

VA Bedford Healthcare System Clinical Psychology Postdoctoral Residency



2023-2024 Program Brochure

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Bedford Healthcare System

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Table of Contents

Accreditation status	4
Application procedures	4
Training model and program philosophy	5
VA Bedford psychology training Diversity, Equity, and Inclusion statement	5
Psychology setting	5
Facility and training resources	6
Training during a pandemic	6
Program aims & objectives	6
Training program structure	9
Overview of the residency	9
Student orientation	9
Seminars and other didactics	9
Supervision and preceptorship	10
Research projects	11
Resident evaluation	12
Requirements for completion	12
Training tracks	14
Addictions	14
College Counseling	18
Community Reintegration	20
Geropsychology	22
Interprofessional Educational and Practice	25
Interprofessional Psychosocial Rehabilitation	28
Intimate Partner Violence	31
LGBTQ Interprofessional Healthcare	34
Primary Care Mental Health Integration	37
Psychotherapy and Clinic Administration	40
PTSD Evaluation and Treatment	42
Women's Health & Family Services	44
Psychology training staff	46
Spotlight on VA Bedford psychology	59
Local information	61
Appendix	62
General competencies	63
Postdoctoral program admissions	65
Application procedure	66
Eligibility requirements for all VA residency training programs	67
Financial and other benefit support for upcoming training year	68
Initial post-residency positions	69

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<u>Trainees for past 10 years</u>	70
<u>Additional information on program policies and procedures:</u>	73
<u>The feedback process: residents and supervisors</u>	73
<u>Resident development and professional functioning</u>	73
<u>Program evaluation</u>	75
<u>Problem identification and resolution</u>	76

Accreditation status

The Clinical Psychology postdoctoral residency program at **VA Bedford Healthcare System** (also known as **Edith Nourse Rogers Memorial Veterans' Hospital – Bedford**) is accredited by the Commission on Accreditation of the American Psychological Association. There are twelve special emphasis tracks within the Clinical Psychology program (totaling approximately 15 residents). The program was last site visited in 2015 and the program's next site visit is scheduled for 2024. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Application procedures

The following application materials are required to be submitted to the APPIC Psychology Postdoctoral Application portal (APPA CAS), which is free to all applicants.

1. Cover letter (including a brief description of applicant's internship rotations)
2. CV
3. Three letters of recommendation (at least one from an internship supervisor, and one from doctoral program faculty).
4. Doctoral, terminal Master's and undergraduate program transcripts (undergraduate and terminal Master's degree transcripts can be provided as unofficial downloaded transcripts; Official doctoral program transcripts should be submitted)
5. Description of the status of your dissertation, including details related to phase of the project and expected dates for subsequent phases and/or completion

Applications due: January 5

For questions about our training programs, contact:

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Training model and program philosophy

The educational philosophy of the Clinical Psychology program is scholar-practitioner. The residency program embraces a Veteran-centric recovery orientation to mental health service. All aspects of the psychology service residency program aim for an evidence- and theory-based approach to supervision, didactics, and clinical services. Residents typically engage in either research or program evaluation pertaining to their residency track.

Additionally, the program values:

- Critical thinking and the ability to understand diverse theoretical perspectives
- Flexibility and independence in professional settings
- Clinical sensitivity and empathy in all aspects of interpersonal interaction
- Multicultural competency

The residency seeks to facilitate professional development in accordance with these values and recognizes that a training model incorporating research evidence, clinical theory, and best practices in Veteran-centered recovery-oriented care forms the foundation for such development.

VA Bedford psychology training Diversity, Equity, and Inclusion statement

VA Bedford Psychology Service is strongly committed to creating, maintaining, and advancing an inclusive environment grounded in the tenets of [cultural humility](#). We value and appreciate a wide range of diverse and intersecting identities including, but not limited to, race, ethnicity, gender, sexual orientation, ability and disability, religious and spiritual orientations, class status, age, and geographic affiliation. We are dedicated to a recovery-oriented approach that seeks to affirm

the strengths of the varied Veteran communities that we serve.

Our service line and training program encourage trainees and staff to deepen our collective understanding of the benefits, challenges, and opportunities for growth inherent in cultivating mutual understanding and respect. We recognize the importance of ongoing development of awareness, knowledge, and skills as a means of enhancing our ability to provide culturally responsive services and to act as change agents in transforming our organization.

The aim of our psychology training overall, and our diversity-related training specifically, is to support trainees in exploring how individual differences, lived experiences, and their unconscious and conscious attitudes, biases, and behaviors affect clinical and professional work. We welcome and promote opportunities for self-reflection and respectful dialogue in the pursuit of advancing social justice, equity, and inclusion.



Psychology setting

The Psychology training program at VA Bedford Healthcare System is a component of the Psychology Service, which employs 46 psychologists along with a large number of associated staff.

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The training program offers three levels of training in clinical psychology:

- A part-time (20-25 hour/week) practicum for ten months
- A full-time yearlong APA-accredited doctoral internship
- Postdoctoral training involving a full-time yearlong APA-accredited Clinical Psychology residency and a two-year APA-accredited Clinical Neuropsychology residency

The training program has 12 postdoctoral residents, 11 doctoral interns, and 11 practicum students for the 2023-2024 training year. Students from nursing, social work, psychiatry, neurology, and other disciplines also train at the medical center each year.

Psychologists are involved in a range of leadership positions around the hospital; particularly as program directors within their respective specialties. Staff expertise covers a wide range of specialties, with a particular emphasis on psychosocial rehabilitation, integrative psychotherapy, evidence-based practices, and posttraumatic stress disorder (PTSD). A number of Psychology service-run programs have received national awards for innovation in psychosocial rehabilitation. A number of psychology service staff members are involved in research through the Bedford Site VISN 1 Mental Illness Research, Education, and Clinical Center (MIRECC). The Psychology service and training program are academically affiliated with the Boston University School of Medicine, where a number of VA Bedford psychologists hold faculty appointments. Staff psychologists are also active in a range of outside teaching and research at surrounding universities.

Facility and training resources

All residents are provided with offices, which are located throughout the medical center in proximity to services associated with their training track. Each resident has a computer assigned to them and access to network printers. Computer access allows

the resident internet access as well as access to the sophisticated Computerized Patient Record System (CPRS) of the Veterans Health Administration.

The Administrative Assistant to the Psychology program provides substantial program and clerical support to the internship program. Administrative and support staff throughout the medical center provide support to residents working within particular areas.

The library service at Bedford, as a member of the VA library network and various biomedical library consortia, has access to the collections of major research, university, hospital and public libraries.

Training during a pandemic

When the COVID-19 pandemic began to unfold during the middle of the training year in March 2020, the program quickly adapted to a remote training and clinical model. Over time, we have refined our training structure to effectively include both remote and face-to-face training and clinical venues. The Psychology Service and the training program now have the experience and the resources to quickly adapt to any change in circumstances, should that occur. Psychology students typically train full-time on site, however, for students who can effectively engage all clinical and training obligations from home on one day per week, the program typically allows residents to work remotely up to one day per week.

Program aims and objectives

The primary aim of the residency program is to prepare residents to function effectively across a range of health service psychology settings, particularly those frequently found in VA medical centers. Consequently, the residency aims to prepare trainees to function independently and flexibly in professional settings and assume the diverse roles of clinician, researcher, consultant, teacher, and program developer, with a particular appreciation of the special needs of veterans. The specific competencies expected of the resident are

listed in the section, "[General Competencies](#)" and largely parallel the competencies outlined in the 2017 APA Standards of Accreditation.

The secondary aim is to facilitate development of the knowledge/skill base needed for subsequent professional activities in a particular area of interest. As will be discussed below, the clinical psychology residency program has twelve separate training tracks, each with a particular clinical and professional focus:

- [Addictions](#)
- [College Counseling](#)
- [Community Reintegration](#)
- [Geropsychology](#)
- [Interprofessional Educational and Practice](#)
- [Interprofessional Psychosocial Rehabilitation](#)
- [Intimate Partner Violence](#)
- [LGBTQ Interprofessional Healthcare](#)
- [Primary Care Mental Health Integration](#)
- [Psychotherapy and Clinic Administration](#)
- [PTSD Evaluation and Treatment](#)
- [Women's Health & Family Services](#)

The program has track-specific expected competencies associated with the unique nature of professional activity and clinical work relevant to that focus. These competencies are listed as the "learning objectives" under the description for each track of training.

In order to achieve this level of competency, residents engage in structured professional and clinical experiences relevant and specific to their particular area of training. These experiences can occur across four training domains:

- clinical
- administration/program development
- research/program evaluation
- supervision/teaching

Consequently, the residency has two levels to its training objective. All residents are expected to achieve competency in the nine broad profession-

wide competencies and the skill set related to their particular training track. The proportion of time and practice devoted to each of the four domains of training varies across the different residency training tracks.

Within the clinical domain, residents engage, on average, approximately 30-35% of their time in direct clinical care (not including receiving and providing clinical supervision, note writing, assessment reports, team meetings, etc., associated with each track's direct clinical work). The program requires no less than 25% of the resident's time in direct clinical care, however, the nature of that clinical care, and the exact percentage of direct care, is specific to the particular focus of each residency track.

Within the supervision/teaching domain, residents have a number of structured and informal opportunities to engage in supervision, didactic instruction, mentoring, modeling and consultation activities. A key training activity within this domain involves providing weekly clinical supervision for a psychology practicum student for all or half of the training year. In addition, in some tracks of training, the residents may also provide supervision to earlier-in-training trainees in that particular clinical area. Residents' roles in program development and/or administrative responsibilities within their track may provide additional opportunities to assume supervisory responsibilities during the training year.

Within the administration/program development domain residents will have varied opportunities to gain experience within their specialty track. There may also be liaison, consultative, and cross-discipline collaborative opportunities associated with administrative roles and program development activities.

Within the research/program evaluation domain of training, residents have the opportunity to work alongside Bedford's rich range of research psychologists and other investigators on a range of ongoing projects. Should a resident have particular interest in research, a position can often be tailored

to include a significant portion of research time. Program evaluation activities, such as within the Interprofessional Education and Practice track of training, afford residents an opportunity to collaborate with other residents as well as supervisory and administrative staff from around the hospital in pursuing a project of their choice.

Training program structure

Overview of the residency

The training year commences on the Monday in late August one week before Labor Day. The residency is a full-time (40 hours per week) full-year (2080 hour) experience. Residents accrue a total of thirteen days of personal leave and thirteen days of sick leave over the course of the year. In addition, residents are granted up to four days for educational leave and/or professional development (e.g. attending training, professional conferences, and job interviews).

Student orientation

The training year commences with a three-week orientation period, in which students become acclimated to the nature of psychology training at VA Bedford, and begin clinical and professional activities within their particular training track.

The training program orientation affords residents, along with practicum students and interns, an opportunity to get to know each other. During the orientation, students are introduced to various staff and participate in a range of initial seminars and dialogues relevant to VA training and practice. There is a strong didactic and experiential training focus on multiculturalism during orientation, along with other didactics, such as risk assessment and management. The orientation period also allows for residents to begin meeting with each of their primary supervisors or preceptors for their particular residency training track.

Seminars and other didactics

Residents have opportunities to participate in a rich array of seminars and other didactic offerings. Some meetings are required and offered on a regular basis (i.e., monthly), and others are optional and offered on a one-time or semi-consistent basis.

Required recurring seminars and didactic meetings

Diversity seminar: As noted earlier, all psychology trainees attend a series of diversity seminar meetings during orientation, incorporating discussions on contemporary multicultural research and theory as well as experiential activities. This initial immersion in multicultural training and dialogue with one's peers establishes the foundation of cultural humility as a key component and expectation of the training program.

Following this intensive training, residents participate with other psychology training program trainees in a diversity seminar series that meets twice monthly. The diversity seminar offers residents, interns, and practicum students an opportunity to collaborate as part of a team to lead instructional and interactive dialogues that illustrate an application of one or more areas of diversity to training at VA Bedford and professional interests at-large (including, but not limited to, race/ethnicity, social class, religion, age, sexual orientation, gender identity, disability status, existentialism/end of life, military culture and military identity, etc.). Four staff psychologists co-facilitate this seminar and provide teams with consultation and support around designing and implementing their presentations.

In addition to the trainee diversity seminar, other trainings and dialogues are presented by staff addressing issues related to equity, inclusion, power, and privilege. Content addressed in these seminars and dialogues are often integrated in and processed within the context of individual supervision. Overall, the program continually strives to provide an environment that balances support and challenge around developing one's sense of cultural humility, awareness, knowledge, and skills.

Ethics seminar: Residents are required to attend a monthly ethics seminar, co-facilitated by staff psychologists who have knowledge and expertise in the areas of professional ethics, legal, and risk management issues. Seminar dialogues have

integrated topics including models of ethical decision-making; intersections between ethics, law, clinical issues, and risk management; ethics and The Hatch Act; organizational ethics; ethics and social justice; and termination vs. abandonment. Residents are encouraged to identify subject matter that is relevant to their VA training and professional interests, and invited to bring examples of their own professional ethical dilemmas for consultation in seminar.

Professional development seminar series: Residents participate in monthly dialogues and presentations hosted by Psychology Service staff on topics that are relevant to residents as part of their early career professional transitions. Past presentations have included general and VA-specific job search processes, licensure and board certification, the early career psychologist, and administrative work in VA careers.

Optional recurring seminars and didactic meetings

Evidence-based psychotherapy consultation seminars: Trainees may choose to participate in one year-long evidence-based psychotherapy consultation seminars. Staff with intensive training and expertise in specific EBPs facilitate didactic trainings at the beginning of the training year, followed by weekly consultation groups for the remainder of the training year. Consultation seminars are currently offered for CBT for insomnia, ACT for depression, Cognitive Processing Therapy for PTSD, Integrated Behavioral Couples Therapy, CBT for substance use, Dialectical Behavioral Therapy, and CBT for psychosis.

Additional Seminars and Lectures: A variety of topical seminars are offered addressing a range of subjects (e.g., PTSD assessment and treatment, psychosocial rehabilitation, legal and ethical issues in VA, suicide prevention, and peer services). There is also an optional mindfulness training that residents are invited to attend. This mindfulness training incorporates experiential learning and practice, along with theoretical presentations and discussions on clinical applications.

Local and national VHA presentations and trainings:

In addition to required seminars, residents can attend a variety of Grand Rounds presentations hosted by different service lines and programs within the medical center. VA Bedford hosts *Psychiatry Grand Rounds* lectures that feature a range of noteworthy local and national speakers, and address a variety of clinically relevant topics. *The Schwartz Center Rounds* is an interprofessional and interdisciplinary forum that offers hospital clinicians a space for dialogue about the personal impact of their professional work with Veterans as it relates to timely clinical and social issues. Other presentations are also offered on a semi-regular basis, including weekly *Geriatrics and Extended Care Grand Rounds*, monthly *Interprofessional Faculty Development Presentations*, the interdisciplinary *VA Bedford Ethics Forums*. Finally, residents are also notified of online trainings and webinars highlighting clinical issues, interventions, and professional work with Veterans and other special populations.

Supervision and preceptorship

Each residency training track has several training supervisors, one of whom also serves as a preceptor for the resident. Preceptors typically provide clinical supervision and mentorship around other areas of professional functioning. Thus, preceptors typically address a broad scope of areas, including professional interests and development, career preparation, overall goals and progress in the residency, and personal issues influencing professional work. In addition to one's preceptor, each resident is also free to speak with any other supervisor, training committee member, or medical center staff regarding areas of professional functioning.

All residents receive at least 2.5 hours of regularly scheduled individual weekly supervision from supervisors affiliated with their respective tracks of residency, including preceptor-provided supervision. In actuality, residents typically receive more supervision than the above minimum, with additionally scheduled individual supervision,

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impromptu consultation and supervision as needed, and regularly scheduled group supervision.

Training program supervisors are typically readily available for consultation and supervision, and residents are encouraged to contact their supervisor whenever necessary. The Director of Training and Associate Directors of Training also encourage all students to contact one of them whenever an emergent situation arises. Given the breadth of supervisors available to the residency program, residents can receive ample ancillary consultation and supervision whenever additional input is needed. With regard to research, for example, the range of psychologists either actively involved in clinical studies or well-conversant with research methodology and literature provide many opportunities for the resident to receive additional input and suggestions for their research projects.

Lastly, all residents participate in small group supervision for their provision of supervision work, and the residents also attend a weekly seminar on supervision.

Research projects

The Psychology Service participates in the hospital's active and productive research community, with most psychology research housed in the VISN 1 Mental Illness Research, Education, and Clinical Center (MIRECC). The VISN 1 MIRECC is focused on co-occurring disorders—substance abuse and other mental illnesses. Some areas of study are vocational rehabilitation, gambling and other behavioral addictions, ACT and social support, smoking cessation, and pharmacological interventions for addiction. Residents with strong interest and background in research are welcome to inquire about involvement in ongoing research programs.

Research opportunities also exist in other parts of the hospital, notably in the Geriatric Research, Education and Clinical Center (GRECC) and the Center for Healthcare Organization and Implementation Research (CHOIR).

Resident evaluation

As a training program, we are committed to facilitating each resident's professional development across the range of areas of professional functioning. The psychology training program uses the vehicle of supervision and direct observation of other professional functioning to inform evaluation ratings. The training program at VA Bedford seeks to make the feedback process something that is clear, predictable, and useful for all our trainees. The program has also worked to make providing feedback (both to and from trainees) something that is built into the culture of the training program.

Evaluations and “feedback week”

Evaluations for residents are completed at the 4-month, 8-month, and 12-month marks in the training year. During each of the formal evaluation periods, residents and their supervisors have a designated time frame set aside (i.e., “feedback week”) to specifically review together the resident's performance to date as well as the dyad's work together in the supervision.

Prior to feedback week meetings for each time point, supervisors complete 1) a comprehensive competency rating form, derived from the [2017 APA Standards of Accreditation nine profession-wide competency areas](#); and 2) an additional evaluation form is utilized that encompasses the track's unique set of learning objectives. Criteria for acceptable ratings on both general and specific competencies at each evaluation period are delineated on each form.

Remediation Process

At any time during the training year, if evaluation of a resident by one or more of his/her supervisors indicates that the resident is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the resident as rapidly as possible of any difficulties. Residents are

also encouraged to actively seek feedback on an ongoing basis.

The preceptor and supervisor(s) will be responsible for monitoring and monthly review of the resident's progress, until it is determined that the resident has either shown satisfactory progress or has failed to make progress on their plan.

Requirements for completion

Evaluations of residents occur formally three times over the course of the training year. Successful completion of the program requires completion of the equivalent of a full year of full-time training and achieving competency regarding the program's training objectives and the specific competencies associated with that resident's particular training track. Program competencies are listed in the appendix; track competencies are listed within each track description below.

Maintenance of records

All resident evaluations and related training forms and documentation are retained permanently within the Psychology Department.



Edith Nourse Rogers

Individualized Training

Opportunities to customize your residency experience

Our residency program seeks to meet each prospective resident's range of interests and personal training goals. While the program offers 12 individual tracks of training, we have the flexibility and resources to potentially combine several focus areas into your overall training structure. Consequently, for residents who may be interested in combining two tracks of training, we encourage applicants to let us know this in your application as well as subsequently upon interviewing with us. For example, we have residents who have combined their work in the Intimate Partner Violence track with work in our general Mental Health Clinic. In fact, for most tracks of training, one can choose to include a portion of their time in the Mental Health Clinic. Similarly, residents with a particular interest in PTSD, addictions, women's health, and LGBTQ healthcare, for example, can choose to create a combined training that involves one of these focus areas with one's primary track of training. In short, any combination of several tracks of training is typically possible,

Research is also an area that a resident can build into their training structure. While all residents can include a few hours per week of research involvement, as discussed earlier, into their training structure, in some cases, residents can include up to 50% of their time engaged in research with our MIRECC research faculty. For residents with a significant interest in research, we will arrange a separate interview with our research team at Bedford.

Training tracks

Addictions

Dr. Jonathan Lee; jonathan.lee6@va.gov

Mission Statement

The VA Bedford Psychology Addictions Training program is rooted in a recovery-oriented, Veteran-centered system of care. Our immersive interdisciplinary training experiences prepare trainees to provide culturally competent, evidence-based treatment for substance and behavioral addictions. Trainees are encouraged to develop their individual professional identities and leadership skills through mutual learning with mentors and supervisors, and quality improvement and other system-level experiences.

