by CDC as well as active engagement in facility-wide condom distribution program. Given the nature of rotation involving sexual health, the resident will also have opportunities to work with Urology on evaluation/treatment of sexual health issues.

CLINICAL HEALTH - CONSULTATION & LIAISON

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

The heart of consultation and liaison (C&L) Psychology is the appreciation of the intimate and complex interconnections between mental and physical health. Veterans hospitalized for a wide range of medical issues are seen by our service bedside for assessment and interventions. Hospitalized veterans are typically seen for only a few contacts by Psychology; however, veterans with conditions that require prolonged hospitalization may be seen for several weeks or longer if warranted. We work very closely with the medical teams to foster veterans' (and their families') understanding of their health issues, as well as their motivation to get better and their effective involvement in their health care. Equally important, we help physicians and other health care professionals (e.g., physical therapists) provide more effective treatment by gaining a fuller understanding of their patients' personal strengths, values, concerns, and connections to family and others. To promote our integration with the medical team, we emphasize speaking with medical providers about patients, as well as communicating with them through written consult responses and other notes in the medical chart. We also round with one of the medical teams once a week.

C&L Psychology also provides outpatient services for veterans who have difficulty coping with their medical conditions. Our service is particularly involved with Cardiology, providing evaluations for many patients assigned to the cardiac rehabilitation program in order to help the cardiac rehab team tailor their intervention to take advantage of veterans' strengths and compensate for difficulties such as anxiety, depressed mood, or mild cognitive impairment. Some veterans with heart failure who are not in cardiac rehabilitation are also seen by C&L Psychology. We also function as part of the medical team that assesses and provides interventions for older veterans (65 years and older) with frailty and pre-frailty, i.e., physiological decline associated with increased vulnerability to medical illnesses and debility. C&L Psychology also promotes health through fostering mindfulness for both patients and staff. We lead a weekly mindfulness group for veterans with a wide range of medical and mental health conditions. In addition, we provide a brief guided mindfulness exercise by conference call each week for any staff who wish to participate.

Moreover, C&L Psychology conducts mental health assessments for veterans who are candidates for solid organ transplants, bone marrow transplants, or bariatric procedures. The evaluations involve structured interviews, assessment utilizing the mental status exams, MMPI-2, and neuropsychological screening instruments. The purpose of such evaluations is to identify how patients can more effectively participate in, and adhere to, treatment by medical providers in the transplant process. For example, some patients may benefit from referral for interventions for depression or family counseling, whereas other patients may need interventions for problematic substance use prior to proceeding with the transplant process.

HOSPICE AND PALLIATIVE CARE

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

Inpatient psychological services are provided to Veterans who are hospitalized at the Hospice and Palliative Care (HPC) unit. Services provided at HPC emphasize on the relief of suffering and comprehensive management of the physical, psychological, emotional, and social and spiritual needs of Veterans and their families. HPC is located within the Community Living Center (CLC), a facility designed to provide short-term and long-term stays in a home-like environment to Veterans requiring skilled nursing and supportive personal care. As part of the HPC, you will serve as an active member on an interdisciplinary team.

Veterans admitted to HPC are individuals who are facing life-limiting illness including cancer, end stage organ disease, and congestive heart failure. All Veterans admitted to this unit are evaluated for psychological services which includes a clinical interview, assessment of mental status, and assessment of mood. Psychological issues commonly encountered include adjustment disorder, depression, anxiety, substance abuse, and PTSD. Pain and sleep disturbance are also common problems. Bedside supportive psychotherapy service is provided to all Veterans who are deemed appropriate and provide consent for treatment. Family members and designated caregivers are also evaluated and offered individual and group counseling for caregiver stress and/or anticipatory/preparatory grief.

Individual and group outpatient psychotherapy for adjustment to life limiting medical conditions and grief counseling services are also provided to Veterans and their families who are receiving services outside of the CLC at the Bruce W. Carter Department of Veterans Affairs Medical Center. Opportunities to provide outpatient psycho-oncology emotional functioning screenings, individual, and group psychotherapy services are also available.

PAIN CLINIC

Supervisor: Karin Garcia Cabeza, PhD.

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.

REHABILITATION PSYCHOLOGY

Supervisors: Salome' Perez, Ph.D., Lindsey Calle-Coule, Psy.D., & Grace Caldas, Ph.D.

Emphasis training in Rehabilitation Psychology will focus on advanced practice competencies in psychological assessment and interventions for individuals with a variety of injuries, disabilities, and chronic health conditions in interdisciplinary treatment settings. These may include traumatic brain injury, polytrauma, amputation, stroke, tumor resection, motor disorder, neuromuscular and autoimmune disorders, other CNS neurological disorders, knee or hip replacements, or general deconditioning, multiple sclerosis, spinal cord and related disorders, impairments in sensory functioning such as deafness and hearing loss and/or blindness and vision loss, burns and/or disfigurement, psychiatric disability, substance abuse, and impairments that may be compounded by cultural, educational, and/or other disadvantages. In addition, given the prevalence of neurological conditions in our rehabilitation settings, the Resident will also receive exposure to cognitive testing practices.

