

# Psychology Postdoctoral Residency



## Department of Veterans Affairs Pacific Islands Health Care System (PIHCS)

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**Applications due: December 19<sup>th</sup>, 2023**

## Accreditation Status

The psychology postdoctoral residency program at the **VA Pacific Islands Health Care System (VAPIHCS)** is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The APA CoA can be reached at: 750 First Street NE, Washington, DC 20002-4242; Telephone: 800-374-2721; 202-336-5979; TDD/TTY: 202-336-6123. The next site visit will be during the academic year 2029.

## APPIC Member Status

The postdoctoral residency is an APPIC member program. Contact APPIC Central Office at 17225 El Camino Real, Suite #170, Houston, TX 77058, email at [appic@appic.org](mailto:appic@appic.org), Phone: 832.284.4080 Fax: 832.284.4079

## Application & Selection Procedures

### Applicant Qualifications:

Applicants must be in good-standing with American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) accredited doctoral programs in clinical or counseling psychology and in good standing in an APA or CPA accredited internship. The applicant's dissertation and doctoral degree must be completed before the start of the residency. Qualifications for the postdoctoral residency program include: U.S. citizenship, earned doctorate in counseling or clinical psychology from an APA, CPA, or PCSAS accredited doctoral program by the start date, and completed an APA or CPA accredited internship program.

The training program values a commitment to the provision of the highest level training with regard to the ethics, standards, guidelines and principles of our professional organizations (e.g., APA, APPIC), the State of Hawaii, and the United States Government. We celebrate the rich diversity that exists in our country and abroad. We do not discriminate against applicants based on gender, gender identity, culture, body size, physical appearance, ethnicity, ethnic identity, race, racial identity, national identity, language of origin, country of origin, Veteran status, sexual orientation, age, physical and mental abilities, religion, belief system, absence of religion, level of financial resources, or any other non-relevant category. VAPIHCS recognizes and values that psychology staff and trainees will have an opportunity to work with Veterans from a multitude of diverse backgrounds who differ in terms of culture, age, sexual orientation, gender, gender identity, national origin, religion and or belief system, ability, body size, income and many other forms of diversity. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender,

sexual orientation, disability, marital status, Veteran status, and other group identities. VAPIHCS values diversity and expects for all staff and trainees to demonstrate that value in all actions. It is the training program policy that psychologists and psychology trainees cannot exempt themselves from working with any of these or other diverse groups of persons for political, religious, or other reasons as it would constitute a form of unfair discrimination against a group of people. Residents are entitled to equal treatment in selection decisions and freedom from harassment, or unfair treatment. We strive to recognize and oppose prejudice, oppression, exploitation, harassment, and other forms of unfairness.

Finally, it is important to note that a Certification of Registration Status, Certification of U.S. Citizenship, and drug screening are required to become a VA postdoctoral resident. The federal government requires that male applicants (identified as male for sex assigned at birth) to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this residency and fit the above criteria, you will have to sign it. All residents will have to complete a Certification of Citizenship in the United States prior to beginning the residency. We cannot consider applications from anyone who is not currently a U.S. Citizen. Appointment to the residency is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Any misrepresentation of facts in the application may be cause for dismissal. Prior to starting, residents are required to have immunizations (or proof of immunity that is inclusive of Covid-19). The VA conducts drug screening exams on randomly selected personnel as well as new employees. Residents are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff. Of note, this drug screening includes cannabis, with application of federal law (not state law) regarding drug policies (see [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)).

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

***The selection of the postdoctoral residents is based on a rating of the applicant's qualifications using the following criteria:***

- a. Letters of recommendation from professional psychologists who know the applicant well and preferably are familiar with the person's clinical skills, research activities, professional demeanor, and interpersonal skills
- b. Breadth of previous general clinical experience, including prior supervised experience in your chosen area of emphasis as well as having an interest in on-going learning and development
- c. Evidence of a core of multicultural psychological knowledge, interests, and ability to apply this knowledge
- d. Evidence of personal maturity and accomplishments that distinguish the applicant from peers
- e. The goodness-of-fit between the applicant's stated training objectives and the availability of postdoctoral training resources to meet those objectives
- f. Sound decision-making skills, inclusive of ethical and professional professional engagement
- g. Evidenced completion of the doctoral degree by the start date (i.e., letter from your clinical training director attesting to completion of degree requirements by the start date)
- h. Transcript of academic work, as an indication of the scope of psychological knowledge as well as the quality of scholarship
- i. The thoughtfulness of the written materials that accompany the application and online interview

**To apply:**

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

**Applicants should use the APPA CAS portal to submit the following:**

- Letter of interest (cover letter) that includes the residency emphasis area(s) you are interested in, your citizenship, the APA, CPA, or PCSAS accreditation status of your internship and/or graduate programs; how you envision this training will further your aspirations as a clinical/counseling psychologist; your theoretical orientation; your experience and interest in working with diverse populations; and research interests
- CV or resume that includes a description of your internship rotations and anticipated graduation date
- Abstract of your dissertation
- Copy of your graduate transcript(s) reflecting completion of dissertation
- Verification letter from your internship training director, describing your progress and anticipated completion date\*
- Letter of recommendation from a supervisor familiar with your work in the special emphasis area for which you are applying\*
- Two letters of recommendation from a clinical supervisor of your choosing\*
- If dissertation is still in progress, include a letter of verification from your dissertation chair, describing your dissertation progress and anticipated defense date

\*Of note, we require a total of three letters of recommendation. The verification of internship and/or dissertation status may be embedded within these letters of recommendation or sent as a separate verification letter. In instances in which the verification letter is sent as a separate document, this would result in submission of four total letters in the application portal.

**Any questions about the residency or process may be directed to:**

[V21HONPsychologyTraining@va.gov](mailto:V21HONPsychologyTraining@va.gov)

Application materials must be uploaded by **11:59PM EST on December 19<sup>th</sup>, 2023**

**Selection Process:**

We look for residents whose academic background, clinical experience and personal characteristics give them the knowledge and skills necessary to function well in our training setting. At the same time, we look for residents whose professional goals are well suited to the experiences we offer such that our setting would provide them with a productive training experience. We further value individuals from diverse backgrounds who value working with diverse clients/patients and colleagues.

The ideal candidate has demonstrated strengths in clinical work, academic preparation, personal characteristics related to the profession, and research productivity. We are seeking bright, conscientious, personable, diverse, and well-qualified applicants with sound clinical training in psychological assessment, as well as individual and group therapy with adults. The ideal candidate has the ability to function independently with initiative under appropriate supervision. The ideal candidate further exhibits flexibility, maturity, humility, good judgment, the ability to tolerate disappointment, humility, integrity, a value of others, cultural sensitivity, and has interest in a scientist-practitioner training model. We prefer candidates with experience working with complex patients and problems. The VAPIHCS training program highly encourages residents to be junior colleagues within the health care system, taking initiative and contributing to the greater health care community. Rather than a year serving the purpose to acquire hours for licensure, the ideal residency candidates approach the residency training year as an opportunity to develop advanced skills and more intensive professional development as a jump start to their future careers. We encourage residents to be active in their learning process, inclusive of being self-reflective on areas of growth that enables a deepening in the development of advanced skills. We value the on-going goal of metacompetence and the use of critical thinking as a professional practice. We view the opportunity to earn a doctoral degree as providing avenues of contribution rather than what is owed to the

individual with the degree. In addition to these selection factors, we like to compose our incoming class with a variety of residents: from different kinds of programs; from different geographic areas; of different ages, backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology.

We will notify you by email that your application materials have been received (after December 19th). A recruitment and selections committee consisting of training program faculty and current residents will review applications. The selections committee provides multiple readings of each application and retains a list of finalists who are being considered for selection. In lieu of an in-person, video, or phone interview, the selections committee will invite applicants being considered for a position to a) submit a work sample and b) participate in a competency-based online interview.\* We offer online interviews to provide convenience to our applicants and allow applicants the opportunity to be reflective in their responses. We also conduct interviews in this manner to reduce potential bias in the selections process, while enabling individuals to participate in the interview process regardless of access to resources (i.e. ability to fund travel to interviews). We want the competencies and qualities of the resident candidate to be what is reviewed within the interview process rather than interviewing skill, degree of charisma, or other variables that are not relevant to being a quality professional psychologist. In addition, those applicants being considered for a position are invited to participate in informational phone or video-teleconferencing sessions that are conducted by the Training Director(s) and emphasis area supervising psychologist(s). These sessions allow applicants to get a “feel” for our program as well as the opportunity to connect with us in an informal manner. Upon completion of review of all materials, the selection team meets and ranks applicants.

*\* Applicants requesting an accommodation due to disability for either the Online Interview or participation in the informational meeting are asked to request such assistance (via email to [shiloh.jordan@va.gov](mailto:shiloh.jordan@va.gov) or [V21HONPsychologyTraining@va.gov](mailto:V21HONPsychologyTraining@va.gov)) at the time they receive notification of interview in which individuals will be asked to submit a work sample and participate in the competency based vignette online interview.*

#### **Compensation and Benefits:**

Each of the resident positions receives a stipend of \$58,249 (this amount may be adjusted annually) plus benefits for the one year residency (August 2023 thru August 2024). Postdoctoral residents are eligible to receive health insurance coverage. Residents in both tracks accrue 13 days of vacation and 13 days of sick leave in addition to the federal holidays. In addition, they are granted additional release time to attend professional conferences and programs in the same amount as other medical center staff. Residents are provided professional liability coverage by the Federal Tort Claims Act.

#### **Contacting Current Residents:**

Current residents are one of the best sources of information about our residency program. We strongly encourage applicants to talk with current residents about their satisfaction with the training experience. Please feel free to email the Training Director to request to speak with a resident; your request will be forwarded to the current residents and a resident will contact you.

#### **Notification of acceptance:**

All applicants will be notified no later than January 1<sup>st</sup> as to whether or not their application is being further considered (i.e. invited to participate in the work sample and online interview along with the informational telephone/video contact). **Our site will be abiding by the most current APPIC postdoctoral selections guidelines, including the Common Hold Date (CHD).** More information regarding the APPIC CHD can be found here: [Selection Standards FAQs \(appic.org\)](https://www.appic.org/selection-standards-faqs)

### **Cultural Setting of VAPIHCS**

Oahu is the most populous island in the Hawaiian chain and means "the gathering place" in Hawaiian; this is an apt name – as numerous ethnic groups are represented here. There are many opportunities for culturally rich experiences in Hawaii. Because of the diverse population, there are many ways to explore

different cultures including parades and festivals, theater, musical performances, and food from around the world. Additionally, there are some important landmarks and touchstones of Hawaiian history and US history. For those who enjoy the outdoors, it is possible to enjoy hiking, beaches and outdoor sports year-round.

The VA Pacific Islands Health Care System, Spark M. Matsunaga Ambulatory Care Center is located in a large outpatient facility adjacent to the Tripler Army Medical Center (TAMC). The facilities overlook the city of Honolulu and the adjacent coastline, and offer a sweeping view of the Pacific Ocean and the Koolau and Waianae mountain ranges. The training program offers a unique opportunity for learning in a multicultural environment. Veterans reflect the predominant cultures - Native Hawaiian, Japanese, Chinese, Filipino, Korean, Samoan, Chamorro, European American, and other descents. The diversity and richness of the cultures and the people provide a special environment for psychologists to be trained for a pluralistic society. Although Honolulu is urban, the Hawaiian Islands and the greater catchment of the VAPIHCS (inclusive of American Samoa, Guam, and Saipan) is isolated geographically and has more limited resources readily available in comparison to many areas of the mainland U.S. In many ways, we operate as a rural health care system. This enables us to be innovative and creative within our work, while also negotiating some of the limitations that come with having differing resources available.

For some Veterans, the Honolulu VA is a special gathering place. In Hawaii it is common that family and friends get together to share food, music, and song. The psychology ohana (family) is comprised of psychologists from a diverse range of backgrounds who share a passion for providing high quality care for our Veterans and equally highly quality training for our interns and residents. We take our role as supervisors very seriously, caring deeply about the provision of training and investing in residents as our future colleagues. We know that the ripple effect on promoting the well-being of others and the evolution of the field begins with quality training. Clinical supervisors are clinical or counseling psychologists who are licensed, as well as credentialed and privileged to provide patient care within the health care system.

Psychologists at VAPIHCS work in patient care settings as members of interdisciplinary teams. Within those teams, psychologists provide a range of psychological services appropriate to that setting. Psychologists are located in all of the mental health settings, as well as in a number of medical settings. Depending on the clinical site, their duties may include:

- assessment and evaluation
- consultation
- case management
- individual, group and couples therapy
- program development
- program evaluation
- clinical research
- staff supervision
- administration

While psychologists have major clinical and training responsibilities, many have chosen to commit considerable time and energy to additional professional activities, including program evaluation, research, administration, and involvement in state and national professional organizations. These various professional activities are valued and strongly supported by the VA health care system. Psychology has a history of encouraging excellence in individual professional pursuits: staff members encourage each other—as well as residents—to develop expertise in areas of individual interest. The psychology staff is especially committed to upholding the principles and standards related to education and training. They hope to serve as excellent role models in all aspects of their professional behavior, whether in clinical practice, research/program evaluation, or training.