Our Vision

VA Bedford's Addictions Training Program seeks to continually improve the quality of training and mental health services through ongoing education of staff and students in specialized areas of addiction, prioritizing interprofessional training, modernizing and delivering care through evidenced-based methods.

Our Values I.D.E.A.

Integrity – We consistently adhere to strong ethical and moral principles.

Dignity – We recognize the right of people to be valued and respected for their own sake and to be treated ethically.

Excellence – We aim for excellence in training and clinical care through continuous learning, collaboration, and feedback.

Advocacy – We advocate for Veterans, trainees, and colleagues, and empower all in their own self-advocacy.

The addictions psychology postdoctoral resident will receive training in the coordination, consultation, and direct delivery of individual and group treatment services for Veterans with

addictions to alcohol, drugs, tobacco, gambling, compulsive sexual behaviors, binge eating, and internet gaming, as well as other addictions. The postdoctoral psychology fellowship in addictions has three primary rotations throughout the year: (1) the VA Bedford Tobacco Treatment Program (TTP), (2) the Veteran's Mental Health and Addictions Program (VMHAP) Intensive Day Treatment Program and Aftercare Programs, and (3) the Behavioral Addictions Clinic (BAC). This combination of rotations will provide the postdoctoral resident a breadth of exposure to a range of addictions common among Veterans as well as gain a depth of experience in delivering clinical services to Veterans with addictions in different stages of recovery. There is an emphasis on conducting comprehensive assessments to inform case conceptualization and applying evidence-based therapeutic approaches within the field of addictions treatment, particularly those involving motivational enhancement, cognitive behavioral therapy, acceptance- and mindfulness-based interventions, and recovery-oriented approaches.

The addictions postdoctoral training provides an opportunity to engage in clinical and basic research. Several of the faculty involved in the addictions postdoctoral residency are members of the VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC). The mission of the VISN 1 New England MIRECC is to develop innovative treatments and clinical programs for Veterans with co-occurring addictions and mental health disorders. The addictions postdoctoral resident will be able to participate in research and program development activities related to addictions, including opportunities to participate in ongoing clinical trials, prepare and deliver conference presentations, and engage in scientific writing.

Consistent with our mission, we aim prepare the postdoctoral fellow for career leadership positions as future program managers and psychology executives. Professional development opportunities are available to focus on cultivating the leadership skills required to achieve operational

excellence within a healthcare program. Training in Prosci® Change Management is offered through partnership with VHA Office of Healthcare Transformation to learn how to drive successful organizational change, and training in healthcare quality and process improvement through Lean Six Sigma methodology is also available through Systems Redesign with the opportunity to earn a Lean Six Sigma Yellow Belt. The addictions postdoctoral fellow will be able to participate in organizational change initiatives at the healthcare system as a change management consultant. Initiation of innovative program development and process improvement projects is also welcomed and encouraged.

Overall, the VA Bedford addictions postdoctoral fellowship provides a unique learning opportunity for postdoctoral scholars to advance their clinical skillset in diagnosing and treating addictions and co-occurring mental health disorders, and developing their professional identity to be a leader in healthcare leader and in the field of addictions.

VMHAP sub-rotation

VMHAP comprises the Intensive Day Treatment Program (IDTP) and aftercare. IDTP serves Veterans for simple detox care and provides intensive rehabilitation, 30-35 hours of treatment per week. Length of stay varies according to Veteran's needs but is typically 2 weeks in length. Each Veteran is assigned an interdisciplinary team which coordinates and individualizes overall treatment and discharge planning. Aftercare is an outpatient program that serves Veterans to support ongoing recovery goals and maintain the treatment gains made from more intensive settings, often after the completion of IDTP. The Addictions postdoctoral resident will have the opportunity to conduct program intake assessments, BAM-R and MET assessments, and lead/co-lead psychoeducational groups on various topics including stages of change, medical consequences of tobacco use and cessation, and managing triggers and urges, to name a few. There are also opportunities to gain supervised training in empirically supported treatments including seeking safety, motivational

enhancement therapy, and cognitive behavioral therapy for substance use disorders (CBT-SUD).

Behavioral Addictions Clinic (BAC) sub-rotation

Behavioral addiction is a form of addiction that involves a compulsion to engage in a rewarding non-drug-related behavior despite negative consequences to the person's physical, mental, social, or financial well-being. Types of behavioral addictions addressed in the BAC include gambling, compulsive sexual behavior (e.g., frequent sexual partners, problematic use of pornography), binge eating disorder, excessive internet use, (e.g., online shopping, playing video games), and compulsive buying. Rates of gambling disorder and compulsive sexual behavior (i.e., dysregulated sexual behaviors; e.g., excessive use of pornography, frequent casual sexual partners) are higher among Veterans than non-Veterans. There is growing demand for behavioral addiction treatment services within VHA, particularly among returning combat Veterans. The BAC provides cutting-edge training to the addictions postdoctoral resident on the assessment and treatment of behavioral addictions which commonly co-occur with conditions such as PTSD, sexual trauma, substance use, and anxiety among Veterans. The BAC operates on a short-term treatment model where the focus of the individual and group treatment services is on assisting Veterans to obtain mastery over the problematic behaviors for which they have been referred. After successful completion of the BAC treatment services, the Veterans are then referred to their main treatment providers to address other remaining mental health service needs as appropriate. The BAC is the only specialty outpatient clinic in VHA that focuses the training for psychology postdoctoral residents on best practices for assessing and treating problem gambling, compulsive sexual behavior disorder, and binge eating disorder, and it has been recognized as a leader in VHA for assessing and treating behavioral addictions. The addictions postdoctoral resident will have the opportunity to be trained in effective brief treatments for behavioral addictions, including acceptance commitment therapy,

cognitive behavioral therapy, and mindfulness-based relapse prevention. The postdoctoral resident will also gain experience conducting intakes and assessments, engaging in differential diagnosis pertaining to behavioral addictions, providing clinical consultations to providers, managing administrative roles in the clinic, organizing outreach and educational events, and providing brief individual and group psychotherapies as well as psychoeducation for Veterans.

Tobacco Treatment Program sub-rotation

VA Bedford Tobacco Treatment (TTP) is nationally recognized for its model of care delivery and ability to increase access to care for Veterans. The TTP serves the entire medical center and surrounding outpatient clinics. Tobacco treatment is multidisciplinary and represented by psychology, nursing, psychiatry, and pharmacy. The goals of the TTP are to 1) provide assessment and intervention to Veterans at all stage of change with respect to quitting tobacco, 2) increase awareness of the negative health effects of tobacco use for Veterans, staff, and 3) provide education and consultation to healthcare providers on the changing tobacco landscape and evidence-based treatments. The addictions postdoctoral fellow will receive exposure to conducting focused tobacco dependence assessments, delivering intensive short-term empirically supported treatment for tobacco users at all stages of change with regard to quitting tobacco (e.g., motivational, cognitive-behavioral, and acceptance- and mindfulness-based approaches), and facilitating motivational and psychoeducational groups for tobacco cessation. There is a weekly interdisciplinary TTP team meeting, where cases are presented, and treatment plans are discussed and modified. There is strong emphasis on the cultivation of interdisciplinary case conceptualization as clinical practice guidelines for tobacco cessation focus on the integration of tobacco cessation medications with intensive psychosocial treatment.

Learning objectives

1. Develop case conceptualization skills in working with Veterans presenting with addictions and co-occurring disorders.
2. Acquire proficiency in performing comprehensive assessments for Veterans presenting with addictions and being able to provide feedback.
3. Skillfully deliver evidence-based treatments for addictions including motivational interviewing, cognitive behavioral therapy, and acceptance- and mindfulness-based treatments.
4. Develop professional identity as a psychologist working collaboratively as a member of the interdisciplinary treatment team through case presentations, consultation with providers from other disciplines, and outreach and education.
5. Understand the range of treatment approaches for people with addictions, particularly motivational enhancement therapy, CBT, and recovery-oriented approaches to addictions treatment.
6. Understand the concept of co-occurring disorders and the interrelationship between mental illness and addictions.
7. Familiarity with the different stages of recovery from addictions, particularly as applied to group psychotherapy processes.
8. Provide interventions from the principles of psychosocial rehabilitation.
9. Assist with administrative oversight by managing consults, conducting intakes, and managing clinic assignment.
10. Develop familiarity with methods for evaluating the efficacy of various approaches to addictive behaviors.
11. Engage in research opportunities (e.g., participate in clinical trials, conference presentations, and/or manuscript preparation).

Target professional experiences

1. Participate in the CBT-SUD seminar and consultation series.
2. Co-lead psychotherapy groups for Veterans at different stages of recovery from addictions

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(early recovery, middle and/or late recovery groups).

3. Provide individual psychotherapy for Veterans with addictions.
4. Actively participate in interdisciplinary team meetings.
5. Coordinate addictions treatment with other medical and mental health providers and collaborate in Veteran care through delivery of co-visits.
6. Assume select administrative clinical duties including clinical intakes and managing consults.
7. Participate in program development, outreach, and education activities.
8. Contribute to research focused on addictions which may result in a poster and/or a manuscript.

College Counseling

Dr. Kate Bartels

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The resident in this track of training will focus upon improving access to mental health care for student Veterans served by VA Bedford HCS by meeting them in the community they reside in.

Residents work with an interprofessional team of mental health providers (psychology, nursing, social work, psychiatry, marriage and family therapy, and vocational rehabilitation specialists) to engage student Veterans who are newly accessing mental health services and who are also enrolled in neighboring colleges and universities as part of the Veterans Integration To Academic Leadership (VITAL) Initiative. Residents will have the opportunity to integrate psychosocial rehabilitation and community reintegration interventions within the hospital and educational institution settings VITAL is partnered with. This includes opportunities to provide individual therapy, group therapy, supported education, and case management. Because student Veterans may also be utilizing educational benefits for tuition assistance, residents will be expected to collaborate with Veterans Benefits Administration (VBA) staff to ensure student Veterans' treatment and educational goals are being met.

Direct clinical care will be offered traditionally at the medical center or college campus, and via telemental health to the student Veteran's home or college campus. Residents will also have the opportunity to engage in program development and outreach activities, including but not limited to, education and training to staff and faculty members, enrolling student Veterans into VA Healthcare, and providing clinical support during student Veteran-led campus activities (e.g. New Student Veteran Orientation and Veteran's Day campus celebrations). All residents in this sub-track also collaborate with key medical center leadership, administration, and supervisory staff.

Residents within the College Counseling sub-track will study and apply the principles and practices of interprofessional care. This track is particularly well-suited for residents who wish to work flexibly and engage in community-based interventions and program development in emerging contexts for student Veteran care.

Learning objectives

1. Effective implementation of supported education interventions to facilitate veteran's integration of new knowledge/skills.
2. Demonstrate an understanding of psychosocial rehabilitation, community intervention, and the concept of recovery.
3. Ability to work with student Veterans to accurately determine and document student Veterans community reintegration goals.
4. Ability to work with student Veterans to accurately determine internal and external obstacles to Veteran's community reintegration goals.
5. Ability to assess Veterans' need and readiness for change and motivation to engage in educational goals.
6. Ability to target and work toward specific goals in collaboration with the student Veteran.
7. Skill in facilitating student Veterans integration into the community through supported education, case management, and mental health treatment.
8. Ability to independently provide direct clinical services in the community.
9. Demonstrate proficiency in assessing and identifying student Veterans needs and connecting them to the appropriate care.
10. Display comfort in engaging with community stakeholders and responding to needs that may arise spontaneously when in the community.
11. Demonstrate proficiency in independently curating and maintaining community relationships.
12. Ability to engage in interprofessional care with VHA and VBA professionals.
13. Ability to evaluate the various aspects of the program's interprofessional care in order to determine necessary program needs and modifications.

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14. Ability and initiative to design and implement programmatic changes.

Target professional experiences

1. Carry a flexible caseload of student Veterans interested in mental health treatment, supported education, and case management (Estimated 15 hours/week).
2. Provide direct clinical services to student Veterans at one to two college campuses a week (Estimated 10-12 hours/week).
3. Collaborate with interprofessional trainees and faculty on an interprofessional team to provide and promote Veteran-centered clinical care and recovery.
4. Provide consultation, outreach, and training to medical center and educational institution staff regarding VITAL services and student Veteran needs.
5. Provide supervision to earlier-in-training psychology students.
6. Determine specific program needs and modifications.
7. Assume relevant administrative responsibility with regard to managing caseload.
8. Design and initiate program development activities in collaboration with program staff.

Community Reintegration

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The Community Reintegration (COMRE) track of training is located within Veterans Employment Resources/Compensated Work Therapy program (VER/CWT) who provides services to more than 500 veterans per year, with an age range from 25-75. Veterans have diagnoses including depression and anxiety disorders (Generalized Anxiety Disorder, social anxiety, other specific phobias), PTSD and other traumatic stress disorders, OCD, substance use disorders, and serious mental illness (schizophrenia, schizoaffective disorder, bipolar disorder). Veterans may also be experiencing a range of psychosocial stressors including homelessness, social isolation, medical, family, legal, or financial issues.

We serve veterans at the VA medical center, at the surrounding community-based outpatient clinics, at 13 college campuses, and in community-based employment. Veteran Employment Resources serves veterans from almost every other mental health program at the medical center including the Domiciliary, Transitional Residence, Outpatient Addiction program, Mental Health Clinic, Transition Care Management (OIF/OEF), Mental Health Intensive Case Management program, Veterans Supported Housing, Healthcare for Homeless Veterans, and Veterans Justice Outreach, among others. The COMRE fellow can choose to be affiliated with two of the above listed clinical programs to serve veterans from different teams depending on their professional goals. There are weekly shared team meetings with several of these programs, and the COMRE fellow is encouraged to participate in regular team meetings as part of veterans' interprofessional care including psychiatrists, primary care providers, social workers, medical staff, case managers, and vocational rehabilitation specialists.

As a member of the Veterans Employment Resources, the COMRE fellow will have the opportunity to provide mental health services to

veterans in a variety of clinical programs above that collaborate with the Community Reintegration programs of Supported Employment, Supported Education, Supported Self-Employment, Transitional Work, and Supported Employment: Engage and Keep. The COMRE provides recovery-oriented psychotherapy and psychosocial rehabilitation services such as (a) managing anxiety, depression, ADD/ADHD, PTSD, and substance use disorder symptoms that interfere with attendance/performance at work or school; (b) navigating the transition from military to civilian life with regards to social and vocational environments; and (c) assisting veterans with interpersonal awareness and effectiveness with co-workers and supervisors. Specific evidence-based practices have included Cognitive Behavioral Therapy (for Depression, Substance Use, Psychosis, or Insomnia), Acceptance and Commitment Therapy (for Depression), Motivational Interviewing (MI) and Enhancement (MET), Social Skills Training, and Supported Employment. Additional interventions have included those from Dialectical Behavior Therapy, Problem Solving Therapy, mindfulness, interpersonal process, positive psychology, and supported education.

Another component of the COMRE psychology fellowship is the opportunity to participate in program development, process improvement, and research. The COMRE fellow can design, develop, implement, and evaluate their own project with support from the team. Current and previous projects within Veterans Employment Resources have included (a) creation and implementation of new recovery-oriented therapy groups for veterans in inpatient and/or residential care; (b) identification, development, and implementation of reliable and valid program measures to document progress and plan veterans' care; and (c) a Veteran success story program to educate providers about the impact of meaningful work on overall health and wellness. The COMRE fellow may choose to participate in a variety of research activities with investigators of the Bedford Division of the VISN 1 Mental Illness Research, Education, and Clinical Center (MIRECC). Activities can include provision of a therapeutic intervention as part of a

randomized clinical trial, the collection of research data (e.g., qualitative research interview, Structured Clinical Interview for DSM-V, Clinician Administered PTSD Scale), data analysis, and manuscript preparation.

The Community Reintegration Fellowship offers a range of customizable experiences that allow the fellow to engage in a variety of clinical, program development, and research activities. The fellow will work with Veterans through various phases of the rehabilitation process, including the initial processes of discovering and developing the Veteran's personal goals through the application of a number of therapeutic techniques that allow for the achievement of those goals. The specific combination of training experiences is flexible based on individual fellow's needs and expertise, with final training placements determined based on a collaborative discussion between the fellow and the COMRE program faculty.

There are four main components to the Community Reintegration Fellowship.

1. First Program Placement: Direct service provision and program development in a clinical program (e.g., Outpatient Addiction program, Mental Health Clinic, OEF/OIF), that collaborates with the Community Reintegration Programs (e.g., Transitional Work, Supported Employment). (Estimated 15 hrs/week).
2. Second Program Placement: Direct service provision and program development in another clinical program that collaborates with the Community Reintegration Programs. (Estimated 10 hrs/week).
3. Assessment: The Fellow will learn and acquire experience with the assessments relevant to Community Reintegration programs of Supported Self-Employment, Education, and Employment such as career and vocational interest, value, and skills assessments; assessments of resources and strengths, etc.
4. Research: The Fellow will work with researchers from the New England MIRECC on current research projects and/or independent projects of interest related to functional and recovery processes, programs, and outcomes.

Learning Objectives

1. Knowledge of current and relevant research of Psychosocial Rehabilitation (PSR) and vocational rehabilitation practices
2. Know the definition of PSR and understand concept of recovery
3. Ability to work with Veterans to accurately determine and document Veteran's community reintegration goals
4. Ability to work with Veterans to accurately determine and document internal and external obstacles to Veteran's community reintegration goals
5. Ability to assess Veterans' need and readiness for change
6. Ability to integrate Veteran's goals, strengths and obstacles into a treatment agreement and an overall rehabilitation goal
7. Skill in assisting Veterans' understanding of their strengths and weaknesses in the context of their community reintegration goals
8. Effective implementation of PSR interventions to facilitate Veterans' new skills into community functioning
9. Ability to work with Veterans to determine ongoing assessment of progress and appropriate modification as necessary
10. Skill in facilitating Veterans' integration into the community through supported employment, supported education and supported self-employment.
11. Ability to work effectively with interdisciplinary providers who hold differing therapeutic orientations
12. Ability to speak clearly about the premises and practices of community reintegration and vocational rehabilitation
13. Ability to design and implement programmatic changes

Geropsychology

Staff: Drs. Lisa Bloom-Charette, Kristen Dillon, Morgan Longstreth, Lisa Taylor, and Matt Wachen

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The goal of this track of training is to provide residents with comprehensive clinical training and skillset for providing the best care practices to older Veterans, their families and related care systems. The resident will work concurrently in three to four rotations depending on interest and training goals: Community Living Centers (CLC), Hospice and Palliative Care Center (inpatient unit and hospital-wide palliative care team), Home-Based Primary Care Team (HBPC), and the Geropsychology Outpatient Clinic. The resident and the Geropsychology team will collaborate to develop an individualized training plan aimed at development of general clinical competencies as well as specific competencies in Geropsychology. These competencies will align with the seven major core competencies of the Pike's Peak Model for Geropsychology Training (Theoretical/Conceptualization Skills, Psychological Assessment, Psychological Intervention, Consultation, Program Development and Evaluation, Clinical Supervision, and Teaching). The resident is taught to use evidenced-based treatment in planning and delivering services, and they will work with interprofessional teams that share decision-making, treatment planning, and treatment implementation responsibilities. Opportunities for research, program development, administration and teaching are available. The resident will also have one half-day per week dedicated to research and/or an educational dissemination project. The resident will also participate in supervision of interns and/or practicum students and participate in a variety of teaching, educational and professional development activities (e.g., gerontology seminars and didactics) as well as receive training in

supervision. While previous background in Geropsychology is valued, we welcome motivated applicants from diverse backgrounds looking to obtain well-rounded training.

The overall goals of the residency are to : 1) provide in-depth clinical evaluations for Veterans and their families who are involved in long-term care, temporary inpatient care, home-based primary health care, palliative/hospice care and outpatient care; 2) to provide the most current evidenced-based treatments and interventions for older Veterans and their families; and 3) to provide comprehensive training in the clinical aspects of Geropsychology and understanding of the interaction between cognitive, emotional and physical challenges that accompany the aging process. This mission is accomplished through an integration of clinical, didactic and research/program development activities as listed below.