This Residency is designed to enhance clinical knowledge and skills based on a biopsychosocial framework to address health and function, improve psychological adjustment, maximize self-care, develop adaptive and compensatory behaviors, enhance caregiver functioning, effectively use assistive technology and personal assistance services, increase independence and social participation, and reduce secondary health complications.

This emphasis competencies include opportunities to conduct assessment activities in the following areas: a) adjustment to disability (patient and family when available); b) extent and nature of disability and preserved abilities; c) educational and vocational capacities; d) personality and emotional functioning; e) cognitive abilities; f) sexual functioning; g) pain; h) substance use/abuse identification and i) social and behavioral functioning. Intervention activities in: a) individual therapeutic interventions related to adjustment to disability; b) family/couples therapeutic interventions related to adjustment to disability; c) behavioral management, and d) sexual counseling of populations with disabilities.

The Resident is also expected to be involved in direct consultation activities with the interdisciplinary teams to enhance patient-centered care in specific areas. Other emphasis training opportunities include teaching and supervision, scholarly inquiry and research activities, as well as advanced training in ethics and legal issues and individual cultural diversity within rehabilitation settings.

Overview of the Spinal Cord Injury/Diseases Rotation

The SCI/D Program is a CARF-accredited, 36-bed facility, aiming to provide excellent care by demonstrating an inter-relationship between Rehabilitation, Community Integration, and Medical Center Long Term Care. The program coordinates services and resources with the University of Miami Miller School of Medicine and Jackson Memorial Hospital in order to maximize the treatment options available to the veterans and research opportunities available to the Rehabilitation Resident. The SCI/D program at the Miami VAMC strives to provide continuity of care, commitment to our veterans and their families, and maximize veterans' quality of life within the hospital as well as in the community. The SCI/D Program provides a full range of care for veterans living with SCI/D with a team that consists of

physicians, nurses, physical/occupational therapists, recreational therapists, nutritionists, social workers, psychologists, pharmacist, wound care specialists/NPIAP alumni along with additional support staff that is available from specialized departments which include, but are not limited to, prosthetics and psychiatry.

SCI/D Psychologists function as members of the multidisciplinary teams and provide a full range of psychological rehabilitation services. Available experiences for the Resident will include working within the inpatient and outpatient areas of the SCI/D Program. Within the Inpatient Rehabilitation Unit, the Resident will be involved in the initial and on-going assessment, orientation and engagement with the acute rehabilitation program, and ongoing adjustment to disability. Residents will work with Veterans and Active-Duty Service Members served by other medical teams necessary (Med/Surg, ICU, MICU, ALS, MS, Outpatient Rehabilitation, CLC) who also care for veterans enrolled within the SCI/D Program which offer opportunities to learn about post-acute rehabilitation outcomes, wound care and other issues related to self-management, psychological/medical issues associated with vent weaning, and end of life/medical issues associated with ALS.

The SCI/D Psychologists help to identify and conceptualize the nature of personality, emotional, cognitive, and psychosocial issues that may affect the individual's rehabilitation progress, adjustment to SCI/D, and quality of life. Common findings include mood and adjustment disorders; grief and loss; personality disorders/characteristics; cognitive impairment from concomitant head injury, hypoxia, or premorbid neurological disorder; substance abuse/dependence; and changes in primary relationships/role functioning. Opportunities to conduct cognitive screening evaluations also exist, particularly with our MS and ALS populations. Therapeutic interventions may include brief series of problem-focused interactions, longer-term treatment of adjustment to disability, education/interventions with nursing and rehabilitation therapy staff, and family education.

The Resident will also be involved in co-facilitating supportive group therapy. Close involvement and consultation with the treatment team, including attendance at weekly interdisciplinary team meetings and team rounds, is expected. Conducting outpatient evaluations and interventions are additional opportunities for Residents.

Further, the Miami VAMC SCI/D Program serves over 500 veterans in the community and is a robust and comprehensive outpatient setting where veterans are able to obtain treatment from their medical providers and other members of the team such as pharmacy, wound care, and nutrition, in one place. As such, the resident will be involved in working closely with an extensive interdisciplinary clinical staff. Specifically, The Resident will have the opportunity to conduct annual evaluations alongside other team members such as social workers, nurses, medical providers, physical therapists, and pharmacists. In addition, outpatient staff providers frequently consult with staff psychologists and trainees regarding psychological concerns as well as healthy lifestyle changes necessary to improve the overall quality of life of Veterans in an effort to ensure a successful rehabilitation process.

