



2024

2025

Training Brochure

VA Boston Psychology Postdoctoral
Fellowship Training Program



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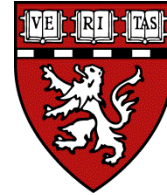
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Clinical Psychology Fellowship Edition



Chobanian & Avedisian
School of Medicine



Harvard Medical
School

OUR AFFILIATES



Jamaica Plain Campus



West Roxbury Campus



Brockton Campus

OUR CAMPUSES



A BIT OF HISTORY

VA Boston Healthcare System

Greetings!



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Geropsychology

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Interprofessional General Mental Health

William Bowe, Ph.D.
Brockton and Jamaica Plain Campuses

LGBTQ+ Health Care

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Post-Deployment Readjustment and Trauma-Related Disorders

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Posttraumatic Stress Disorder

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TABLE OF CONTENTS

Greetings.....	1
Welcome	6
Impact of COVID-19 on Training	7
Work-Life Balance	7
Philosophy and Model of Training	8
Orientation to the Fellowship / Teaching Methods.....	9
The Training Programs	
The Clinical Psychology Training Program	12
Core Competencies.....	13
Tracks	
Addiction Recovery Track.....	16
Addiction Recovery; Brockton Campus	18
Addiction Recovery; Jamaica Plain Campus.....	22
Behavioral Medicine Track	29
Geropsychology Track	42
Interprofessional General Mental Health Track.....	52
LGBT Health Care Track	58
Trauma Recovery Tracks	
Post-Deployment Readjustment and Trauma-Related Disorders	63
Posttraumatic Stress Disorder Track.....	69
Fellowship Graduation – July 27, 2023	81
Review and Remediation Procedures	82
Training Environment	83
Diversity and Inclusion	84
VA Boston Psychology Service Committee on Diversity and Inclusion.....	84
Mental Health Multicultural Consultation Team	85
ALANAS Mentoring Program	85
Support Services	86
Research Activities	86
Living Environment / Cost of Living	86
Hours, Stipend, and Benefits	87

continued next page

APA Accreditation	83
Eligibility	83
Application Process.....	84
Application Materials.....	85
Virtual Interview Days.....	86
Process	86
Statement of Nondiscrimination	87
If an Offer Is Extended	87
Current Fellows	89
Recent Fellows' First Post- Fellowship Position	90

Welcome to the VA Boston Psychology Postdoctoral Fellowship Training Program!

The structure of the VA Boston Psychology Postdoctoral Fellowship Program follows a multiple practice format as defined by the American Psychological Association's Commission on Accreditation (APA CoA). The Fellowship Program is organized into two separate areas:

1. the substantive traditional practice area of Clinical Psychology, and
2. the specialty practice area of Clinical Neuropsychology.

This brochure describes the training opportunities available in the Clinical Psychology Program. Within the **Clinical Psychology Training Program**, we offer training in seven focus areas ("tracks") and will **recruit 12 full-time Fellows**:

- ✓ Addiction Recovery
- ✓ Behavioral Medicine
- ✓ Geropsychology
- ✓ Interprofessional General Mental Health
- ✓ LGBTQ+ Health Care
- ✓ Post-Deployment Readjustment and Trauma Related Disorders
- ✓ Posttraumatic Stress Disorders (PTSD)

Within the **Clinical Neuropsychology Training Program**, we offer training in Neuropsychology with the opportunity to specialize based on training needs and professional goals. We will recruit *two full-time Fellows in the Clinical Neuropsychology Program*. For additional information, please download the Neuropsychology Training Brochure located on the [Fellowship homepage](#).

Both the Clinical Psychology and Clinical Neuropsychology Training Programs exist within the overarching structure of the Fellowship Program and are separately accredited by the [APA CoA](#). Our next Site Visit for both programs will be in 2024. Please note that we are in the process of seeking accreditation in the specialty practice area of Clinical Health Psychology. Fellows admitted to the Behavioral Medicine Track of the accredited Clinical Psychology Program will be required to meet competencies of both the accredited Clinical Psychology Program and competencies consistent with APA accreditation in Clinical Health Psychology. The postdoc programs are also members of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

We are glad you are considering VA Boston for your postdoctoral training experience! Postdoctoral training has shifted considerably over the years; the purpose of postdoctoral training is to gain advanced competency development in either a specific focus area or major area of study (*i.e.*, VA Boston's "Tracks" within our accredited Clinical Psychology program) or in a recognized specialty area of practice (*i.e.*, VA Boston's accredited Clinical Neuropsychology program). We believe that formal postdoctoral training offers many benefits, including building confidence and professional identity, developing advanced competence across all domains of practice, and facilitating short- and long-term career goals, including licensure and board certification. APPIC's journal, *Training and Education in Professional Psychology*, published a special edition on postdoctoral training a few years ago. We include a link here to an article (by Dr. Silberbogen and colleagues) that reviews the purpose of postdoctoral training in the sequence of training, and outlines considerations when making decisions about postdoctoral training: <https://www.researchgate.net/publication/325207464> [Postdoctoral training in health service psychology Current perspectives in an evolving profession](#).

IMPACT OF COVID-19 ON TRAINING

The COVID-19 pandemic has had an unprecedented impact on all aspects of personal and professional life, requiring flexibility, adaptability, and ingenuity. The VA Boston Psychology Postdoctoral Training Program has been successful throughout the pandemic in remaining steadfast in our commitment to providing high-quality clinical care for Veterans and high-quality training to our psychology trainees. Clear and transparent communication from leadership (Drs. Silberbogen and Grande) has been critical during the ever-changing landscape. Despite the number of uncertainties that COVID-19 has brought, our value of providing outstanding training and our skill in implementing this value has been constant.

The clinical experiences listed within this brochure are current, and all training experiences are anticipated to be available during the 2024-2025 training year. At the time of this writing (9/2023), our postdoctoral Fellows are on-site three to five days per week, in line with their clinical settings, and teleworking the remaining days. We anticipate that the 2024-2025 Fellows will continue to engage in some hybrid mix of remote and in-person work, consistent with the demands and requirements of their specific clinical placements. We look forward to describing our modifications during our **virtual interviews** and to address any concerns/and or questions regarding our COVID-19 modifications. VA Boston is confident in its ability to provide high quality training and mentorship to promote the professional development of our Fellows, despite the challenges brought on by COVID-19.

Please note that references to “direct”, “face-to-face” or “in-person” clinical care or supervision are also inclusive of remote and virtual care. In addition, we have retained references to campus-based locations in this brochure so that applicants are informed of where they would be located, for in-person services.

WORK – LIFE BALANCE

We recognize that the postdoctoral fellowship training year can be challenging, though exceedingly rich. Postdoctoral Fellows navigate relocation, publication of dissertations, learning a new system and new supervisors, acquisition of new skills (e.g., supervision, program administration), taking the EPPP and applying for licensure, and job applications/negotiations, among other professional activities. Personal lives are also full. While hobbies, friends, family, and life events can bring us great joy, they may create additional time demands.

At VA Boston, leadership and supervisors recognize and value the importance of a balance between professional activities and one’s personal life. We also note that there is not one single prescriptive “balance” that works for all and at all stages of one’s professional or personal life; balance is individualized and can change over time. We have several mechanisms through which the postdoctoral fellowship program’s leadership and supervisors ensure attention is given to work-life balance. First, supervisors will routinely ask Fellows about workload, how many hours they are working, and how manageable their responsibilities feel. Tailoring and titrating of clinical activities (up or down) follow these conversations. Supervisors will also be interested in you as a whole person who engages in personally fulfilling weekend and evening activities. Second, all Fellows complete a clinical log weekly, tracking hours in a few categories so that supervisors and the Training Directors can quickly evaluate how Fellows are spending their time in various training activities. Third, the Training Director of the Clinical Program and the Clinical Neuropsychology Program meet with the Fellows biweekly as a group and at least three times per year, individually, to assess the composition of work activities and balance with personal goals, among other factors.