Notably, psychologists have been appointed to leadership positions on many clinical teams, reflecting both the capabilities of individual psychologists, and the high regard in which psychologists are held within the VA. These leadership positions allow psychologists to influence the shape of service delivery at

the VA Pacific Islands Health Care System, and provide role models for professional functioning in a public sector health care system.

The VAPIHCS training program highly values community and collegiality. Residents are expected to think about their impact, their obligation to others (on various levels), and their influence on setting the tone of their professional experience. The program views residency as a powerful opportunity to practice collegial engagement as a junior colleague within the health care system, engaging in daily practice of professional values within the health care system. Within the resident training cohort and the psychology discipline, there is a special opportunity for collegial engagement. The program and the greater discipline of psychology strongly discourages up-ward or downward social comparison as means of residents (or psychologists) formulating their sense of self as a professional. Instead, trainees and psychologists are encouraged to look to their colleagues with an approach to either learn from individuals who have particular expertise or skill in an area, while likewise sharing expertise with their fellow colleagues. The psychology discipline highly values community rather than competition, sharing the common goal of enriching the psychological well-being of others rather than striving for personal gain. We view the earning of a doctorate degree as an honor that enables us to contribute socially in a meaningful way.

## ***Training Model and Program Philosophy***

### ***The Mission of the Psychology Postdoctoral Residency Training Program at the VAPIHCS is to:***

Training provided through the psychology training programs supports the mission of the VAPIHCS and the greater VA by training competent psychologists who are well prepared "to provide integrated and innovative health services and benefits to eligible Veterans and their beneficiaries" and the national VA Missions of patient care, education, research and back-up to the Department of Defense. The VAPIHCS Psychology Postdoctoral Residency program has the following mission objectives:

1. Ensure that Veterans and others across the nation have continuing access to highly qualified psychologists, thoroughly trained in serving Veterans and others in need of psychologists' services, with a scientist-practitioner orientation. This will be based in diverse clinical experiences and a sensitivity to and knowledge about the influence on these services of ethnic, cultural, and individual differences.
2. Provide evidence-based, culturally competent psychological assessment and treatment training to residents, resulting in residents who are highly qualified and competent to provide psychological services with particular expertise and advanced skills within their identified emphasis areas.
3. Encourage residents to consider careers in the Department of Veterans Affairs.

The residency will provide diverse clinical experiences with a focus on depth in the development of advanced general clinical skills and skills that are specific to the resident's chosen area of emphasis: Posttraumatic Stress Disorder, Military Sexual Trauma/Dialectical Behavior Therapy, Primary Care-Mental Health Integration and Whole Health, Rural/Underserved Populations, or LGBTQ+ Health.

The purpose of this residency program is to provide the training environment and experiences for residents to build upon the foundation of knowledge, skills, and proficiencies learned in doctoral training. This will enable them to develop the necessary advanced skills to practice with greater depth as a professional, being an ethically-grounded and culturally-aware clinical psychologist. All residents will be trained in assessment, intervention, interdisciplinary consultation, and clinical research or program evaluation.

The training philosophy of the residency program at VAPIHCS is scientist-practitioner (Boulder). The philosophy emphasizes empirically-informed psychological knowledge as the best foundation for psychological assessment and intervention. It is expected that residents will seek current scientific knowledge and use the professional literature to support and enhance their practice. We believe that an empirically-informed psychological knowledge base provides the best foundation for psychological

assessment and intervention. The philosophy of the training program is tied to no particular school or theory of psychology. Rather, the philosophy is inclusive of multiple theoretical orientations.

## **Program Aims and Competencies**

It is our expectation that residents will utilize their residency year to extend their practice of psychology and obtain advanced skills in their emphasis area, further refining and building upon skills already developed while in graduate school and internship. We also strongly encourage residents to try new approaches, new techniques, and new perspectives as a part of a pursuit of a more advanced and well-rounded professional practice skill-set.

As a foundation for independent professional practice, residents should have demonstrated competence in the following areas by the completion of the residency year, as measured by supervisors' and residents' self-evaluations. Many of these outcomes will build upon knowledge and skills already well developed during doctoral and internship training. All of the residency placements will provide opportunities for further development of these 'cross cutting' competencies, with additional focus within each emphasis area. Additionally, other program components (including didactics, supervision) will provide added challenge and the opportunity for integration.

The VAPIHCS residency upholds the training of advanced skills via the following program *aims*:

**1. Residents will further develop their professional identity, being adept at functioning in the many roles of a psychologist within a health care system and public service environment.**

Through participation in the training program, residents will be able to demonstrate a refined professional identity and ability to effectively engage as a psychologist in a health care system. Residents will advance and refine their communication abilities within various levels of the system including sharing of information within clinical team meetings, ability to articulate ideas within committee work, and provision of consultation to other professionals.. Residents will refine their ability to engage in professional engagements in a manner that is honoring to the multiple diversities within the health care setting.

**2. Residents will refine and develop advanced competencies in Clinical Psychology (including intervention and assessment) both within the general field of Clinical Psychology and within the identified emphasis area, with particular focus in advancing competence related to diversity.**

Residents will be able to appropriately assess, evaluate and conceptualize a broad range of patients, including those with complex presentations and complicated co-morbidities. Assessment practice will be conducted in a culturally competent manner, and conducted with an awareness of current ethical and professional standards. Residents will demonstrate the ability to effectively work with diverse populations, and provide appropriate interventions in response to a range of presenting problems and treatment concerns. They should also demonstrate skill in applying and/or adapting evidence-based interventions within their emphasis area.

**3. Residents will integrate and advance abilities related to scholarly engagement and the application of scientific inquiry to clinical practice.**

At the completion of training, residents should demonstrate the ability to base clinical decisions on the scientific literature, and to generate evidence-based principles to guide practice in areas that lack an empirical literature. Residents should demonstrate an awareness of the limitations and cautions in translating evidence-based practices to individual cases, particularly in non-majority populations. Trainees will also demonstrate the ability to generate research, program evaluation, and/or Evidence Based Practice Quality Improvement (EBPQI) projects. This may include exhibiting abilities in the following areas: formulate testable and meaningful research hypotheses; to design and carry out evidence based practice/quality improvement projects; to present findings in professional forums; to publish data resulting from independent or collaborative work. Residents should demonstrate knowledge of, and sensitivity to, ethical, legal, and cultural issues in the conduct of research.

Residents will demonstrate the ability to share scientific knowledge and scholarly work via teaching presentations and committee work.

The ability to effectively engage and work with a diverse range of individuals and associated diversity variables is infused within each aim of the training program. Residents are expected to uphold professionalism in conduct, ethics, and legal matters across all aspects of clinical and professional engagement while on residency, as well as uphold cultural/diversity competencies in all clinical, professional, and educational activities.

Each of these aims are translated into specific areas of knowledge and *competencies*. The residency strives to assist residents develop advanced skill in the following *competencies*:

*Level One*—Advanced Competency areas required of all APA accredited programs at the postdoctoral level

- Ethical and Legal Standards
- Individual and Cultural Diversity
- Integration of Science and Practice

*Level Two*—VAPIHCS Program Specific Competencies

- Professional Attitudes, Values, and Behaviors
- Assessment
- Intervention
- Communications and Interpersonal skills
- Consultation and Interprofessional/Interdisciplinary skills
- Teaching and Education
- Expertise within emphasis area

The residency program strives to meet state psychology licensing requirements, for many states, that at times exceed criteria included in APA CoA Standards of Accreditation. For example, rotation supervisors regularly complete supervisory training to conform to California regulations. However, we cannot guarantee that the residency will meet unique requirements in all jurisdictions. We advise residents to review licensing requirements and inform us of any such specific criteria, and we will attempt to meet the needs if feasible.

*Links to Psychology Laws, Licensing Boards, & Continuing Education Requirements in Canada & U.S.:*  
Association of State and Provincial Psychology Boards (ASPPB) ([www.asppb.net](http://www.asppb.net))  
<http://kspope.com/licensing/index.php>

## **Program Structure**

### **Program Areas of Emphasis (Tracks):**

We currently have six full-time 12-month postdoctoral residency positions. 1) PTSD (2 positions), 2) Military Sexual Trauma/Dialectical Behavior Therapy (1 position), 3) Primary Care-Mental Health Integrated Care/Whole Health (1 position), 4) Rural/Underserved Populations (1 position), and 5) Lesbian, Gay, Bisexual, Transgender, & Queer+ Health (1 position). Residents are expected to utilize current literature with emphasis upon empirically supported assessment and treatment in planning and delivering services, and work collaboratively with multidisciplinary teams within the VA health care system.

The residency year begins with two weeks of orientation during which residents are acquainted with the residency program, the training staff, and opportunities for engagement within the larger facility. During the course of orientation, residents are asked to review their own training needs, and are advised with reference to their individual interests, prior experience, and demonstrated technical, interpersonal, and organizational skills. Residents also complete a baseline competency assessment with training staff to assist with clarifying areas of strength and areas for focused growth to ensure the program can best assist the resident obtaining advanced skills. During orientation, residents meet with the Training



Director(s) to review their past experiences, career and learning goals, and begin to formulate an initial learning plan. After orientation is completed, the Training Director(s) meets with each resident individually to review baseline competency feedback and further assist with development of goals within each emphasis area, while further solidifying learning plans.

### **Time Commitment:**

Residents work five eight-hour days each week (7:30 a.m. to 4:00 p.m. with half-hour lunch break) and a total of 2080 hours (including vacation and sick leave) for the residency. Alternative work schedules may be granted when this meets patient care needs, upholds the educational training of the resident, and enables high level clinical supervisory support/oversight. Most residents typically work 40-50 hours per week and exceed this in rare circumstances. About 70% of time is devoted to clinical services (assessment, individual and group therapeutic interventions, case consultation, case conferences, treatment planning, clinical documentation, supervision, etc.), 15% to attending didactic clinical and cultural training, peer consultation, consulting with mentors, administrative meetings, teaching presentations, some necessary organizational functions, etc., and 15% to research and/or program evaluations as well as engagement in professional development activities.

### **Patient population**

The majority of clients served within VAPIHCS are adult cisgender male Veterans. However, there is an increasing number of cisgender female, transgender, and non-binary Veterans receiving treatment at the VA. Clients seen are members of a range of ethnic and racial groups, including Pacific Islander, Asian American, African-American/Black, Latino/a, and Native Hawaiian. Due to the consequences of recent wars and conflicts as well as the strong military presence on the island of Oahu, an increasingly larger proportion of our patients are recently discharged from service Veterans representing all branches of the military.

### **Supervision**

Supervisors provide ongoing verbal feedback regarding resident progress in weekly individual supervisory sessions. Formal written evaluation is provided quarterly. Supervision includes weekly individual meetings with assigned supervisors and monthly assessment group supervision with the internship and residency cohorts. In addition, supervisors provide supervision in other modalities including tape (audio and video) review, co-therapy/live-observation, and group supervision. Additional supervised experience takes place in the form of on-site evidence-based psychotherapy consultation groups. Supervision on the telehealth rotations takes place via use of Clinical Video Teleconferencing (CVT). Residents receiving supervision via CVT also have a rotation with an on-site supervisor, as well as having access to other on-site psychology staff supervisors at the main VA facility in Honolulu. The use of telesupervision will continue to abide by allowances of APA, VA OAA, and state licensing boards.

### **Evaluation**

Evaluation is an important component of psychology training. Thus, our residents are evaluated by supervisors throughout the training year informally and formally; and, our residents are asked to evaluate supervisory staff throughout the training year. At the mid-point and end of the year, residents are asked to provide de-identified evaluative feedback to the residency program. In addition, residents are asked to evaluate their rotations and supervisors quarterly, while also providing feedback on the program at exit interviews

### **Research/ Evidence Based Practice Quality Improvement (EBPQI) Supervisor**

The role of the research/EBPQI supervisor is to provide residents with mentorship and guidance in selection of a research/EBPQI experience for the training year. The research/EBPQI supervisor will also be responsible for providing both support to the resident in completing the project as well as evaluative feedback.

### **Mentor**

Within the first two months of residency, each resident selects a psychologist on staff to serve as a mentor. The mentor is in a non-evaluative role that supports the resident's training endeavors and assists the resident with non-clinical questions relating to administrative issues, professional development,

problem resolution or other advising needs not related to direct patient care. Residents are encouraged to review staff diversity and professional interests when considering fit with a potential mentor.

## ***Training Experiences***

### **Assessment Requirement**

Psychological evaluation and assessment is an essential competency of the professional psychologist. The training program ensures that, prior to completion of residency, all residents have had experience in producing professional level evaluations relevant to their training goals and career directions. In addition to any routine testing and report writing completed in the usual course of patient care in many settings, residents are required to complete six comprehensive psychological evaluations during the year. These evaluations should result in integrated reports that are based on a combination of two or more assessment instruments that are widely accepted, empirically supported, clinically rich, and validated for the patient population. These evaluations must result in an integrated report, which demonstrates the resident's ability to synthesize complex evaluation information and to produce a professional-level product.

### **Didactics, Seminars, and Relational Learning**

Residents may participate in a variety of clinical didactic presentations, workshops and seminars. Thursdays are generally reserved for didactic training, postdoctoral resident seminars, and peer meetings.