Clinical activities

Community Living Center (CLC): Community Living Center psychology services are offered on nine inpatient units: four general CLC units, three dementia specialty care CLC units, one geriatric evaluation and management GEM/ shorter-term rehabilitation unit, and the hospice unit. The resident will be assigned specifically to one to two of those units and may also work with Veterans on other units in instances of transfers, continuity of care, or special circumstances. The psychological services include, but are not limited to, evaluation, psychotherapy, and consultation. Evaluations consist of personality, basic cognitive assessment, safety/suicide evaluations and planning. Consultation with Neuropsychology services is available for in-depth evaluations. Therapy referral questions include general mental health concerns with an understanding of health and geriatric needs and often include anxiety, PTSD, depression, pain, sleep, adjustment, grief, couples/family, emotional regulation, health management, etc. Individual therapy treatment options available to Veterans include, but are not limited to: multiple subsets of cognitive behavioral treatment, acceptance and

commitment therapy, cognitive processing therapy, later-adulthood trauma reengagement, meaning centered psychotherapy, complicated grief treatment, validation, hospice approach, seeking safety, motivational interviewing, life review, and more. The resident will also have the opportunity to facilitate a group in the CLC, and ongoing groups include for caregivers, positive psychology, and reminiscence. Residents will also be trained in use of the STAR-VA model of consulting with Veterans and staff in dealing with dementia-related behaviors.

Home-Based Primary Care: Psychology services in Home-Based Primary Care provide clinical assessment and psychotherapy for Veterans enrolled in HBPC, an interdisciplinary primary care service for homebound Veterans in the community. On the HBPC rotation, the resident will learn to utilize a variety of psychological assessment techniques to aid in the diagnosis of cognitive impairment and psychiatric conditions. Cognitive screening techniques are used to assess for presence, type, and severity of dementia or other cognitive deficits, to establish a baseline track of decline or stage an existing dementia, and to assist in Veteran and family education and treatment planning. Other psychological assessment techniques are used to screen for mental health issues such as depression, anxiety disorders, and PTSD. The HBPC resident will also learn to collaborate with fellow team members in truly interdisciplinary care, exchanging pertinent information, learning sensitivity to maintaining Veterans' dignity and privacy while collaborating interdisciplinarily, and developing expertise in health psychology through teamwork. The resident will have opportunities to conduct individual and couples' psychotherapy in Veterans' homes for Veteran's coping with psychological, psychosocial, medical problems and issues of aging, such as loss of independence and end of life issues. Caregiver education and family support is also an element of this service. Close staff supervision will support the resident's training in complex ethical situations, as well as assist the resident in delivering psychological services in unconventional settings.

Hospice and Palliative Care: The Hospice/Palliative Care resident will work with Veterans with serious life-limiting illness enrolled in hospice and palliative care. The resident will conduct individual, group, couples and family therapy focusing on the following issues: 1) psychological, sociocultural, spiritual and interpersonal factors in advanced life-limiting and terminal illness; 2) illness and the dying process; 3) normative and complicated experiences of grief and bereavement; 4) assessment of specific issues common in Veterans with chronic life limiting terminal illness; 5) psychotherapy with Veterans who have chronic life-threatening or terminal illness focused on symptom (e.g. Pain, sleep disturbance) management and EOL issues; 6) anticipatory grief services for family members of palliative care and hospice Veterans; 7) provision of support services for professional caregivers experiencing compassion fatigue secondary trauma and/or grief; 8) bereavement services for family and loved ones of Veterans who have passed; 9) interface with other disciplines through interprofessional teams and consultation in multiple venues; and 10) understanding ethical and legal issues in providing palliative care and hospice services both in the community and within a long term care setting (both on specialized unit and mixed beds)

Geropsychology Outpatient Clinic: In addition to the unique settings described above, the resident will have the opportunity to hone individual, family, and group psychotherapy skills in a more traditional mental health clinic setting in our Geropsychology Outpatient Clinic. In some cases, residents may have the unique opportunity to participate in a Veteran's care as the Veteran progresses through the continuum from Outpatient to Home-Based to Community Living Center and even Hospice.

Didactic Activities: Clinical experiences are supported by didactic seminars that include monthly Geropsychology didactics, Geriatric Grand Rounds, Capacity evaluation didactics, bimonthly Psychology Grand Rounds, Psychology Training Day as well as numerous interprofessional trainings within the Hospital. Residents will also attend

trainings designated to the larger postdoctoral cohort such as Diversity, Ethics, and Supervision of Supervision.

Supervision: The resident will receive a minimum of two hours of individual supervision and one hour of group supervision per week. The resident will also be expected to provide one hour of supervision to at least one practicum student.

Learning objectives

1. To understand the biological, psychological, and social aspects of normal aging
2. To understand common medical and/or neurological problems, their interplay, and how those issues affect psychological treatments
3. To facilitate a psychotherapy group with older adults
4. To effectively implement general as well as age-specific evidenced based treatments
5. To verbalize understanding of end-of-life issues and utilize associated interventions
6. To identify the complex ethical issues that arise in the care of the older adult
7. To recognize the importance of interprofessional teams to address the complex treatment needs of the older individual
8. To understand the continuity of care for the older Veteran
9. To be skilled in the psychological assessment of the older adult
10. To learn to assess various risk factors and provide appropriate interventions
11. To be able to provide consultation to team members to incorporate Geropsychology information into treatment planning and implementation

Target professional experiences

1. Carry a total caseload of approximately 12-15 psychotherapy clients, providing a minimum of ten hours per week of individual treatment across three to four of the Geropsychology rotations (CLC, outpatient, HBPC, and Hospice/Palliative Care)

2. Co-facilitate a minimum of two psychotherapy groups related to one's particular area of clinical interest and needs of the veterans.
3. Collaborate with interprofessional trainees and faculty on at least one interprofessional team.
4. Provide consultation and outreach to staff and families in the CLC and/or Palliative Care unit.
5. Provide supervision to earlier-in-training psychology students
6. Determine specific clinic/program needs and modifications and to institute at least one innovative geriatric-based program.

Interprofessional Education and Practice

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Interprofessional education is a cornerstone of training for psychologists in integrated healthcare and academic settings. The Interprofessional Education (IPE) postdoctoral fellowship offers **unique clinical, didactic, and experiential, opportunities for trainees to acquire advanced training in integrated care.**

Trainees in this track become ambassadors of interprofessional practice across the hospital and outpatient clinics while providing Veteran-centered clinical care. Residents in this track will have the unique opportunity to provide clinical services in one of the VA Community Based Outpatient Clinics (CBOC) at least one day per week. The two CBOCs that residents are assigned to are Haverhill and Lynn. This role allows the resident to provide therapy in a mainly primary care clinic and to practice their interprofessional and collaboration skills. Residents provide individual and group psychotherapy in a range of settings (e.g., VA hospital, CBOC), and have the opportunity to receive training and experience offering treatment via telemental health and VA Video Connect (VVC). The track offers a unique opportunity to provide mental health care in the communities where Veterans live, work, and attend school.

To complement this community-based care, trainees also are engaged in multidisciplinary Behavioral Health Integration Program (BHIP) teams within VA Bedford's Mental Health Clinic (MHC). These five interprofessional teams are comprised of psychologists, social workers, nurses, Veteran peer support specialists, and psychiatrists who share a team-based and Veteran-centered approach to our Veteran's care. A range of psychological issues and severity are represented in the MHC, including PTSD (combat and non-combat related), anxiety disorders, mood disorders, couples/family issues, and disorders of addiction, personality disorders, and SMI. Individual

psychotherapy is informed by an overall Veteran-centered and strengths-based approach to integrative therapy. A variety of time-limited psychotherapy groups are offered, (e.g., a CBT series, ACT for PTSD, a mindfulness series, positive psychology groups, and a series of PTSD skill development groups). All psychotherapy groups are co-led with either two psychology students or a psychologist supervisor and student.

On a clinical level, the MHC operates from an integrative psychotherapeutic orientation. In addition, a focus on strengths and recovery from a psychosocial rehabilitation perspective is embodied in the overall approach of the clinic. Within this larger integrative orientation, an appreciation of and training in specific evidence-based psychotherapies (EBPs) is also a key component of training and practice within the program. Residents will have an opportunity to learn and implement at least one of VA's Evidence-Based Psychotherapy protocols.

Residents are afforded significant opportunity to tailor their clinical work in accord with their interests. Supervisors represent a range of theoretical and clinical expertise, including cognitive-behavioral, psychodynamic, humanistic, positive psychology, experiential, and transpersonal/integral orientations. Many supervisors also work from third-wave cognitive-behavioral approaches that emphasize mindfulness and acceptance. Many staff members have expertise in the treatment of PTSD, and a number of staff also have training in a variety of other EBPs relevant to care of the Veteran population.

In addition to one's clinical and BHIP team work within the larger MHC, trainees exercise their interprofessional skills by **carrying out a year-long, sustainable, program evaluation and improvement project.** Fellows are typically paired with a small team of integrated social work interns, primary care behavioral health psychology postdocs, and post-Master's nursing residents. This interdisciplinary student team works together with other interprofessional supervisors to engage program development activities within VA Bedford.

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Project teams are mentored by supervisors within the interprofessional training program who provide guidance and supervision at all stages of the student's team project(s). At the end of the year, fellows will have added measureable levels of improvement while incorporating relevant shareholders to bolster long-standing change at the institution.

This track is particularly well-suited for residents who wish to immerse themselves in the conceptualization and practice of interprofessional care. Residents in this track will have ample opportunities to deepen their understanding, perspectives and skills with regard to the nature of interprofessional care in a large healthcare system. Fellows who complete this year-long sub-rotation are competitive in most work placements due to sharpening quality improvement, leadership, integration, and healthcare system navigation skills. Graduates of this program would likely be suited for interprofessional practice in general mental health programs, program development, education, training, hospital administration, and care coordination.

Learning Objectives

1. Describe the roles, responsibilities, and healthcare contributions of at least three unique healthcare professions
2. Explain at least 3 key strategies for how interdisciplinary clinical teams successfully work together to provide care to complex patient populations
3. Define quality improvement as it relates to IPE and identify two ways to promote and lead change within an organization
4. Demonstrate the ability to understand healthcare problems through a patient centered perspective
5. Apply communication techniques to communicate effectively with healthcare stakeholders (including patients and other professionals) in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease

6. Demonstrate competency in addressing difficult conversations and describe two ways to promote conflict resolution in healthcare settings
7. Identify at least three strategies to promote collaborative leadership within an interprofessional and complex healthcare setting
8. Evaluate the various aspects of the clinic's interprofessional care in order to determine necessary program needs and modifications
9. Develop ability and initiative to design and implement programmatic changes
10. Explain the roles of interprofessional mental health providers within the treatment team
11. Value and respect the contributions and expertise of other interprofessional mental health providers
12. Effectively communicate and collaborate within an interprofessional team
13. Effectively address interprofessional conflict
14. Understand the optimal principles and practices of high functioning mental health interprofessional teams to achieve positive outcomes with regard to Veteran clinical care and recovery
15. Collaboratively contribute to interprofessional treatment planning and care
16. Demonstrate positive attitudes toward Veteran-centered care
17. Provide clear constructive feedback to the Training Director and supervisory faculty regarding the nature and structure of the interprofessional training experience

Target professional experiences

1. Carry a caseload of approximately 12-15 psychotherapy clients, providing about 14 hours/week of individual treatment
2. Co-facilitate a psychotherapy group related to one's particular area of clinical interest
3. Collaborate with interprofessional trainees and faculty on an interprofessional MHC team to provide and promote Veteran-centered clinical care and recovery
4. Provide consultation and outreach to clinicians and professionals across the medical center

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5. Provide supervision to earlier-in-training psychology students
6. Determine specific clinic/program needs and modifications
7. Assume relevant administrative responsibility with regard to the functioning of one's MH subtrack
8. Design and initiate program development activities, in collaboration with administrative staff and supervisors affiliated with one's subtrack

Interprofessional Psychosocial Rehabilitation (PSR)

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Within the Psychosocial Rehabilitation (PSR) track, the resident will become part of an interdisciplinary team of postgraduate fellows which may also include social work, nursing, psychiatry, vocational rehabilitation and/or occupational therapy. Each resident will select two programs to work in throughout the year. The primary placement will be a program that focuses on serving Veterans with serious mental illness (SMI). For the second placement, residents can choose from a variety of clinical, research, and/or administrative placements across inpatient, outpatient, or community-based programs. No specific emphasis is required for the second placement choice, and the options are designed to be flexible and offer the resident opportunities to pursue individual professional interests.

The program placements provide the resident with an environment to learn and to apply the principles of psychosocial rehabilitation while working with an interdisciplinary team of experienced professionals. All residents will provide outpatient individual therapy services to veterans with SMI through the Program for Outpatient Wellness, Engagement, and Recovery (POWER). In addition, the resident will be actively involved in recovery-oriented assessments, program development, consultation, and educational dissemination regarding psychosocial rehabilitation within the medical center and nationally via conference presentations. Opportunities for participation in research are also available in collaboration with the VISN 1 Mental Illness Research, Education and Clinical Center (MIRECC).

The overall goals of the PSR fellowship are to provide training and clinical experiences for residents so that they become grounded in the principles and values of PSR and incorporate them into their work with Veterans. Residents receive a range of didactics and training to hone clinical skills

and SMI knowledge. In addition, residents can pursue professional interests by taking advantage of a range of training opportunities offered by the. Residents acquire knowledge of current PSR research and practices in order to become a skilled PSR practitioner capable of promoting change in the VA system (to act as “agents of change”).

There are four main components to the PSR Fellowship at VA Bedford:

1. **First Program Placement:** Each resident can choose a primary placement in one of the programs that serves Veterans with SMI. The possible placements include: 1) Community Residential Care (CRC); 2) the Mental Health Intensive Case Management (MHICM) Program which uses the Assertive Community Treatment model; 3) inpatient psychiatric services. (Estimated 10/15 hrs per week).
2. **Second Program Placement:** Each resident has the opportunity to choose one or more secondary placements, with approval from one’s preceptor and the PSR Fellowship Committee. Residents’ work in this placement must be recovery-oriented and focused on Veterans with more significant mental health disabilities. There are many possibilities for secondary program placements to choose from based upon the residents’ professional interests, including but not limited to: Compensated Work Therapy (CWT); Domiciliary; Programs and Services for Homeless Veterans (HCHV); Veterans Administration Supported Housing (VASH); Behavioral Addictions Clinic; and clinical research via faculty affiliated with the VISN 1 MIRECC. (Estimated 10 hrs/week).
3. **Program for Outpatient Wellness, Engagement, and Recovery (POWER):** All residents will carry a caseload of veterans receiving services through this outpatient program for Veterans living with SMI. This can also include development and implementation of outpatient groups for SMI (e.g., Living with Bipolar Disorder, Social Skills Training, etc.). (Estimated 5 hrs/week).

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4. Group Project—Program Development/Evaluation & Education Dissemination: All the PSR fellows will work together throughout the course of the fellowship year on a program development or program evaluation project. The residents will be given projects to choose from or may develop their own project idea with approval from the PSR Fellowship Committee. A final, written report of the project, including lessons learned, will be submitted to the PSR Fellowship Committee. Past education dissemination efforts have included presentations about the group projects at national conferences and presentations of project evaluation results to the hospital's program managers and staff of recovery-oriented programs. (Estimated 2-3 hrs/week).

Residents are afforded considerable flexibility to design and implement clinical and/or programmatic changes toward the goal of greater enactment of psychosocial rehabilitation principles and practice. Residents are seen as “change agents” within the medical center's psychosocial rehabilitation-oriented programs. As such, they often engage in consultation, program evaluation, and program development in their individual placements. In addition, the residents are actively involved in program development, consultation, and educational dissemination regarding psychosocial rehabilitation within the larger medical center and nationally via conference presentations.

Learning Objectives

1. Knowledge of current and relevant research of PSR practices
2. Knowledge of the signs and symptoms of serious and persistent mental illnesses
3. Understanding of the interaction of biological, social, and environmental factors in mental illnesses
4. Knowledge of the definition of PSR and concept of recovery
5. Ability to conceptualize issues of choice and risk as related to the PSR model

6. Accurately conceptualize overall client functioning from a PSR-oriented recovery model
7. Ability to assess Veterans' readiness for change
8. Ability to assess Veterans' working alliance with practitioners
9. Skill in assisting Veterans to develop rehabilitation readiness
10. Ability to integrate Veterans' goals, strengths and obstacles into a treatment agreement and an overall rehabilitation goal that is documented
11. Skill in assisting Veterans' understanding of their strengths and weaknesses in the context of their recovery goals
12. Ability to collaborate with Veterans in the development and pursuit of specific goals
13. Effective implementation of recovery/PSR interventions to facilitate Veterans' new skills into everyday functioning
14. Ability to work with Veterans to determine ongoing assessment of progress and appropriate modification as necessary
15. Skill in facilitating Veterans' integration into the community
16. Skill in assisting Veterans to explore service options and match Veterans with system resources, including entitlement and benefit programs, and legal and advocacy resources as needed
17. Ability to identify opportunities for transition of services
18. Skill in providing group therapeutic services from a PSR framework
19. Ability to teach necessary skills to overcome cultural barriers and stigma
20. Understanding of institutional dependency and helping Veterans overcome barriers to living in less restrictive environments
21. Ability to provide useful information on result of work with Veterans to other treatment team members
22. Ability to work effectively with interdisciplinary providers who hold differing therapeutic orientations
23. Ability to speak clearly about the premises and practices of PSR to Veterans and staff

24. Skill in advocating for PSR principles and negotiating Veterans' needs with stakeholders for the benefit of the Veterans
25. Ability to design and implement programmatic changes

Intimate partner violence

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This track of training provides the resident with the opportunity to be part of innovative clinical work and programming to assist Veterans who have used and/or experienced aggression in their intimate relationships. There is a strong emphasis on use of Veteran-centered, strengths-based treatment from a psychosocial rehabilitation perspective. The postdoctoral resident will engage in direct clinical care; consultation; clinic administration; outreach and education; and program evaluation/development.

Specifically, the resident will further the four goals of the IPV program:

1. Primary prevention of IPV through promotion of healthy, respectful relationships and working toward the reduction of social and economic disparities that contribute to risk of IPV (CDC, 2010).
2. Consultation and training for clinical and support staff related to prevention, screening, and treatment of IPV.
3. Assessment and treatment of Veterans who have and/or are currently *experiencing* and/or *using* IPV.
4. Education and outreach around IPV, both within the VA and the broader community.

The IPV resident will also participate in a minor rotation in the outpatient Mental Health Clinic Recovery Services where they will be embedded in one of the Behavioral Health Interdisciplinary Teams (BHIP).

Veteran and military families are at increased risk for intimate partner violence (IPV). The stressors posed by military life, such as frequent moves, financial stress, and potential exposure to violence, are all factors associated with increased the likelihood of violence occurring in the home. In addition, there is a higher incidence of diagnoses associated with IPV, e.g., PTSD and substance abuse, in the veteran community. Due to this increased risk level, the Department of Veterans Affairs has designated funding and staffing to treatment of individuals impacted by IPV.

The Safing Center was established at VA Bedford HCS as a specialty mental health clinic focused on treatment and prevention of intimate partner violence. Staff in the Safing Center have been involved in supporting the development of the National IPV Assistance Program since 2011. One goal of the Safing Center has been to develop innovative clinical programming to assist Veterans who are at risk for using and/or experiencing IPV, positioning our clinic as a particularly well-resourced and unique program within the VA healthcare system.

The Safing Center primarily focuses on clinical treatment, providing individual, couples, and group therapy for veterans and their partners struggling with current or past IPV. Additionally, the Safing Center provides outreach and psychoeducation to staff and veterans at ENRM Veterans Hospital and the broader community on topics such as IPV screening; risk assessment and safety planning; documentation; veteran-specific considerations for individuals who use and/or experience IPV; and prevention through promotion of healthy relationship skills.

There are four primary domains to the IPV residency:

IPV screening and assessment

Intakes within the Safing Center include screening and assessment of IPV risk and severity, as well as assessment of associated risk and protective

factors. Through the use of empirically supported measures and a structured clinical interview, the fellow will gain competency in conducting comprehensive IPV intakes and risk assessments that are used to guide treatment planning and interventions.