Clinical “ebbs and flows” are commonplace in clinical settings and ongoing and transparent conversations between Fellows and Supervisors/Training Directors help to make sure that our Fellows can enjoy the expected “ebbs” (i.e., take a walk with another Fellow, eat lunch together!) of workload and correspondingly that the “flows” are neither long-lasting nor disproportionate to the ebbs. There may be some weeks that a Fellow may put in extra hours (e.g., all patients showed in the same week that a conference submission abstract is due, and a new group involving learning a new EBP starts), but these weeks are carefully monitored, and Fellows are encouraged to discuss directly with Supervisors or their Training Director if this happens consistently. Prioritizing and engaging in self-care and finding one’s own work-life balance are important goals of the postdoctoral fellowship and are consistent with the values embraced by VA Boston’s supervisory teams.

PHILOSOPHY AND MODEL OF TRAINING

The VA Boston Psychology Postdoctoral Fellowship model for training entails four broad, core components. **Training is:**

- 1. Individualized, graduated, and primary:** Training is individualized, such that we aim to build professional identity and responsibility through involvement in the training process. In other words, we ask that Fellows collaborate with their faculty mentors and supervisors to develop a training plan that meets their specific training and career goals based on a needs assessment and discussions with faculty. Training is structured around those specific goals and increases in complexity and responsibility over the course of the training year. Service delivery is the means by which training and enrichment occur; however, ***service delivery is secondary to the broader mission of training.***
- 2. Based on a scientist-practitioner model:** We employ and model a scientist-practitioner approach to professional psychology, wherein empirically supported knowledge informs psychological assessment and intervention, and wherein questions arising from clinical practice drives research endeavors. Training involves empirically supported treatments and assessment methods and ensures that Fellows utilize critical thinking skills to develop their own clinical research questions and/or program development/evaluation projects. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the training sites. VA Boston is home to numerous National Research Centers and Centers of Excellence, with over thirty federally funded grants in the field of Mental Health and Substance Abuse. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model.
- 3. Affirming of individual differences:** We work to identify, respect, and nurture the unique personal attributes that the Fellow brings. The training environment is supportive and guided through close collaboration with supervising faculty. Our training program is affirming of individual differences and diversity and values the enriched educational environment that occurs with a diverse group of trainees and staff. Training involves self-awareness related to cultural factors, as well as appreciating those social and cultural factors that influence patient centered care. For the ways in which VA Boston attends to and addresses individual lived differences in our trainees and patients, please see our [“Diversity and Inclusion”](#) section, which describes program and service wide resources. In addition, within each Track description, you will find a section regarding diversity training within that focus area.

- 4. Collaborative:** We utilize a “junior colleague” model of training. Our commitment to the Fellows’ professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of our training staff, including psychologists and non-psychology supervisors. Fellows are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the Fellow’s full participation in all endeavors, scientific and clinical. We provide training in multidisciplinary and interdisciplinary care environments in which the Fellow develops confidence as a local mental health expert who collaborates effectively with a range of providers in the context of a large medical system. Fellows will learn to work effectively with a variety of other disciplines, as well as collaborate with other mental health practitioners in clinical and research domains.

ORIENTATION TO THE FELLOWSHIP

All Fellows in the Clinical Psychology Training Program are supported from Sunday, August 11, 2024 through Saturday, August 9, 2025. The Orientation to the Fellowship begins on Monday, August 12, 2024. The organization of the Fellowship Program provides Fellows access to different populations and an opportunity to assume a variety of roles. The Fellowship includes clinical, research, and educational components, described below. All training takes place at a VA Boston campus that is academically affiliated with Harvard Medical School and Boston University Avedisian and Chobanian School of Medicine.

TEACHING METHODS

Supervised Service Delivery: Fellows receive supervised training in direct contact with service recipients. Fellows in the Clinical Psychology program will spend a minimum of 25% (10 hours) of their week engaged in direct, face-to-face (inclusive of virtual) clinical care. In accordance with APA, APPIC, and VA Office of Academic Affiliations guidelines, “face-to-face” is extended to include video telehealth. As appropriate for training, face-to-face (or telehealth) patient encounters are but one component of service delivery, and delivery of patient care is secondary to the educational mission of the training. In addition, there are numerous activities that the Fellow will engage in that are in support of face-to-face clinical care. The *combination* of face-to-face clinical care *and* all supportive clinical functions (e.g., consultation with other providers, report writing, medical record review, supervision, and provision of supervision) will comprise approximately 75% of a Fellows’ training.

Supervision: A minimum of 2.5 hours of supervision per week (individual supervision comprising at least two hours) is required throughout the training year with at least two licensed psychologists who have expertise in the activities being supervised. Fellows may also receive group supervision, with a maximum of three trainees. Fellows receive supervision from a minimum of two licensed psychologists during the training year, one of whom is identified as the “primary” mentor. Supervision is primarily offered face-to-face, though group supervisions may be offered via telehealth.

Other Structured Learning Activities: Fellows participate in a minimum of 1.5 additional hours of other structured learning activities, including program-wide and track specific didactics, professional development meetings as a cohort, and with Training Directors, team meetings, rounds, and case conferences. On average, Fellows participate in approximately 2 – 4 hours per week of other structured learning activities.

Scholarly Mentorship: While the primary focus of the Fellowship training program is the development of clinical skills, Fellows engage in an array of clinical research and other scholarly inquiry opportunities. All Fellows will select a research mentor who will supervise these activities, and the broad scholarly inquiry experience is overseen by the Research Experiences Coordinator, Karen Mitchell, Ph.D. Fellows are expected to have a minimum of four (4) hours of protected time within their regular schedules to be devoted to research and scholarly activities. These four hours are seen as a base; Fellows on some Tracks may be able to avail themselves of research opportunities beyond these dedicated hours (up to 10 hours per week) through discussion with their supervisors and research mentor. Please see Track specific descriptions for additional information. Fellows may collaborate with faculty on ongoing research or a program evaluation project, participate in research lab meetings and other team collaborations, or design and implement an independent research project under the mentorship of a faculty member. Activities may include reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry, and data analysis, as well as developing posters or presentations, and manuscript presentation. Fellows are encouraged to present their work in local, regional, and/or national educational settings, or submit work for publication as appropriate. Additionally, Fellows present their research progress during Fellowship wide didactics towards the end of their training year.

Didactic Seminars: All Fellows attend a biweekly seminar chaired by David Topor, Ph.D., Curriculum Coordinator. During didactics, we develop a sense of professional community and peer support during the Fellowship training year. Topics are scheduled based on a Needs Assessment completed by Fellows at the start of their training; all didactic offerings include diversity, equity, and inclusion content. Speakers are invited to present didactics on professional development issues, leadership, ethics, supervision, diversity and inclusion, and professional identity. Several didactics that are directed at teaching specific evidenced based psychotherapy are shared with clinical psychology interns.