In order to support the pursuit of growth as a person and professional, work towards becoming more culturally competent, and to encourage the professional habit of life-long learning, the program requires all residents to complete 20 hours of relational learning. Our conceptualization of relational learning comes from the perspective that individuals learn from each other via the sharing of ideas and experiences. These requirements are completed outside of the formal hours of the program and are intended to expand the engagement of the residents into the community of Hawaii, thus taking the experience of learning beyond the confines of the training program.

### **Peer mentoring meeting**

At periodic intervals, time is set aside within the didactic schedule for residents to engage in peer support. In peer support, residents have allocated time to engage in mutual professional support within their cohort regarding challenges faced on residency, further develop collegial professional relationships, engage in peer consultation for clinical issues, and provide peer support for professional development.

### **Teaching Presentations**

To provide experience in teaching on psychological theory, research, and/or clinical practice, residents select a topic of interest and a venue for presenting. Previous presentations have included VAPIHCS Noon Conferences, grand rounds, conference symposium or workshops, requested talks for community groups or agencies, and training talks for specific teams within VAPIHCS. Previous presentations have varied from trainee dissertation talks to a topic specific to the interest area or postdoctoral emphasis area of the resident. Residents are required to make a minimum of two presentations as part of their training experience.

### **Research/Evidence Based Practice-Quality Improvement Projects**

In keeping with the scientist-practitioner model, residents will be expected to take part in a research, evidence-based practice or quality improvement project. The nature of the participation is based upon the desires and competencies of the resident. Residents may develop individual projects based upon consultation with their supervisors, they may participate in on-going projects, or residents could collaborate on a group project. The project should display unique contributions of psychology as a profession. Projects could include a quality improvement project, program evaluation, treatment outcome evaluation, design and implementation of specialized clinical interventions, and focus groups and follow-up recommendations to address a specific problem or need. The project must include an intervention (e.g., making a process change, providing a group) and examination of this intervention via the collection of data. Residents are required to complete their project through either the local Evidence Based Practice

(EBP) Council for PI/QI/EBP projects or Institutional Review Board (IRB) for formal research projects. However, in some circumstances, residents may request to do a project with high scholarly merit that does not fit either criteria of EBP Council or the IRB at VAPIHCS. In these instances, projects may be approved by the Psychology Training Committee. A supervisor must be identified for each project; that supervisor should be consulted on the project and involved in the progression of the project. The resident's competencies related to completion of the project will be assessed by the supervising psychologist at both the mid-year and end of the year. By the end of the year, the resident will complete a final report (i.e. poster) and provide a brief presentation of the project to be shared within the facility.

### **Professional Activities and Engagement**

Within VAPIHCS, the psychology residents are identified as valuable contributors to the system and the health care community. To further enhance the development of advanced skills in the various forms of professional engagement, all residents are invited to participate as an active member of a facility committee. At the beginning of the residency training year, the Training Director(s) and supervisors will discuss different opportunities. Examples of possible committees include the following areas: Disruptive Behavior, Access, Pain Management, LGBTQ+, etc.

### **Emphasis Areas**

*The following supervisors and clinical training experiences are available currently. Of note, supervisors and learning experiences may be added or changed due to shifts in staffing availability or adjustments needed to ensure quality training and patient care. The availability of specific aspects of an emphasis area or work with supervisors in any training year is based on the availability of supervisory time and staff members being assigned to clinical programs. Thus, changes in staffing would alter the faculty listing of available supervisors and may impact specific experiences offered within each emphasis area. The Training Director will alert all residency applicants in a timely manner of any changes in the listings below.*

#### **Posttraumatic Stress Disorder Emphasis—2 positions**

The PTSD residents will gain specific expertise working with Veterans who have experienced trauma in working with 1-2 of the following programs: PTSD Residential Recovery Program (PRRP), the outpatient Traumatic Stress Recovery Program (TSRP), or the Intensive Virtual Evidence-Based Psychotherapy team (iVET). Training in this position will focus on evidence-based psychological assessment and treatment strategies for Veterans that have experienced trauma. This includes providing structured and non-structured clinical assessments, as well as engaging in EBPs for PTSD (e.g., CPT, PE) and other forms of trauma-focused treatment.

#### **PTSD Residential Recovery Program (PRRP):**

The PRRP is an 8-to-9-week residential program for male identified Veterans and Active Duty service members with military-related PTSD as well as commonly co-occurring conditions (e.g., substance use disorders, mood disorders, medical co-morbidities, and/or TBI). The program operates on a cohort model, inclusive of both group and individual therapy. Individual therapy sessions are provided at least two times per week for each patient, and therapeutic recreational and adjunctive activities are offered both within the facility grounds and the community. The program's recovery and integrative treatment model is designed to decrease PTSD symptoms and increase effective coping skills.

Supervising Psychologists: Angela Adams, PsyD and Molly Brennan, PhD

#### **Traumatic Stress Recovery Program (TSRP) PTSD Clinical Team:**

TSRP-PCT provides outpatient clinical services to Veterans with PTSD and trauma-related responses. Veterans receive individualized, comprehensive treatment within the following modalities: a) individual therapy, b) psycho-educational and trauma-focused groups, c) couples therapy, d) psychopharmacological treatment services. The TSRP-PCT maintains an awareness and sensitivity to cultural differences within treatment and of the varied presentation of trauma-response, treating a patient population that reflects the multiethnic culture of Hawaii. Residents are an integral part of the treatment team, having opportunity to be involved in a range of clinical as well as administrative oriented activities. Veterans are seen both virtually and in-person according to patient need and preference.

Supervising Psychologists: Renee Boeck, PhD, Kristen Eliason, PhD, Tim Freson, PhD, Angie Heiligenthal, PhD, Trevor Coyle, PhD, and Shiloh Jordan, PhD, ABPP

**Intensive Virtual Evidence-Based Psychotherapy Team:**

In 2022, the VA Pacific Island Health Care System (VAPIHCS) launched a new Intensive Virtual Evidence-Based Psychotherapy (EBP) Team (iVET) to treat the diverse veterans of American Samoa, Guam, the Hawaiian Islands, and Saipan. The first iVET interdisciplinary team is focused on the treatment of Posttraumatic Stress Disorder (PTSD) with a massed Prolonged Exposure (PE) therapy model (patients complete a full course of PE in three weeks; e.g., Rauch, et al, 2021), Whole Health integration, and health coaching. The iVET for PTSD is 100% virtual.

The iVET for PTSD is an intensive outpatient experience that is provided virtually (i.e., all telemental health care with no in-person service provision) for veterans with PTSD as well as commonly co-occurring conditions (e.g., substance use disorders, mood disorders, medical co-morbidities, etc.). The iVET for PTSD provides massed (i.e., four sessions per week) Prolonged Exposure (PE) therapy, daily check-in wellness group therapy (i.e., four sessions per week), and integration of Whole Health coaching. The program's recovery and integrative treatment model is designed to decrease PTSD symptoms and increase wellness in three weeks.

In 2023, VAPIHCS began actively expanding the iVET to include a second interdisciplinary team focused on the treatment of anxiety disorders with or without co-occurring unipolar depression with a massed (4-8 sessions per week) Unified Protocol (UP) therapy model (patients will complete a full course of UP in 2 or 4 weeks), Whole Health integration, and health coaching. The iVET for anxiety will be 100% virtual. Supervising Psychologists: Allison Aosved, PhD, ABPP and Jodi Bell, PsyD

Resident Experience in PTSD emphasis:

- a. Residents in this emphasis track are required to spend 16-20 hours per week in a trauma-focused clinical rotation (e.g., PTSD outpatient clinic (TSRP), PTSD Residential Recovery Program, iVET). Residents will also complete a complementary secondary rotation that enhances advanced skill development in working with trauma-response and co-morbid diagnoses. Potential secondary rotations include: Substance Abuse Treatment Program (SATP), Rural/Telehealth, and other rotation experiences within the facility that meet the advanced learning needs of the resident (see below secondary and complimentary rotation descriptions for subset of offerings).
- b. Residents will have the opportunity to participate in teaching, research, and research/evidence-based practice quality improvement project opportunities. Opportunities for administrative involvement include: consult management, interdisciplinary education, and program development.
- c. The residents in this track will focus on the assessment and treatment of Veterans with PTSD as a result of their military service. This will include engaging in Evidence-Based Psychotherapies for PTSD (Cognitive Processing Therapy and Prolonged Exposure), completing structured (e.g., CAPS) and unstructured assessments, and engaging in other treatments for trauma-related responses with a highly diverse Veteran population. Residents will also provide consultation to other providers around trauma-related responses. EBPs will be engaged in a patient-centered manner, inclusive of cultural adaptations and incorporation of diversity variables, in a manner consistent with the latest literature base (e.g., massed administration).

***PTSD Training Objectives:***

- a. Residents will achieve advanced competency in the assessment and treatment of trauma-related disorders in diverse Veteran populations, inclusive of core competency areas related to PTSD and cultural issues.
- b. Residents will develop a sense of professional identity and self-confidence consistent with an advanced level of training.

- c. Residents will develop advanced skills related to program development, administrative management within the clinical setting, and experience with the varied roles and responsibilities of a psychologist within the health care system.
- d. Residents will further refine research and/or program evaluation skills and complete a theoretically-based research/program evaluation project in PTSD and related issues.
- e. Residents will develop skills and self-confidence in providing consultation and training to colleagues from other disciplines on issues related to trauma-response consistent with an advanced level of training.

The PTSD emphasis area resident is assigned to work in either the TSRP, PRRP, or iVET as a primary emphasis rotation experience. The PTSD emphasis postdoctoral residents will also collaborate with the Training Director(s) to identify the secondary rotation within the facility that best compliments their career interest/goals and learning needs. The secondary rotation may another PTSD rotation pending this serves in meeting learning needs/goals.

### **Military Sexual Trauma and Dialectical Behavior Therapy (MST/DBT) Emphasis-1 position**

The MST resident will gain specific expertise in working with Veterans who have experienced Military Sexual Trauma (MST). This residency is unique in that it emphasizes both clinical training and training that is systems/administrative in nature through functioning as a junior MST Coordinator. As a junior MST Coordinator the resident will participate in outreach, education, and administrative activities. While this aspect of the resident's training is focused on MST Coordinator duties, the administrative and system learning would be easily applicable to other Coordinator roles within the VA and is good preparation for VA leadership. Clinical Training in this position will focus on evidence-based psychological assessment and treatment strategies for Veterans who have experienced MST. The resident will work with the MST Coordinators in the Traumatic Stress Recovery Program (outpatient PTSD clinic; see clinic description above in PTSD emphasis area) treating veterans with PTSD secondary to MST.

The MST Coordinator is responsible for outreach, education, and training related to MST throughout VAPIHCS and the community. The resident will be expected to collaborate with the MST Coordinator and participate in such activities, eventually taking on a lead role later in the training year. The resident's special project (Training Program Requirement) may be focused on an aspect of MST Programming or MST Process Improvement to further append deeper learning of strategic methods for solving systems issues.

Residents will also provide consultation to other providers related to MST, gaining knowledge in both the administrative and program development aspects of maintaining, deepening, and expanding services within a health care system.

The resident in this track will focus on the unique needs of MST survivors, that consist of a high population of women Veterans, inclusive of PTSD and other diagnostic presentations. This will include engaging in Evidence-Based Psychotherapies for PTSD (Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy), completing structured and unstructured assessments, and engaging in a range of both individual and group psychotherapies with a highly diverse Veteran population. EBPs will be engaged in a patient-centered manner, inclusive of cultural adaptations and incorporation of diversity variables.

In addition to training experiences described above, the MST resident will also engage in training in Dialectical Behavior Therapy (DBT). Based on the resident's prior experience with DBT, their training goals for residency, and discussions with their residency supervisors, residents can either engage in clinical training in DBT as either a "major" or "minor" portion of their residency.

DBT "Major:" Those residents who engage in DBT as a "major" clinical focus will have the opportunity to receive training in full-model comprehensive DBT, including all 4 modes of treatment; as such, residents would be expected to carry a caseload of individual therapy patients in comprehensive

DBT, lead and co-lead DBT skills groups, offer telephone coaching, and attend DBT consultation team meetings. Additionally, depending on the resident's prior DBT experience, the resident may also have opportunity to receive training in delivering the DBT Prolonged Exposure (DBT PE) protocol for the treatment of PTSD within the context of comprehensive DBT. To balance residency training opportunities, these experiences in DBT will comprise the majority of the resident's clinical experience during the training year. This option will likely be an optimal fit for residents with significant prior DBT experience.

DBT "Minor:" Rather than having the resident engage in all 4 modes of comprehensive DBT, the resident engaged in DBT training as a "minor" clinical experience would emphasize training in learning DBT skills and teaching the skills to Veterans in group and/or individual therapy. As such, although the majority of the resident's clinical and administrative time would be allocated to responsibilities outside of DBT, the resident would have the opportunity to (1) lead and co-lead DBT skills groups and/or (2) administer short-term (2-4 month) episodes of individual therapy emphasizing individualized teaching and coaching in DBT skills in the service of behavioral stabilization for lower-risk Veterans. This option will likely be an optimal fit for residents with minimal-to-no prior DBT experience.