Individual, couples, & group counseling

The resident will be trained in the provision of trauma informed and evidence-based treatment for individuals that have used IPV, experienced IPV, or both. Individual and couples cases are referred from other programs within the hospital (e.g., Veteran's Justice Outreach, Primary Care, Outpatient Mental Health, Addictions, Women's Health Clinic) and community stakeholders. The resident will also provide group therapy or psychoeducational groups targeting promotion of healthy relationship skills and prevention and recovery from IPV.

Staff consultation

Often, individuals who have used or experienced IPV are hesitant to disclose due to a variety of factors (e.g., stigma, shame, fear of legal or custodial repercussions). Our clinic provides private and confidential support to staff, veterans, and loved ones related to relationship problems and concerns about IPV. The resident will have the opportunity to provide consultation to trainees, staff, veterans and their loved ones with regards to a range of relationship concerns

Training and education

The resident will engage in training and outreach for trainees and staff members toward raising awareness about IPV prevalence and veteran-specific considerations in screening, assessment, conceptualization, and intervention. In addition, there is the option of engaging in program evaluation and development in the Safing Center.

Secondary rotation

The IPV residency also includes a minor clinical rotation in the outpatient Mental Health Clinic (MHC). This provides the resident the opportunity to provide treatment in the context of an interdisciplinary treatment team that includes staff and trainee members of psychology, social work, psychiatry, and nurse practitioners. The MHC provides treatment for a wide range of diagnoses and associated life factors.

Learning objectives

1. Working knowledge of current and relevant research on IPV prevention, assessment, and treatment
2. Working knowledge of psychosocial recovery and strengths-based approaches to IPV intervention and treatment
3. Ability to screen and assess for the signs and symptoms of IPV use and experience
4. Accurately conceptualize overall client functioning from resident's primary psychotherapeutic orientation and other salient psychotherapeutic orientations
5. Accurately conceptualize overall client functioning from a PSR-oriented recovery model
6. Ability to identify and attend to the relational process in psychotherapy
7. Ability to respond effectively to the content (client's thoughts, feelings, and behavior) in psychotherapy
8. Ability to empathically join with the client
9. Ability to target and work toward specific goals in collaboration with the client and effectively implement clinical interventions for treatment of IPV-related issues.
10. Ability to effectively facilitate a psychotherapy group focused on IPV
11. Ability to work effectively with interdisciplinary providers who hold differing treatment orientations
12. Skill in outreach and education around IPV awareness, assessment, and treatment
13. Ability to design and implement programmatic changes

14. Ability to provide consultation to other staff members regarding IPV

Target professional experiences

1. Carry a caseload of approximately 8-10 psychotherapy clients in the Safing Center and 4-6 clients in the Mental Health Clinic Recovery Services (MHCRS), providing a minimum of 10 hours/week of psychotherapy through various modalities
2. Co-facilitate weekly group therapy in the Safing Center and MHC (e.g., Strength at Home, healthy relationship promotion, etc.)
3. Attend and participate in weekly Safing Center and MHC team meetings
4. Provide consultation and outreach to providers, trainees, and staff across the hospital and broader community
5. Participate in events to promote healthy relationships and IPV awareness throughout the hospital and community
6. Provide brief and in-depth trainings across programs throughout the hospital to increase awareness and knowledge of IPV among Veterans
7. Participate in needs assessment; program evaluation and development; and/or research within the Safing Center

Lesbian, Gay, Bisexual, Transgender, Queer And Questioning (LGBTQ) Interprofessional Healthcare

Dr. Stephen Gresham;
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One residency position is available in the LGBTQ Interprofessional Care track, which is a unique opportunity within VHA to work primarily with lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) Veterans. The postdoctoral fellow will engage in direct clinical care (individual, couples, group), program development, supervision, outreach/training, and research/program evaluation.

This work will take place in the Mental Health Clinic Recovery Service (specialty mental health), the Behavioral Addictions program, and the Domiciliary. Through education, outreach, and advocacy, the fellow will further the larger goal of improving the culture of the VA to include and affirm LGBTQ+ identities. Through direct provision of clinical services and supervision of a practicum student, the fellow will further the goal of providing competent and LGBTQ-affirming mental health services to our Veterans. Trainings tailored to those goals will be provided to the fellow throughout the training year, to cultivate a clinical specialization in providing care to LGBTQ communities and in working in interprofessional settings. Previous experience with LGBTQ communities is preferred.

The LGBTQ Interprofessional fellowship seeks to provide the fellow with the opportunity to provide individual and group direct service provision to LGBTQ Veterans in multiple interprofessional contexts, including specialty mental health, behavioral addictions, and the Domiciliary. The fellow provides outreach to LGBTQ Veteran communities, conducts program development focused on improving the healthcare experience of LGBTQ Veterans, and develops and presents trainings to increase the knowledge, skill, and

awareness of other providers in the VA Bedford Healthcare system.

The LGBTQ Interprofessional fellowship will be led by Dr. Stephen Gresham, PhD, (Director of DEI Programs, Co-Associate Director of Training for Psychology, LGBT Special Emphasis Program Manager, and VISN 1 LGBTQ+ Veteran Care Coordinator). Supervisors include Dr. Dipali Patel, Ph.D. (Domiciliary Staff Psychologist), Dr. Garret Sacco, Ph.D. (Behavioral Addictions Clinic), and Dr. Lisa Richards (Mental Health Clinic Staff Psychologist).

The LGBT fellowship includes the following components:

Specialty Mental Health

The fellow will be a member of an interprofessional mental health team in the outpatient clinic. The fellow will have opportunities for collaboration and consultation with members of their team and will build skills in interprofessional work. The fellow will receive LGBTQ-focused referrals and clinical opportunities for individual and group therapy. Additionally, referrals will also be received from members of their mental health clinic team. During the training year, the fellow will facilitate 1 group for the LGBTQ Veteran community (LGBTQ+ Well-Being Group) and will have the opportunity to start other groups of interest. Fellows will learn about Hormone Readiness Evaluations and, depending on the availability, will have the opportunity to conduct a gender-affirming surgery readiness evaluation.

Behavioral Addictions Clinic

Through this clinic, the fellow will have the opportunity to provide individual therapy with clients struggling with behavioral addictions (e.g., gambling, compulsive sexual behaviors, binge eating disorder, etc.). Additionally, the fellow will facilitate group psychotherapy using Mindfulness-Based Relapse Prevention and psychoeducation/motivational interviewing approaches. Varied opportunities (e.g., research,

program development, clinic administration) are available which the fellow may access to further training and professional goals.

The Domiciliary

Through this clinic, the fellow will have the opportunity to provide individual therapy with clients struggling with substance use disorders. Additionally, the fellow will facilitate group psychotherapy on varied topics (e.g., healthy relationships, shame resilience, etc.). Varied program development opportunities are available which the fellow may access to further training and professional goals.

Outreach

The fellow will have the opportunity to participate in varied hospital committees that will enable the fellow to be aware of the various outreach activities, disseminate information regarding LGBTQ services, address consultation needs across the hospital, and to target activities throughout the year to LGBTQ Veterans.

Program Development

The fellow will work to actively promote education and competence through program development. These include: Safe Zone, Transgender Day of Remembrance, National Coming Out Day, LGBT Health Awareness Week, and Boston PRIDE for example. Additional program development opportunities may be available depending upon the interest and abilities of the postdoctoral fellow.

Learning Objectives

1. Knowledge of mental healthcare needs of Veterans.
2. Knowledge of mental healthcare needs of sexual minorities and transgender Veterans.
3. Proficiency in performing gender dysphoria assessments and evaluations of readiness for cross-sex hormone treatment.
4. Knowledge of empirically-based treatment approaches for recovery from PTSD.
5. Ability to coordinate mental health treatment within an interprofessional team.
6. Skill in providing education and process-approach group therapy to LGBTQ Veterans.
7. Skill in providing education to other providers about working with LGBTQ Veterans.
8. Skill in delivering outreach to LGBTQ communities within our catchment area.
9. Proficiency in delivering mental health treatments to Veterans with comorbid mental health and substance use disorders as well as chronic health conditions.
10. Proficiency in carrying out research and program development focused on the provision of care to LGBTQ Veterans.
11. Build awareness of their own countertransference when working with LGBTQ Veterans.
12. Develop skills on the assessment and treatment of addictive behaviors and other-occurring issues with LGBTQ Veterans.
13. Build skill at advocating for LGBTQ Veterans within their various systems.
14. Ability to use VA resources (particularly SharePoint sites and CPRS consult system) to meet the needs of Veterans.
15. Develop familiarity with the local and national VA policies related to LGBTQ Veterans.

Target Professional Experiences

1. Conduct gender dysphoria diagnostic assessment.
2. Conduct assessment for readiness of cross-sex hormone interviews.
3. Facilitate therapy groups for LGBTQ Veterans.
4. Provide short or longer-term identity affirming therapy for LGBTQ Veterans through outpatient mental health.
5. Provide outreach to LGBTQ Veteran communities.
6. Provide education via one or more presentations to mental health staff.
7. Participate on interprofessional teams.
8. Assume select administrative duties for the LGBT Services consult system.
9. Program development and/or research activities focused on LGBTQ Veteran health.

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10. Assist in planning and coordinating events for National Coming Out Day, Transgender Day of Remembrance, and LGBTQ Pride, either on-campus or with Veterans in the community.

Primary Care Mental Health Integration

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Residents training in the Primary Care Mental Health Integration (PCMHI) track actively participate on the Primary Care Behavioral Health (PCBH) team. The PCBH program was established to promote effective treatment of common mental health and physical health conditions commonly seen in the primary care environment. With a high level of stigma associated with seeking specialty mental health services, PCMHI allows patients to receive short-term therapy and psychiatric medication management within the comfort of the primary care environment. This includes ability to provide early interventions when Veterans present to primary care in the early stages of symptomatology. In addition, our team is trained in helping to address psychological aspects that impact medical conditions (i.e. life-style behaviors, effective use of coping strategies, impact of stress on the body, & adjustment to medical conditions). PCMHI services are delivered by a team consisting of psychologists, a psychiatrist, clinical nurse specialists, social workers, residents in each of these respective disciplines, and peer specialists. The postdoctoral residents will be an integrated member of the PCBH team, and will learn to provide treatment for mental and physical health concerns that are commonly seen within the primary care setting and the Women's Health Clinic. This experience will provide the postdoctoral residents with the knowledge and understanding in applying the biopsychosocial model and the mind-body approach to providing whole-person care.

Referrals to the program are generated from primary care providers either by their discretion and/or positive responses to routine screens for depression, PTSD, substance use, weight, or chronic pain. If the Veteran is interested in PCMHI services, then a member of our team joins the end of the primary care visit as a warm handoff. This allows

us to get a brief sense of the Veteran's needs, and to help reduce stigma and open up access to mental health services. The team completes a brief psychological evaluation during a warm handoff, and triages for appropriateness of fit for the program based on level and type of care needed. This feedback is sent back to the primary care providers to facilitate the collaboration between these services or to coordinate with programs that would best meet the needs of the Veteran. Brief interventions are provided in PCMHI through use of CBT, ACT, mindfulness-based approaches, and the use of biofeedback. The postdoctoral residents will learn to provide the full spectrum of care provided by the program.

In addition to working as an integrated member of PCMHI and primary care, postdoctoral residents also complete sub-rotations working within our pain self-management clinic and in the MOVE! weight management program. These opportunities allow for further depth in behavioral health training experiences. Similar to their experience in PCMHI, trainees will serve as members of interdisciplinary teams within both of these clinics (including opportunities to co-facilitate groups and provide consultative services across multiple disciplines within our healthcare system). Training in these sub-rotations also includes provision of individual therapy targeting management of chronic pain (CBT for Chronic Pain (CBT-CP), Brief CBT-CP, ACT for Chronic Pain, Biofeedback, etc.) and support for health behavior changes such as weight management. Additional opportunities are also available to complete pre-surgical evaluations for bariatric surgery and organ transplant as well as to increase exposure to Health Promotion/Disease Prevention principles. With all of our services, our residents are able to become specialists in collaborative care, pain management, and weight management.

Below are further details on some of the components of our training track.

Warm handoffs

Post-doctoral residents each cover 1 to 2 half days of warm handoff coverage to primary care/week. For each ½ day of coverage, we also have staff back-up coverage to always ensure needed supervision is available.

Individual therapy

Post-doctoral residents follow a caseload of individual therapy cases in primary care for both physical and mental health concerns. PCBH tends to follow Veterans with mild to moderate level of symptoms, and then higher risk Veterans are referred to the Mental Health Clinic.

Consultation to primary care: postdoctoral residents complete curbside consultations to primary care providers. Team members also join the various PACT pre-planning meetings, which allows our team to be fully integrated into the PACT groups.

Biofeedback

Biofeedback is a way to tune into the body's physiological response to stress, and to see how one's body is responding physiologically to relaxation and mindfulness coping strategies. When working with a medical population, biofeedback is a critical way to help individuals understand the importance of the mind/body connection. Biofeedback services are used both in PCBH and pain self-management.

Pain self-management

Post-doctoral residents will learn to complete Psychology pain evaluations, comprehensive mental health evaluations, and engage in collaborative treatment planning with Veterans diagnosed with chronic pain conditions. The residents will also rotate as a team member on the interdisciplinary pain teams.

Individual therapy (chronic pain)

Post-doctoral residents will gain experience in providing individual therapy for Veterans with chronic pain conditions. Treatment may include Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), which is identified by VA as an Evidence Based Practice, as well as Acceptance and Commitment Therapy for Chronic Pain, Biofeedback, Motivational Interviewing, and interventions for chronic pain and comorbid mental health concerns such as joint treatment for pain and PTSD.

MOVE! Weight Management

MOVE! evaluations: Postdoctoral residents will learn to complete comprehensive mental health evaluations for weight management.

Individual therapy: Postdoctoral residents will gain experience in providing behavioral health strategies for weight management through the MOVE! program.

MOVE! class: Post-doctoral residents will have the opportunity to help facilitate a weekly MOVE! weight loss management class. This class is co-led with other disciplines including nutrition, pharmacy, and recreation therapy.

Pre-surgical evaluations: Trainees will learn to complete comprehensive pre-surgical mental health evaluations for Veterans seeking an organ transplant and bariatric surgery.

Other Training Opportunities

Whole Health: Whole Health is a mission of the VA system to help Veteran's bring a mindful awareness to their values and lives. Trainees will co-facilitate a 9-week Whole Health group with our Whole Health peer specialists.

Mindfulness: Trainees will have ample opportunity to learn about mindfulness during the residency. Trainees have the optional opportunity to co-facilitate a weekly mindful moment to primary care, a 6-week Introduction to Mindfulness group, or a 12-week Mindfulness Based Wellness group.

Training of family medicine residents: PCBH trains a family medicine resident each month while they complete 4-week rotations in our program to learn about mental health. This offers an amazing opportunity to both teach and learn from medical residents on our team.

Weekly peer consultation: Our post-doctoral residents and NP fellows rotate with providing weekly peer consultation to our family medical resident. This can range from discussing topics related to integration, providing peer consultation on cases, or educating the residents on areas of interest.

Learning objectives

1. Understand the underpinnings of the various evidence-based models of integrated care.
2. Understand at advanced level how to work in the medical culture.
3. Conceptualize cases from mental health and medical perspective.
4. Develop and implement evidence-based programs for integrated care.
5. Proficiency in performing quick assessments within the primary care setting.
6. Proficiency in motivational interviewing in clinical work to promote engagement in treatment and/or health behavioral change.
7. Proficiency in delivering brief interventions for mental health conditions commonly seen in primary care setting.
8. Proficiency in delivering focused treatment for psychological factors related to medical conditions.
9. Proficiency in delivering care management for at risk mental health conditions.
10. Proficiency in providing care in dual fashion with primary care providers.
11. Acquire skill to work collaboratively with primary care providers with shared treatment plan and curbside consultations.
12. Demonstrate proficiency in flexibility to manage high caseload with short session durations within primary care setting (20–30-minute visit vs traditional 50-minute session).

13. Contribute on multidisciplinary medical teams from behavioral health perspective.
14. Ability to work as team member in primary care.

Target professional experiences

1. Manage primarily short-term cases with evidence-based brief interventions for common mental health and medical conditions in primary care clinic.
2. Develop and deliver groups for self-management of medical conditions and health behaviors.
3. Provide at least 5 co-visits with PCBH prescribers (psychiatrist, NP, NP fellow, and medical residents).
4. Maintain open access to primary care medical staff for warm hand-offs and curbside consultation.
5. Effectively communicate with PCBH team and primary care staff to coordinate good care.
6. Provide consultation to Bedford and affiliated CBOC programs on principles of integrated care.
7. Identify relevant topics in primary care and present to primary care staff at least once.
8. Collaborate in dual fashion with peer specialists in PCBH and pain program.
9. Identify a need in the primary care system and develop at least one research or program development project for quality improvement.
10. Actively participate in weekly PCBH team meeting and primary care staff meetings.
11. Assume administrative duties in delivery and development of programs for PCBH.

Psychotherapy and Clinic Administration

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The primary goal of this track is to offer residents administrative and program development responsibilities with regard to psychology students providing mental health services within VA Bedford's Outpatient Mental Health Clinic (MHC). In this role, each resident works directly with all psychology students (other post-doctoral residents, interns, and practicum students), serving both as administrative supervisor and mentor. The two residents work closely with one another and staff clinic leadership in overseeing and coordinating much of psychology student training within the MHC. The residents triage MHC referrals to trainees and ensure that follow-up and other administrative requirements are completed. The two residents also co-facilitate a weekly group supervision for the psychology practicum students training within MHC, wherein practicum students present their clinical cases for review and discussion with this resident-led supervision group. This track is particularly well-suited for residents who wish to become involved in program administration and leadership related to psychology student training and development. Ample opportunities are present to function in mentoring and supervisory roles with earlier-in-training students.

Training within our this outpatient track of training offers residents a breadth of opportunities to provide individual, couples, and group psychotherapy. Our MHC is comprised of five interprofessional teams, affording residents collaborative contact with clinicians from psychology, nursing, psychiatry, and social work. Within MHC, residents are afforded an opportunity to engage a variety of Veterans in episodic, evidence-based psychotherapy. A range of

psychological issues and severity are represented, including PTSD (combat and non-combat related), anxiety disorders, mood disorders, couples/family issues, and disorders of addiction, personality disorders, and SMI. Individual psychotherapy is informed by an overall Veteran-centered and strengths-based approach to integrative therapy. A variety of time-limited psychotherapy groups are offered, (e.g., a CBT series, ACT for PTSD, a mindfulness series, positive psychology groups, and a series of PTSD skill development groups). All psychotherapy groups are co-led with either two psychology students or a psychologist supervisor and student.

On a clinical level, the MHC operates from an integrative psychotherapeutic orientation. In addition, a focus on strengths and recovery from a psychosocial rehabilitation is embodied in the overall approach of the clinic. Within this larger integrative orientation, an appreciation of and training in specific evidence-based psychotherapies (EBPs) is also a key component of training and practice within the program. Residents will have an opportunity to learn and implement at least one of VA's Evidence-Based Psychotherapy protocols. Residents are afforded significant opportunity to tailor their clinical work in accord with their interests.

On an organizational level, the principles and practices of effective interprofessional collaboration and practice is a key foundation of both the MHC and the larger hospital. Specific didactics, grand rounds, and interdisciplinary dialogues support this hospital's ongoing evolution to an interprofessional model. Residents are expected to conceptualize clinical cases broadly and from more than one perspective, and they are similarly encouraged to implement interventions thoughtfully from relevant therapeutic schools to best meet the presented clinical needs of a Veteran. Supervisors represent a range of theoretical and clinical expertise, including cognitive-behavioral, psychodynamic, humanistic, positive psychology, experiential, and transpersonal/integral orientations. Many supervisors also work from third-wave cognitive-

behavioral approaches that emphasize mindfulness and acceptance. Many staff members have expertise in the treatment of PTSD, and a number of supervisors are trained in one or more EBPs for PTSD (primarily cognitive processing therapy and prolonged exposure), with both formal training and ongoing supervision available in these modalities. Staff also have training in a variety of other EBPs relevant to care of the Veteran population.