In addition to program wide didactics, many elective seminars are announced throughout the training year. Erika Wolf, Ph.D. and Yael Nillni, Ph.D., coordinate a weekly Grant Writing Seminar throughout the training year. Additionally, Fellows are invited to attend the one-hour bimonthly Research Fellows' seminar series developed by Daniel Lee, Ph.D. (e.g., Grant Mechanisms, Understanding VA Funding, Transitioning out of the Role of a Fellow).

Additional Psychology Service – wide programming occurs throughout the year with speakers presenting on a range of topics, including multicultural competency in supervision and clinical treatment, patient advocacy, interprofessional training, positive psychology, DSM-V, ethics, mentorship and supervision issues, and returning veterans.

Additionally, each clinical program has developed training experiences that are intended to focus on gaining knowledge and skills in emerging areas of specialization. These training experiences include didactic seminars, colloquia, symposia, co-therapy, role modeling, observation, case conferences, rounds, group supervision, and journal clubs. Also, Fellows across the different specialty areas are given the opportunity to attend various seminars conducted in other programs, grand rounds, departmental symposia, etc.

Mentorship: There are a myriad of ways in which postdoctoral Fellows receive mentorship. In addition to providing supervision, supervisors will offer mentorship within the context of their supervision meetings. Supervisors will also schedule additional meetings with their Fellows, particularly at critical times during the year, to provide mentorship around job applications, interviews, and negotiations. VA Boston also has two additional Mentorship programs:

Non-Evaluative Mentor: Each Fellow selects a Non-Evaluative Mentor (NEM) from among faculty members, who will serve as a year-long mentor for the trainee. The NEM may be selected by the postdoc based upon specific career interests or other factors, including shared lived experiences, experiences in balancing career and family, or past academic experiences. The NEM may be linked to the trainee's training experiences but cannot be a direct supervisor or evaluator of the trainee. The NEM provides counsel and is meant to assist the trainee in the overall coordination of their training experiences throughout the year. Examples of areas that might be discussed during meetings could include issues related to professional development, identity development, career trajectory/choices, work/life balance, and post-employment applications/decision making, among others. The Fellow and NEM should meet, at least once, at the start of the training year. We hope that the NEM and the Fellow will meet routinely (monthly) throughout the year but do not mandate this meeting.

Diversity Mentorship Program: We are piloting a Diversity Mentorship Program during the 2023-2024 training year (as of this writing, in September 2023), such that we have surveyed all alumni from the past five years (internship and postdoc graduates) assessing interest in serving as a Mentor specifically for Fellows with minoritized identities. In this way, we hope to expand access to our trainees to those who can mentor around specific lived experiences that are less available among current psychology staff at VA Boston (i.e., minoritized ethnic/racial identities). This is seen as optional and supplemental to the NEM (described above) or in place of the NEM (excepting at least one initial contact with a VA Boston NEM).

THE FELLOWSHIP TRAINING PROGRAMS OF VA BOSTON

CLINICAL PSYCHOLOGY TRAINING PROGRAM



The Clinical Psychology Training Program is independently accredited by APA but functions within the structure and administration of the VA Boston Psychology Postdoctoral Fellowship Program. Amy Silberbogen, Ph.D., ABPP is the Director of the Clinical Psychology Postdoctoral Fellowship Program. Within this program, opportunities are available for training in nine focus areas. These include: Addiction Recovery, Behavioral Medicine, Geropsychology, Interprofessional General Mental Health, LGBTQ+ Health Care, Posttraumatic Stress Disorder, and Post-Deployment Readjustment and Trauma-Related Disorders.

Program Aim

The overarching **AIM** of our program is to provide advanced clinical training and educational opportunities in order that Fellows develop the full range of skills required for independent functioning as a clinical psychologist in public service settings (particularly VA Medical Centers) in a broad range of roles and settings within their focus area, including clinical services, research, and education.

Our program is grounded in the scientist-practitioner model and endorses the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by hands on clinical work. Consequently, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge and involvement in research that advances patient care. We believe that graduating Fellows should be able to provide competent assessment and appropriate interventions, consultation, and supervision in their area(s) of focus, as well as exhibit behavior that is consistent with professional standards. As a part of developing a healthy professional identity, Fellows are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development. Graduating Fellows also possess the requisite skills to bring research and clinical literatures to bear on their applied work, and to communicate their own scholarly endeavors and interests to other mental health practitioners. While individual Fellows may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work of scientists will be clinically relevant.

The structure of the VA Boston Clinical Psychology Fellowship Program fosters development across nine profession-wide competencies that are critical to an independently functioning psychologist. We expect that Fellows in the Clinical Program will gain both breadth in competency, as well as depth within their particular area of focus. Below are the Level 1 and Level 2 competencies to be developed through a structured, coherent, and integrated training experience that is graded, sequential and cumulative.

Core Competencies

Level 1 – Advanced Competencies Required of all Programs at the Postdoctoral Level

- 1. SCIENCE AND PRACTICE:** Fellows will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.
- 2. ETHICAL AND LEGAL STANDARDS:** Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the *APA Code* and relevant laws, regulations, rules, policies, standards and guidelines.
- 3. INDIVIDUAL AND CULTURAL DIVERSITY:** Fellows will demonstrate ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individual, as well as with communities that embody a variety of cultural and personal background and characteristics.

Level 2 – Program Specific Competencies

- 4. PROFESSIONAL VALUES AND ATTITUDES:** Fellows will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.
- 5. COMMUNICATION AND INTERPERSONAL SKILLS:** Fellows will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
- 6. ASSESSMENT:** Fellows will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration and scoring of psychometrically validated instruments assessing personality.
- 7. INTERVENTION:** Fellows will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Fellows will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.
- 8. SUPERVISION:** Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.
- 9. CONSULTATION AND INTERPROFESSIONAL SKILLS:** Fellows will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

Clinical Health Psychology Program Competencies

VA Boston is in the process of applying for accreditation in the specialty practice area of Clinical Health Psychology. To this end, fellows entering into our Clinical Program will also be required to meet clinical health psychology competencies as indicated below, in addition to competencies outlined above. Consistent with our overall aim, training is expressed in the following competencies. Competencies for Clinical Health Psychology are comprised of Level 1 and Level 3 – Specialty Competencies.

Level 1

- 1. RESEARCH, SCIENCE AND PRACTICE:** Fellows demonstrate the ability to engage in clinical health scholarly activities, and to apply scientific methods in Clinical Health Psychology activities. Program development and/or evaluation projects that require scientific thinking and analysis (e.g., literature reviews, synthesis of data, quantitative analyses) are considered research.
- 2. ETHICAL AND LEGAL STANDARDS:** Fellows will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the *APA Code* and relevant laws, regulations, rules, policies, standards and guidelines.
- 3. INDIVIDUAL AND CULTURAL DIVERSITY:** Fellows will demonstrate ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Fellows demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individual, as well as with communities that embody a variety of cultural and personal background and characteristics.

Level 3

- 4. PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS:** Fellows demonstrate maturing professional identities and a sense of themselves as "Clinical Health Psychologists." They demonstrate an awareness of and openness to areas needing further development.
- 5. COMMUNICATION AND INTERPERSONAL SKILLS:** Fellows demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
- 6. ASSESSMENT:** Fellows demonstrate competence in evidence-based biopsychosocial assessment methods appropriate for the patient's illness, injury, or chronic health condition, including those factors that facilitate or inhibit health functioning, adherence, or healthcare utilization.
- 7. INTERVENTION:** Fellows demonstrate competence in use of evidence-based biopsychosocial interventions with to treat or prevent health and behavioral health-related issues.
- 8. TEACHING/SUPERVISION:** Fellows will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge to peer supervision of junior trainees during clinical health psychology practice.
- 9. CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS:** Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in clinical health psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees apply this

knowledge in consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

- 10. LEADERSHIP:** Fellows demonstrate leadership within interprofessional teams and demonstrate the ability to develop or enhance a clinical health psychology practice, educational program, or program of research.