Residents may also have the opportunity to engage in special projects related to DBT programming depending on their interests and experience. Special projects may take the form of program evaluation, quality improvement projects, or (more rarely) formalized research.

Interested residents should begin discussions with residency supervisors and the training director early to discuss this possibility.

Supervising Psychologists: Kristen Eliason, PhD, Angie Heiligenthal, PhD, Trevor Coyle, PhD

**Training Objectives:**

- a. Provide evidence based, culturally sensitive treatment to Veterans for the most prevalent mental health disorders secondary to MST including mood disorders, PTSD and other anxiety disorders, substance abuse, somatoform disorders, and borderline personality disorder.
- b. Respond in a timely and effective manner to MST/TSRP consults/referrals by contacting the Veteran, completing mental health screenings, determining psychiatric diagnoses and developing treatment plans.
- c. Work effectively with the MST Provider Network, an interdisciplinary group of mental health and allied health professionals who coordinate health care for Veterans with MST.
- d. Coordinate referrals to appropriate mental health programs if more intensive mental health interventions are required (e.g., eating disorder treatment programs, residential care for MST, etc.).
- e. Engage in research, program evaluation, administrative and educational activities related to trauma and health in the MST program and/or other programs specific to women Veterans.

## **Primary Care-Mental Health Integrated Care (Mental Health in Primary Care)/Whole Health-1 position**

The Primary Care-Mental Health Integration/Whole Health resident will gain specific expertise integrating Mental Health Services into Primary Care while offering Whole Interventions from a health psychologist perspective. Training in this position will focus on an integration of time-limited psychological assessment, evidenced-based treatment strategies and full participation within Primary Care. The resident will apply the Whole Health System of care in various ways. The resident assigned to the mental health in primary care position will have an opportunity to work in several facility programs throughout their training year. The engagement in Whole Health programming will allow the resident to gain experience in program evaluation & intervention development for staff and Veterans in a holistic approach to healthcare. This can include developing and implementing well-being programs and community engagement.

- a. The resident will be a member of the mental health in primary care interdisciplinary team and will also have opportunities to work with Primary Care PACT teamlets and other allied health professionals.
- b. The resident will establish close functional relationships with all the mental health programs since the resident will be referring some patients to these programs. The resident will work with members on the interdisciplinary team in each mental health program.
- c. The resident will have opportunities to work with other programs that coordinates with the Whole Health Program. The resident will establish close functional relationships with all VA programs and service lines as the Whole Health Program will be working closely with staff and Veterans.

Supervising Psychologists: Theo Stratis, Ph.D. and Tanecia Blue, Ph.D., ABPP

### **PCMHI Training Objectives:**

- a. Maintain fidelity to the PCMHI model which includes 4 – 6, thirty-minute sessions and implementation of measurement-based care self-report measures.
- b. Participate in PCMHI Competency Training.
- c. Respond immediately and effectively to requests for primary care mental health services from the Ambulatory Care Center (ACC) and Community Based Outpatient Clinics (CBOCs) by completing mental health functional assessments, determining appropriate level of mental health care and developing appropriate mental health treatment plans.
- d. Use of time-limited evidence-based practice for self-management of chronic pain, and psychophysiological disorders, stress management interventions, weight management interventions, and insomnia.
- e. Work and consult effectively with other interdisciplinary mental health teams, PACT teamlets and allied health professionals in the primary care clinics to coordinate health care for VA beneficiaries.

### **Whole Health Training Objectives:**

- a. Learn and implement three central components of Whole Health System model. Specifically, offer interventions as part of the Pathway to Whole Health, groups such as mindfulness, biofeedback as part of the Well-Being aspect of Whole Health, and offer Whole Health Clinical Care.
- b. Partner with other integral services to train in Motivational Interviewing/Whole Health Coaching and implementation of Complementary and Integrative Health (CIH) approaches to staff and patients.

## **Rural/Underserved Populations Emphasis-1 position**

Residents in this emphasis area will learn how to provide multiculturally sensitive and appropriate treatments to a wide range of racial/ethnic and cultural groups (including Chamorro, Samoan, Pacific Islander/Hawaiian, Filipino, etc.) represented within the Pacific Basin. This will include the application of Evidence-Based Psychotherapies (EBPs) in a manner that is culturally sensitive.

Supervising Psychologists: Brian Kelley, PsyD, Michael Mahoney, PhD, and Jueta McCutchan, PsyD

### **Training Objectives: Telehealth/Rural Health**

- a. Within the telehealth/rural health portion of the emphasis area, residents will have the opportunity to gain experience providing therapy and assessment services to rural locations within the Pacific Basin using the video-teleconferencing modality (VTC).
- b. Residents will be responsible for providing tele mental health services to rural health Community Based Outreach Clinics (CBOCs) and remote clinics that may include: Hawaiian Island CBOCs, American Samoa CBOC, Guam CBOC, and the Saipan clinic located within the VA Pacific Islands Health Care System.
- c. Residents may provide psycho-diagnostic testing, individual, group or family therapy as part of this rotation. Residents will have opportunities to provide a wide range of evidence-based interventions, including but not limited to Cognitive Behavioral Therapies (CBT), Cognitive Processing Therapy (CPT), and Motivational Interviewing (MI) for veterans in rural settings through the telehealth modality. Residents will be introduced to material and information specifically on Pacific Islander cultural practices and they will be encouraged to incorporate cultural considerations in more depth with case conceptualizations. Residents may also gain experience conducting different risk assessments, including suicide and intimate partner violence danger assessments.
- d. One of the highlights of the rural health rotation is the opportunity to collaborate with the larger rural communities in which veterans reside. Residents on this rotation will gain skills in collaborating with community partners through virtual outreach and educational opportunities throughout the year.
- e. Residents within the telehealth rotation will have the opportunity to engage in umbrella supervision with incoming interns. This may involve observation and feedback to interns on Comprehensive Mental Health Evaluations (CMHEs).
- f. Travel to CBOCs *may* be included for this rotation pending availability of training travel funds, where residents typically conduct outreach presentations in the community while also conducting work in-clinic ranging from comprehensive evaluations, psychodiagnostics testing to individual or group therapy sessions.

### **Training Objectives: Homeless, Rural, and Underserved Populations**

- a. The homeless/underserved (via H-PACT) portion of the emphasis will provide advanced clinical training in the provision of mental health services for homeless and underserved veterans along the Leeward Coast, Central Oahu, and North Shore regions of Oahu. Residents will gain expertise integrating psychology services into primary care while serving as an integral member of a multidisciplinary team.
- b. To further enhance HPACT residency training, opportunities for umbrella supervision and development of leadership and program development skills will be encouraged. Examples include: live clinical observation and provision of feedback to HPACT intern after team-based outreach; live clinical observation and provision of feedback on intern comprehensive mental health evaluations (CMHEs) and integrative psychodiagnostic assessments and neuropsychological screens; facilitation of HPACT biweekly interdisciplinary meetings with our Primary Care staff; serve as HPACT lead during weekly Homeless Program Strategic Planning meetings; provide updates and didactics during all-staff Homeless Program meetings (~95 staff); and, offering didactics and professional presentations within VAPIHCS and for our community partners.
- c. H-PACT embraces a community-based model of care organized around the unique challenges homeless veterans face accessing and engaging in care. In 2011, VACO funded 32 startup sites including the Oahu H-PACT as a demonstration project. The H-PACT Program has since undergone considerable growth across the nation supported by data-driven success in using this model for homeless healthcare. There are now ~75 H-PACTs embedded in over 1/3 of all VA Primary Care clinics.
- d. At the heart of the H-PACT rotation, residents will be exposed to the complex realities of veteran homelessness in the more rural areas on Oahu, and actively contribute to the VA's national effort to end veteran homelessness. Clinically, mostly moderate to severe ranges of pathology are addressed, often including comorbid psychiatric and medical/neurological conditions.



- e. With respect to homeless outreach, a team-based approach is embraced. This means HPACT residents will engage in outreach together with the H-PACT psychology intern, psychologist, and social worker. At times, outreach may also be integrated with our H-PACT Primary Care team.
- f. Overall, H-PACT residents will conduct team-based community outreach, individual psychotherapy, psychodiagnostic examinations, and neuropsychological screens. Opportunities for group therapy are also available. As desired and clinically indicated, residents may gain additional experience providing evidence-based treatments for PTSD including Prolonged Exposure (PE) Therapy and Cognitive Processing Therapy (CPT), as well as addressing various etiologies to cognitive impairment via Compensatory Cognitive Training (CCT), another evidence-based treatment protocol.

## **Lesbian, Gay, Bisexual, Transgender, and Queer+ (LGBTQ+) Veterans Health Emphasis**

### **Training Objectives:**

- a. Respond effectively to LGBTQ+ referrals
  - a. Mental health referrals by contacting the referred Veteran, completing mental health screenings, determining psychiatric diagnoses, and developing psychological and mental health treatment plans.
  - b. System referrals by contacting the referred Veteran, providing information about resources, ensuring connection to services, and advocating for quality of care.
- b. Provide evidence-based, culturally sensitive and appropriate, biopsychosocial-spiritual clinical assessment and intervention.
  - a. Within mental health, assessment and treatment will be for a wide range of mental health disorders including mood disorders, PTSD and other anxiety disorders, substance abuse, somatoform disorders, and personality disorders. Treatment will include both individual and group psychotherapy, and the focus may or may not be related to LGBTQ+ identity.
  - b. Within the system, facilitate Whole Health Wellness groups (for example, sexual minorities, gender minorities, or LGBTQ+ relationships), as well as, health education group, "Pride in All Who Served." The "Pride in All Who Served" group is a cohort-based, Whole Health group that focuses on addressing the healthcare disparities of LGBTQ+ Veterans.
- c. Demonstrate knowledge of and ability to effectively implement health behavior interventions for the promotion of general health and address health risk behaviors as part of disease prevention and chronic disease management and integrated mental health care with focus on areas that have higher rates in LGBTQ+ community (e.g., diet, exercise, tobacco use, alcohol use, chronic stress, chronic illness). These interventions will be within Mental Health, Primary Care, and Whole Health Programs.
- d. Participate and facilitate training/coaching of staff
  - a. Within mental health, examples include supporting Mental Health staff with knowledge about available services, supporting DEI efforts in the facility, or working with the psychology intern in training program.
  - b. Within the system, examples include working with primary care and specialty medical team members and other administrative staff to effectively provide affirmative care via improving patient communication, use of affirmative language, and ensuring care models include affirmative, proactive treatment plans.
- e. Engage in program development, evaluation, and educational activities related to the unique needs of LGBTQ+ Veterans (e.g., needs assessment, developing new or adaptation of existing VHA programs, guiding program implementation and coordinating evaluation strategies to help determine the efficacy of programs, participation in facility-level workgroups, or development of information/outreach campaign materials).
- f. Conduct outreach for LGBTQ+ events for special observances (including but not limited to Pride Month, National Coming Out Day, Transgender Awareness Month, or the September anniversary of when Don't Ask, Don't Tell was overturned).

- g. Demonstrate knowledge of and ability to develop messaging for LGBTQ+ Veteran needs.
- h. Demonstrate skill in consulting with and supporting the other mental health providers, primary care teams, specialty care teams, administrative teams, patient health education team members, and other facility departments/teams to support a culture of affirmative care. This includes attending Behavioral Health Interdisciplinary Program meetings, participating/leading the LGBTQ+ committee, and collaborating with the LGBTQ+ Special Emphasis Program Manager for LGBTQ+ Employees.
- i. Develop a performance improvement project in some aspect of LGBTQ+ health and wellness (this can be for your EBQI requirement or separate).

## ***Requirements for Completion***

To maintain good standing in the residency program, residents need to satisfactorily engage in their individualized training plan, review their progress in weekly supervision, attend required administrative meetings and required didactic training, and comply with other administrative requirements of the residency program. By the end of the postdoctoral training year, residents need to have met the minimum levels of achievement and completed: 1) primary emphasis area and one or more secondary rotations, 2) a minimum of two education teaching presentations, 3) a minimum of six psychological evaluations, 4) 12 intake assessments, 5) 20 hours of relational learning in the community, and 6) completed a research/EBP/QI project.

## ***Facility and Training Resources***

A trainee chart room equipped with computer work stations and storage areas provides a common area for residents (along with psychology interns) to complete charting and administrative tasks. Residents may reserve interview rooms in the trainee area as needed for providing clinical services. In many of the rotations, clinical services are provided by the resident in group and interview rooms available to the clinical program. Audio and video recording equipment is available, along with necessary consent procedures and forms, to enable residents to record sessions for review in supervision. Clerical support for clinical scheduling and documentation needs is available through the clinical programs of the various rotations. There is program support assistant within Mental Health Services that offers support for administrative aspects of the training program, (e.g., timekeeping, payroll, etc.).

## ***Administrative Policies and Procedures***

Authorized absence (paid leave time) of up to five days per year may be granted with approval of the Training Director for purposes of attending external didactic training or conferences, federal employment interviews, or other training activities consistent with our mission of ensuring that Veterans have continuing access to highly qualified psychological staff. Our training program does not discriminate against and will provide reasonable accommodation for qualified individuals with disabilities when such an adjustment or change is requested and needed at work for a reason related to a medical condition. Requests for accommodation do not need to be made during the application process. However, if accommodations are needed, requests should be submitted as soon as possible after selection to enable the program to make necessary arrangements.