Overview of the Comprehensive Integrated Inpatient Rehabilitation Program Rotation (CIIRP)

The Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) consists of 6 beds and is part of the Miami VA Medical Healthcare System with access to all medical center

services. The medical center is accredited by the Joint Commission of Accreditation of Healthcare Organizations (JC) and the CIIRP program is accredited by The Commission on Accreditation of Rehabilitation Facilities (CARF). The program provides treatment for patients with diagnoses including orthopedic (45%), stroke (10%), amputation (6%), debility (25%), and other medical concerns with indications of rehabilitation potential (14%). Patients may present with needs in mobility, basic or higher-level activities of daily living, behavior/cognition, bowel and bladder control, major equipment training, vocational/leisure activities, and communication/speech. The CIIRP team is comprised of physiatrists, nurses with rehabilitation training, clinical social workers, physical therapists, occupational therapists, psychologist, speech pathologist, dietitians, and recreational therapists. The team meets on a weekly basis (and as needed) to discuss patient progress and needs. The program's goal is to provide outcome-oriented services to persons served in order to maximize patient's function and enable them to live with the highest level of physical and emotional independence. The average length of stay is 10 days. Discharge planning begins on admission and is an ongoing process that involves family and/or significant others. Care continues after discharge from CIIRP through the medical center rehabilitation outpatient clinic and home care services.

The Resident will have an opportunity to conduct rehabilitation-oriented assessments, focusing on the psychological, social, and environmental variables that affect adaption to disability, such as coping strategies, cognitive and psychological functioning, spiritual functioning, social skills, substance abuse, personality traits, sexuality, family dynamics, and cultural background. The interventions will provide include brief treatment (Problem Solving, Motivational Interviewing, CBT) that incorporates disability-specific knowledge and seeks to maximize the individual's participation in the rehabilitation process, independence, functional abilities, and social participation. Interventions will demonstrate awareness of diversity and social justice concerns: critical disability identity theory, discrimination and prejudice, health disparities in the context of disability. Focus will include developing disability cultural competence skills with the clinical focus on disability identity. The Resident will develop interdisciplinary team consultation skills by functioning as an integral team member, assessing Veterans who have been admitted to the unit, addressing psychological concerns, and attending interdisciplinary rounds. The Resident may also facilitate an outpatient psychotherapy group for veterans with

MENTAL HEALTH RECOVERY AND REHABILITATION RESIDENCY

Post-doctoral residents (two positions) are required to complete 6-month rotations in both the Psychosocial Rehabilitation and Recovery Center (PRRC) and the Substance Abuse Residential Treatment Program (SAARTP)/ Psychosocial Residential Rehabilitation Treatment Program (PRRTP). Descriptions of these rotations are detailed below.

Position	Rotation 1 (6 months)	Rotation 2 (6months)
Mental Health Recovery and Rehabilitation Resident Position 1	PRRC	SAARTP/PRRTP
Mental Health Recovery and Rehabilitation Resident Position 2	SAARTP/PRRTP	PRRC

PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC)

Supervisor: Carlos Finlay, Ph.D.

The Psychosocial Rehabilitation and Recovery Center (PRRC) serves Veterans with diverse backgrounds who have been diagnosed with a serious mental illness and have significant impairment in psychosocial functioning. Common diagnoses include psychotic disorders such as schizophrenia, mood disorders such as bipolar disorder or major depression, and severe post-traumatic stress disorder. Many of the Veterans also have co-morbid substance use and co-morbid chronic medical problems. The mission of the PRRC is to support Veterans with serious mental illness and significant functional impairment, re-enter community-integrated employment, education, housing, spiritual, family, and/or social activities. It inspires and assists Veterans and is driven by psychiatric recovery and rehabilitation principles. Services are geared toward empowering Veterans by instilling hope, highlighting strengths, and encouraging skill development. The PRRC core interprofessional team at the Miami VAHS currently includes staff from psychology, social work, recreation therapy, and peer support. Additionally, trainees from these disciplines may also participate in the provision of PRRC services.

Core components of the program (and examples of services) include:

- Individualized assessment/re-assessment and recovery planning: interventions include motivational interviewing/enhancement strategies, clarification of life values, goals, and roles, and CBT strategies, among many more
- Psychotherapy groups and Individual Psychotherapy: social skills, anger management skills, relationship skills
- Community re-integration skills: interviewing skills, leisure/recreation skills
- Psychoeducational classes: sleeping well, pain management

- Illness Management classes: Wellness Recovery Action Plan (WRAP), medication education
- Health and wellness classes: nutrition and exercise
- Peer support: learning from others in recovery
- Family services: education programs/classes

Residents in the PRRC receive significant education about psychiatric rehabilitation and recovery. They participate in multiple components of the PRRC, including assessment, group/individual psychotherapy, facilitating interprofessional meetings, provision of consultation and/or teaching to master's level staff, outreach and consultation with the acute inpatient psychiatry team, program management, and supervision. Clinically, the residents will gain the most experience with group modalities of intervention, with an emphasis on evidence-based interventions, such as Social Skills Training for Serious Mental Illness. They will also gain significant experience supervising interns and/or practicum students. Supervision is individualized and based on a developmental model, with a focus on intersectionality and professional development. Residents are considered an integral part of the PRRC treatment team.