Addiction Recovery Track

The Clinical Psychology Program offers an Addiction Recovery Track that involves significant training in the treatment of substance use disorders. This track offers two Fellowship positions for the 2024-2025 training year at VA Boston Healthcare System (VABHS). Both Fellowship positions offer Fellows the opportunity to gain a comprehensive understanding of assessment and treatment approaches for individuals with alcohol and drug problems and co-occurring psychiatric disorders (e.g., PTSD, affective disorders, anxiety disorders, and personality disorders) and co-occurring psychosocial issues (e.g., medical comorbidities, homelessness, legal issues). The Fellows will work in both residential and outpatient settings and learn to conduct comprehensive assessments and provide evidence-based, CBT-oriented group and individual therapy with veterans with SUDs. The Fellows are trained to provide supervision to junior trainees and involved in program development and performance improvement activities and in clinical research. **Fellow 1** will be located at the Brockton campus of VABHS, and **Fellow 2** will be located at the Jamaica Plain campus; Fellows 1 and 2 will work with the residential and outpatient teams located at their respective campuses. We describe these two positions in detail below and also provide a comparison table to highlight differences as well as overlapping training experiences. By applying to the Addiction Recovery Track, you will have the opportunity to be considered for, and interview with, both positions. Please indicate on your cover letter whether you would like to be considered for the **Fellow 1** position, **Fellow 2** position, or **both Fellow** positions. Applicants commonly express interest in interviewing for both positions and are encouraged to apply for both.

Who Do We Serve? Veterans who seek treatment for their substance use at both campuses present with great diversity in their substance use histories, including use of alcohol, oral opiates and heroin, marijuana, stimulants, anxiolytic/sedative medications, inhalants, and various generations of designer drugs. In addition to chemical dependency concerns, a number of our Veterans also struggle with related behavioral disorders, including gambling, sex addictions, compulsive overspending, etc. The majority of the Veterans in programs at VA BHS also have co-occurring psychiatric conditions such as PTSD, anxiety disorders, depression, and personality disorders and are struggling with significant social problems. Of note, a history of trauma (with or without a PTSD diagnosis) is prevalent in our patient population and includes index events like childhood physical or sexual abuse, military sexual trauma, combat exposure, violence, and traumatic loss. Veterans present with diversity in age, gender, race and ethnicity, sexual orientation, sexual identity, gender identity, branch and military era and experiences, socioeconomic status, educational level, marital status, religion, spirituality, disability status, and living situation. Many of our Veterans are homeless, unemployed, and struggling with medical comorbidities, legal problems, interpersonal stressors, etc.

While there are many similar training experiences in both positions, there are also some differences. We have outlined these similarities and differences in the table below.

TABLE 2
Comparison of Experiences in Addiction Recovery Track

	Fellow 1	Fellow 2
Campus	Brockton (BR)	Jamaica Plan (JP)
Outpatient versus Residential	50% vs 50%	20% vs 80%*
Settings	<ul style="list-style-type: none"> • Outpatient Alcohol and Drug Treatment (ADTP) • Homeless Domiciliary • Intensive Outpatient ADTP • Behavioral Couples Therapy • Outpatient PTSD 	<ul style="list-style-type: none"> • Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) • Outpatient Alcohol and Drug Treatment (ADTP)
Opportunity to Supervise	1 Psychology Intern	1 psychology practicum student (up to 4 therapy cases)
Group Psychotherapy	Two groups per week	Four groups per week (6 hours total) *
Individual Psychotherapy	4 - 6 cases perweek: <ul style="list-style-type: none"> • To be determined based on the Fellow's interests and needs; • Split between Domiciliary and Outpatient 	4 - 6 cases per week* <ul style="list-style-type: none"> • Split between residential and outpatient
Assessment	<ul style="list-style-type: none"> • 1 per week in Domiciliary • 1 per week in Outpatient ADTP 	<ul style="list-style-type: none"> • 1 per week in SARRTP • 1 per month in Outpatient ADTP
Research	At least 4 hours per week	At least 4 hours per week

* Amount of time spent conducting individual and group therapy are minimums and may change as a function of the elective training opportunity selected by the JP Fellow (see track description for details). The JP Fellow's involvement in outpatient versus residential settings may also change slightly, based on the elective selected within the JP rotation.

Fellow 1: Addiction Recovery - Brockton Campus

Track Co-Coordinator: DANIEL ROUNSAVILLE, PH.D.
Psychology Service (116B)
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Brockton, MA 02301
Telephone: (774) 826-3879

Email: Daniel.Rounsaville@va.gov

Location: VA Boston Healthcare System
Brockton Campus

OVERVIEW

The aim of Fellow position at the Brockton campus is to provide the Fellow with specialized training to prepare for professional success in an addiction-specialist role within a mental health treatment setting. The Fellow will participate in training experiences in an outpatient Alcohol and Drug Treatment Program (ADTP) and a Mental Health Residential Rehabilitation Domiciliary Program for homeless Veterans (Responsibility, Ethics, Attitude, Choice, Health Program: **REACH**). The training program will be tailored to the Fellow's needs and preferences and equip the Fellow with measurement-based care and expertise in and program evaluation and program development skills. The Fellow also may choose to become a certified provider in Cognitive Processing Therapy (CPT) or gain experience in Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) or Prolonged Exposure (PE) for PTSD. In addition, the Fellow will serve as a critical member of interdisciplinary teams in both the outpatient and residential programs and will oversee the care of Veterans with clinically complex needs. There are opportunities for research collaboration related to psychological interventions offered through state-of-the-art technologies and treatment for co-occurring posttraumatic stress and substance use disorders.

GOALS

The primary goal of this training year is to gain specialized expertise in applying evidence-based treatments for SUD and co-occurring mental health problems in Veterans. Previous Fellows have obtained employment in VA, academia, community mental health, private hospital settings, and individual/group private practice. The Fellow can elect to gain training in Motivational Interviewing (MI), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Relapse Prevention, Acceptance and Commitment Therapy (ACT), Seeking Safety, Cognitive Processing Therapy (CPT), and Prolonged Exposure (PE). The Fellow can provide psychotherapy for Veterans with opioid use disorders (OUD) that receive evidence-based medication-assisted treatment. They also will have opportunities to participate in the OUD team meeting and learn state of the art evaluation and treatment. While the focus of treatment in the REACH domiciliary program focuses on goals of abstinence from all substances in the ADTP outpatient clinic the goals of treatment include both abstinence and harm reduction. Additionally, the Fellow will learn skills in assessment, consultation, provision of clinical supervision, program evaluation and development. The fellowship includes training in providing in person and telehealth in individual and group modalities. Overall, approximately 75% of the Fellow's time will be spent in clinical care and associated activities. Approximately 10 to 15% of the trainee's time will be reserved for program

development and evaluation, and involvement in research. The remaining time is spent in educational activities.

The primary activities of the Fellow in the ADTP **Outpatient Clinic** will be:

- Evidence based individual psychotherapy with emphasis on CBT-SUD, MI, & ACT with goals of both abstinence and harm reduction
- Group psychotherapy which can include CBT-SUD, Seeking Safety, or Mindfulness Groups
- Comprehensive assessment
- Emphasis on cultural responsiveness and racial self-identity development in clinical and supervision practice.