Learning Objectives

1. Accurately conceptualize overall client functioning from resident's primary psychotherapeutic orientation.
2. Ability to conceptualize specific aspects of client functioning from other psychotherapeutic orientations.
3. Effective implementation of interventions related to one's primary orientation to facilitate client's integration of new knowledge/skills into everyday functioning.
4. Effective implementation of interventions related to other psychotherapeutic orientations to facilitate client's integration of new knowledge/skills.
5. Ability to implement evidence-based practices.
6. Ability to empathically join with the client and elicit necessary cooperation.
7. Ability to recognize one's overt as well as subtle feelings as they arise within the psychotherapy.
8. Ability to respond effectively to the content (client's thoughts, feelings, and behavior) of the psychotherapy.
9. Ability to target and work toward specific goals in collaboration with the client.
10. Accurately diagnose according to DSM-5.
11. Ability to incorporate client's dynamics, functioning, and treatment readiness in order to determine appropriate treatment considerations.
12. Ability to effectively facilitate a psychotherapy group.
13. Possess a clear integrated understanding of the range of clinical services and the relevance of each to a variety of clinical presentations.
14. Demonstrate a clear understanding and sound application regarding the various protocols, procedures, and mechanisms within the MHC.
15. Effectively model and teach relevant clinical theory and application to earlier-in-training psychology students.
16. Demonstrate good judgment and common sense across a range of administrative situations.
17. Ability to evaluate the various aspects of the clinic's interprofessional care in order to determine necessary program needs and modifications.
18. Ability and initiative to design and implement programmatic changes.
19. Ability to effectively communicate and collaborate within an interprofessional team.
20. Ability to collaboratively contribute to interprofessional treatment planning and care.
21. Demonstrate positive attitudes toward Veteran-centered care.

Target professional experiences

1. Carry a caseload of approximately 12-15 psychotherapy clients, providing about 14 hours/week of individual treatment.
2. Co-facilitate an evidence-based psychotherapy group related to one's particular area of clinical interest.
3. Collaborate with interprofessional trainees and faculty on an interprofessional MHC team to provide and promote Veteran-centered clinical care and recovery.
4. Provide consultation and outreach to clinicians and professionals across the medical center.
5. Provide consultation and supervision to earlier-in-training psychology students.
6. Determine specific clinic/program needs and modifications.
7. Assume relevant administrative responsibilities within the MHC
8. Design and initiate program development activities, in collaboration with administrative staff and supervisors in the MHC

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PTSD Evaluation and Treatment

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VA Bedford's PTSD Psychology Residency Training Track provides comprehensive training in PTSD assessment and evidence-based treatments for trauma-related disorders in Veterans. Trainees gain experience in providing Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and other interventions to Veterans struggling with PTSD symptoms. Core training elements focus on evidence-based assessment, diagnosis, case conceptualization, and treatment of PTSD and other trauma-related disorders. There are opportunities for program development, data collection and analysis for purposes of process improvement, and outreach/education for staff and Veterans. The overarching goal of this track is to train psychologists in specialized PTSD services to promote recovery in Veterans who have experienced trauma.

Training within our PTSD Track offers residents a breadth of opportunities to provide individual, couples, and group psychotherapy as well as clinical assessment in our Outpatient Mental Health Clinic (MHC). VA Bedford's MHC is comprised of five interprofessional teams, affording residents collaborative contact with clinicians from psychology, nursing, psychiatry, and social work. Within MHC, residents are afforded an opportunity to engage a variety of Veterans in episodic, evidence-based psychotherapy for PTSD and other presenting mental health concerns. A range of psychological issues and severity are represented, including PTSD (combat and non-combat related), anxiety disorders, mood disorders, couples/family issues, and disorders of addiction, personality disorders, and SMI. Individual psychotherapy is informed by an overall Veteran-centered and strengths-based approach to integrative therapy.

Residents will be expected to facilitate at least two PTSD-related treatment groups over the course of the year. Residents will also receive comprehensive training in Assessment and Diagnosis of PTSD using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).

On a clinical level, the MHC operates from an integrative psychotherapeutic orientation. In addition, a focus on strengths and recovery from a psychosocial rehabilitation is embodied in the overall approach of the clinic. Within this larger integrative orientation, an appreciation of and training in specific evidence-based psychotherapies (EBPs) is also a key component of training and practice within the program. Residents will have an opportunity to learn and implement EBPs for PTSD, including Cognitive Processing Therapy and Prolonged Exposure Therapy. Residents are afforded significant opportunity to tailor their clinical work in accord with their interests. On an organizational level, the principles and practices of effective interprofessional collaboration and practice is a key foundation of both the MHC and the larger hospital. Specific didactics, grand rounds, and interdisciplinary dialogues support this hospital's ongoing evolution to an interprofessional model. Residents are expected to conceptualize clinical cases broadly and from more than one perspective, and they are similarly encouraged to implement interventions thoughtfully from relevant therapeutic schools to best meet the presented clinical needs of a Veteran. Supervisors represent a range of theoretical and clinical expertise, including cognitive-behavioral, psychodynamic, humanistic, positive psychology, experiential, and transpersonal/integral orientations. Many supervisors also work from third-wave cognitive-behavioral approaches that emphasize mindfulness and acceptance. Many staff members have expertise in the treatment of PTSD, and a number of supervisors are trained in one or more EBPs for PTSD (primarily cognitive processing therapy and prolonged exposure), with both formal training and ongoing supervision available in these modalities. Staff also have training in several other EBPs relevant to care of the Veteran population.

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Learning objectives

1. Accurately conceptualize overall client functioning from resident's primary psychotherapeutic orientation.
2. Ability to conceptualize specific aspects of client functioning from other psychotherapeutic orientations.
3. Effective implementation of interventions related to one's primary orientation to facilitate client's integration of new knowledge/skills into everyday functioning.
4. Effective implementation of interventions related to other psychotherapeutic orientations to facilitate client's integration of new knowledge/skills.
5. Ability to implement evidence-based practices, particularly those for assessment and treatment of Post-Traumatic Stress Disorder.
6. Ability to empathically join with the client and elicit necessary cooperation.
7. Ability to recognize one's overt as well as subtle feelings as they arise within the psychotherapy.
8. Ability to respond effectively to the content (client's thoughts, feelings, and behavior) of the psychotherapy.
9. Ability to target and work toward specific goals in collaboration with the client.
10. Accurately diagnose according to DSM-5, with particular attention paid to differential diagnosis of Post-Traumatic Stress Disorder.
11. Ability to incorporate client's dynamics, functioning, and treatment readiness in order to determine appropriate treatment considerations.
12. Ability to effectively facilitate a psychotherapy group for treatment of Post-Traumatic Stress Disorder.
13. Ability and initiative to design and implement programmatic changes, particularly as related to assessment and treatment of Post-Traumatic Stress Disorder.

Target professional experiences

1. Carry a caseload of approximately 12-15 psychotherapy clients, providing about 14 hours/week of individual treatment. At least half of one's caseload will carry a diagnosis of Post-Traumatic Stress Disorder.
2. Co-facilitate an evidence-based psychotherapy group related to treatment of Post-Traumatic Stress Disorder.
3. Collaborate with interprofessional trainees and faculty on an interprofessional MHC team to provide and promote Veteran-centered clinical care and recovery.
4. Provide consultation and outreach to clinicians and professionals across the medical center as related to assessment and treatment of Post-Traumatic Stress Disorder.
5. Provide outreach and education to Veterans with Post-Traumatic Stress Disorder.
6. Complete at least two formal assessments for Post-Traumatic Stress Disorder using the Clinician Administered PTSD Scale for DSM-V.
7. Provide supervision to earlier-in-training psychology students.
8. Determine specific clinic/program needs and modifications, particularly as related to assessment and treatment of Post-Traumatic Stress Disorder.
9. Design and initiate program development activities, in collaboration with administrative staff and supervisors affiliated with one's subtrack.

Women's Health & Family Services

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This residency position provides an unique opportunity to be part of an interdisciplinary team which includes social work and nursing, in supporting female-identified Veterans and families with a focus upon reproductive mental health care and interpersonal violence. There is a strong emphasis on Veteran-centered care within ecological and social justice/advocacy models of care in the provision of mental health services. The postdoctoral resident will engage in direct clinical care, consultation, clinic administration, outreach and education, and program evaluation and program development.

The Women's Health resident will collaborate with interdisciplinary teams across the Women's Health and Safing Center (Interpersonal Violence) programs. This interdisciplinary collaboration also provides an opportunity for the student to increase their breadth of knowledge about the physical and mental health care needs of female-identified Veterans who are the fastest growing Veteran population in a variety of medical settings. Within in this track, the resident will be assigned to two 6-month rotations: Women's Health (WH) and Safing Center (IPV). Within WH, the resident will be engaged in treatment with a large emphasis on reproductive mental health groups across the lifespan, consultation, warm handoffs, case management, outreach activities, provision of trainings and program development for women-identified Veterans seeking support and advocacy. Within the IPV setting, the resident will engage screening and assessment of IPV risk and severity, provide group therapy or psychoeducational groups targeting promotion of healthy relationship skills and prevention and recovery from IPV with a focus upon women Veterans, and engage in program development to reduce risk of conflict among partners and their families

Learning objectives

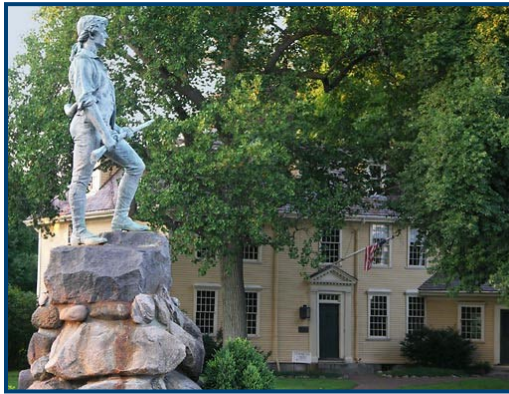
1. Knowledge of mental healthcare needs of Women Veterans.
2. Knowledge of reproductive mental health for Women Veterans
3. Proficiency in performing reproductive assessment which includes perinatal mood and anxiety disorders and menopause.
4. Knowledge of empirically-based treatment approaches for recovery
5. Ability to coordinate mental health treatment within an interprofessional team.
6. Skill in providing education and process-approach group therapy to Women Veterans and their Families
7. Skill in providing education to other providers about working with Women Veterans.
8. Skill in delivering outreach to Women Veterans in our local community
9. Working knowledge of current and relevant research on IPV prevention, assessment, and treatment
10. Working knowledge of psychosocial recovery and strengths-based approaches to IPV intervention and treatment
11. Ability to screen and assess for the signs and symptoms of IPV use and experience
12. Ability to design and implement programmatic changes
13. Ability to provide consultation to other staff members regarding IPV
14. Build skill at advocating for Women Veterans within their various systems.
15. Ability to use VA resources (particularly SharePoint sites and CPRS consult system) to meet the needs of Veterans.
16. Develop familiarity with the local and national VA policies related to Women Veterans.

Target professional experiences

1. Carry a caseload of approximately 8-10 psychotherapy and case management clients in the Women's Health Clinic and Safing when assigned to each rotation
2. Co-facilitate weekly group therapy in the Women Health Clinic and Safing Center

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3. Attend and participate in weekly Women's Health and Safing Center meetings
4. Provide consultation and outreach to providers, trainees, and staff across the hospital and broader community
5. Participate in events to promote women's health, healthy relationships and IPV awareness throughout the hospital and community
6. Provide brief and in-depth trainings across programs throughout the hospital to increase awareness and knowledge of Women's Health and IPV among Veterans
7. Participate in needs assessment; program evaluation and development; and/or research within the Women's Health and Safing Center



Psychology Training Staff



Victoria Ameal, PhD

Doctoral Program:
Predoctoral Internship:
Postdoctoral Fellowship:

Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
Clinical Psychology (PhD), Clark University
Addictions & Co-occurring Disorders Track/Women's Trauma & Recovery Team, VA Boston HCS
Interprofessional Advanced Addiction Fellowship, VA Boston HCS

Dr. Ameal's research focuses on the development of recovery-oriented treatments for opioid use disorder, including Acceptance and Commitment Therapy approaches for supporting early recovery. She also conducts work evaluating addiction treatment outcomes in naturalistic settings and examining the role of co-occurring trauma in addiction recovery. A lifelong Massachusetts resident, she enjoys beach trips, hiking, snowshoeing, and learning about meteorology.

Brent Abrams, PsyD

Doctoral Program:
Predoctoral Internship:
Postdoctoral Fellowship:

Staff Psychologist, Veteran's Mental Health and Addictions Program (VMHAP)
Clinical Psychology (PsyD), Widener University
AIDS Care Group, Sharon Hill, PA
Addictions Rotation, Bedford VAMC

Dr. Abrams is a staff psychologist in the Veteran's Mental Health and Addictions Program (VMHAP), and is also involved in the Tobacco Cessation Program. His primary interests involve the assessment and treatment of

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addictive disorders, including harm reduction techniques, and his clinical background is in CBT, ACT, and Motivational Interviewing. Originally from the Philadelphia area, Dr. Abrams is a big fan of Philadelphia sports, and will likely remind you of that every chance he gets.

Olivia Allen, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Antioch University New England
Predoctoral Internship: VA Central Western Massachusetts
Postdoctoral Fellowship: Outpatient Psychotherapy Track, VA Bedford HCS

Dr. Allen is a staff psychologist in the Outpatient Mental Health Clinic. Her clinical interests include trauma, PTSD, anxiety, depression and insomnia. She is formally trained in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, Acceptance Commitment Therapy and Dialectical Behavioral Therapy. In her free time, she enjoys spending time with family and friends, running and playing with her two golden retrievers.

Victoria Ameal, PhD Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)
Doctoral Program: Clinical Psychology (PhD), Clark University
Predoctoral Internship: Addictions & Co-occurring Disorders Track/Women's Trauma & Recovery Team, VA Boston HCS
Postdoctoral Fellowship: Interprofessional Advanced Addiction Fellowship, VA Boston HCS

Dr. Ameal's research focuses on the development of recovery-oriented treatments for opioid use disorder, including Acceptance and Commitment Therapy approaches for supporting early recovery. She also conducts work evaluating addiction treatment outcomes in naturalistic settings and examining the role of co-occurring trauma in addiction recovery. A lifelong Massachusetts resident, she enjoys beach trips, hiking, snowshoeing, and learning about meteorology.

Richard Amodio, PhD Director of Psychology Training; Clinical, Assistant Professor, Psychiatry, Boston University School of Medicine
Doctoral Program: Clinical Psychology (PhD), University of Cincinnati
Predoctoral Internship: VA Boston HCS
Postdoctoral Fellowship: Southwood Community Hospital, Norfolk, MA

Dr. Amodio's specialties are in the areas of experiential and awareness-based psychotherapy, integrative psychotherapy, and integral perspectives on healing and human development. In his free time, he enjoys family activities, learning classical guitar, good documentaries, and being in nature,

Amy Bachand, PhD Staff Psychologist and Primary Care Health Behavior Coordinator

Doctoral Program: Clinical Psychology (PhD), Louisiana State University
Predoctoral Internship: Medical Psychology, Boston Consortium in Clinical Psychology
Postdoctoral Fellowship: Research Fellow in Psychology Pain Management and Medical Informatics, VA Boston HCS

Dr. Bachand's clinical and research interests are in Behavioral Medicine, with specific interests in health promotion, weight management, diabetes management, pain management and stress management utilizing cognitive behavioral therapy and mindfulness-based techniques. When she is not chasing after her two young children, Amy enjoys photography, sports and being outside.

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Kate Bartels, PsyD Staff Psychologist, Veterans Integration to Academic Leadership (VITAL)
 Doctoral Program: Clinical Psychology (PsyD), Women James College
 Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
 Postdoctoral Fellowship: IPMH - Community Intervention, VA Bedford HCS

Dr. Bartels' clinical interests include dual diagnosis, anxiety, and interpersonal difficulties. She is a trained provider in Cognitive Behavioral Therapy for Insomnia. Dr. Bartels utilizes an integrative approach to treatment that incorporates Cognitive Behavioral Therapy, Motivational Interviewing, and Positive Psychology interventions. Outside of work, she enjoys spending time with her family and friends, playing volleyball, traveling, and watching true crime documentaries.

Joshua Berger, PhD Staff Psychologist, Mental Health Clinic and Safing Center

Doctoral Program: Clinical Psychology (PhD), Clark University
 Predoctoral Internship: VA Syracuse HCS
 Postdoctoral Fellowship: Trauma Recovery Services, VA Providence HCS

Dr. Berger is a psychologist in the Mental Health Clinic and the Safing Center. He has previously conducted research on intimate partner violence, civilian readjustment following deployment, and on the psychology of men and masculinity. His clinical interests include trauma, depression, and anxiety disorders, in addition to relationship functioning and couples therapy. His approach to therapy incorporates a Veteran centered, recovery based, and interpersonally focused approach, incorporating mindfulness based and evidence-based practices. He has completed VA training in Acceptance and Commitment Therapy for Depression (ACT-D), Cognitive Processing Therapy (CPT), and Cognitive Behavioral Therapy for Insomnia (CBT-I). He is also a consultant for the national CBT-I training program. Outside of work, he enjoys spending time with friends and family, enjoying his soccer fandom, and exploring the wonders of New England.

Lisa Bloom-Charette, PhD, ABPP Staff Psychologist and Clinical Gerontology Specialist, Community Living Centers; Clinical, Assistant Professor, Psychiatry, Boston University School of Medicine

Doctoral Program: Clinical Psychology (PhD), Nova Southeastern University
 Predoctoral Internship: Inpatient/Mental Hygiene Tracks, Brockton VA, VA Boston HCS
 Postdoctoral Fellowship: Arbour Geriatrics

Dr. Bloom-Charette is a staff geropsychologist in the Community Living Center and Geriatric Evaluation and Management Unit (GEM). She has been Board Certified in Geropsychology since 2017. She is also on the faculty at the Boston University School of Medicine. Her clinical and research interests include substance abuse in the elderly, effects of covid upon the CLC, geropsychology training models, life review; and helping staff deal with resident's difficult behaviors using STAR-VA. Dr. Bloom-Charette is trained in the following Evidenced - Based Practices: Cognitive Behavioral Therapy for Chronic Pain (CBT-CP); Cognitive Behavioral Therapy for Insomnia (CBT-I) and Exposure, Relaxation and Rescripting Therapy for Military Veteran (ERRT-M) She is the co-editor of the book, Enhancing the Quality of Life in Advanced Dementia. She enjoys skiing, hiking, kayaking in the White Mountains where she manages an Airbnb

Rachelle Calixte, PhD Recovery Services Manager for Peer Support and Mental Health Intensive Case Management (MHICM) Programs; Local Recovery Coordinator

Doctoral Program: Clinical Psychology (PhD), American University
 Predoctoral Internship: Connecticut Valley Hospital – Whiting Forensic Institute and River Valley Services
 Postdoctoral Fellowship: Interprofessional Fellowship in Psychosocial Rehabilitation, VA Bedford HCS

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Dr. Calixte is a clinical psychologist specializing in Veterans' recovery and community reintegration. As the Recovery Services Manager for the Peer Support and Mental Health Intensive Case Management (MHICM) programs, she values providing recovery-oriented services that target recovery in functioning. She also serves as the Local Recovery Coordinator and promotes program development and evidence-based interventions for Veterans with serious mental illness (SMI). She is a faculty member in the Psychosocial Rehabilitation (PSR) and Community Reintegration training programs. Her research and clinical interests include serious mental illness, multicultural frameworks, and reducing barriers to mental and physical health care. She is also an avid fan of all of the Boston sport teams and she routinely schedules her year around playoffs.

Anna Cassel, PhD, BCB Staff psychologist, Primary Care Behavioral Health
VISN 1 Lead for Biofeedback

Doctoral Program: Clinical Psychology (PhD), University of Maine
Predoctoral Internship: Health Psychology Track, VA Maryland Health Care System
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Cassel is a supervisor in the Primary Care Behavioral Health program, and also the VISN 1 lead for biofeedback. She specializes in working with pain self-management, diabetes management, insomnia, and other chronic medical conditions. Her approach to therapy includes cognitive behavioral therapy, acceptance and commitment therapy, mindfulness, and biofeedback. Though her free time is often consumed with taking care of her young daughter, Dr. Cassel loves spending time with family & friends, cooking, spending time outdoors, and traveling.