SUBSTANCE ABUSE RESIDENTIAL RECOVERY TREATMENT PROGRAM (SARRTP)

Supervisor: Abigail Somerstein, Ph.D. and Riwa Kassir Psy.D.

Patients in the SARRTP remain in residence for ninety days. Substances to which patients are addicted include alcohol, cocaine, opiates, cannabis, and sedatives. A large proportion of patients are dually diagnosed with substance dependence and other major psychiatric disorder, such as schizophrenia, chronic depression, and bipolar disorder. An increasing proportion of patients carry a co-morbid diagnosis of PTSD, most from the wars in Iraq and Afghanistan. The Program maintains a bio-psychosocial conceptualization of the development of substance dependence. 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 for substance dependence: motivational enhancement, cognitive behavioral strategies for relapse prevention, social and coping skills training, and 12 step facilitation therapy. SAARTP also uses "Seeking Safety" an empirically based treatment for patients with both PTSD and substance dependence.

PSYCHOSOCIAL RESIDENTIAL REHABILITATION TREATMENT PROGRAM (PRRTP)

Supervisor: Natalie Bustillo, Ph.D.

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, addictions and/or psychosocial deficits. The program is designed with a variable length of stay (usually 90 days) so that the transition to outpatient services and community integration varies according to the individual veteran's needs. 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 residents' 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. It 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.

The therapeutic community's goal is to enable residents to take responsibility for themselves, to practice and develop various social skills, and to support a ward atmosphere of residents helping other residents. Residents serve on committees that are concerned with welcoming new members and recognizing progress toward recovery and rehabilitation goals, enhancing leisure/recreation in the community, and environmental management. The system also helps residents resolve their own problems, enforce their own rules, and reduce dependency upon the staff, thereby facilitating personal growth and development.

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, Wellness Recovery Action Planning, Mindfulness based interventions, Motivational Interviewing, Treatment of Addictions and Relapse Prevention, and SMART Recovery. In addition, the PRRTP offers activities to promote physical health and wellness including Nutrition education, Recreation Therapy, Yoga, and referrals to Health Enhancement Fitness classes and 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.

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: Psychologist/Program Manager, Psychiatrist/Medical Director, Primary Care Physician, Registered nurses and Licensed Practical Nurses with 24/7 coverage, Social workers, Clinical Nutritionist, Recreation Therapist, Music Therapist, Art Therapist, Vocational Rehabilitation Specialist, Chaplain, and Clinical Pharmacist.

Post-doctoral residents will have the opportunity to improve their skills as a psychologist through working with people with complex clinical presentations in the context of a collaborative team. Trainees will co-lead evidenced-based group psychotherapy, participate in treatment team meetings, develop treatment plans, and collect and analyze data consistent with measurement-based care.

Residents will co-lead DBT and ACT or process therapy groups with an intern, practicum student and/or their supervisor and may carry at least two individual treatment planning assignments. The supervisor has an integrative approach in the conceptualization of the Veterans' diagnoses and problems. Supervision focuses on the therapeutic relationship and helping the resident to continue to develop him or herself as a therapeutic agent. In addition, residents will have the opportunity to learn specific approaches such as DBT, ACT for depression, and Motivational Interviewing.

FORENSIC PSYCHOLOGY RESIDENCY – VETERANS JUSTICE PROGRAM (VJP)

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

Consultation and clinical psychology in the emphasis area of the Veterans Justice Program (VJP). This is a full-time, year-long psychology post-doctoral position with the goal of providing residents with specialized training in forensic psychology work within the VA hospital and South Florida Justice systems. This program will provide residents with training and experiences related to consultation and liaison work of professional forensic psychologists as well as clinical practice with justice-involved veterans. Relevant ethical, legal, professional conduct, and cultural/diversity issues will be incorporated into this training program through experiential and research activities.

The goal of the VJP program is to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VA mental health and substance abuse services when clinically indicated as well as other VA services and benefits. The VJP Resident will collaborate with a multidisciplinary team of professionals both through the VA and local justice systems. These teams include VA providers from various disciplines including: Social Work, Psychiatry, Psychology, Nursing, and Peer Counselors. Justice-related team members include Veterans Court judges, State Attorney and Public Defender's offices, and various court personnel. All team members work together to provide Veteran-centered services. Thus, participation in the Veterans Treatment Courts of Miami-Dade and Broward counties is a major component of this training program and residents will be required to attend weekly court hearings. The Veteran's Court is a hybrid of the Drug and Mental Health Court models, with the primary aim of serving Veterans struggling with addiction, mental illness and/or co-occurring disorders.