The primary activities of the Fellow in the **Residential Program** will be:

- Providing group therapy which can include ACT or DBT focused groups
- Delivering brief individual therapies
- Consultation

Other training activities may include:

- Program evaluation and performance improvement activities
- Training in individual therapy modalities including CPT, PE
- Clinical research
- Provision of clinical supervision
- Rotation-specific didactic series including SUD Journal club, ADTP/PTSD clinical forum, cultural competence focused trainings, ACT consultation group

At the completion of their Fellowship, Fellows will be able to:

- Conduct a comprehensive assessment with patients in treatment for SUD
- Provide evidence-based group and individual therapy for individuals with SUD
- Deliver evidence-based treatment for a range of co-occurring psychiatric disorders with a focus on PTSD and mood disorders
- Demonstrate an awareness of and increase skill in program evaluation and development
- Provide consultation for treatment providers outside of mental health on patients with dual diagnoses

TEACHING METHODS

In addition to the didactics offered to trainees across all rotations, three venues exist to impart knowledge and promote professional development in the evaluation and treatment of SUD and co-occurring diagnoses. The SUD Journal Club is a monthly meeting of interdisciplinary faculty, interns, and Fellows that focuses on maintaining the scientist–practitioner model by keeping current with empirical and theoretical advances for clinical practice. Recent topics of the SUD Journal club have included stigma in substance abuse, the 4th wave of the opioid epidemic, safe injection centers, harm reduction strategies, mental health apps, and culturally responsive practices. The PTSD/SUD Clinical Forum is open to all trainees and faculty from the SUD and PTSD clinics in Brockton to discuss treatment and complex patient presentations. The primary focus of this semi-structured forum is on issues unique to the assessment and treatment of PTSD and/or SUD, and the forum provides the opportunity for informal case presentation. The ACT consultation groups provides space to discuss ACT concepts, engage in experiential learning and increase knowledge in the use of ACT metaphors.

Individualized supervision will be provided by psychologists in the outpatient ADTP and PTSD clinics as well as the REACH domiciliary program. The Fellow will also meet with the clinical staff in interdisciplinary meetings in both the outpatient and residential settings. Specialized readings are provided to supplement a Fellow's training depending on his or her interests and needs. Clinical work, career development, and research issues are addressed during supervision. All supervisors are well-versed in the treatment of Veterans with SUD and/or co-occurring disorders and have experience collaborating and consulting across clinics to ensure the best possible care for Veterans and foster the Fellow's professional development. Additionally, all supervisors have expertise in delivering telehealth.

PRIMARY SUPERVISORS INCLUDE:

Daniel Rounsaville, Ph.D. Staff Psychologist and Program Director of the Brockton ADTP Outpatient Clinic and Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. He is a certified CBT-SUD provider, and is also trained in CPT, MI, BCT, and ACT. He is also conducting program evaluation/research of aspects of the ADTP clinic, particularly looking at factors predicting the clinical outcomes in the ADTP clinic with Veteran prescribed buprenorphine examining predictors including treatment participation, substance use, and comorbid diagnoses. Dr. Rounsaville is committed to delivering measurement-based individual and group treatments. He also leads the SUD Journal Club.

Noam Lindenboim, Ph.D. Dr. Lindenboim is a Staff Psychologist, Chief of the Residential Homeless Domiciliary Program (REACH), and Instructor in Psychology at Harvard Medical School. Dr. Lindenboim is a certified DBT-SUD and DBT provider.

Marilyn Park, Psy.D. Dr. Park is a Staff Psychologist in the Brockton ADTP Outpatient Clinic and is a Commissioned Corps officer serving as a Lieutenant Commander in the U.S. Public Health Service. They lead the CBT-SUD and Seeking Safety groups in the ADPT clinic and provide trainings in the area of cultural humility, exploring racial identities, and culturally responsive practices in supervision.

The Fellow may receive training in PE or CPT from ***Julie Klunk Gillis, Ph.D.*** Dr. Klunk Gillis is the Clinical Director of the Brockton outpatient PTSD clinic, Staff Psychologist in the Center for Returning Veterans, and Instructor at Boston University School of Medicine. Dr. Klunk-Gillis is a certified CPT and PE trainer and provider.

DIVERSITY FOCUS

The Brockton campus of the Addiction Treatment Fellowship track of the VA Boston Psychology Postdoctoral Fellowship Program provides the Fellow with experience in an outpatient Alcohol and Drug Treatment Program (ADTP) and a Mental Health Residential Rehabilitation Domiciliary Program for homeless Veterans (REACH). In both programs, Veterans also present with diversity in identity (race, religion, country of origin, gender identity, sexual orientation, social class), diagnoses (e.g., TBI and other co-occurring mental health issues), as well as in the progression and trajectory of their substance use disorder and drugs of choice. All these diverse factors are assessed during the initial screenings and intake evaluations. Clinicians and trainees integrate the information obtained through clinical interviews, medical record reviews, assessment measures, and behavioral observations. They also communicate with the interdisciplinary team members and, if available, the Veteran's family members to learn more about how best to proceed with treatment planning. Being aware of diversity factors is essential in understanding how social determinants of health influence the Veteran's presenting problems and current functioning. The case conceptualization process is vital in providing individualized care that is tailored to the specific needs of the Veteran. Our trainees are provided with a plethora of opportunities to enhance cultural humility and ways to understand the Veteran's unique needs. Didactics offered

through the ADTP clinic include trainings focused on culturally responsive care for veterans diagnosed with SUDs.

RESEARCH

The postdoctoral Fellow will increase their awareness and understanding of program development and program evaluation skills, through engagement in scholarly activities for four hours per week. If interested, there will be the opportunity to create and facilitate a group and/or assist a supervisor in improving aspects of program care.

There are opportunities for working on a research project examining outcomes of treatment of opioid use disorder in the ADTP Outpatient Clinic. Dr. Daniel Rounsaville is conducting a study looking at factors predicting the clinical outcomes in the ADTP Outpatient Clinic with Veteran prescribed buprenorphine over the course of three years examining predictors including treatment participation, concurrent non-opioid use, and comorbid diagnoses. Former trainees have created their own therapy modality or protocols, and some have chosen to implement the Unified Protocol.

Fellow 2: Addiction Recovery; Jamaica Plain Campus

Track Co-Coordinator: **MONICA ROY, PH.D.**
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Location: VA Boston Healthcare System
Jamaica Plain Campus

OVERVIEW

The Addictions Recovery Track at the VA Boston Healthcare System - Jamaica Plain campus involves work in the Substance Abuse Residential Rehabilitation Program (SARRTP) and outpatient Alcohol and Drug Treatment Program (ADTP). As a key member of a multidisciplinary treatment team, the Fellow has a high level of input into clinical decision making and is considered a treatment team leader for 1/3 of the Veterans admitted to the SARRTP. Veterans served in our clinics are diverse on many dimensions, including race, ethnicity, age, cultural background, religion, socio-economic background, education, and branch of military service. While the SARRTP is a male-only residential program, women veterans are served in our outpatient ADTP clinic. The Fellows are also trained to provide supervision to junior trainees (doctoral and Master's level practicum students) in a comprehensive supervision-of-supervision model.

The supervisory staff for the rotation presents with a wide variety of interests and a number of personal diversity dimensions. The rotation places a strong emphasis on attention to diversity dynamics in terms of conceptualization of cases, clinical assessment and treatment, and program development and research, including offering a Substance Abuse Treatment Diversity Discussion group for all substance abuse staff and trainees at the Jamaica Plain campus.