Problem resolution and complaint procedures to ensure residents have due process in addressing concerns are described in our Psychology Postdoctoral Residency Policies and Procedures Manual that is given to and reviewed with all incoming residents (available to residency candidates upon request).

Consistent with the [APA Ethical Principles of Psychologists and Code of Conduct](#), trainees involved with the VAPIHCS psychology training program are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others). In situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk, disclosure is required. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's

responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees are invited to engage in discussion about their various cultural identities as part of diversity exercises. Although not required, we also encourage trainees to self-disclose as a part of self-reflective process and engagement in growth within the supervisory relationship. Our staff psychologists do not provide psychotherapy for residents though we encourage residents to address personal concerns in therapy. Limited service is available via an Employee Assistance Program; Hawaii law mandates that health insurance plans include psychotherapy; and some psychologists in our community may provide therapy to students pro bono or at a reduced rate.

We do not collect personal information, including “cookies” or monitoring visits of access to our website.

## ***Training Staff***

***Angela L. Adams, PsyD*** (she/her) is the Program Manager for the PTSD Residential Recovery Program (PRRP). Dr. Adams received her doctoral degree in Clinical Psychology from Pacific University in Forest Grove, OR and completed her psychology internship at Naval Medical Center San Diego. Prior to her work at VAPIHCS, Dr. Adams served as an active-duty Navy psychologist, providing supervision and leadership to mental health staff and a wide range of psychological services to diverse military populations. Following her active-duty service, she worked as a civilian psychologist for the Department of Defense. She served as Chief of Clinical Services and Family Advocacy Representative at Navy Fleet and Family Support Center in Bangor, WA; Internal Behavioral Health Consultant at Tripler Army Medical Center's Family Medicine Clinic in HI; and a Staff Psychologist at the Embedded Behavioral Health Clinic at Schofield Barracks, HI. Her professional interests include military psychology, treatment of PTSD and comorbid conditions, evidence-based treatments (CPT, PE, DBT, CBT, CBT-I, etc.), residential treatment, clinical supervision, and psychological consultation. She is a VA certified Prolonged Exposure provider and is also trained in Accelerated Resolution Therapy (ART). **Her diversity interests include military vs. civilian culture and associated identity issues, addressing the needs of underserved populations, and cultural adaptations of empirically based treatments.** She enjoys traveling, running, cooking, gardening, dancing, spending quality time with her friends and family, and relaxing at the beach or by the pool.

***Allison C. Aosved, PhD, ABPP*** (she/her) is the Program Manager for the Intensive Virtual EBP Team (iVET) at VA Pacific Islands Health Care System. She is board certified in Behavioral and Cognitive Psychology. She earned her degree in Clinical Psychology from Oklahoma State University. She completed a doctoral internship at the Seattle Division of VA Puget Sound and postdoctoral residency at the National Center for PTSD, Pacific Islands Division. She is licensed in Hawaii since 2007. Dr. Aosved currently serves as both a trainer and consultant for the National VA Prolonged Exposure (PE) dissemination initiative. She has previously served as a Staff Psychologists and Director of Training at two VA Health Care Systems (and was recognized by APA Division 18 VA Section in 2017 with their outstanding Training Director Award). Dr. Aosved served as the secretary for the national VA Psychology Training Council (2012-2016) and served on the Association of Psychology Postdoctoral and Internship Centers (APPIC) board of directors (2015-2022). **Her diversity interests include serving traditionally underserved populations (including women and LGBTQAI identified veterans), social responsivity, and improving access to evidence-based interventions for diverse veterans.** Her professional and scholarly interests also include Behavioral and Cognitive Psychology, clinical supervision and training, dissemination of evidence-based interventions, program evaluation and quality assurance specific to implementation of evidence-based treatments, sexual violence prevention, and best practices in doctoral and postdoctoral psychology training.

***Henry Beck, Psy.D.***, is the Workplace Violence Prevention Program (WVPP) Manager. He formerly worked in the field of clinical and forensic psychology at Patton State Hospital, CA, and was also the Director of a private forensic psychology clinic before moving to Hawaii in 2009 where he transitioned to working with active duty Army service members at Schofield Barracks. Dr. Beck has completed seven

academic years of postdoctoral psychotherapy training with Gestalt Associates Training Los Angeles. Dr. Beck maintains a small private practice in Honolulu. **His professional interests include Gestalt therapy, psychotherapy phenomenology, and criminal risk assessment.** Hobbies include running, stand up paddle boarding, and motorcycle riding.

**Jodi C. Bell, Psy.D.** (she/her) is a licensed staff psychologist in the Intensive Virtual EBP Team (iVET). She completed her doctorate in Clinical Psychology at Loma Linda University in Southern California. Dr. Bell completed both her doctoral internship and her postdoctoral residency with an emphasis in PTSD at the VA Pacific Islands Health Care System. She is a VA certified Prolonged Exposure and Cognitive Processing Therapy provider, has a certification in Primary Care Mental Health Integration services, and has specialized training working with underserved/rural and SMI populations. **Her professional interests include the adaptation and implementation of evidence-based treatment to diverse patient populations, complex trauma, improving access to care, patient advocacy, and working within a patient centered, recovery-based model. As a clinician her approach combines cognitive behavioral and psychodynamic approaches.** She enjoys being a badass, traveling, hiking, watching true crime documentaries, all ocean activities, and spending times with her friends, family, and dogs.

**Tanecia Blue, PhD, ABPP** (she/her) is the Program Manager for the Whole Health Program at VA Pacific Islands Health Care System. She is board certified in Clinical Health Psychology. She earned her degree in Counseling Psychology from Texas Tech University. She completed a doctoral internship at the Southwestern Consortium Predoctoral Psychology Internship (SCPPI) and postdoctoral residency at the Memphis VA Medical Center. She is licensed in Iowa since 2011 and Hawaii since 2015. Dr. Blue is currently the Diversity and Inclusion Officer for Society for Health Psychology, Division 38 of American Psychological Association. She has previously served as a Staff Psychologist, Assistant Director of Training at a previous VA, and Director of Training at Tripler Army Medical Center. Dr. Blue's diversity interests include promoting health and healing in underserved populations through the use of various interventions such as mindfulness and biofeedback. Professional and scholarly interests include health and wellness, clinical supervision and training, program evaluation and quality assurance specific to implementation of evidence-based treatments, and best practices in postdoctoral psychology training.

**Renee M. Boeck, Ph.D.** (she/her) is the Team Leader and PTSD/SUD psychologist in the Traumatic Stress Recovery Program (TSRP). She earned her Ph.D. in Clinical Psychology at the University of Missouri-St. Louis. Dr. Boeck completed her doctoral internship at the Southeast Louisiana Veterans Health Care System in New Orleans and her postdoctoral residency with an emphasis in PTSD at VAPIHCS. She is trained and certified in Cognitive Processing Therapy and Prolonged Exposure and has completed training in Motivational Interviewing and DBT. She is currently completing training and certification for Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD). Prior to her training in Clinical Psychology, Dr. Boeck taught middle school in Baltimore, earned a Master's degree in International Disaster Psychology at the University of Denver, and worked in the non-profit field. Her professional interests include trauma recovery and PTSD related to both combat and sexual trauma, integrated care, providing psychotherapy to ethnically diverse populations, and program development. **Her professional diversity interests include the adaptation and implementation of EBTs in diverse groups, issues of clinician bias in assessment and treatment, and the mental health impacts of racism and sexism.** In her free time, she enjoys going to the beach, traveling, hiking, singing, watching movies, and spending time with friends.

**Molly Brennan, Ph.D.** (she/her) is a clinical psychologist in the in the PTSD Residential Recovery Program (PRRP). She completed her doctoral training in Clinical Psychology at Palo Alto University in Palo Alto, CA with an emphasis on Diversity and Community Mental Health and LGBTQ+ Psychology. She completed her pre-doctoral internship and post-doctoral residency with an emphasis in PTSD at the VA Pacific Islands Health Care System. She is trained and certified in Cognitive Processing Therapy and Cognitive Behavioral Therapy for Psychosis and has specialized training in Acceptance and Commitment Therapy and working with compulsive sexual behaviors as well as SMI. Her professional interests include trauma recovery and PTSD related to complex, combat, and sexual trauma, evidence-based treatments (CPT, PE, ACT, MI, etc.), and program development and evaluation. **Her diversity interests include adaptation and implementation of evidence-based treatment for diverse and underserved**

**populations, biopsychosocial impacts of social inequality, and intersectionality of internalized stigma and social connectedness.** Dr. Brennan utilizes an ACT-oriented approach to case conceptualization and integrates evidence-based interventions (CPT, PE, ACT, DBT, MI, Mindful Self-Compassion) to provide patient-centered and recovery-oriented treatment. She enjoys gardening, beach/ocean activities, hiking, yoga, tennis, live music, playing with her dogs, and spending time with family and friends.

**Desiree C. Cabinte, Ph.D.** (she/her) is a psychologist in Women's Health Primary Care Mental Health Integration. She completed her doctoral training at University of Wisconsin, Madison in Counseling Psychology. Born and raised on Oahu, she happily returned to Hawaii to complete her training. After completing her pre-doctoral internship at VA Pacific Islands Healthcare System, she continued with VA PIHCS and completed a postdoctoral fellowship with an emphasis in Military Sexual Trauma. Her professional interests include general mental health, providing individual and group psychotherapy, working with survivors of combat and sexual trauma and underrepresented and unserved groups. **Her diversity interests include racial and ethnic identity development, multiracial/mixed heritage individuals' experiences, cultural adaptations of empirically based treatments and racial and cultural variables in treatment.** She enjoys traveling, cooking and baking, reading, spending time with her family and miniature dachshund, Tootsie.

**Judy Carlson, EdD, APRN, FNP** (she/her) is a Nurse Scientist and Advanced Practice Nurse at VA Pacific Islands Health Care System. Previously, she was a Sr. Nurse Scientist at Tripler Army Medical Center for 10 years and prior to that the CEO of her private practice in North Carolina as well as tenured faculty/researcher at several universities on the East Coast. For several years she taught EBP workshops on a state level and has served as a mentor to multiple VA and TAMC based clinical EBP and DNP EBP projects. At the VA, she founded the EBP Council and has been a leader in creating an EBP culture throughout the Pacific Islands. As a scientist and practitioner, her clinical, research and grant interests involve the investigation of the impact of neurofeedback on several health issues, to include mTBI, PTSD, and sleep disorders. Her previous research and grant interests included the use simulation in training, capturing nursing outcomes of care, professional terminologies development, empowerment of nurses, and care of battered women. Dr. Carlson, received an EdD, a research doctorate, at Rutgers University in Program Development and Outcomes Research, her Masters of Nursing Science at Hunter University in Bio-Behavioral Nursing, and a Bachelor's of Nursing Science at Long Island University. She received a post-doctoral certificate in Family Nurse Practice from University of Virginia. She is Board Certified in Neurotherapy. She enjoys traveling, ballroom dancing, tennis, and spending time with family and friends.

**Trevor Coyle, Ph.D.** (he/him) is a staff psychologist working in the Traumatic Stress Recovery Program (TSRP) and the Dialectical Behavior Therapy (DBT) program at the VA Pacific Islands Health Care System (VAPIHCS). He completed his Ph.D. in Clinical Psychology at the University of Washington, with a doctoral internship at VAPIHCS and an SMI-focused postdoctoral fellowship at VA Puget Sound's Seattle division. His professional and scholarly areas of interest include treatment for suicidal behavior, trauma-focused recovery, dissemination and implementation of evidence-based treatments (including DBT, PE, and CPT), and education/training. Additionally, he serves as a national trainer and consultant for full-model DBT through the VA's rollout of DBT through Suicide Prevention 2.0, in addition to serving as a trainer in the DBT Prolonged Exposure (DBT PE) protocol. **His professional diversity interests include culturally sensitive implementation of evidence-based treatments, improving access to effective services for underserved populations (including gender and sexual minorities, women Veterans, and Veterans with SMI), and social justice.** In his free time, Dr. Coyle can be found haphazardly swimming in shallow beach waters, playing dance-themed video games to approximate exercise, and watching reruns of the Golden Girls with his partner and ill-behaved cat.

**Natalie A. Crommett, Psy.D.** (she/her) is a clinical psychologist and the Clinic Lead for the Substance Treatment and Recovery (STAR) program. She received her doctorate from the Fuller Theological Seminary, Graduate School of Psychology, and she completed both her predoctoral internship and postdoctoral residency with an emphasis in PTSD at VA Pacific Islands. Prior to coming to Hawaii, Dr. Crommett completed her training in integrated medical settings throughout the greater Los Angeles area, working primarily with underserved patient populations with high levels of trauma, exposure to community

violence, and substance use difficulties. She enjoys working with Veterans with complex clinical presentations, leading dynamic interdisciplinary teams, and using psychological interventions to empower others to recover and grow from adversity. Her **professional interests include program development and evaluation, addressing disparities in mental health care for marginalized or stigmatized patient populations, and cultural and diversity issues in psychotherapy. As a clinician, she is highly passionate about the treatment of substance use/addiction difficulties and providing concurrent treatment for co-occurring disorders, particularly PTSD and complex trauma.** In her free time, she enjoys hiking, yoga, drawing/painting, traveling, going to the beach, and admiring dogs of all shapes and sizes.