After shadowing the VJP supervisors, the residents 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 residents 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 residents 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

responsive treatment 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 training experience, the primary and unique focus of the VJP training program is professional psychological consultation and liaison work in addition to program management experiences. 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 interventions and/or the application of multiculturally competent approaches to the practice of forensic psychology are strongly encouraged to apply.

GERIATRIC PSYCHOLOGY AND NEUROPSYCHOLOGY RESIDENCY

The Resident will complete 6 months in Neuropsychology as well as 6 months in Geriatric Psychology. Description of these rotations are detailed below.

Position	Rotation 1 (6 months)	Rotation 2 (6months)
Geriatric Psychology and Neuropsychology	<u>Neuropsychology</u> Neuropsychology Service	<u>Geriatric Psychology</u> Geriatric Primary Care Community Living Center Optional Experience: Home Based Primary Care

NEUROPSYCHOLOGY

Supervisors: Arlene Raffo, Psy.D., and Jennifer Gillette, Psy.D.

The major training focus in the Neuropsychology Service area is the provision of diagnostic assessment services to patients with known or suspected brain dysfunction. Hundreds of referrals and consultation requests are received yearly from departments throughout the Medical Center, with questions commonly pertaining to diagnosis, capacity, measuring changes over time, and assisting in the planning of treatment and rehabilitation. An integral role is the provision of assessment services and feedback to patients and their families. The most common diagnostic groups represented include dementia of various etiologies, traumatic brain injury, stroke, chronic alcoholism, Lewy Body Disease, Parkinsonism, Schizophrenia, PTSD, ADHD, bipolar disorder, depression, and multiple sclerosis. Residents are exposed to a broad spectrum of neurological disease conditions, with a patient population that is diverse with respect to age, education, and cultural background.

- A. The General Outpatient Neuropsychology rotation is a general consultation service involving assessment of patients with a variety of medical and psychiatric conditions. This rotation includes triage of patients through consultation with physicians from various services (Primary Care, Neurology, Geriatrics, Infectious Disease, Cardiology, and Oncology), assessment of patients, and provision of feedback to patients and providers. Additionally, emphasis will be placed on the provision of neuropsychological services to older adults, primarily focused on the assessment of dementia and opportunity for capacity evaluations. Opportunities to conduct neuropsychological evaluation in Spanish is also available.

Neuropsychology Assessment Approach: We use a flexible battery approach, with many batteries developed specific to the referral question based on empirical evidence.

Neuropsychology Didactic Training: Neuropsychology Didactic Training: Residents are required to participate in a multi-site neuropsychology fellowship didactic that features specialty presentations, case conference, fact finding, and journal article discussion via teleconference with 10 other VA medical centers and community-based training sites around the country. There is opportunity for leadership and administrative experience to serve as Chief Resident in this Didactic Training series and communicate with other facilities regarding curriculum. Didactic training is also provided through (1) A weekly neuropsychology case conference that includes a review of the examinee's medical history and its relevance for central nervous system functioning; (2) Neuropathology rounds that entail brain cutting, which is a routine part of the autopsy conducted by several faculty members in the Neuropathology Division of the Pathology Department at the University of Miami (UM) Miller School of Medicine; (3) Neurology grand rounds at UM Medical School that are held weekly and consist of one-hour presentations of one or two clinical cases; (4) Neurology Case Conference at UM Medical School which is a weekly one-hour presentation of an inpatient who, in most cases, presents with a motor and/or sensory abnormality; and (5) Intractable epilepsy conference (weekly) at UM Medical School that includes neurologists, epilepsy specialists, and neurosurgery. Please note experiences 2-5 are subject to availability by the host institution (UM), Resident availability, and ongoing COVID-19 policies that may impact visitor availability.

Neuropsychology Supervisory Experience: Using a hierarchical supervisory model, residents are supervised in providing training experiences for practicum students and pre-doctoral interns while in their neuropsychology clinic rotations. Residents train students in all aspects of assessment as well as in the provision of clinical feedback to patients and their families. Finally, postdoctoral fellows assist the staff in provision of didactics to interns and externs within the Neuropsychology and General Psychology training program.

GERIATRIC PSYCHOLOGY

Supervisors: Paul Hartman, Ph.D., ABPP and Yesenia Rivera, Psy.D.

Geriatric Primary Care: Psychological services are provided to patients within a geriatric primary care clinic, in response to referrals mainly from the clinic's medical director and residents as well as the psychiatry staff housed in the clinic. Patients are seen for psychological assessment, psychotherapy, and/or cognitive assessment. 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, maladaptive anger, 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.