In addition to providing specialized training in evidence-based approaches to alcohol and drug problems including motivational enhancement, cognitive-behavioral relapse prevention techniques, and behavioral self-control strategies, the Fellow has the opportunity to choose and elective training opportunity with co-occurring diagnosis which is described in detail later in the position description. Briefly, training is available in Seeking Safety, Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy, COPE (Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure Therapy) Acceptance and Commitment Therapy (ACT), Mindfulness techniques, and full model Dialectical Behavior Therapy (DBT).

Who Are We? Five licensed clinical psychologists participate in Fellowship training. The SARRTP and ADTP staff members are a multidisciplinary team from psychology, psychiatry, social work, and nursing. The Fellow has clinical responsibilities and is part of the treatment team in both SARRTP and ADTP. Under our supervised apprentice model, licensed doctoral staff model various roles common for staff psychologists and encourage Fellows to take on such roles themselves. These roles include those of clinician, researcher, manager, supervisor, and teacher.

GOALS

At the completion of their training, Fellows will be able to:

- Gain knowledge and comfort when conducting a comprehensive assessment related to substance use, psychiatric issues, and risk;
- Provide group and individual (both short- and long-term) therapy for individuals with substance use disorders in various levels of care;
- Provide treatment for co-occurring psychiatric disorders in individuals with a SUD;
- Provide consultation for treatment providers in multidisciplinary settings;
- Provide clinical supervision to junior trainees;
- Have an advanced awareness of, and skill level with, working with diverse clients and diversity issues in all aspects of clinical care and research;
- Have enhanced skills in developing and conducting research;
- Gain knowledge of program innovation, design, management, and/or evaluation in substance use disorder treatment
- Interact effectively with a multidisciplinary clinical treatment team.

TRAINING SETTINGS

- **Residential Treatment:** The Substance Abuse Residential Rehabilitation Program (SARRTP) offers six weeks of treatment for up to 20 male veterans at a time. The SARRTP is an abstinence-based residential treatment setting, and patients focus on group interventions to help make significant changes in their lives.
- **Outpatient Treatment:** The Alcohol and Drug Treatment Program (ADTP) provides individual and group therapy for female and male veterans who are motivated to work on making changes in their substance use. Treatment of SUDs in this setting may be abstinence-based or may take a harm-reduction approach. Often, individual therapy through ADTP also focuses on the treatment of co-occurring conditions related to the veteran's substance use, like PTSD.

TRAINING COMPONENTS

Fellows on this rotation will gain experience in the following activities:

- **Group Psychotherapy:** The Fellow will serve as a co-facilitator in a cognitive-behavioral, empirically-supported, Relapse Prevention (RP) group, which meets three times per week in the SARRTP. The opportunity to co-facilitate a DBT-based Mindfulness group in the SARRTP, with the rotation's predoctoral intern is also available. Additional opportunities to participate in group therapy are based upon the Fellow's selection of a Co-occurring Disorders elective training opportunity within the rotation (see below).
- **Individual Therapy:** The Fellow will conduct individual therapy with veterans receiving treatment in SARRTP and ADTP. Individual psychotherapy may target substance use via relapse prevention or harm reduction approaches and may include motivational enhancement. Individual therapy also frequent focuses on the treatment of co-occurring conditions (e.g., PTSD, emotion regulation deficits, etc.). Individual therapy may include delivery of empirically-based psychotherapies such as CPT, Seeking Safety, DBT, ACT, or MET.
- **Consultation:** The Fellow is an active participant in the SARRTP consultation/liaison team. Fellows complete comprehensive screening assessments to determine treatment recommendations (e.g.,

residential treatment versus outpatient treatment) and learns about the stepped care model. The fellow is an integral member of the Consultation and Admissions Team. This training offers the opportunity to interact with inpatient Psychiatry, Medicine, or other substance abuse treatment programs, at VA Boston, at other area VAs, and at non-VA facilities, as well as with the criminal and judicial systems.

PROGRAM MANAGEMENT, DEVELOPMENT, AND EVALUATION

The Fellow also has opportunities to apprentice in clinical program management, under the supervision of licensed staff as part of the Fellow's program management and development training. The Fellow may work on developing new groups for the SARRTP with the opportunity to develop program evaluations of these new groups. Fellows have assisted with developing outcome measures for both the SARRTP and the ADTP, which has helped to inform clinical services provided in these settings.

- **Teaching:** The Fellow delivers at least one didactic presentation for the SATP team (SARRTP and ADTP) during the training year. The Fellow also has the opportunity to provide lectures for Psychology Practicum Students, often on professional development topics.
- **Supervision Training:** The Fellow will assist in the supervision of a practicum level psychology trainee on two to four individual therapy cases under the direction and oversight supervision of a licensed psychologist. The Fellow participates in weekly group "supervision of supervision" with the predoctoral intern and with a licensed SATP psychologist. This component of the rotation provides the chance to learn skills to be able to supervise trainees. Fellows assist in review of student therapist audiotapes and in the oversight of clinical documentation. The Fellow also learns about how to write formal evaluations and deliver feedback to supervisees.
- **Staff Meetings:** The Fellow is considered an integral member of the SARRTP and ADTP multidisciplinary team. Frequent staff meetings provide an opportunity for a high level of Fellow involvement in treatment planning, which may include consultation with other services in the hospital and in development of appropriate aftercare plans.
- **Assessment:** The majority of training in assessment occurs via the eligibility screenings conducted for the SARRTP as part of the Consultation Liaison Team. The Fellow will also complete outpatient assessments with veterans coming into the ADTP and may be asked to complete additional, formal assessment batteries, often on current SARRTP patients, on an as needed basis. Often the focus of these assessments is diagnostic clarification and may include personality assessment, structured clinical interviewing for PTSD, or other symptom inventories. Training in risk assessment is also provided on this rotation.
- **Didactics:** The Fellow attends monthly didactic seminars with the full SARRTP and ADTP staff and the program's other trainees. Topics of the seminars vary from year to year but have often included discussion of empirically supported treatments for PTSD in veterans with SUDs; review of medications used to treat craving and psychiatric conditions in SUD patients; lethality assessment and suicide prevention; issues of diversity among substance-using veterans; neuropsychological correlates of substance use; and special topics, such as sex addiction, designer drugs, and toxicology screening.

ELECTIVE TRAINING OPPORTUNITIES IN CO-OCCURRING CONDITIONS

In addition to the above training components, Fellows in Addictions and Co-Occurring Disorders can personalize their training with additional experiences focused on the treatment of specific co-occurring conditions. The Fellow will have approximately 4-5 hours devoted to his or her chosen elective. The Fellow may select from one of the four electives below or submit a proposal for training in another co-occurring condition common to a SUD population. Some examples of possible electives include:

- ***Dialectical Behavior Therapy:*** Individual therapy cases, DBT skills group, and DBT Consultation Team. The DBT elective focuses on providing full-model, adherent DBT to veterans with SUDs who struggle with emotional and behavioral dysregulation and may benefit from the skills and structure provided by DBT. No prior experience in DBT is required for participation in this elective. The Fellow would receive training in assessment and conceptualization related to personality pathology and affect instability, as well as the comorbidity between personality disorders, SUDs, and related difficulties (e.g., trauma). The Fellow would also carry 2 individual DBT cases and have the option to co-lead a DBT skills group through the ADTP. Finally, the Fellow would participate in the VA Boston DBT Consultation Team. The Consultation Team consists of trainees and staff from multiple VA Boston clinics and meets weekly to provide didactics and case consultation, in order for team members to provide adherent DBT. By the end of the Fellowship with this elective, the Fellow would have advanced proficiency in the theory, coping skills, and therapeutic strategies utilized in DBT, with an SUD population.
- ***Motivation/MET:*** CBT-SUD Group and individual MI/MET cases. The Motivation/MET elective focuses specifically on working with the most ambivalent of our outpatient clients with the goal of helping them to implement change. In this elective, the Fellow would co-facilitate a weekly hour-long Early Sobriety group for individuals who are early in sobriety, struggling with changing their substance use, or pursuing a non-abstinence change plan. This group is designed to provide support for members and help veterans find motivation for making and sustaining changes to their substance use. This elective also includes delivery of individual motivational enhancement therapy (MET) to veterans ambivalent about change (approximately 2-3 cases). MET training will involve development of Motivational Interviewing skills and skill in delivery of structured substance use feedback.
- ***PTSD/SUD Treatment:*** PTSD-focused individual therapy cases and/or Trauma Coping Skills Group, program development, and psychological assessment cases. Approximately 75-85% of Veterans treated in the ADTP and SARRTP report a history of experiencing trauma and note that their substance use is often related to the sequelae of trauma. This elective focuses on the treatment of veterans who receive treatment in the SARRTP and ADTP for their substance use and have a history of both military and non-military related trauma. In this elective, the Fellow will complete diagnostic assessments of PTSD (e.g., CAPS-5, PCL-5, MMPI) and can choose the following options: 1) carrying a caseload of 3-4 individual therapy cases of Veterans who have been diagnosed with PTSD and a SUD, or 2) co-facilitate the SARRTP Seeking Safety group and carry an individual caseload of 2 cases. The focus of individual therapy will be to provide psychoeducation to Veterans about PTSD and the relationship between SUD and PTSD, to provide emotion regulation skills training, and to provide exposure-based treatment for PTSD. Treatments may include CPT, PE, Written Exposure Therapy, Adaptive Disclosure, COPE or other empirically-supported treatments. If the Fellow chooses to co-facilitate the SARRTP Seeking Safety group with the SATP intern, he or she will conduct one to two screenings per week for the group and conduct the weekly 90-minute group. There is the opportunity to teach about this topic in the Substance

Abuse didactic series and for program development to help to enhance the treatment of PTSD and SUD in the clinics.

- ***Behavioral Couples Therapy for Substances Use Disorders (BCT-SUD)***: Trainees will have the opportunity to learn an internationally recognized, empirically-supported Behavioral Couples Therapy specifically designed as an adjunctive treatment of substance use disorders. BCT-SUD clinicians work with Veterans and their partners to support the Veteran's abstinence and improve relationship functioning. Under the supervision of Dr. Poole, trainees will assess and treat one to two couples at any given time. The time commitment varies according to the trainee interest.

SUPERVISION

The Fellow in the JP VA Substance Abuse Treatment Program receives at least four hours of supervision per week. Current clinical supervisors in this rotation are as follows:

- ***Monica Roy, Ph.D.***, the Addictions Fellowship Track Coordinator, is an alumna of the SATP's internship and Fellowship training programs and is the Program Manager of the SARRTP and of the JP ADTP. Dr. Roy supervises the Fellow's Relapse Prevention group and the Mindfulness/DBT skills group. Dr. Roy has often also been a supervisor of the Fellow's SARRTP and JP ADTP individual psychotherapy and assessment cases. Her clinical supervision incorporates a focus on both cognitive-behavioral therapies as well as attention to process issues and interpersonal psychotherapy. Other training interests include working with veterans with trauma and personality disorders, and motivational interviewing.
- ***Anne N. Banducci, Ph.D.*** Dr. Banducci is a staff psychologist through the Alcohol and Drug Treatment Program, the Boston VA's Military Sexual Trauma Care Coordinator, and a Research Affiliate with the National Center for PTSD Women's Health Sciences Division. Additionally, she is an assistant professor at the Boston University School of Medicine. She has served as a consultant on the VA National MI/MET rollout and provides supervision in MI/MET to trainees. She has completed the DBT Foundational Training, is on the VA Boston DBT Consultation Team, and provides supervision in full model DBT to trainees. Dr. Banducci has a particular interest in understanding and treating co-occurring PTSD-SUD, which is reflected in her clinical work (completed the VA PE Rollout Training) and research (has 40+ peer reviewed publications). She supervises practicum students, interns, and fellows in the provision of EBPs, as well as on research projects.
- ***Deborah J. Brief, Ph.D.***, is a member of the leadership of Mental Health Service in VA Boston Healthcare System (VA BHS), and serves as Director of Residential and Rehabilitation Services in VA BHS. She is also the Director of a two-year Interprofessional Advanced Addiction Fellowship. Previously she served as a Program Manager for both residential and outpatient substance abuse treatment programs in VABHS and was the coordinator of substance abuse training experiences for interns and Fellows at the Boston site. An accomplished researcher, Dr. Brief has served as a co-principal investigator and co-investigator on several VA and extramural research grants and has presented and published articles on substance use and on addiction's interface with PTSD. She is currently investigating the effectiveness of technology-based interventions for addictions and PTSD. Dr. Brief has served as a research mentor for a number of our rotation's Fellows as well as a clinical supervisor for the Fellow's individual psychotherapy cases.

- **Gina Poole LaPosta, Ph.D.**, is a staff psychologist and PTSD-SUD specialist on the PTSD clinical team, the Alcohol and Drug Treatment Program, and the Center for Returning Veterans. She completed her internship and research fellowship at the VA Boston Healthcare System where she specialized in addictions and PTSD. Her primary clinical and research interests are in the areas of treatment engagement, intimate partner violence, PTSD, substance use, couple's treatment, and parenting. Dr. Poole provides supervision in the clinical internship and fellowship programs and has also provided mentorship and supervision in the Interprofessional Advanced Addiction Fellowship Program. She supervises a PTSD-SUD skills group offered jointly across the trauma recovery and substance use service sections as well as Behavioral Couples Therapy for Substance Use Disorders.
- **Travis M. Slesinski, Psy.D.** is the ADTP Program Manager at the JP campus. He completed his internship at the Hazelden Betty Ford Foundation in Center City, Minnesota and most of his training and professional practice has pertained to working with those who struggle with substance use disorders. He enjoys helping individuals with SUDs because the work is challenging, fulfilling, and rich with clinical experiences across the continuum of care that spans from outpatient to residential services. In turn, he supervises trainees with the hope of fostering their interests and skills in meeting the needs of this deserving population.