**Ken Delano, PhD,** (he/him) is a clinical psychologist in the PTSD Residential Recovery Program (PRRP). He completed his Ph.D., in Clinical Psychology at the California School of Professional Psychology, San Diego, CA (now known as Alliant University). He served as an active-duty Army psychologist for 7 years, working as Chief of Psychology at the MEDDAC in Nuremburg, Germany, and as Assistant Director of Clinical Training at Walter Reed Army Medical Center. He worked as a DOD civilian psychologist at FT Carson, CO. While there, he worked as Chief of Psychology, and he played a role in the development of major new treatment programs and initiatives that are now recognized as best practice in the U.S. Army (EBH, IOP, CAFAC/CAFBHS, CSSRS). He moved to Hawaii in 2014 to develop, and serve as Clinical Director for, an inpatient trauma recovery treatment program at Kahi Mohala. His professional interests include military psychology, trauma recovery, building resiliency, DBT skills groups, behavioral health program development and leadership, and clinical supervision and training. **His professional diversity interests include military culture, gender identity and sexual orientation, and social justice.** He enjoys playing tennis and golf, walking his dog, and enjoying time with his family.

**Kaleigh DeSimone, Psy.D.** (she/her) is a clinical psychologist within Primary Care Mental Health Integration at the Windward Community Based Outpatient Clinic (WCBOC). She also serves on the Ethics Committee and the LGBTQ Workgroup. She earned her undergraduate degree from Boston College and her doctoral degree from William James College in Massachusetts. She completed an APA-accredited psychology internship at the Coatesville VAMC and a postdoctoral residency in LGBTQ Health Care at VA PIHCS. Following residency, she worked with Active-Duty soldiers with the Center for Deployment Psychology at Tripler Army Medical Center, serving as faculty, instructor, and assistant director of psychology training. She also provided evidence-based psychotherapy and assessment to Active-Duty soldiers across levels of care at TAMC. Her professional interests include feminist theory and supervision, the advancement of LGBTQ health care, PTSD treatment, psychological assessment, and suicide prevention. Her personal interests include spending time outdoors with family and friends, playing with her French Bulldog, engaging in community activism, trying new local restaurants, traveling, and yoga.

**Kristen Davis Eliason, Ph.D.,** (she/her) is a staff psychologist in the Traumatic Stress Recovery Program (TSRP), Assistant Training Director-Internship at VAPIHCS, and Associate Military Sexual Trauma Coordinator. She completed her Ph.D. in Clinical Psychology at Biola University and her internship and post-doctoral residency at VA Pacific Islands Health Care System (post-doctoral specialization in Women's Health and Military Sexual Trauma). Dr. Eliason is a VA certified Cognitive Processing Therapy, Prolonged Exposure, and Motivational Interviewing provider and often functions integratively in her clinical work pulling from both her attachment-based psychodynamic training as well as briefer modalities (Emotion Focused, Brief Psychodynamic, Cognitive Behavioral). Her professional interests include trauma recovery and PTSD related to both combat and sexual trauma, women's mental health, and education and training. **Her professional diversity interests include spirituality within trauma recovery as well as the intersection between spirituality and women's issues including variables such as ambivalent sexism, gender harassment, and sanctified sexism.** In her free time, Dr. Eliason can be found surfing, hiking, running, and fixing up her fixer-upper with her husband and two kids.

**Freda Feng, Ph.D.** (she/her) is a staff psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC). She completed her doctoral training in Clinical Psychology at Palo Alto University in Palo Alto, CA with an emphasis on Diversity and Community Mental Health. She completed her pre-doctoral internship at the Jerry L. Pettis Memorial VA Medical Center in Loma Linda, CA and completed a postdoctoral fellowship at the San Francisco VA Medical Center with an emphasis in Geropsychology. Prior to joining VA-PIHCS, Dr. Feng worked in the community mental health setting as a therapist, clinical supervisor, and program manager at Asian Americans for Community Involvement (AACI) in San Jose, CA in the Adult & Older Adult and Integrated Behavioral Health clinics. Prior to joining the PRRC team, Dr. Feng also supervised clinical training as staff psychologist in the Behavioral Health Interdisciplinary Program (BHIP) at VA-PIHCS. **Dr. Feng's clinical background includes Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Interpersonal Psychotherapy, and Mindfulness-oriented interventions along with emphasizing a strength-based, bio-psycho-social perspective towards clinical care and supervision.** Her professional interests include integrated mental health care, reducing stigma of mental treatment among diverse populations and aging-related issues. Dr. Feng enjoys spending time with her family and friends exploring Oahu's culinary scene, baking, and taking her dog to the beach.

**Timothy Freson, Ph.D.**, (he/him) is a staff psychologist in the Traumatic Stress Recovery Program (TSRP) at the VAPIHCS. He earned his Ph.D. in Clinical psychology at Washington State University and completed his pre-doctoral internship at VAPIHCS. Dr. Freson was hired by the VAPIHCS immediately after earning his doctorate and completed postdoctoral work in the TSRP with an emphasis in combat and childhood trauma. He is trained and certified in Cognitive Processing Therapy and Prolonged Exposure and has completed training in Dialectical Behavior Therapy and Eye Movement Desensitization and Reprocessing. His professional interests include trauma-focused recovery, building resiliency, and PTSD related to combat, sexual, and childhood trauma. He provides individual and group evidence-based psychotherapy for wholistic integrated care. Dr. Freson also serves as a facilitator of DBT Skills Groups for the VAPIHCS. Prior to his training in Clinical Psychology, Dr. Freson earned a Masters degree in Kinesiology with an emphasis in psychoneuroimmunology at Washington State University (WSU), served as adjunct faculty in the Department of Educational Leadership & Counseling Psychology at WSU for 11 years, and also served as a health educator and researcher in Health & Wellness Services at WSU for 18 years. He worked with college students to address a wide range of issues including body image/eating disorders, substance use, sexual decision making, sexual assault/sexual harassment, exercise physiology, wellness, and maintenance of general health. **Dr. Freson's diversity interests include racial and ethnic identity development, gender identity development, and the impact of gender role conformity on mental and physical health for men.** His personal interests outside of work include stand up paddling, snorkeling, hiking, visiting with friends/family, and eating good food.

**Daryl Fujii, Ph.D., ABPP-CN** (he/him) is a staff Neuropsychologist at the VA Community Living Center. He received his Ph.D. from the University of Wyoming in 1991, interned at the Sepulveda VAMC, and completed a postdoctoral fellowship at the Rehabilitation Hospital of the Pacific. Daryl earned his diplomate in clinical neuropsychology from the American Board of Professional Psychology in 1999 and was elected to fellow status of the American Psychological Association in 2006. His research interests include cross-cultural neuropsychology, schizophrenia, geriatrics, secondary psychosis, and psychosis secondary to traumatic brain injury. Publications include two edited books: *The Spectrum of Psychotic Disorders: Neurobiology, Etiology, and Pathogenesis (2007)* and *The Neuropsychology of Asian-Americans (2010)*. Daryl is currently a member of the National VA Psychology Training Council, Multicultural Subcommittee and the Chair of the VAPIHCS Institutional Review Board (IRB). **His professional diversity interests include working with ethnic minority populations, especially Asian-Americans and Pacific Islanders.**

**Anthony Giardina, Psy.D.** (he/him) is a psychologist within the Primary Care Mental Health Integration (PCMHI) team and VA Motivational Interviewing Trainer and Consultant. He completed his Psy.D. in Clinical Psychology at Baylor University in Texas. Dr. Giardina completed both his generalist doctoral internship and postdoctoral residency in Health and Addictions at the Portland VA in Oregon. Prior to transferring to VAPIHCS, he was a Staff Psychologist at Portland VA working in STAR and the general mental health clinic. His professional areas of interest are motivational interviewing practice and training,

ACT and mindfulness interventions, and supervision. He is a VA trainer and consultant for motivational interviewing. **His professional diversity interests include adapting collaborative/humanistic therapies to traditionally hierarchically oriented patients.** In his free time, he enjoys surfing, yoga, meditation, fishing, live music and spending time with family and friends.

**Lauren J. Glamb, Psy.D.** (she/her) is a psychologist in the TSRP (Traumatic Stress Recovery Program). She completed her Psy.D. in Clinical Psychology at Pepperdine University. Dr. Glamb completed her doctoral internship at the Jerry L. Pettis Memorial VA Medical Center in Loma Linda and her postdoctoral residency with an emphasis in PTSD at Long Beach VA. Prior to transferring to VAPIHCS, she was a Staff Psychologist at Long Beach VA working in PTSD and Telemental Health. In addition, during her time on staff at VAPIHCS, she spent two years working on the National Center for PTSD VA Palo Alto Health Care System's Mobile Mental Health Apps Team. Her professional areas of interest are evidence-based treatments, telehealth, integrating technology into treatment, program development, and diversity issues. Dr. Glamb has completed VA Provider training and provides supervision in Motivation Enhancement Therapy for Substance Use Disorders, Cognitive Processing Therapy, Prolonged Exposure, and Cognitive Behavioral Therapy for Insomnia. **Her professional diversity interests include adapting EBTs to be culturally congruent and improving access for rural Veterans through telehealth.** In her free time, she enjoys eating, gardening, going to the beach, hiking, and spending time with family and friends.

**Mary Harlinger, Ph.D.** (she/her) is a Licensed Clinical Psychologist and serves as the Health Behavior Coordinator, Tobacco Cessation Lead, and LGBTQ+ Veteran Care Coordinator. She received her doctorate in Counseling Psychology from Tennessee State University, with special emphasis on health psychology and military psychology. Dr. Harlinger has primarily worked in integrated care settings including co-located primary care, home-based primary care, chronic pain, internal medicine, specialty medicine, and medical weight loss. She is trained/certified in VA treatments: Motivational Interviewing for Mental Health and for Facilitation in Primary Care, Coaching Clinicians in Motivational Interviewing, Moving Forward in Primary Care, Cognitive-Behavioral Therapy for Insomnia, and Cognitive-Behavioral Therapy for Chronic Pain. **Dr. Harlinger professional interests focus on organizational change and what influences change, particularly cultural, systemic, institutional, and personal factors.** She enjoys gardening, yoga, hanging out with her cats, and is learning how to embroider.

**Angela Heiligenthal, Ph.D.** (she/her) is a psychologist with the TSRP (Traumatic Stress Recovery Program) as well as one of the facility's Military Sexual Trauma (MST) coordinators. She has provider status in Motivational Interviewing, Cognitive Processing Therapy, Prolonged Exposure, and Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative therapy. She is also a VA-certified mentor. She completed her Ph.D. in clinical psychology at Southern Illinois University with a pre-doctoral internship at the Federal Bureau of Prisons in Tallahassee, Florida. Her post-doctoral training took place as a trauma psychologist for the Federal Bureau of Prison in Alderson, West Virginia and as a forensic evaluator for the state of New Mexico at the New Mexico Behavioral Health Institute in Las Vegas, New Mexico. She has worked at several VA facilities primarily working with PTSD but also in PCMHI, GMH, C&P and MHICM and has served in administrative supervisory capacities. She acted as MST Coordinator in two prior VA facilities as well as VISN POC in the past. **Her professional interests include the role of empowerment, culture, and relationships in building/fostering resiliency in trauma recovery.** She integrates feminist multicultural, interpersonal, and cognitive-behavioral approaches in her treatment. She enjoys watching Turner Classic movies, time at the beach, and spending time with human and fur family.

**Christine R. Hernandez, Psy.D.** (she/her) is a Clinical Psychologist with the Home-Based Primary Care team (HBPC). Dr. Hernandez received her Psy.D., in Clinical Psychology from The Chicago School of Professional Psychology in Southern California. She completed her predoctoral internship at Loma Linda University, School of Medicine with a focus on Primary Care Mental Health Integration and Geropsychology. She went on to complete her postdoctoral residency in Primary Care Mental Health Integration with VA Pacific Islands Healthcare System. **Her professional and diversity interests include: health psychology, integrated healthcare, geropsychology, integration of religion/spirituality into psychotherapy, aging/life transitions, psychological assessment,**



**mindfulness, and behaviorally-based interventions.** Dr. Hernandez also enjoys spending time with her family, taking care of her dog, surfing, yoga, and diving.

***Nchewi Imoke, Psy.D.*** (he/his) is currently the Staff Psychologist for the inpatient unit located in the Tripler Army Medical Center where he engages in individual therapy, group therapy, and multidisciplinary consultation. He is from Howard County, Maryland and attended Pennsylvania State University for his undergraduate education where he majored in both Psychology and Sociology. He then attended The Chicago School of Professional Psychology (D.C. Campus) for his Doctoral Degree in Clinical Psychology. Dr. Imoke joined the United States Navy during his graduate school program and completed his internship at Walter Reed National Military Medical Center in Bethesda, Maryland. After completing his internship and doctoral degree, Dr. Imoke was stationed at Joint Base Pearl Harbor-Hickam from 2019-2022 where he obtained his license in Clinical Psychology and assumed responsibilities of Brig Psychologist and Substance Abuse Rehabilitation Program Division Officer. **His professional interests include Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Humanistic Psychology.** He enjoys spending time with his wife and son, traveling, watching football, listening to hard rock and hip-hop music, and going to the movies.