Assessment methods include biopsychosocial interview, standard instruments such as 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 and referral sources, both in writing and orally. Recognition and appropriate reporting of elder abuse and neglect is also emphasized.

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 and family therapy are provided as needed. In addition, trainees usually co-facilitate a “positive aging” learning and support group, which has been held every week for several years. Trainees also may participate, alongside clinic medical and nursing staff, in providing specialty individual and group services to geriatric patients, including frailty prevention and remediation, tobacco cessation, continence promotion, and cardiovascular risk reduction.

Supervision is provided by modeling (resident sitting in on supervisor providing services), direct observation of resident's provision of service, review of written reports and notes, audio or audio-visual recording of services, and discussion of cases. Residents are invited to and encouraged to attend bi-weekly presentations provided by the Graduate Research Educational and Clinical Center (GRECC) Interprofessional Education and Works in Progress Research Series.

Community Living Center: The CLC is home to approximately 80 Veterans who require a long-term supervised nursing/medical environment to ensure their health, safety, and well-being. Residents in the CLC range in age from 40 to 99 and reflect the wide range of issues attendant to such a population including chronic medical illness, persistent psychiatric illness, lack of decision-making capacity, end-of-life issues, and hospice/palliative care requirements. Our goal is to ensure residents and their families receive the highest level of care within an environment more reflective of ‘home’ than a traditional institutionalized medical setting, in compliance with the Culture Change movement. Veterans residing in the CLC reflect the full spectrum of demographics found within a diverse, urban, multi-cultural community providing a rich base for sharing of experiences and meaningful interactions between people. All care is coordinated via the interdisciplinary treatment team, with any team member (physicians, nurse practitioners, nursing staff, recreation staff, dietitians, pharmacists, rehabilitation staff, clergy, social workers, and housekeeping) able to request psychological services for a Veteran. Residents will learn to function as a vital member of such a team, enjoying mutually respectful and valued exchange of ideas regarding care of Veterans. A full range of psychological services is provided to Veterans including assessment (decision making capacity, baseline cognitive status, behavioral functioning, and current mental status) and therapy (supportive, insight oriented, reminiscence, and life review to assist in coping with depression, anxiety, loss and grief/bereavement). Additional services provided include supportive interventions with family members, didactic presentations to staff, crisis management, and development of behavioral interventions (e.g., STAR-VA), as needed. It is expected that the resident following a period of more direct supervision (i.e., co-therapy, supervised administration of assessment instruments, etc.) will be able to transition to a more independent level of functioning (i.e., resident called upon to provide

therapeutic and assessment services with supervisor available for consultation/backup but not immediately present).

Home Based Primary Care (HBPC)

Supervisor: Neil Kenney, Psy.D.

Home Based Primary Care: This rotation may be offered as a limited elective experience in combination with the other required Geriatric Psychology experiences pending Resident interest. 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.

During this rotation, the Resident 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 Resident will have opportunities to provide psychoeducational/supportive interventions and recommendations to caregivers and to family members in an effort to 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 Resident on this rotation is primarily supervised by the licensed psychologist assigned to the HBPC team. The supervising psychologist will accompany the Resident on all patient visits, with the expectation that the Resident will come to exhibit sufficient clinical experience, judgment, and technical skill which has been formally documented. Opportunities for Resident 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 Resident develop a knowledge base of common medical conditions that often afflict our older patients (e.g. diabetes, COPD, stroke, dementia). The Resident 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 Resident will have advanced knowledge of psychological diagnosis, brief cognitive assessment, and behavioral health skills that will adequately prepare the Resident to provide mental health services to a primarily community dwelling geriatric population with co-morbid medical and psychiatric conditions.

POSTTRUAMATIC STRESS DISORDER (PTSD) AND RELATED DISORDERS

Supervisor: Divya Nawalrai, Psy.D.

The Postdoctoral Residency position in PTSD and Related Concerns will provide training with an **emphasis in trauma focused recovery**. The resident will complete a 12-month supervised experience in the Miami VA HCS PTSD division. Program opportunities include both outpatient PTSD Clinical Team (PCT) and PTSD residential (PTSD-RRP) experiences with active-duty military personnel and veterans struggling with military related trauma and PTSD. Residents will have the opportunity to work with individuals who have been determined to be struggling with military (combat or non-combat) related PTSD as well as veterans who have experienced Military Sexual Trauma (MST) or have co-occurring Substance Use Disorders in addition to PTSD. The resident will have the opportunity to function as part of an interdisciplinary treatment team and develop expertise in providing a variety of evidence-based psychotherapies and well-established individual and group, patient-centered and recovery-oriented interventions.