Gregory Dayton, PhD Staff Psychologist, Compensation & Pension Clinic
Doctoral Program: California School of Professional Psychology-Fresno
Predoctoral internship: University of Texas Health Science Center at Houston Medical School

Dr. Dayton is a staff psychologist conducting Compensation and Pension evaluations (i.e., disability exams) for mental health disorders including PTSD, anxiety, depression, and other conditions claimed to be related to service. Dr. Dayton has worked in the compensation and pension program most of his VA career, although his first VA job- and for nineteen years in the private sector before that- was as an outpatient therapist. Outside of work, he enjoys the outdoors, the arts, travel, and hanging out with his wife, a psychologist he met in graduate school over thirty years ago.

Kristen Dillon, PsyD, ABPP Staff Geropsychologist, Hospice & Palliative Care and Community Living Centers, VISN 1 Geriatric Mental Health Champion
Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: Roger Williams University Consortium
Postdoctoral Fellowship: Geropsychology, VA Bedford HCS

Dr. Dillon's research and clinical interests include anticipatory grief, ambiguous loss, caregiving, bereavement, existential concerns, and older adults with serious mental illness. She is also interested in the impact of death and dying on Veterans and families, including family dynamics and PTSD. She was trained in Meaning Centered Psychotherapy through Memorial Sloan Kettering Cancer Center. She is board certified in Geropsychology through the American Board of Professional Psychology and the VISN 1 Geriatric Mental Health Champion. In her spare time, Dr. Dillon enjoys spending time with her family, singing, playing the guitar and being around people who make her laugh. She also enjoys hiking and is currently a few hikes away from completing all of NH's 48 mountains over 4000 feet; Learn more about Dr. Dillon's professional interests and about Geropsychology on Instagram [@goldengeropsychgirls](#) and Twitter [@DrDillon_Gero](#)

Patricia Elisnord-Ehiabhi, PsyD Staff Psychologist, Domiciliary Program

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Doctoral Program: Clinical Psychology (PsyD), Springfield College
Predoctoral Internship: Friends Hospital
Postdoctoral Fellowship: Addictions and Recovery Track VA Bedford HCS

Dr. Patricia Elisnord-Ehiabhi training focuses on diversity, social justice, and addiction recovery. Her clinical experiences include individual and group work with culturally diverse youth, college students, and adults and inpatient and outpatient settings. Her primary research interest examines racial microaggressions and academic setting. Outside of work, she enjoys spending time with her friends and family, traveling, watching Sci-fi movies, camping, and fellowshiping with her church family.

Tracey Gagnon, PhD Staff Psychologist, Pain Section and Primary Care Behavioral Health
Technical Assistant, Center for Integrated Healthcare

Doctoral Program: Clinical Psychology (PhD), University of Kentucky
Predoctoral Internship: VA Northern California HCS
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Gagnon is a clinical supervisor in the Primary Care Behavioral Health and Addiction training tracks. Her clinical and research interests are in Integrative and Behavioral Medicine with a specialty in the treatment of chronic pain conditions. Her approach to treatment is integrative, incorporating Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, and Biofeedback. Outside of work, she enjoys spending time with her husband and two sons, catching a show at the Boston Opera House, and practicing yoga.

Lauren Grabowski, PhD Staff Psychologist, Safing Center

Doctoral Program: Clinical Psychology (PhD), University of Massachusetts Boston
Predoctoral Internship: Albany Psychology Internship Consortium
Postdoctoral Fellowship: Fellowship in Serious Mental Illness, Jesse Brown VA Medical Center

Dr. Grabowski is a psychologist in the Safing Center. Her former research interests span common factors (e.g., disclosure in psychotherapy; the relation between psychotherapy process and psychotherapy outcome) and serious mental illness (e.g., the relation between social cognition, personality, and chronic schizophrenia). She became interested in supporting folks who use or experience violence in their intimate relationships through her clinical work with clients recovering from serious mental illness, who are more likely to experience violence at various levels of their sociocultural context. She approaches psychotherapy through a client-centered, recovery-oriented lens, integrating humanistic/multicultural, psychodynamic, and cognitive-behavioral approaches to attend holistically to clients' challenges and strengths. Outside of work, she enjoys watching stand-up comedy, bad reality television, and avoiding her cell phone as much as possible.

Stephen L. Gresham, PhD Director of DEI; Co-Associate Director of Psychology Training; LGBT Special Emphasis Program Manager; LGBTQ+ Veteran Care Coordinator
Doctoral Program: Counseling Psychology (PhD), University of Wisconsin
Predoctoral Internship: Albany Psychology Internship Consortium
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Gresham's clinical interests include working with trauma, sexual orientation and gender identity concerns, as well as mood and anxiety disorders from an integrated perspective. Dr. Gresham is interested in multicultural programming and training, increasing the quality and availability of services to underserved and marginalized populations, and improving the availability of culturally informed providers. Dr. Gresham has a special interest in working with Black/African-American as well as LGBTQ clients. [Learn more about Dr. Gresham's insights on the intersections between yoga, mental health, and antiracism here.](#)

Shehzad Jooma, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Baylor University
Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Jooma's research interests center on the psychology of men and masculinity. His clinical interests include trauma, mood disorders, grief and loss, and various forms of anxiety disorders (including PTSD, OCD, and phobias), using interpersonal and emotion-focused frameworks as well as evidence-based treatment models. He is formally trained in Prolonged Exposure, Cognitive Processing therapy, Integrative Behavioral Couples Therapy, and Acceptance and Commitment Therapy for Depression. His clinical background also includes work with children and adolescents. Outside of the VA, he consults with an organization that delivers social services and culturally sensitive support to Muslims in the United States and has recently consulted with international organizations to identify and implement clinical interventions for children and parents in war-torn countries. Interests old and new include chasing around his 1-year-old daughter, yard-saling, instantpotting, and various outdoor activities.

Chivi Kapungu, PhD Staff Psychologist, Mental Health Clinic; Senior Lecturer, M.I.T. Departments of Women and Gender Studies and Brain Cognitive Sciences

Doctoral Program: Clinical Psychology (PhD), University of Massachusetts, Boston
Predoctoral Internship: Beth Israel Medical Center (Manhattan, NY)
Postdoctoral Fellowship: Interprofessional Fellowship in Psychosocial Rehabilitation, VA Bedford HCS

Dr. Kapungu currently supervises the Supportive Education for Returning Veterans programs which provides consultation to Historically Black Colleges. She also collaborates with VITAL, a program which provides outreach and support for veterans attending local colleges. Her clinical and research interests include cross-cultural sequelae and recovery from traumatic exposure in humanitarian conflict settings. Adventure travel is a passion, with Vietnam, Bali, Greece, and Zimbabwe (home) being the most memorable and life changing places to visit.

Gregory Katzen, PsyD Staff Clinician, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), PGSP-Stanford PsyD Consortium
Predoctoral Internship: Marin County Behavioral Health and Recovery Services, Marin, CA
Postdoctoral Fellowship: IPMH - Community Intervention, VA Bedford HCS

Gregory is a clinician in the Mental Health Clinic (MHC) working out of Bedford and the Gloucester CBOC. Prior to completing his Postdoctoral Fellowship at VA Bedford HCS he was the director of a mental health program in Marin County, CA, focused on harnessing the power of meaningful work and mutual support to promote recovery, equity, and social justice. His therapeutic approach is rooted in the recovery-model, integrates components of ACT, compassion-focused therapy, positive psychology, and mindfulness-based CBT, and is deeply informed by his own ongoing process of recovery and growth. He loves family cuddle puddles, outdoor adventures, vegan culinary creativity, his partner's paintings, and dancing like no one is watching.

McKenzie Kaubrys, PhD Staff Psychologist, Mental Health Clinic

Doctoral Program: Counseling Psychology (PhD), University of Minnesota
Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Kaubrys is a staff psychologist in the Mental Health Clinic. Her clinical and research interests include the treatment of trauma, mood and anxiety disorders, and sleep concerns, including insomnia and nightmares. Dr.

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Kaubrys is trained in a variety of evidence-based treatments for addressing PTSD, insomnia, and mood dysregulation. Her approach to treatment includes cognitive-behavioral, humanistic, and acceptance-based therapies. Outside of work, she enjoys taking advantage of the outdoor adventures New England has to offer, including skiing, hiking and backpacking, and spending time at her family’s “camp” in Maine.

Malissa Kraft, PsyD, ABPP-CN Clinical Neuropsychologist

Doctoral Program: Clinical Psychology (PsyD), Wheaton College
Predoctoral Internship: Neuropsychology Track, VA Bedford HCS
Postdoctoral Fellowship: Neuropsychology/Geropsychology Track, VA Boston HCS

Dr. Kraft oversees the teleneuropsychology service at Bedford, which involves providing virtual assessment services to veterans throughout New Hampshire and Vermont who have less access to neuropsychology providers. She has a specific interest geriatric neuropsychology and integrating telehealth technology into providing ongoing care for aging veterans with dementia. In her free time, she enjoys being with her family and spending time outdoors as much as possible—hiking, running, gardening, and beekeeping.

Stacey Larson, PsyD, JD Staff Psychologist, Compensation & Pension Program

Doctoral Program: Clinical/Forensic Focus (PsyD), Widener University – Institute for Graduate Clinical Psychology; Widener University – Delaware Law School (JD)
Predoctoral Internship: Keystone Center (Chester, PA); Intake and Assessment Unit, Delaware Department of Child Mental Health,
Postdoctoral Fellowship: N/A

Dr. Larson is a staff psychologist providing Compensation and Pension (disability benefits) evaluations with military veterans when veterans claim mental disorders related to their military service. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. She is also interested in the intersection of law and psychology (HIPAA, informed consent, competency), ethical issues, and risk assessment.

Jonathan Lee, PhD Staff Psychologist and Clinical Lead, Tobacco Cessation Program

Doctoral Program: Clinical Psychology (PhD), Suffolk University
Predoctoral Internship: Los Angeles Ambulatory Care Center, VA Greater Los Angeles HCS
Postdoctoral Fellowship: Clinical Research Fellow, Dr. John JB Morgan Foundation, Family Institute/Northwestern University

Dr. Lee is a staff psychologist and Clinical Lead for Bedford’s Tobacco Cessation Program. His background is in cognitive Behavioral therapy with emphasis on mindfulness and acceptance-based principles. His clinical and research interests are in understanding tobacco use and cessation, transdiagnostic processes, and mechanisms of treatment. He also has a growing interest in bread baking and enjoys baking artisanal breads.

Morgan E Longstreth, Ph.D. Clinical Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PhD), University of Wyoming
Predoctoral Internship: Geropsychology Primary Rotation, VA Bedford HCS
Postdoctoral Fellowship: Geropsychology Track, VA Bedford HCS

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Dr Morgan E. Longstreth is a clinical psychologist in the Mental Health Clinic (MHC). Her work focuses specifically on the needs of older adult Veterans referred to the MHC. She considers herself an ACT-oriented provider and values working with older adults to find purpose, meaning, willingness, and acceptance in both the normal and disordered challenges of aging. She is currently working toward her hours for ABPP Board Certification in Geropsychology. Dr. Longstreth is a devoted fan of the Cincinnati Bengals (Who Dey!) and The Ohio State Buckeyes (O-H!) and is currently in her “hobby era”; right now, she is tackling learning to crochet.

Melanie Manning, PsyD Staff Psychologist, Mental Health Clinic

Doctoral Program: Clinical Psychology (PsyD), Antioch University New England
 Predoctoral Internship: Outpatient Psychotherapy Track, VA Bedford HCS
 Postdoctoral Fellowship: IPMH – Administration & Training, VA Bedford HCS

Dr. Manning is a staff psychologist in the Mental Health Clinic. She has also worked in community based mental health and college counseling. Her clinical interests include treatment of trauma, substance use, depression, and interpersonal difficulties. She is formally trained in Cognitive Processing Therapy, Cognitive Behavioral Therapy for Substance Use Disorders and Cognitive Behavioral Therapy for Depression. Dr. Manning’s approach to treatment includes Cognitive Behavioral Therapy combined with Family Systems Therapy. Outside of work, she enjoys spending time with her husband and Great Dane, Frankie, making a variety of fresh pastas, and catching up on all her favorite reality TV shows.

Lisa Mueller, PhD, CPRP Clinical Director, Compensated Work Therapy Program; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC)

Doctoral Program: Counseling Psychology (PhD), Fordham University
 Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
 Postdoctoral Fellowship: N/A

Dr. Mueller is the Clinical Director of the Compensated Work Therapy Program and a researcher for the New England Mental Illness Research, Education, and Clinical Center (MIRECC). Her clinical and research interests include psychosocial rehabilitation (specifically vocational rehabilitation) for veterans with dual diagnoses and serious mental illness, in addition to systems change and multicultural awareness, knowledge, and skills.

Tu Anh Ngo, PhD, MPH VISN PMOP (Pain Management Opioid Safety and PDMP) Coordinator
 Doctoral Program: Clinical – Health Psychology (PhD), University of Rhode Island
 Predoctoral Internship: Behavioral Medicine/Integrated Primary Care, University of Massachusetts Memorial Medical Center
 Postdoctoral Fellowship: Behavioral Medicine, Cambridge Health Alliance; Pain Medicine, Spaulding Rehabilitation/MGH; Mental Health Clinic/Primary Care Behavioral Health, VA Bedford HCS

Dr. Ngo is the Director of Integrative Pain Management at Bedford and the Chair for the VISN Pain Council. She is a health psychologist with a specialty in chronic pain and integrated primary care. She has an integrative clinical approach, particularly in mindfulness-based therapies, CBT, and biofeedback for the treatment of chronic disease and health behaviors. She also has interests in complementary and integrative health and is active in the VISN Whole Health Committee. Outside of work, she enjoys exploring cultures through food and traveling.

Maureen K. O’Connor, PsyD, ABPP-CN Director of Neuropsychology Service; Associate Professor, Department of Neurology, Boston University School of Medicine; Assistant Director, Boston

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University Alzheimer's Disease Education Core; Investigator, The Center for Translational Cognitive Neuroscience
 Doctoral Program: Clinical Psychology (PsyD), Indiana University of Pennsylvania
 Predoctoral Internship: Neuropsychology Track, Department of Psychology, Yale University School of Medicine
 Postdoctoral Fellowship: New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center, Cornell Weil Medical College

Dr. O'Connor is the Director of the Neuropsychology Service at the VA Bedford HCS. She is an Associate Professor at Boston University School of Medicine in the Department of Neurology and Assistant Director of the Boston University Alzheimer's Disease Center Education Core. She is also an investigator in The Center for Translational Cognitive Neuroscience. Dr. O'Connor serves as the lead neuropsychologist for the Memory Diagnostic Clinic, a multidisciplinary team clinic focused on evaluation of older adult veterans. Dr. O'Connor's funded research is focused on the development of treatment interventions designed to improve daily living and well-being in aging individuals with and without neurocognitive disorders and their family members

Dipali Patel, PsyD Staff Clinician, Domiciliary Residential Rehabilitation Treatment Program (DRRTP)
 Doctoral Program: Clinical Psychology (PsyD), William James College
 Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS
 Postdoctoral Fellowship: Psychosocial Rehabilitation, VA Bedford HCS

Dr. Patel is a staff clinician in the Domiciliary where she provides individual and group therapy to Veterans in a residential treatment setting. She is a faculty member in the Psychosocial Rehabilitation (PSR) and Addictions and Recovery training programs and a co-facilitator of the year-long CBT-SUD training seminar. She is a trained provider in Motivational Interviewing and Motivational Enhancement Therapy. Her clinical interests include serious mental illness, psychosocial rehabilitation, treatment of PTSD, stigma reduction, and moral injury. Outside of work, she enjoys spending time with her partner and dog, kayaking, going to concerts, traveling, catching a live sports game, and listening to music.

Andrew D. Peckham, PhD Clinical Psychologist, Compensated Work Therapy Program/Suicide Prevention Team/Community Recovery Connections Team; Co-Director, Interprofessional Fellowship in Psychosocial Rehabilitation; Investigator, VISN 1 New England Mental Illness Research, Education, and Clinical Center (MIRECC); Assistant Professor of Psychiatry, UMass Chan Medical School
 Doctoral Program: Clinical Science (PhD), University of California, Berkeley
 Predoctoral Internship: McLean Hospital/Harvard Medical School (Adult Track)
 Postdoctoral Fellowship: McLean Hospital, Behavioral Health Partial Hospital Program/NIH NRSA Fellowship

Dr. Peckham is a clinical psychologist providing evidence-based, recovery-oriented treatment within the Compensated Work Therapy program, suicide prevention team, and POWER clinic. Within the Suicide Prevention team, he also provides training and education about suicide prevention to Veterans, staff, and community members. Through the Peer Services program, Dr. Peckham works with the Community Recovery Connections Team. He is the Co-Director of the Interprofessional Fellowship in Psychosocial Rehabilitation (PSR) and supervises students in the delivery of recovery-oriented care for Veterans with serious mental illness. Dr. Peckham's clinical and research interests include psychosocial treatments for bipolar disorder and transdiagnostic interventions for impulsive behavior. Outside of work, he is usually chasing his energetic toddler.

Maura E. Pellowe, PhD Chief, Psychology Service; Local Evidence-Based Psychotherapy Coordinator
 Doctoral Program: Clinical Psychology (PhD), University of Wyoming

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Predoctoral Internship: White River Junction VA Medical Center
Postdoctoral Fellowship: N/A

Dr. Pellowe is the Chief of Psychology. She also serves as the facility Evidence Based Psychotherapy Coordinator. Her interests include assessment, diagnosis, and evidence-based treatments of PTSD. She is a VA National Consultant for Prolonged Exposure therapy and provides clinical supervision to VA clinicians around the country. She also provides Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Insomnia, among other psychotherapies.

Lisa Richards, PsyD Staff Psychologist, Compensation & Pension Program

Doctoral Program: Clinical Psychology (PsyD), University of Denver School of Professional Psychology
Predoctoral Internship: Rocky Mountain Regional VA Medical Center
Postdoctoral Fellowship: N/A

Dr. Richards is a staff psychologist providing Compensation and Pension disability examinations in the service-connection process for veterans. Compensation evaluations involve providing examinations that consider all types of mental health disorders within the framework of disability claims. Mental health claims frequently evaluated include PTSD, depression, anxiety, insomnia, and cognitive and psychological sequelae of traumatic brain injury. Her passions include exploring the wonder of New England with her husband and dogs, gardening, and humor writing (The Woman Who Is Always Tan and Has A Flat Stomach and Other Annoying People).

Melissa Rindge, PsyD Staff Neuropsychologist

Doctoral Program: Pacific University School of Graduate Psychology
Predoctoral Internship: Boise VA Medical Center
Postdoctoral Fellowship: VA Bedford HCS

Dr. Rindge is a clinical neuropsychologist working within the Bedford VA's neuropsychology service. Dr. Rindge serves as the lead neuropsychologist for the Inpatient Neuropsychology, Cognitive Rehabilitation, and Decision-Making Capacity Clinics. Dr. Rindge identifies as generalist in the field of neuropsychology and enjoys evaluating adult patients with a variety of medical and psychiatric presentations. She also has a strong interest in providing psychotherapeutic interventions through a neuropsychological lens in the settings of feedback and cognitive rehabilitation. Other research interests include quality improvement and program development in neuropsychology. Dr. Rindge loves to travel, go on walks, cook with family and friends, and snuggle up with her cat on the couch during cold New England winters.

Garret Sacco, PhD Staff Psychologist, Mental Health Clinic; Co-Director of the Behavioral Addictions Program; Co-Chair of the Disruptive Behavior Committee
Doctoral Program: Clinical Science (PhD), University of Delaware
Predoctoral Internship: Primary Care Behavioral Health Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH - Community Intervention, VA Bedford HCS

Dr. Sacco is a staff psychologist in the Mental Health Clinic (MHC). He has also worked in community based mental health, psycho-oncology, college counseling, primary care behavioral health, and behavioral addiction clinics. His clinical interests include treatment of depression, anxiety, and trauma. Dr. Sacco is trained in a variety of treatments which address mood disorders, anxiety, insomnia, borderline personality disorder, chronic pain, and behavioral addictions. Dr. Sacco's approach to treatment includes cognitive behavioral, exposure-, and acceptance-based therapies. He serves as a supervisor in the MHC and behavioral addictions clinic and a facilitator of the year-long CBT-I training seminar. Outside of work, he enjoys spending time with his family, listening to and playing music, and watching movies. He is always looking for travel recommendations.