***Shiloh E. Jordan, Ph.D., ABPP*** (she/her) is the Director of Training for the VAPIHCS Psychology Internship and Residency programs, as well as a psychologist for the TSRP (Traumatic Stress Recovery Program). She is Board Certified in Counseling Psychology and serves as a VA CPT National and Regional (VISN 21) Trainer. She is currently an Association of Psychology Postdoctoral and Internship Centers (APPIC) Board Member, while also serving as Co-Projective Investigator on a VA national QI project examining telesupervision. She has also served on VA Psychology Training Council (VAPTC) Executive Committee as a Member-at-Large and Chair. She completed her Ph.D. in Counseling Psychology at the University of Missouri-Columbia, with a doctoral internship at the Southern Arizona VA Health Care System in Tucson, AZ. Dr. Jordan also completed a postdoctoral residency with an emphasis in PTSD at the National Center for PTSD Postdoctoral in Honolulu, HI. **Her professional and diversity areas of interest are trauma recovery and PTSD related to both combat and sexual trauma, implementation of evidence-based treatments in service of diverse populations, improving access and services for underserved populations via care and education/training, and advancement in supervision practices inclusive of telesupervision.** She enjoys hiking, spending time with family, and running.

***Lisa Kau Lee, Psy.D.*** (she/her) was born and raised in HI and is a clinical psychologist on the Psychiatric Evaluation and Treatment Team (PET Team) at VA PIHCS. She also serves LGBTQ+ employees as the LGBTQ+ Special Emphasis Program Manager for the facility and is on the Diversity and Inclusion Committee. She earned her doctoral degree from Fuller Graduate School of Psychology. She completed internship at Pacific Clinics in CA and postdoctoral residency in LGBTQ+ Health at VA PIHCS. She is trained in Cognitive Processing Therapy, Trans-Affirmative Narrative Exposure Therapy, CBT for Depression, CBT for Chronic Pain, and Interpersonal Therapy. **Her professional interests center around diversity issues and advocating for disadvantaged groups.** She enjoys spending time with friends/family, dancing hula, and eating.

***Brian W. Kelley, Psy.D.*** (he/him) is a neuropsychologist with the Homeless Patient Aligned Care Team (HPACT) and VAPIHCS Psychological Assessment and Assessment Training Coordinator. He completed his doctoral degree in clinical psychology from the American School of Professional Psychology in Orange County, CA, doctoral internship at VAPIHCS, and two-year fellowship in clinical neuropsychology at Barrow Neurological Institute in Phoenix, AZ. He is involved in state and national professional organizations including the Association of VA Psychologist Leaders (AVAPL), and he served as a member of the National Academy of Neuropsychology's Professional Affairs and Information Committee (PAIC) from 2014-2020. Professional interests include clinical supervision and training, neuropsychology, community outreach, and program development. **Professional diversity interests include understanding and addressing mental health stigma, particularly within underserved populations, and improving care access for houseless and other underserved/rural veterans.** He enjoys spending time with family and friends, surfing, fishing, playing ukulele, cooking, and traveling.

**Donald Kopf, Ph.D.**, (he/him) is the Program Manager for Outpatient Mental Health services. He previously worked as a compensation and pension examiner performing mental health evaluations for the VA since 2009 starting as a contractor and becoming a fulltime employee in 2013. Prior to this, he worked in private practice since 2000 with individuals and couples. He completed a Ph.D. from Texas Tech University in Counseling Psychology and performed an internship at the APA-accredited University of Hawaii Student Development Center. Following internship, he worked at Chaminade University for 10 years as counseling center director overseeing all aspects of the department and providing a full range of direct clinical services for students and consultations for staff. For the past 20 years, he has been a member of the American Psychological Association and Hawaii Psychological Association serving in various roles. For several years, he worked as state and federal legislative advocate providing testimony for bills at both the state and federal levels. In 2006, he was recognized with an award from HPA for Distinguished Service. Dr. Kopf enjoys the outdoors and completed a dissertation involving group development on outdoor challenge courses and has worked as a consultant for a local teen television program focused on promotion and development of mind, body and spirit.

**Maggi Mackintosh, Ph.D.**, (she/her) is a Clinical Psychologist with the National Center for PTSD – Dissemination and Training Division at VA Palo Alto and works remotely as a research mentor with psychology trainees at VA Pacific Islands Healthcare System (VAPIHCS). She worked at VAPIHCS from 2009 to 2016. Maggi received her doctorate in Clinical Psychology with an emphasis in Late Life Development from University of Southern California in 2009. She completed her clinical internship at the Portland Oregon VA Medical Center and her post-doctoral work with Dr. Leslie Morland at the National Center for PTSD – Pacific Islands Division. Prior to her training in Clinical Psychology, she earned a Master's Degree in Experimental Psychology and worked at NASA Ames Research Center in the San Francisco Bay Area, studying the impacts of new computer technologies in the aviation system. Her current research interests focus on identifying moderators and mediators of therapeutic effects for trauma-related conditions and associated symptoms (e.g., PTSD, dysregulated anger, interpersonal violence, and depression) to support better tailored interventions. A second area of focus for her research is on the use of digital technologies to extend or enhance mental health treatments. Finally, Maggi studies late life effects of earlier life military service on physical and mental health outcomes. In working with trainees, Maggi can facilitate access to various data sets including those from RCTs of evidence-based treatments for PTSD, longitudinal surveys of veterans, and large descriptive datasets of Pacific Island veterans seeking mental health services. These resources provide opportunities for secondary data analyses of a wide range of topics related to veterans' health and functioning. She can also provide mentorship in research design and statistical analyses including multiple regression, ANOVA models, structural equation modeling, longitudinal analyses and multiple level modeling.

**Michael A. Mahoney, Ph.D.** (he/him) is the Mental Health Supervisor and Staff Psychologist at the Maui CBOC. He completed his Ph.D. in counseling psychology at the University of Northern Colorado. He completed his pre-doctoral internship at VA PIHCS, with an emphasis on treatment of PTSD, and returned to VA PIHCS for a post-doctoral residency in the PTSD track. He has provider status in CPT and also completed EMDR training. **His professional interests are trauma recovery and PTSD, adjustment after military service, cross-cultural counseling, personality assessment, psychotherapy, and organizational development.** He enjoys travel, snorkeling, skiing, hiking, and spending time with his spouse, daughter, and dogs.

**Jueta McCutchan, Psy.D.** (she/her) is the Team Lead and Staff Psychologist at the American Samoa CBOC. She attained her Psy.D. in Clinical Psychology from Loyola University Maryland and she completed her APA-accredited pre-doctoral internship at Casa Pacifica, a Residential Treatment Center for children and families in Camarillo, CA. She returned to American Samoa to serve as the Clinical Psychologist, overseeing clinical services for the American Samoa Department of Human and Social Services (DHSS) Behavioral Health Services Division. She began her tenure with the VA PIHCS in December, 2017 and one of her passions is training, and capacity-building. She attained provider status in CPT, CBT for Insomnia, CBT for Chronic Pain, and Motivational Interviewing (MI). **Her areas of clinical interest include complex trauma, family systems, treatment of substance use disorders, and positive psychology.** Her hobbies include golf, hiking, and singing karaoke.

**Amanda A. Mathias, Ph.D.** (she/her) is the Hilo CBOC Chief and Staff Psychologist. She earned her Ph.D. in Clinical Psychology at Palo Alto University in California. Dr. Mathias completed her doctoral internship at the Iowa City VA where she served on a psychiatric inpatient unit and local CBOC. She completed her postdoctoral residency with an emphasis in Military Sexual Trauma and Women's Health at VAPIHCS. She is licensed in the state of Hawaii. She is a Cognitive Processing Therapy, Prolonged Exposure, and Integrative Behavioral Couples Therapy VA certified provider. **Her professional interests include trauma recovery, workplace violence prevention, and program development. Her diversity interests include improving access to care and addressing the needs of underserved and rural populations.** In her spare time, she enjoys snorkeling, free diving, watching crime documentaries, and listening to music.

**Joshua Medjuck, Ph.D.** (he/him) is a clinical psychologist at the Leeward Oahu Community Based Outpatient Clinic (CBOC). He completed an APA-accredited doctoral internship at the Aurora Community Mental Health Center in Colorado and received his doctoral degree from the University of Nevada, Reno. He also completed a postdoctoral residency in Primary Care/Mental Health Integration at VA Pacific Islands Health Care System. **His professional interests include integrated models of healthcare, health psychology, bibliotherapy, and evidence-based psychotherapy for individuals, couples, and groups. His professional diversity interests include improving access to care for underserved populations and culturally sensitive interventions.** In his spare time, he enjoys surfing, hiking, cooking, and exploring the Hawaiian Islands.

**Jessica Murakami, Ph.D.** (she/her) is a staff psychologist in Primary Care-Mental Health Integration. She was born and raised in Honolulu, Hawaii and received her doctoral degree from the University of Hawaii at Manoa. Dr. Murakami completed her a doctoral internship at Geisinger Medical Center in Danville, Pennsylvania and post-doctoral training at VAPIHCS. Dr. Murakami has a background in Cognitive Behavioral Therapy and Acceptance and Commitment Therapy. **Her professional interests include the assessment and treatment of eating disorders, weight stigma, LGBTQ+ psychology, and the implementation of evidence-based psychotherapy in diverse clinical settings.** Outside of work, she enjoys surfing, hiking, cooking, traveling, binge-watching Netflix, and spending time with friends and family, including her Shiba inu, Riku.

**Dennis J. Perez, Ph.D.,** is the Lead Professional for Psychology and staff Compensation and Pension (C&P) Psychologist performing mental health C&P exams for the C&P unit. Dr. Perez received his Ph.D. from Loyola University Chicago. He worked for eleven years at the University of Illinois-Chicago Counseling Center as a staff psychologist providing psychotherapy, coordinating the Multicultural Committee and coordinating the career counseling program. He began his employment with the Spark M. Matsunaga VA Medical Center in January of 2008. **His areas of interests include multicultural therapy, PTSD, CBT and existential treatment modalities.**

**Kelly Russo, PhD,** (she/her) is a clinical psychologist in the Behavioral Health Interdisciplinary Program (BHIP). She received her Ph.D. from Fielding Graduate University in Santa Barbara, CA, and completed her internship at the University of Maine Counseling Center. Over the past eight years, Dr. Russo has worked for the VHA in health care systems across the country in a variety of roles and settings in outpatient programs including BHIP and PCMHI. Grounded in social cognitive theory, Dr. Russo conceptualizes clients from a comprehensive biopsychosocial and behavioral perspective, which informs her use of empirically-supported, time-limited, diagnostically-determined interventions (e.g., cognitive behavior therapy [CBT], cognitive processing therapy [CPT], dialectical behavior therapy [DBT], acceptance and commitment therapy [ACT], and mindfulness-based interventions). Dr. Russo serves as a member of the VA Psychology Training Council (VAPTC) Administrative Committee and the LGBTQ+ Workgroup. **Her professional interests include mindfulness-based and multicultural-informed approaches.** Personal interests include hiking, kayaking, listening to live music, and taking Augie the Doggie for a romp at the beach.

**Erin Sakai, PhD**, (she/her) is a clinical psychologist in the Behavioral Health Interdisciplinary Program (BHIP). She received her Ph.D. from Washington University in St. Louis (Clinical Psychology and Aging and Development) and completed her internship (Geropsychology track) and post-doctoral fellowship (Geropsychology emphasis) at the VA Palo Alto Health Care System. Prior to joining VAPIHCS, Dr. Sakai was a staff psychologist at the VA Palo Alto Health Care System, where she worked in the outpatient Mental Health Clinic and Geriatric Research, Education, and Clinical Center (GRECC) primary care clinic. Dr. Sakai is VA-trained and certified in Motivational Interviewing, Cognitive-Behavioral Therapy for Insomnia, and Problem Solving Therapy. She serves as a member of the VA Psychology Training Council (VAPTC) Administrative Committee. **Her professional diversity interests include the intersection of aging and mental health; the impact of personal, cultural, and systemic factors on life transitions; adaptation of evidence-based intervention for geriatric populations; and integration of technology into clinical care.**

**Shelley Silvers, PhD**, is a clinical psychologist in the TelePain Clinic. She earned her doctoral degree in Clinical Psychology at Northern Illinois University. She completed her doctoral internship at the James H. Quillen VAMC (JHQVAMC) in Mountain Home, TN, and her postdoctoral work in pain management at the James A. Haley VAMC in Tampa, FL. In 2007, she returned to the JHQVAMC in the role of Program Coordinator where she developed the facility's pain clinic. During her time there, she also served as the facility's Pain Point of Contact, Pain Committee Chair, and Subject Matter Expert. She has been a consultant for Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) since 2012. In 2019, she moved to Kauai to assume the role of TelePain Psychologist for the VAPIHCS. Her professional interests include pain self-management, mindfulness, whole health, and program development. She is also trained in clinical hypnosis. **Her diversity interests include addressing the needs of rural veterans to include improving access and services to underserved populations.** Her personal interests include fostering/rescuing dogs, weightlifting, and practicing or teaching yoga.