PSYCHOLOGY PSYCHOTHERAPY CLINIC

All Residents will participate in the Psychology General Psychotherapy Clinic. This clinic receives referrals from a wide range of areas and providers throughout the medical center. The resident will carry 3 individual psychotherapy cases throughout the year, using a brief model of psychotherapy (12-16 sessions); therefore, it is estimated the resident will treat 8-10 patients in this clinic by the end of the year. Each resident will be assigned a supervisor for this clinic activity.

PSYCHODIAGNOSTIC ASSESSMENT CLINIC

All Residents will participate in the Psychodiagnostic Assessment Clinic by providing assessment in both their specialty area/clinic rotation as well as the general assessment clinic. For example, if the resident and/or supervisor identify assessment needs upon initial clinical interaction with a veteran, the resident will conduct more thorough psychological testing under the supervision of an assessment supervisor. This is usually their primary supervisor or a staff psychologist in the specialty area. Residents will also provide evaluations in the general assessment clinic, with the most common referral question assessing for ADHD. Residents are expected to complete as least three to four cases throughout the year.

DIDACTIC SEMINARS/ADMINISTRATIVE RESPONSIBILITIES

There are a wide variety of required seminars for residents throughout the year. Postdoctoral Residents will also receive cultural competency training through the diversity didactic series, immersion community outings, and reflective discussions with staff focusing on how to address dimensions of diversity in their work. In continued efforts to provide culturally competent treatment, the ADDRESSING model (Hays, 2008) is emphasized in case conceptualization.

Residents attend seminars that include ongoing post-doctoral seminars or continuing education sessions not in their emphasis area, as well as pre-doctoral seminars and medical school seminars/rounds that are held throughout the year. Additionally, residents are expected to teach seminars in their respective emphasis areas.

Lastly, residents have a variety of educational activities embedded within their individual rotation. This includes specialty didactic seminars(Neuropsychology), VA National Calls and Trainings, and Evidenced Based Psychotherapy Training with consultation (as available).

Regarding administrative responsibilities, all residents are expected to facilitate and administratively manage the weekly intern pre-doctoral case conferences throughout the year and actively provide feedback on assessment and psychotherapy cases to the interns (in conjunction with staff psychologists). Additionally, the residents will be responsible for leading and managing Intern Research Colloquia. Trainees and members of psychology staff attend these meetings. It may also be attended by

interdisciplinary team members in specific disciplines. Lastly, each rotation has its own embedded administrative and systems related responsibilities that will provide residents with the experiences necessary to function within these service areas.

RESEARCH

The Medical Center has an extensive research program of over 200 active projects concentrating on weight management, 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. As a result, an active teaching role has been developed to accomplish the hospital's mission of patient care, medical education and research.

Residents will identify a research mentor and engage in a project related to the resident's area of training emphasis and interest. The expectation is that the resident, working with the mentor, will execute the study and present their findings as a 45-minute Continuing Education Presentation at the end of the residency year to psychologists, trainees, and other interested staff at the Medical Center in a Continuing Education format.

REQUIREMENTS FOR COMPLETION OF RESIDENCY PROGRAM

Trainees must complete **2080 hours** (including all allocated leave and paid holidays) in order to graduate from the Residency program. This requirement is consistent with standards set forth by the Department of Veteran Affairs and the State of Florida requirements for licensure (i.e., 2000 hours). As such, the 2080-hour requirement is consistent with Florida State Licensing. There are additional direct service delivery and supervision requirements per Florida State Licensing and APA (for supervision). Required hours for completion of training are provided below:

Direct Service Delivery - **900 hours**

Supervision (received) - **100 hours**

Didactics and Educational Activities - **100 hours**

The Resident must also meet expected benchmarks across the profession-wide and program-wide competencies at each rotation's end (mid-year and end of the year). Feedback regarding these competencies will be provided through written evaluation of the residents' progress as well as verbal feedback given to the residents by each supervisor. See specific requirements below:

Competency Goal for evaluations done at Mid-Year/6 months: Residents must receive at least a 6 (corresponding with "sound critical thinking/judgment evident overall. Some consultation needed in advanced or specialized area(s)-typical rating during postdoc") on 100% of the items on the midyear summative evaluation to be considered in good standing in the Program. No competency areas will be rated lower than a 5 (corresponding with "rating expected at intern exit/postdoc entry level. Little consultation/supervision needed. Sound critical thinking/judgment evident overall with routine supervision of most activities is required").

Competency Goal for evaluations done at 12 months: Residents must be rated at an advanced level of competency and received at least a 7 (corresponding with sound critical thinking/judgment is evidenced in advanced or specialized area(s). Consultation needed on very complicated cases/projects (postdoc exit level)) **on all** of the rating items by the end of the residency in order to meet criteria for successful completion of the Program.