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Jasbir Sandhu, PsyD

Doctoral Program: Clinical Psychology (PsyD), William James College
Predoctoral Internship: Kansas City VAMC
Postdoctoral Fellowship: Phoenix VAHCS

Dr. Sandhu is a staff psychologist in the Mental Health Clinic. He provides individual, and group psychotherapy. Clinically his areas of interest include anxiety related disorders, trauma, and existential dread. He practices from an integrative perspective, primarily utilizing third-wave cognitive behavioral therapies, augmented with strength-based approaches. He is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. He additionally has interest areas in program and process development projects. When not at work he can usually be found exploring the outdoors with his four-legged adventure buddy Ophelia. He has a great fondness for all things homemade, most recently seltzer.

Brian Stevenson, PhD

Clinical Research Psychologist, VISN 1 New England Mental Illness Research, Education, and Clinical Center (VISN 1 New England MIRECC); Psychology Co-chair, Interprofessional Fellowship in Psychosocial Rehabilitation; Assistant Professor of Psychiatry, Boston University School of Medicine; Adjunct Instructor of Counseling Psychology, Boston College

Doctoral Program: Counseling Psychology Emphasis (PhD), Counseling, Clinical, and School Psychology Program, University of California, Santa Barbara

Predoctoral Internship: Psychosocial Rehabilitation Track, VA Bedford HCS

Postdoctoral Fellowship: N/A

Dr. Stevenson is a clinical research psychologist for the VISN 1 New England Mental Illness Research, Education, and Clinical Center (MIRECC) as well as Assistant Professor of Psychiatry at UMass Chan Medical School and Adjunct Instructor of Counseling Psychology at Boston College. He is a member of the Psychosocial Rehabilitation (PSR) Fellowship and the Program for Outpatient, Wellness, Engagement, & Recovery (POWER), and directs the EmpowerWork lab. [His work](#) focuses on developing vocational interventions that support meaningful employment goals and self-efficacy for veterans with addictions and co-occurring conditions, upstream interventions to prevent job loss, employer bias interventions, provision of recovery-oriented psychological services, and harm reduction. Outside of work, he enjoys drawing/graphic design, snowboarding and draganboarding, watching documentaries or sports, and spending time outdoors with his two rambunctious sons.

Sara K. Sullivan, PhD

Clinical Neuropsychologist, Neuropsychology Service

Doctoral Program: Clinical Psychology (PhD), Binghamton University

Predoctoral Internship: Neuropsychology Track, Center Central Arkansas Veterans HCS

Postdoctoral Fellowship: Neuropsychology, VA Bedford HCS

Dr. Sullivan is a clinical neuropsychologist working within the Neuropsychology Service. In addition to providing services in the general outpatient neuropsychology clinic and inpatient units on campus, she works closely with the Polytrauma/TBI Interdisciplinary Team, a multidisciplinary team that screens returning veterans for traumatic brain injury. Her clinical and research interests include neuropsychological functioning in TBI and various neurological/neuropsychiatric conditions, cognitive processes affected by emotions and modifiable lifestyle factors, and the effects of symptom attribution on functional abilities.

Lisa Taylor, PsyD

Clinical Psychologist, Home-Based Primary Care and Community Living Centers

Doctoral Program: Clinical Psychology (PsyD), Nova Southeastern University

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Predoctoral Internship: Geropsychology Track, VA Northeast Ohio HCS (Louis Stokes/Cleveland VA Medical Center)
Postdoctoral Fellowship: Geropsychology, VA Bedford HCS

Dr. Taylor is a clinical psychologist in Home-Based Primary Care (HBPC), and the Community Living Centers (CLC) which includes three Dementia Care Units (DCU) and a Geriatric Psychiatric Unit (GPU). Her clinical interests include Geropsychology, behavioral health, working on interdisciplinary teams, and utilizing evidence-based treatments including STAR-VA. She liked unicorns before they were cool and enjoys spending time with her daughter and rescue dog.

Tucker Smith, PsyD Staff Psychologist, Mental Health Clinic
Doctoral Program: Clinical Psychology (PsyD), Long Island University, Post
Predoctoral Internship: Chalmers P. Wylie Ambulatory Care Center, Columbus VA
Postdoctoral Fellowship: IPMH - Community Intervention, VA Bedford HCS

Dr. Smith is a staff psychologist in the Mental Health Clinic. He began his work with Veterans as an intern at the Columbus VA before pursuing outpatient work in his home state in postdoctoral and staff positions at the Bedford VA. Dr. Smith's approaches to therapy draw from Cognitive Behavioral Therapy, Motivational Interviewing, and strengths-based Positive Psychology. He also holds an interest in the challenges of PTSD and is a trained provider in Cognitive Processing Therapy. You may see him circling campus in a walk-and-talk session or trying not to slouch at his standing desk. He also enjoys biking to work on the Minuteman Bike Path, listening to music with the car windows down, and searching for the perfect bagel.

Roni Tevet, PhD Staff Psychologist, Mental Health Clinic; Co-Associate Director of Psychology Training
Doctoral Program: Clinical Psychology (PhD), Suffolk University
Predoctoral Internship: Addictions Track, VA Bedford HCS
Postdoctoral Fellowship: IPMH - Interprofessional Education & Program Development, VA Bedford HCS

Dr. Tevet is a staff clinical psychologist in the Mental Health Clinic part of the Veterans Integration to Academic Leadership (VITAL) team working with students Veteran. She provides individual, couples, and group psychotherapy, drawing from an integrative perspective, using CBT and humanistic approaches. Her clinical interests focused on working with Veterans who struggle with the impact of trauma, depression, anxiety, interpersonal difficulties, and substance use. She is interested in helping Veterans identify and achieve their goals using their strengths. She is formally trained in Integrative Behavioral Couples Therapy, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Depression and Cognitive Processing therapy. Dr. Tevet is part of the Dialectical Behavior Therapy (DBT) team and co-facilitates the DBT group. Outside of work, she enjoys spending time outdoors as much as possible with her family and dog, traveling, and baking.

Amanda Hanrahan Veith, PhD Staff Psychologist, Acute Inpatient Psychology Unit
Doctoral Program: Clinical Psychology (PhD), Duke University
Predoctoral Internship: Georgetown University Child Development Center
Postdoctoral Fellowship: Counseling Services of Katy

Dr. Veith is a staff psychologist on the acute inpatient psychology unit with specialty areas in group and individual. Her interests include cognitive behavior therapy, positive psychology, motivational interviewing, PTSD, suicidology, whole health, and program development. She has experience working in acute inpatient settings, residential treatment settings, and outpatient clinic settings. She enjoys creative writing, theater, and the ocean.

Matthew Wachen, PhD Staff Psychologist, Home-Based Primary Care

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Doctoral Program: Clinical Psychology (PhD), University of Connecticut
Predoctoral Internship: Greater Hartford Clinical Psychology Internship Consortium
Postdoctoral Fellowship: Primary Care Behavioral Health, VA Bedford HCS

Dr. Wachen is a staff psychologist in Home-Based Primary Care. His interests include Geropsychology, the integration of mental health and primary care, and the management of chronic disease and maladaptive behaviors with cognitive behavioral therapy and mindfulness-based techniques. He has somehow remained devoted to the Baltimore Orioles.

Kaylyn Watterson, PhD

Staff Psychologist, Mental Health Clinic

Doctoral Program: Counseling Psychology (PhD), University of Louisville
Predoctoral Internship: Albany Psychology Consortium, Albany NY
Postdoctoral Fellowship: Albany Medical College/Albany Medical Center

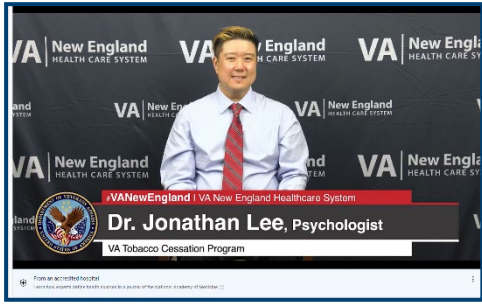
Dr. Watterson is a counseling psychologist who graduated from the University of Louisville in 2021. During her Pre-Doctoral Internship at Albany Psychology Consortium, she worked in outpatient and inpatient settings, including Mental Health Clinic and PTSD Clinic at Albany Stratton VAMC and a forensic unit at Capital District Psychiatric Center. She previously conducted qualitative research in lived experiences of mental illness stigma and recovery in Bipolar I. During her Fellowship year at Albany Medical Center, Dr. Watterson taught a cognitive-behavioral therapy course to Psychiatry residents and provided multiple outreach presentations on topics of burnout, work-life balance, and trauma informed care to various groups on campus. Her clinical interests include trauma, depression, chronic illness, personality functioning, and relational and identity concerns. Dr. Watterson approaches psychotherapy from an integrative framework which centers the therapeutic relationship while incorporating short-term psychodynamic and cognitive-behavioral techniques. Her interests include reading, cooking, venturing into New England, and herding her two large Siamese cats.





Our psychologists are making important contributions in and outside of our medical center! Click on the images below to learn more about our professional interests and career highlights.

Addictions



Dr. Jonathan Lee discusses Tobacco Cessation resources for Veterans

Diversity, equity, and social justice



Dr. Stephen Gresham leads an online workshop on healing and allyship in the context of racial trauma.

Geropsychology

An interview with Dr. Lisa Taylor and Dr. Kristen Dillon (“the Golden GeroPsych Girls”) on the benefits of Geropsychology services for older adults and their families.

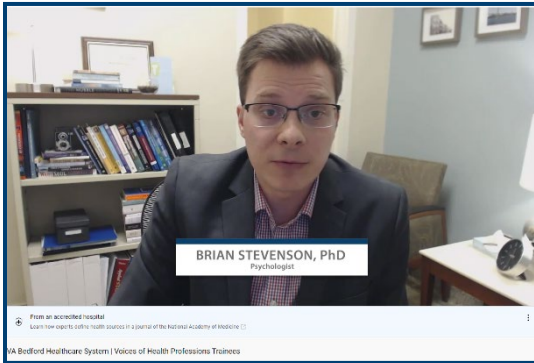
Follow them on social media:

- [GoldenGeropsychGirls](#)
- [@goldengeropsychgirls](#)
(access TikTok on a non-government furnished equipment device)



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Interprofessional Education and Training



Dr. Brian Stevenson and Dr. Valene Whittaker discuss their experiences as former trainees in interprofessional training programs in VA Bedford HCS' "Voices of Health Professions Trainees" video.

Neuropsychology

VA telehealth clinic focused on cognitive issues helps Veterans in rural areas

News Sections: Research
Published On: May 3rd, 2021 | 789 words | 2.6 min read

Dr. Malissa Kraft, a neuropsychologist at the VA Bedford Healthcare System in Massachusetts, recalls a personal story that made her research hit home.

Born and raised in rural Iowa, she learned firsthand that many specialty health services are not accessible to people who live far from a metropolitan area. When her grandmother had a stroke in 2015, ne

Dr. Malissa Kraft discusses her role in developing teleneuropsychology services for older Veterans at VA Bedford.

Dr. Maureen O'Connor and Dr. Robyn Migliorini introduce AgeWise using an infographic video that illustrates the importance of brain health at all ages.



Primary Care Behavioral Health

Today's topic: stress. Psychologist Tu Ngo looks out at a small group of veterans seated around a classroom table. "Why would we be talking about stress when we're here because of your pain?" she asks seriously, then smiles. "Lil' pop quiz now."

A man who's sitting near the door, in case his PTSD flares up and he needs to leave, is ready with an answer. "Stress may increase your anxiety, the anxiety may increase your feeling of pain," says Tom Schatz, "the feeling of pain may increase depression, etc. etc."

"Very good, that's a great description of the vicious cycle we know happens when you have pain," says Ngo, who heads the pain program at the Bedford VA Medical Center. "Pain is a stress response, it's a signal to the brain saying, 'Hey, there's something wrong.'"

Dr. Tu Ngo is interviewed by local public radio station WBUR about "Pain School", a psychoeducational intervention for chronic pain management.

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Local Information

VA Bedford Healthcare System is located in Bedford, Massachusetts, a town of 14,000 residents that retains the charm of a quiet New England town although its expansion over the years marks it clearly as a suburb of Boston some 20 miles to the southeast. Bordered by Concord to the west and [Lexington](#) to the south, Bedford lies within earshot of the “shot heard ‘round the world” that initiated the American Revolution. The Minuteman National Historical Park offers historical tours and events, as well as 11 miles of trail for biking, running, or walking. We respectfully acknowledge that [the Town of Bedford is located on the traditional and unceded lands of the Massachusetts Tribe.](#)

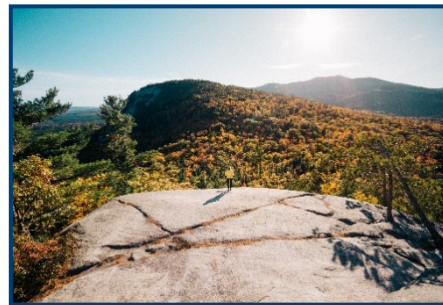
Heading south west from Bedford, metro-Boston and surrounding cities, such as Cambridge and Somerville are a close and commutable 15-20 mile drive. Boston is one of America’s oldest cities (founded in 1630) and retains its cozy European charm. Like any big city, [Boston offers an array of cultural events and opportunities](#), such as large theater productions, smaller independent theater, annual film festivals, and music venues both large and small, as well as myriad restaurants, theaters, and music venues.



The famed Charles River, which runs through Cambridge, offers opportunities for rowing and miles of trails for running, and serves as the backdrop for many area festivals. Harvard Square, one of the most well-known areas of Cambridge and home to Harvard University, is well known for its bookshops, coffeehouses, music, festivals, and street theater. Harvard University and Cambridge

Center for Adult Education offer an impressive array of continuing education courses. MIT, Boston University, Boston College and Tufts are other major schools that make the Boston/Cambridge area a world center for higher education. The Boston area is also known for its world class hospitals including Mass General, Mass Eye and Ear, Beth Israel, Brigham and Women’s, Dana Farber Institute, Children’s, and McLean. Various lectures and educational opportunities are available through area academic centers and teaching hospitals.

Heading two hours north from Bedford, one finds the White Mountains of New Hampshire, and the Green Mountains of Vermont, with some of the



finest hiking, climbing, and skiing in the Northeast. Cape Cod’s expansive beaches lie

two hours to the south, and Martha’s Vineyard and Nantucket Islands are accessible by ferry from the Cape. Other beautiful ocean beaches are less than an hour from Bedford. Walden Pond (actually a small lake), where Thoreau lived and swam, is just 15 minutes from the hospital and is perhaps the prettiest of the local fresh water swimming options.



Stockbridge, the home of both Alice’s Restaurant and the Austen Riggs Center, is in the southern Berkshire Mountains two hours to the west. The natural beauty and artistic offerings (music at Tanglewood, dance at Jacob’s Pillow and several first rate summer theaters) of the Berkshires are among the reasons many urbanites establish this as their second home.

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Appendix



Black and white picture of VA Bedford library (building 10) with a car parked in front. Date unknown, VA Bedford HCS Public Affairs Office.

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General Competencies

Research

1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the VA Bedford HCS), regional, or national level.
2. Routinely utilizes the scientific literature in the conceptualization, planning and delivery of clinical services.
3. Ethical and Legal Standards (is knowledgeable of and acts in accordance with each of the following)
4. The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
5. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
6. Relevant professional standards and guidelines.
7. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.

Individual and Cultural Diversity

1. Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interactions with people different from oneself.
2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities including research, training, supervision/ consultation, and service.
3. Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
4. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during training.

Professional Values, Attitudes, and Behaviors

1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
2. Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
3. Actively seeks and demonstrate openness and responsiveness to feedback and supervision.
4. Responds professionally in increasingly complex situations with more independence as they progress across levels of training.

Communication and Interpersonal Skills

1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
3. Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

1. Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
2. Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural)
3. Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
4. Selects and applies assessment methods (including interview approaches) that draw from the best available empirical literature and are appropriate to the referral question
5. Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective
6. Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

Intervention

1. Establishes and maintains effective relationships with the recipients of psychological services.
2. Develops evidence-based intervention plans specific to the service delivery goals.
3. Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
4. Demonstrates the ability to apply the relevant research literature to clinical decision making.
5. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
6. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing outcome evaluation.

Consultation and Interprofessional Skills

1. Demonstrates knowledge and respect for the roles and perspectives of other professions.
2. Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Supervision

1. Demonstrates knowledge of supervision models and practices.
2. Applies this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Postdoctoral Program Admissions

Date Program Tables are updated: September 2023

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 resident selection and internship and academic preparation requirements:

The program seeks qualified applicants from both clinical and counseling doctoral training programs in psychology. The residency program seeks applicants with some prior training and experience in a particular emphasis area (or track) within the program.

Applicants must have completed all requirements for their doctoral degree, which includes the successful defense of their dissertation, prior to starting the postdoctoral residency. In order for the program to make an offer to an applicant who has not yet completed their defense, a letter from the dissertation chair attesting that the dissertation will be completed prior to the start of the residency is required. In addition, the Department of Veterans Affairs requires that both doctoral degree and internship have been completed from programs that are accredited by the American Psychological Association (please see section below "Eligibility Requirements for VA Postdoctoral Residency Training Programs" immediately following these tables in the brochure for additional eligibility requirements).

Postdoctoral residents are selected on the basis of academic excellence, clinical experience, research experience, recommendations of professors and supervisors, interview, and interests. Consideration is given to aspects of life experience, particularly the ability to understand human diversity.

Training committee members associated with each of the twelve tracks of training review applications from individuals interested in each of these areas. Prospective applicants are welcome to apply to more than one particular track of training for which they have past training/experience and interest. The program typically interviews selected applicants around mid-January to late-January. Selected applicants generally have two to three interviews within the program, sometimes including current residents. Interviews typically occur remotely. The program abides by the guidelines and protocol of the postdoctoral Common Hold Date of February 26, 2024.

Please note, by accepting a postdoctoral training position at our agency, the applicant is agreeing to complete one full year of residency training. Consequently, it is fully expected that once an applicant accepts a position at our site that they will cease to pursue other postdoctoral or staff positions and will plan to complete the full training program at this facility. If an applicant has any reason to believe that he/she may not complete the residency program, they should not apply nor accept an offer for training at this site.

Application Procedure

All application materials are to be submitted via the APPIC Psychology Postdoctoral Application portal (APPA CAS), which is free for all applicants.