**Theodora Stratis, Ph.D.**, is the Program Manager for the Primary Care/Mental Health Integrated Care Team and Assistant Training Director of the Postdoctoral Residency program at VAPIHCS. Born and raised in Honolulu, she received her doctoral degree from Loma Linda University after completing internship at the Phoenix VAMC. Dr. Stratis attended postdoctoral fellowship at VA Pacific Island Healthcare Systems with an emphasis in Primary Care/Mental Health Integration. Her Interests include health psychology, health disparities, cross-cultural psychology, women's health, Gestalt Therapy, complementary and alternative medicine usages in ethnic minority populations, clinical hypnosis, guided imagery, chronic pain Primary Care/Mental Health Integration. **Her professional diversity interests include Asian American population, health disparities among Asian Americans and underserved populations, CAM and traditional/cultural usage amongst ethnic minorities for physical and mental health issues, and women's health.** Her hobbies are cooking, traveling, classical piano and jazz and her cats.

**Caitlin J. Tyrrell, Ph.D.** (she/her) is a clinical psychologist and Team Lead in the Behavioral Health Interdisciplinary Program (BHIP). She attended the University of Colorado - Colorado Springs, where she received her doctorate in clinical psychology with a curricular emphasis in geropsychology. After completing a pre-doctoral internship at the Orlando VA Medical Center, she went on to a postdoctoral residency in professional geropsychology at the VA Puget Sound, American Lake Division. Her professional interests include mental health and aging, psychotherapy in the context of complex medical comorbidities, and psychological and cognitive assessment. **Her professional diversity interests include cultural competency in assessment and intervention, working with underserved populations, and the intersectionality of aging with other diversity variables.** She enjoys yoga, crochet, going to the beach, and spending time with family and friends.

**Rachel Weiler, PsyD** (she/her) is a clinical psychologist in the Behavioral Health Interdisciplinary Program (BHIP). She earned her BA in History at Brown University (ask her about German dueling fraternities of the early 20<sup>th</sup> century!) and her PsyD in clinical psychology at the PGSP-Stanford PsyD Consortium. She completed her doctoral internship at VA PIHCS and a postdoctoral fellowship at Stanford Medicine Department of Psychiatry and Behavioral Sciences with an emphasis on DBT and LGBTQ+ mental health. Her diversity interests are focused on improving treatment access and retention

for underserved populations as well as adapting EBPs to address minority stress. Other professional interests include suicide prevention, DBT, developmental supervision, and integrated health/mental health care. Her clinical approach is third wave behavioral (DBT, ACT, Compassion Focused Therapy, Functional Analytic Psychotherapy) with a dash of psychodynamic theory. Hobbies include surfing, rock climbing, reading fiction, cooking/baking, learning to draw, and hanging out with friends and family.

**Sara Wong, Ph.D.** (she/her) is a psychologist with the Substance Treatment and Recovery (STAR) program. She received her doctorate from the Pacific University School of Graduate Psychology in Portland, OR. She completed both her predoctoral internship and postdoctoral residency with an emphasis in rural health at VAPIHCS. She was born and raised in Honolulu, Hawaii and is appreciative of the opportunity to provide care for the community that helped instill her personal and professional values. She enjoys working with Veterans from rural and underrepresented communities. **Her professional interests include community outreach, person-centered care and empowerment in integrated care settings, understanding multicultural/diversity factors in all areas of the professional practice of psychology, and program development and evaluation.** As a clinician, she is highly passionate about reducing barriers to care, treating older adults and those who presents with complex medical histories, and performing cognitive assessments. In her free time, she enjoys spending time with family, cooking, running, and spending time with her Frenchie/Boston mix, Arya.

**Debra J. Fan Yamashita, Ph.D.,** (she/her) is Program Manager for the Mental Health Recovery program. She earned her doctorate in clinical psychology from Pacific Graduate School of Psychology, Palo Alto University in Palo Alto, CA. Her doctorate included an emphasis in Community Mental Health. She completed her doctoral internship and postdoctoral residency at the VA Pacific Islands Health Care System with an emphasis in severe persistent mental illness (SPMI) and psychosocial rehabilitation. She returned as staff at VAPIHCS after working with the Department of Health, Adult Mental Health Division inclusive of: SPMI, dual diagnoses, and forensic encumbrance. Her professional interests include recovery-oriented psychosocial rehabilitation and Acceptance & Commitment Therapy. She enjoys spending time with her family, cooking, and sewing.

**Oscar H. Yan, Ph.D.,** (he/him) is a psychologist with the Primary Care/Mental Health Integrated Care team. Dr. Yan received his Ph.D. in Clinical Psychology from Teachers College, Columbia University. He completed his predoctoral internship VA Pacific Islands Health Care System and remained at this station to complete a postdoctoral residency in Primary Care/Mental Health Integration. His professional interests include loneliness/social connectedness, integrated healthcare, bereavement, health psychology, psychosis and emerging network models of psychopathology. Dr. Yan enjoys eating, traveling and taking advantage of life in Hawaii by floating around in the ocean looking at fish or catching waves.

**Eunice Yap, Ph.D.** (she/her) is a clinical psychologist for the Veterans Integration to Academic Leadership (VITAL) program. She received her Ph.D. with emphasis in Neuropsychology at Loma Linda University. Dr. Yap completed her internship at VA Loma Linda Healthcare System in CA and her two-year postdoctoral residency in Rehabilitation psychology at VA Bedford Healthcare System in MA. Prior to joining VA Pacific Islands Healthcare System, Dr. Yap served as a staff psychologist for the VITAL program in Bedford and worked with active duty service members at Tripler Army Medical Center. **Her professional interests include working with the student veteran population, adjustment after military service, improving access to VA healthcare, program development, and cognitive rehabilitation services to optimize learning and academic success.** She enjoys spending time outdoors in nature with family and doing yoga.

## Trainees

Year	Emphasis	School	Program	Degree
23-24	LGBTQ+	University of Utah	Counseling	PhD
	Rural	University of Alaska-Fairbanks	Clinical	PhD
	PTSD	Xavier University	Clinical	PsyD
	PTSD	PGSP-Stanford	Clinical	PsyD
22-23	PCMHI/WH	University of Georgia	Counseling	PhD
	MST	Eastern Kentucky University	Clinical	PsyD
	LGBTQ+	University of Utah	Counseling	PhD
	RURAL	PGSP-Stanford	Clinical	PsyD
	PTSD	PGSP-Stanford	Clinical	PsyD
	PTSD	University of Tennessee-Knoxville	Counseling	PhD
21-22	PCMHI/WH	Hofstra University	Clinical	PhD
	MST	Andrews University	Counseling	PhD
	LGBTQ+	Washington State University	Clinical	PhD
	RURAL	University of New Mexico	Clinical	PhD
	PTSD	Boston University	Clinical	PhD
	PTSD	Palo Alto University	Clinical	PhD
20-21	PCMHI	Pacific University	Clinical	PsyD
	MST	University of Central Arkansas	Counseling	PhD
	LGBT	Fuller Theological Seminary	Clinical	PsyD
	RURAL	Pacific University	Clinical	PhD
	PTSD	Hofstra University	Clinical	PhD
19-20	PCMHI	Chicago School of Pro Psych	Clinical	PsyD
	MST	Nova Southeastern University	Clinical	PsyD
	LGBT	University of Notre Dame	Clinical	PhD
	RURAL	University of Washington	Clinical	PhD
	NCPTSD	Loma Linda University	Clinical	PsyD
		Fuller Theological Seminary	Clinical	PsyD
18-19	PCMHI	University of Memphis	Counseling	PhD
	MST	PGSP, Palo Alto University	Clinical	PhD
	LGBT	Mercer University-Atlanta	Clinical	PsyD
	RURAL	University of Miami	Counseling	PhD
	NCPTSD	University of Missouri-St. Louis	Clinical	PhD
		Wisconsin School of Professional Psych	Clinical	PsyD
17-18	ICT	Columbia University	Clinical	PhD
	MST	Biola University	Clinical	PhD
	LGBT	University of Hawai'i-Manoa	Clinical	PhD
	RURAL	Argosy University-Washington D.C.	Clinical	PsyD
	NCPTSD	Palo Alto University	Clinical	PhD
16-17	ICT	University of Washington	Clinical	PhD
	MST	Virginia Commonwealth University	Counseling	PhD
	LGBT	Azusa Pacific University	Clinical	PsyD

	NCPTSD	Kent State University	Clinical	PhD
	NCPTSD	Wisconsin School of Professional Psych	Clinical	PsyD
<b>15-16</b>	ICT	University of California- Los Angeles	Clinical	PhD
	MST LGBT	Nova Southeastern University Massachusetts School of Professional Psych	Clinical Clinical	PsyD PsyD
	NCPTSD NCPTSD	Alliant International University Fuller Graduate School of Psychology	Clinical Clinical	PsyD PhD
<b>14-15</b>	ICT	University of Nevada-Reno	Clinical	PhD
	PSRR	PGSP, Palo Alto University	Clinical	PhD
	MST	Pacific University School of Professional Psychology	Clinical	PsyD
	LGBT	Arizona State University	Clinical	PhD
	NCPTSD	PGSP Stanford Consortium	Clinical	PsyD
	NCPTSD	University of Northern Colorado	Counseling	PhD

## ***Program Tables – Admissions, Support, and Placement Data***

### **Postdoctoral Residency Admissions, Support, and Initial Placement Data**

**Date Program Tables are updated: 8/31/2023**

<p><b>Program Disclosures</b></p>	
<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?</p>	<p>Yes</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p> <p><b>All requirements of federal hiring and employment, as well as VA health care system as outlined throughout this brochure and via program homepage:</b>  <a href="#">Psychology Training Education</a>   <a href="#">VA Pacific Islands Health Care</a>   <a href="#">Veterans Affairs</a></p>	
<p><b>Postdoctoral Program Admissions</b></p>	
<p>Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:</p>	
<p>We look for residents whose academic background, clinical experience and personal characteristics give them the knowledge and skills necessary to function well in our training setting. At the same time, we look for residents whose professional goals are well suited to the experiences we offer such that our setting would provide them with a productive training experience. We further value individuals from diverse backgrounds who further value working with diverse clients/patients and colleagues.</p> <p>The ideal candidate has demonstrated strengths in clinical work, academic preparation, personal characteristics related to the profession, and research productivity. We are seeking bright, conscientious, personable, diverse, and well-qualified applicants with sound clinical training in psychological assessment, as well as individual and group therapy with adults. The ideal candidate has the ability to function independently with initiative under appropriate supervision. The ideal candidate further exhibits flexibility, maturity, humility, good judgment, cultural sensitivity, and has interest in a scientist-practitioner training model. We prefer candidates with experience working with complex patients and problems. The VAPIHCS training program</p>	



<p>highly encourages residents to be junior colleagues within the health care system, taking initiative and contributing to the greater health care community. Rather than a year serving the purpose to acquire hours for licensure, the ideal residency candidates approach the residency training year as an opportunity to develop advanced skills and more intensive professional development as a jump start to their future careers. We encourage residents to be active in their learning process, being self-reflective on areas of growth that enables a deepening in the development of advanced skills. We value the on-going goal of metacompetence and the use of critical thinking as a professional practice. We view the opportunity to earn a doctoral degree as providing avenues of contribution rather than what is owed to the individual with the degree. In addition to these selection factors, we like to compose our incoming class with a variety of residents: from different kinds of programs; from different geographic areas; of different ages, backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology.</p>	
<p><b>Describe any other required minimum criteria used to screen applicants:</b></p>	
<p><b>Applicants must meet the following prerequisites to be considered for our postdoctoral training program:</b>  U.S. Citizen  Completion of coursework and on track for completion of a doctoral degree in Counseling or Clinical Psychology from an American Psychological Association (APA), Canadian Psychological Association (CPA) accredited graduate program (prior to start date of internship program), or Psychological Clinical Science Accreditation System (PCSAS) program  Completion of (or on track for completion of) an APA or CPA accredited internship  Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen.  Male (sex assigned at birth) applicants born after 12/31/1959 must have registered for the draft by age 26  *** Failure to meet these qualifications could nullify an offer to an applicant.</p>	
<p><b>Financial and Other Benefit Support for Upcoming Training Year*</b></p>	
<p>Annual Stipend/Salary for Full-time Residents</p>	<p>\$58,249</p>
<p>Annual Stipend/Salary for Half-time Residents</p>	<p>NA</p>
<p>Program provides access to medical insurance for Residents?</p>	<p>Yes</p>
<p><b>If access to medical insurance is provided:</b></p>	
<p>Trainee contribution to cost required?</p>	<p>Yes</p>
<p>Coverage of family member(s) available?</p>	<p>Yes</p>
<p>Coverage of legally married partner available?</p>	<p>Yes</p>
<p>Coverage of domestic partner available?</p>	<p>No</p>
<p>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</p>	<p>104</p>
<p>Hours of Annual Paid Sick Leave</p>	<p>104</p>

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table Doing meaningful work and being invested in as a future psychologist in a richly diverse location	
<b>Initial Post-Residency Positions</b>	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of Residents who were in the 3 cohorts	17
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=1
Community mental health center	PD=1, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=0
Veterans Affairs Health Care System	PD=0, EP=11
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=2
Other	PD=1, EP=1
Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	