PERFORMANCE DEFICITS

Performance Deficits. One of the goals of residency is for residents to identify and work on gaps and deficits in their foundational and functional competencies. The residency program helps residents identify such areas through supervisor evaluations. The residency provides opportunities for improving competencies through all training activities including rotations, didactics, case conferences and research colloquia. It is expected that residents will make sufficient improvement in these areas so that they will be able to meet the Competency Standards listed above. Residents must meet these standards in order to graduate from and get official credit for completing the postdoctoral residency. Usually, the process of supervisor evaluations and the supervisory feedback meetings by the Training Committee ensures that residents receive adequate training and supervision to achieve satisfactory levels of performance.

If a problem or deficit is identified to be of sufficient severity that the resident would not be able to graduate from the residency program, this problem must be brought to the attention of the Director of Training and the Training Committee immediately. It is the ethical responsibility of residents and especially supervisors to bring such issues to the Training Committee for discussion, even if the presenter is not completely sure about the problem. If resident is not made aware of a deficit, they cannot remediate it. All efforts will be made to provide a written statement first (see below for description) communicating to the trainee observation of the competency deficit. However, the Training Committee may decide that the deficit warrants placing the resident under a performance improvement plan or probation (see below). If a supervisor gives a resident an unsatisfactory rating on a formal evaluation, this will automatically result in the development of a performance improvement plan. A resident 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 abuse of, or sexual relations with a patient, may result in a resident's immediate termination from the residency.

Written Statement: Whenever possible, supervisors are encouraged to communicate deficit areas and provide a written statement informing the trainee that the Training Committee is concerned about a behavior or competency deficit. 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.

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, 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 psychotherapy supervisor and/or assessment supervisor, 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.

Level Two Remediation: Probation. If a trainee is unable to successfully remediate behavior within the abovementioned Performance Improvement or the Director of Training, a Supervisor or Trainee becomes aware of a serious deficit or unprofessional conduct on the part of a 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 including 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 problem 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 within 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.

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 the problems and deficits and met all of the goals established in the learning contract, the Director of Training will formally propose that the Training Committee consider removing the trainee from remediation status. The Training Committee **cannot** vote on the issue of 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 problem or deficit, the Training Committee may have to consider alternatives such as partial credit for residency 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, termination will be considered by the Training Committee.

The Training Committee may also consider terminating a trainee from the program for violations of standards of behavior including significant or repeated instances of illegal, unethical, or unprofessional behavior. Moreover, the committee may choose to terminate the trainee without an opportunity for remediation. In all of the situations described above, the Training Committee will decide on the ultimate disposition of the trainee. Since the trainee will technically be on probation in all of these situations, the outcome for the trainee must be agreed to by a **majority** of the Training Committee. It is preferable that the Director of Training and the trainee involved cooperate in order to present the Training Committee with a plan that would be to the advantage of all parties to agree to. The resident may **appeal** a termination decision with the processes outlined in the following section.

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 problems, immediately terminate the trainee from the program by a **majority** vote. Residents 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.

GREIVANCE AND DUE PROCESS

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.

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 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, 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. 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*
Web: 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

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TELEWORK, TELESUPERVISION, COVID-19

During the COVID-19 pandemic, the Residency program with the support of medical center leadership successfully transitioned Psychology trainees to telework. In September 2022, Residents 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, Residents 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, Resident and Supervisor at three different locations.

Regarding COVID-19, Psychology Residents, 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.

RESIDENCY TRAINING STAFF

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>

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>

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>

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.

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>

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>

TRAINEES

The Miami VAMC Postdoctoral Residency program has accepted 97 psychology residents since 2004. The majority have come to us from VHA internship programs. Present and former residents completed their doctoral studies at American University, Boston College, Florida International University, The George Washington University, University of Miami, Nova Southeastern University, Albizu University, Xavier University, University of Hartford, University of Georgia, the Indiana State University and American University.

Of the 92 residents who have completed their residence training, 53 are currently employed at VAMCs or Community Based Outpatient Centers in Wisconsin, Georgia, Arkansas, Florida, Colorado, Nevada, Pennsylvania, Colorado, Texas and Washington, D.C. The others are in group or individual private practice, consulting, and teaching at local colleges and universities.

This program does not require self-disclosure outside of what is stated as required, when and if applicable, to provide quality care to patients.

FACILITY & TRAINING RESOURCES

Each post-doctoral resident will be assigned their own or shared office with telephone and networked computers. Internet and MICROMEDEX access are also 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, post-doctoral residents will have lab coats, commuting public transit benefit, and free parking at the facility. Full library resources are available. The medical center maintains a professional library with over 2500 volumes and 390 current journal subscriptions, 22 of which are journals related to Psychology. 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 VAMC Medical Media Service provides support for printing/copying, access to video teleconferencing resources, telemedicine and a variety of audiovisual equipment for educational purposes.

LOCAL INFORMATION

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.*

REFERENCES

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