The following materials are required:

1. Cover letter (including a brief description of applicant's internship rotations)
2. CV
3. Three letters of recommendation (at least one from an internship supervisor, and one from doctoral program faculty).
4. Doctoral, terminal Master's and undergraduate program transcripts (undergraduate and terminal Master's degree transcripts can be provided as unofficial downloaded transcripts; Official doctoral program transcripts should be submitted)
5. Description of the status of your dissertation, including details related to phase of the project and expected dates for subsequent phases and/or completion

APPLICATION DUE DATE – January 5

For application questions:

- **Dr. Richard Amodio** - Director of Psychology Training
(781) 687-3056 richard.amodio@va.gov
- **Dr. Roni Tevet** - Associate Director of Psychology Training
(781) 824-1045 roni.tevetmarkelevich@va.gov
- **Dr. Stephen Gresham** - Associate Director of Psychology Training
(781) 687-2000, ext. 6030 stephen.gresham@va.gov
- **Letizha Torres** - Psychology Training Program Administrative Assistant
(781) 687-2785 letizha.torres@va.gov

Clinical Psychology Postdoctoral Residency

VA Bedford Healthcare System

Psychology Training Program (116B)

200 Springs Road

Bedford, Massachusetts, 01730

(781) 687-2378

<https://www.va.gov/bedford-health-care/>

Describe any other required minimum criteria used to screen applicants:

Eligibility Requirements for All VA Residency Training Programs

1. Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. In lieu of having the doctoral degree conferred, it is acceptable to have the Director of Clinical Training verify that ALL degree requirements for the completion of the degree have been completed. This verification letter must be on the University's letterhead. The verification that all degree requirements have been met is meant to denote that there are no additional tasks for the student to complete prior to the degree being conferred (e.g., the student has completed any final revision that must be made to the dissertation and the dissertation has been accepted by the graduate program and graduate school).
3. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
4. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
5. All staff and students are subject to fingerprinting and background checks. Beginning the training year is contingent on passing these screens.
6. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	\$58,222
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 (accrued)
Hours of Annual Paid Sick Leave	104 (accrued)
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
<p>Other Benefits (please describe):</p> <p>The residency is a full-time (40 hours per week) full-year (2080 hour) experience. Residents accrue a total of thirteen days of personal leave as well as sick leave over the course of the year. In addition, residents are granted up to four days for educational leave and/or professional development (such as attending training or professional conferences and job interviews).</p> <p>The training year commences on the last Monday in August, a week prior to Labor Day.</p>	

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)	2019-2022	
Total # of residents who were in the 3 cohorts	41	
Total # of residents who remain in training in the residency program		
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	1	23
Military health center	0	0
Academic health center	0	1
Other medical center or hospital	0	1
Psychiatric hospital	0	1
Academic university/department	1	1
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	1
Independent practice setting	0	8
Not currently employed	0	2
Changed to another field	0	0
Other	0	1
Unknown	0	0

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.

Trainees for Past 10 Years

2022-2023

University of Toledo	PhD	Clinical Psychology
University of Massachusetts/Boston (2)	PhD	Clinical Psychology
University of Louisville	PhD	Clinical Psychology
University of Minnesota	PhD	Counseling Psychology
University of Kansas	PhD	Clinical Psychology
Palo Alto University	PhD	Clinical Psychology
William James College	PsyD	Clinical Psychology

2021 - 2022

University of Hartford	PsyD	Clinical Psychology
Springfield College	PsyD	Counseling Psychology
University of Minnesota	PhD	Counseling Psychology
Antioch New England	PsyD	Clinical Psychology
University of Wyoming	PhD	Clinical Psychology
University of Denver	PsyD	Clinical Psychology
Long Island University (2)	PsyD	Clinical Psychology
Xavier University	PsyD	Clinical Psychology
Widener University	PsyD	Clinical Psychology
William James College	PsyD	Clinical Psychology
Palo Alto University	PsyD	Clinical Psychology

2020 - 2021

University of Houston	PhD	Clinical Psychology
Palo Alto University	PsyD	Clinical Psychology
Utah State University	PhD	Combined Psychology
Miami University of Ohio	PhD	Clinical Psychology
William James College (6)	PsyD	Clinical Psychology
Springfield College (2)	PsyD	Clinical Psychology
Marquette University	PhD	Clinical Psychology
Carlos Albizu University	PsyD	Clinical Psychology
Antioch New England	PsyD	Clinical Psychology
Azusa Pacific University	PsyD	Clinical Psychology

2019-2020

Suffolk University	PhD	Clinical Psychology
Antioch New England (3)	PsyD	Clinical Psychology
William James College (2)	PsyD	Clinical Psychology
Chicago School of Professional Psychology	PsyD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
Palo Alto University (2)	PsyD	Clinical Psychology
Ball State University	PhD	Counseling Psychology
Adler University (2)	PsyD	Clinical Psychology
Marywood University	PsyD	Clinical Psychology

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Widener University	PsyD	Clinical Psychology
2018-2019		
Clark University	PhD	Clinical Psychology
Boston College	PhD	Counseling Psychology
Florida State University	PhD	Clinical Psychology
Lehigh University	PhD	Clinical Psychology
William James College (2)	PsyD	Clinical Psychology
Arizona School Prof Psych (2)	PsyD	Clinical Psychology
Fordham University	PhD	Clinical Psychology
SUNY/Albany	PhD	Counseling Psychology
Pacific Graduate School (2)	PsyD	Clinical Psychology
Duquesne University	PhD	Clinical Psychology
University of Delaware	PhD	Clinical Psychology
Widener University	PsyD	Clinical Psychology
2017 - 2018		
Clark University	PhD	Clinical Psychology
Baylor University	PsyD	Clinical Psychology
University of Connecticut	PhD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
William James College (3)	PsyD	Clinical Psychology
University of Mass/Boston (2)	PhD	Clinical Psychology
University of Pittsburgh	PhD	Clinical Psychology
Northeastern University	PhD	Counseling Psychology
Indiana State University	PsyD	Clinical Psychology
University of Illinois/Chicago	PhD	Clinical Psychology
American University	PhD	Clinical Psychology
University of Texas/Austin	PhD	Counseling Psychology
2016-2017		
Lasalle University (2)	PsyD	Clinical Psychology
University of Kentucky	PhD	Clinical Psychology
University of Mass/Boston	PhD	Clinical Psychology
William James College (2)	PsyD	Clinical Psychology
University of Illinois at Urbana-Champaign	PhD	Counseling Psychology
Nova Southeastern University (2)	PsyD	Clinical Psychology
Northeastern University	PhD	Counseling Psychology
Virginia Consortium	PhD	Clinical Psychology
Suffolk University (2)	PhD	Clinical Psychology
University of North Texas	PhD	Counseling Psychology
Duquesne University	PhD	Clinical Psychology
Regent University	PsyD	Clinical Psychology
2015-2016		
Arizona State University	PhD	Counseling Psychology
SUNY/Binghamton	PhD	Clinical Psychology
University of Hartford	PsyD	Clinical Psychology

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Pacific School of Prof Psych	PsyD	Clinical Psychology
Hawaii School of Prof Psych	PsyD	Clinical Psychology
Wichita State University	PhD	Clinical Psychology
Carlos Albizu University	PhD	Clinical Psychology
Antioch New England Univ (2)	PsyD	Clinical Psychology
Hoffstra University	PhD	Clinical Psychology
University of Tennessee, Knoxville (2)	PhD	Clinical Psychology
Mass School of Prof Psych	PsyD	Clinical Psychology
Spaulding University	PsyD	Clinical Psychology
University of Minnesota	PhD	Counseling Psychology
American University	PhD	Clinical Psychology

2014-2015

La Salle University	PsyD	Clinical Psychology
West Virginia University	PhD	Counseling Psychology
Seton Hall University	PhD	Counseling Psychology
Alliant International University /Fresno	PsyD	Clinical Psychology
University of Wisconsin/Milwaukee	PhD	Counseling Psychology
Nova Southeastern University	PhD	Clinical Psychology
Nova Southeastern University	PsyD	Clinical Psychology
Loma Linda University	PhD	Clinical Psychology
University of Missouri	PhD	Counseling Psychology
Palo Alto University	PhD	Clinical Psychology
Adler School of Prof Psych	PsyD	Clinical Psychology
Ohio State University	PhD	Clinical Psychology
Georgia University	PhD	Clinical Psychology
Tennessee State University	PhD	Counseling Psychology
Columbia University	PhD	Counseling Psychology
Rutgers University	PsyD	Clinical Psychology

2013-2014

University of Texas (2)	PhD	Counseling Psychology
SUNY, Buffalo	PhD	Counseling Psychology
Nova SE Univ	PsyD	Clinical Psychology
University of Wisconsin, Madison	PhD	Counseling Psychology
Yale University	PhD	Clinical Psychology
Baylor University	PsyD	Clinical Psychology
Suffolk University	PhD	Clinical Psychology
University of Illinois at Urbana-Champaign	PhD	Counseling Psychology
University of Utah	PhD	Counseling Psychology
Mass School Prof Psych	PsyD	Clinical Psychology
Loma Linda University	PhD	Clinical Psychology
CA Institute Integral Stud	PhD	Clinical Psychology
Chicago School Prof Psych	PsyD	Clinical Psychology
Carlos Albizu University	PsyD	Clinical Psychology

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Additional Information on Program Policies and Procedures

THE FEEDBACK PROCESS: RESIDENTS & SUPERVISORS

The training program at Bedford seeks to make the feedback process something that is clear, predictable, and useful for all our students. Toward this end, the training committee has developed several mechanisms to help ensure that these objectives are met. In addition, the program has worked to make providing feedback (both to and from students) something that is built into the culture of the training program.

During each of the formal evaluation periods, residents and their supervisors have a designated time frame set aside to specifically review together the resident's performance to date as well as the dyad's work together in the supervision. That is, both the resident's performance (as summarized in the competency benchmark rating form completed by the supervisor) as well as the resident's experience of the supervision (as summarized in an evaluation form completed by the resident of both strengths and areas of possible modification or improvement with regard to the supervision) is reviewed during this feedback process.

To best facilitate this conversation and review between resident and supervisor, a particular week is designated as "evaluation and feedback week," and during this time the review and feedback process is the priority. These review meetings should occur during regularly scheduled weekly or biweekly supervision. In instances where the resident meets with a supervisor on a biweekly basis and the evaluation week falls on an off-cycle week, the following week will serve as the "evaluation and feedback week." The review/feedback process may reasonably fill the entire hour, and supervisors as well as students are encouraged to use this protected time to freely share and explore each individual's experiences to date. Clinical material may also be addressed in this meeting, following the complete review/feedback process; however, in no instance should clinical material supersede this feedback process. Should pressing clinical material need to be addressed, the supervisor and student should best set up an additional meeting to engage clinical supervision. Strict adherence to this protocol will ensure that residents have the opportunity to receive timely and detailed feedback as well as ensure that supervisors will similarly be given an opportunity to receive relevant feedback.

RESIDENT DEVELOPMENT AND PROFESSIONAL FUNCTIONING

As a training program, we are committed to facilitating each resident's professional development across the range of areas of professional functioning. With regard to residency training, there is an equal focus on clinical training involving the areas of evaluation, assessment, and intervention as well as functioning competently with regard to all relevant aspects of professional functioning. A review of

the items contained within the competency benchmark rating form will show that a significant number of items pertain to relational, intrapersonal, and interpersonal professional functioning.

The Council of Chairs of Training Councils (CCTC) of APA has developed a policy that specifically addresses the need for professional psychologists to “demonstrate competency within and across a number of different but interrelated dimensions,” stating that training faculty has a “duty and responsibility to evaluate the competence of students and trainees across multiple aspects of performance, development and functioning.” The policy goes on to state “in addition to performance in coursework, seminars, scholarship, comprehensive examinations, and related program requirements, other aspects of professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will also be evaluated.” The residency training program sees the merit in this position and has adopted this model policy as an additional means of ensuring student professional development and enhancing student self-awareness. The implementation of such evaluation processes will allow for the identification of student strengths as well as areas of improvement, and if needed, to assist in the development of remediation plans for the student.

The CCTC policy lists some of the key areas where such professional competency should be demonstrated and necessarily evaluated by training staff as the following:

- a) interpersonal and professional competence
- b) self-awareness, self-reflection, and self-evaluation
- c) openness to processes of supervision
- d) resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner

The psychology training program uses the vehicle of supervision, which involves supervisor/student interactions as well as the direct observations of student behavior and clinical functioning (either live or recorded) to monitor the above areas of professional functioning. Relevant items on periodic written evaluation forms are the means to routinely document the student’s general level of competency in these areas.

It is important to emphasize that the psychology training program values and respects each student’s uniqueness and right to personal privacy. The above-stated policy is not intended as a justification to pursue or address areas of personal functioning that do not relate to or impact upon professional functioning or training within the residency program. Consequently, relevant behavior or issues typically would be those observed within the context of the student’s work and professional interactions. However, the CCTC policy notes that the exceptions to this general rule would occur when the student’s outside conduct “clearly and demonstrably a) impacts the performance, development, or functioning of the student-trainee, b) raises questions of an ethical nature, c) represents a risk to public safety, or d) damages the representation of psychology to the profession or public.” In such cases, “the program may review such conduct within the context of the program’s evaluation processes.”

As any training or professional issue either arises or becomes apparent, the training program will first provide feedback and engage the student in an open dialogue about the issue at hand. Such conversations with the student are designed to heighten awareness of the issue at hand and help the student determine how best to address or resolve the relevant issue. Should the behavior in question persist or be of a significant magnitude of importance, the student's preceptor and/or the director of training will document the behavior at issue. At this point, the training committee's procedure for responding to issues in need of remediation, fully described in the section on Resident Deficiencies will be implemented. The purpose of implementing a clear protocol is to allow the student maximal opportunity to effectively resolve the situation, while best utilizing ongoing staff monitoring and feedback with regard to the issue. Due process policies and procedures are always available to the student should they so choose, and these are fully described below within the section Grievance Procedures.

PROGRAM EVALUATION

The residency program utilizes various formal and informal mechanisms to ensure that training objectives are met, both with regard to the individual resident and for the program as a whole. In actuality, the ongoing multifaceted monitoring of each resident's progress throughout the residency year provides the ground and a primary basis for the program's overall evaluation and modification, and when necessary, reconceptualizing the functionality of particular programmatic training activities and protocol.

As noted earlier, formal evaluations are completed by each clinical supervisor at 4-, 8- and 12-month periods. These evaluations (and their review with each supervisor) serve as a basis for discussion of progress and training objectives. Particularly relevant in this program evaluation process are the residents' formal evaluations of the program and of their individual supervisors, which are also completed at 4-, 8- and 12-month periods. Specifically, each resident completes written evaluations of each of his/her supervisors as well as a series of other evaluation forms that cover the scope of the residency training program (i.e., clinical rotations, seminars/didactics, group supervisions, and the residency generally).

This entire feedback process between residents and supervisors allows for the program to identify and review relevant programmatic components, including issues related to overall structure as well as specific details. In addition, several formal meeting contexts provide another means to specifically examine questions and issues related to the functioning of the training program. Consequently, program review and modification processes can occur through one or more of the following channels of interaction and formal communication regarding the training program:

- 1 The training directorate meets weekly to discuss and review all aspects of the program, including resident-provided feedback (both formal and informal). This meeting continuity allows for the director and co-directors to continually explore and deepen their understanding of the program, its aims and resident overall experience, providing the training directorate an opportunity to continually refine the program.

- 2 The training directorate meets with each small group of training psychologists (affiliated with a rotation or training context) once or twice over the course of the year. These meetings provide an in-depth opportunity to explore the structure and unique issues relevant to each of the program's rotations and training contexts. Also, the training directorate meets with the resident, preceptor and/or rotation supervisor(s), as needed, to address and explore issues as they arise.
- 3 Retreats with all the training supervisors occur periodically. These retreats provide an in-depth opportunity for all training committee members to receive presentations and to participate in an extended dialogue regarding key elements or changes regarding the program's structure or philosophical framework.
- 4 In addition to the resident's work with their preceptor, individual meetings between the training director or one of co-directors with a resident occur as needed or whenever requested by the resident. The training directors value being available to residents whenever an administrative, professional/ ethical, clinical, or program-related issue may arise.

When significant programmatic changes are entertained, there is always a bi-directional interaction process between training staff and residents. In essence, each group serves the function of providing corrective feedback to the other. Consequently, any change entertained by the training committee is typically presented to the residents for feedback and suggestions for possible revisions, and vice versa. This process also works very well regarding the early stage of idea generation, prior to any actual proposed change. For example, either group may determine some aspect of the training program, or lack thereof, to be in question. In this case, one group may simply request from the other a consideration of the present issue and a potential action plan to address it.

PROBLEM IDENTIFICATION AND RESOLUTION

Grievance Procedure

Two procedures for addressing grievances are available to residents -- an internal conflict resolution procedure designed specifically for the training program as well as a hospital-wide mediation procedure (Alternative Dispute Resolution) through EEO should the internal procedure not achieve the desired resolution.

When possible, a resident with a grievance is encouraged to first address the problem with the individual that is the focus of the grievance. Informal means of resolving problems before they reach the grievance stage are recommended.

If resolution is not achieved, the resident should contact his/her preceptor or the training director. If the nonresolved grievance is against the preceptor (or one of the two associate directors of training), the resident will go directly to the training director. If the nonresolved grievance is against the

training director, the resident will go directly to either his/her preceptor or the chief of the Psychology Service.

Subsequently, either the preceptor or training director will convene a meeting with the persons involved to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. If the meeting does not resolve the grievance to everyone's satisfaction, the director of training and the two associate directors, in consultation with the chief of the service, will review the details of the situation and make a determination about how best to proceed.

At each step of the process, the goal of the training directorate is to optimally support the student who has the grievance, and when reasonable and appropriate, intervening to directly address issues with staff and/or modifying the intern's training context and supervisory assignments. Should such resolutions not satisfy the resident's concerns, the hospital's mediation program is available to all employees.

Staff Standards

All staff are required to abide by the highest ethical standards and any staff behavior that reasonably raises questions about adherence to such standards (including but not limited to boundary violations, dual roles, etc.) and that impacts psychology trainees should be brought to the attention of the training director (or to the chief of psychology if the behavior at issue involves the training director). As appropriate, the procedures outlined above under residential grievance procedure shall be followed to review and act upon this information.

Resident Deficiencies

The following procedures will be followed in advising and assisting residents who are not performing at an expected competency level regarding clinical skills and professional behavior.

At any time during the training year, if evaluation of a resident by one or more of his/her supervisors indicates that the resident is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the resident as rapidly as possible of any difficulties. Residents are also encouraged to actively seek feedback on an ongoing basis.

It is expected that relatively minor deficiencies will initially be addressed informally by the resident's preceptor or other supervisors. Should such informal means of addressing the issue not adequately resolve the problem, then the protocols described below will be implemented, starting with a written remediation plan.

The preceptor and other supervisors assigned to the resident jointly discuss the current situation and decide upon what professional area(s) is at issue. A written remediation plan, outlining current

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deficits along with expected target behaviors, is prepared, signed by the resident, all supervisors, and the director of training. This signed copy is added to the resident's training file.

Monitoring and monthly review will be the responsibility of the preceptor and supervisor(s). The training director will be consulted as needed and will be periodically updated about the resident's performance. Updated signed remediation plans, documenting improvement and ongoing deficits, are completed on a monthly basis and added to the resident's training file

Changes may be necessary in the resident's activities or rotations to continue progress toward objectives. Such changes will be made in consultation with the training director.

Monthly written summaries will be provided to the resident. When the resident has shown satisfactory progress for two months, achieving the learning objectives outlined in the remediation plan, the intensified review process will be terminated. If the resident fails to make progress toward the revised goals and objectives, then the following additional steps will be taken.

Recommendation for probation, approved by the training directorate, is the initial step towards potentially removing the resident from the training program. Following notification of being placed on probation, the resident will have no less than one month to significantly improve the behavior(s) at issue. After this time, the training directorate will review any changes in the resident's performance over the past month.

If some improvement (but less than full resolution of the deficits) in performance is noted by the resident's supervisors, the supervisory team and the training directorate may continue monthly reviews of the resident's progress. However, if at any point it is determined that the resident's performance has fallen to the level of what initially prompted probation, the program will move to have the resident removed from the residency.

If it is the consensus of the resident's supervisory team and the three-person training directorate that a resident should be removed from the program, a specific set of recommendations will be communicated by the training director to the resident. These recommendations will serve to guide the resident towards remediation of his or her deficits in future training and clinical practice elsewhere.

Professional Standards for Residents

It is expected that all residents will abide by appropriate standards of professional and ethical behavior in all of their interactions and activities. Problematic, unethical, or illegal conduct by a resident should be brought to the attention of the training director. Any person who observes such behavior, or reasonably questions that such behavior has occurred, whether staff or resident, has the responsibility to report the incident.

1. Incidents of a very minor nature may be dealt with by the training director, the preceptor, and the resident. Such incidents may be documented at the discretion of the training director, preceptor, or possibly the training committee. If the incident is determined to involve a particularly problematic behavior or otherwise constitute an illegal or unethical action, a written record is made of this complaint and action. All written records become a permanent part of the resident's file.
2. Any such particularly problematic or illegal/unethical behavior, or two to three minor infractions, must be reviewed by the training committee or training quorum. After a careful review of the case, the training committee or quorum will recommend either probation or dismissal of the resident. Recommendations of a probationary period must include specific guidelines including a time frame and periodic review as described above. A violation of the probationary contract will necessitate the termination of the resident's appointment.