DIVERSITY FOCUS

The Addictions Recovery Fellowship, Jamaica Plain campus clinical Fellow trains within the SARRTP and ADTP where diversity issues are attended to regularly in training practicum students, doctoral interns, and postdoctoral Fellows in group and individual psychotherapy, assessment, and research with veterans' addiction issues and comorbid disorders. Supervisors create a collaborative space in which to discuss diversity as it relates to providing care, and regularly model consideration of diversity dynamics in conceptualizing cases and constructing intervention strategies and treatment plans. Trainees participate in intake interviewing for SARRTP (residential) and postdocs participate in intake interviewing for both the SARRTP and ADTP (outpatient) substance use treatment programs. In addition, trainees present their cases in weekly consultation and liaison team meetings. These meetings are designed to evaluate appropriateness of fit with programs but also to address matters of diversity that might arise while in treatment, and strategies for meeting the needs of patients from diverse backgrounds. The supervision and "supervision of supervision" experience in this track affords trainees unique opportunities to navigate topics of diversity as supervisors of masters-level and doctoral students. This experience allows trainees opportunity to develop their own style for incorporating topics of diversity within supervision and within their supervisee's clinical care and allows for examination of the interaction of the student supervisor's, the student supervisee's, and the supervisee's clients' diversity dynamics and how these influence case conceptualization, psychotherapy process/response to empirically-supported treatment, and psychotherapy outcome. The track's staff includes several of the founding members of the Psychology Service's Diversity and Inclusion Committee and consists of an interdisciplinary team from diverse backgrounds. The SATP offers monthly didactic seminars that factor in diversity issues in presenting topics relevant to the assessment and treatment of substance-using patients. A Substance Abuse Treatment Program Diversity Discussion group is offered once a month with substance abuse treatment staff from the SARRTP, ADTP, and the methadone clinic. This provides the opportunity to learn about providing culturally competent care for Veterans with substance use disorders at different levels of care and to receive and provide consultation to colleagues from various disciplines. In addition, in 2020, a Substance Use Treatment Diversity Discussion Group was developed. This group consists of staff and trainees from different disciplines who work in all of the substance abuse treatment programs at the Jamaica Plain campus including SARRTP, ADTP, the methadone clinic, and the addiction psychiatry training program.

The goal of this group is to provide a place for case consultation related to diversity factors as well as building cultural competence when treating Veterans seeking substance use treatment through different modalities of learning (e.g., didactics, reading and discussing journal articles).

RESEARCH

Fellows participate in 4 hours of research activities per week. Some current opportunities for Fellows include working on: program evaluation projects related to patient outcomes in residential and outpatient settings; developing and evaluating web and mobile based interventions for Veterans with alcohol problems and PTSD symptoms; working on outcome data related to the management of borderline personality features and PTSD symptoms in women with addiction issues; developing and testing diversity education programming for SATP patients and staff; and examining the effect of a clinical intervention on treatment follow-through amongst veterans completing detox. Fellows may take part in: grant writing and submission; web- and app-design; literature reviews; article and chapter writing; and/or program evaluation or performance improvement projects.

Behavioral Medicine

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Location: VA Boston Healthcare System
Jamaica Plain and Brockton Campuses

Number of Fellows: *Two full-time Fellows* are admitted each year.

OVERVIEW

Training within the Behavioral Medicine Program aims to prepare Fellows for specialized practice in Clinical Health Psychology by ensuring advanced skills in assessment, intervention, consultation, and research with medically compromised patients and those seeking to change health behaviors. Fellows will have the opportunity to develop these skills in many contexts (including outpatient mental health, primary care, and specialty medical clinics) using both face-to-face and telehealth modalities. Fellows will have flexibility in developing their training year to meet their training goals. There is an overarching emphasis on providing patient-centered care that is sensitive and culturally competent, reducing health disparities and promoting health for all populations, including those who are marginalized.

Our program is designed to be consistent with postdoctoral requirements for Board Certification in Clinical Health Psychology via the American Board of Professional Psychology (ABPP). The Behavioral Medicine Program at VA Boston is also proud to be a program member of the *Council of Clinical Health Psychology Training Programs (CCHPTP)* which promotes the advancement of education and training within the field of Clinical Health Psychology, demonstrating our commitment to the highest standards within the field.

Of note, Behavioral Medicine training at the postdoctoral level is a focus area (Track) within the APA accredited VA Boston Clinical Psychology Program. We are also in the process of seeking accreditation in the specialty practice area of Clinical Health Psychology. Fellows admitted to the Behavioral Medicine Track of the accredited Clinical Psychology Program will be required to meet competencies of both the accredited Clinical Psychology Program and competencies consistent with APA accreditation in Clinical Health Psychology, as described in the opening section of this brochure.

GOALS

The goal of the Behavioral Medicine Fellowship Track is to train Clinical Psychologists who meet advanced practice competencies in Clinical Health Psychology and who can function effectively as a professional Clinical Health Psychologist in a broad range of settings, including clinical services, research, and education. To reach this goal, the Fellows will select an array of clinical experiences where they have

interest to refine their skills in psychotherapy (individual, group, and/or couples), assessment, case conceptualization, treatment planning, culturally responsive care, administration, and interprofessional consultation/liaison. In addition to clinical training, Fellows will have the opportunity to develop skills in research, program development, program evaluation, leadership, and supervision, and gain knowledge and sensitivity around multicultural, ethical, and legal issues.

CLINICAL EXPERIENCES

Behavioral Medicine clinical training is offered across a number of settings through VA Boston. Treatment is geared toward helping Veterans cope effectively with medical illnesses and invasive treatments, assisting Veterans to change health compromising behaviors, encouraging treatment adherence, behaviorally managing chronic conditions, and enhancing overall quality of life. Treatment is evidence-based, and much of the clinical care on Behavioral Medicine is short-term, problem-focused, and based on a biopsychosocial framework, although there is also the opportunity to do less structured, longer-term treatment. Fellows will have opportunities to become proficient in the use of cognitive behavioral therapies (CBT), acceptance and commitment therapy (ACT), motivational interviewing (MI) and health coaching strategies. Of note, clinical care across all programming is offered within a culturally diverse and medically complex patient population, and Fellows will work with Veterans representing various service eras, ages, identities, and socioeconomic backgrounds. The majority of clinical programming is at the Jamaica Plain Campus, unless otherwise specified below.

The Fellows will collaborate with the Track Coordinator, and their primary supervisors to devise an individualized training plan that is based on the intersection of the Fellows' training goals and needs, professional interests, and available clinical experiences through the Behavioral Medicine program. Below, we describe the clinical experiences that are available to both Fellows throughout the training year. Of note, participation in each of these activities ranges from a few hours up to a full day per week, allowing Fellows to gain experience in a range of activities at once. In addition, Fellows have the option to complete a six-month or full year rotation within the areas listed below (except for the Assessment and Treatment Clinic, which spans the year), and can select additional elective clinical opportunities. In this way, Fellows have the flexibility to continue to achieve breadth of training within clinical health psychology, while also developing greater specialization within areas of interest. Fellows have significant input on developing their training experiences throughout the training year.

Both Fellows will have the opportunity to participate in the following clinical settings:

- **Assessment and Treatment Clinic:** Fellows gain advanced skills in conducting comprehensive, biopsychosocial assessments and intakes, case conceptualization, formulation of treatment recommendations, and individual therapy within this clinic for the full training year. In this clinic, Fellows provide short term, evidence-based treatment for patients referred to the Behavioral Medicine Service from across the healthcare system. Treatment in this clinic is geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment adherence, and enhancing overall quality of life. Although referrals are broad and varied in focus, common presenting diagnoses include: insomnia, cancer, vision difficulties, tinnitus and other hearing difficulties, diabetes, cardiac conditions, obesity, tobacco use, endocrine disorders, pulmonary conditions, chronic fatigue, and gastrointestinal conditions. Education and skill development specific to interprofessional collaboration and consultation are a

central focus in this clinic and cornerstones to providing high quality care. Opportunities for supervising a practicum student or clinical psychology intern exist through this clinic, as well. **Supervisors:** All Behavioral Medicine Staff

- **Behavioral Sleep Program:** Fellows have an opportunity to provide services for individuals who are suffering from insomnia and other sleep difficulties, including sleep apnea and circadian rhythm sleep disorders. Fellows learn how to conduct a focused sleep assessment, co-lead a sleep education group, provide cognitive-behavioral therapy for insomnia and address CPAP adherence. Former Fellows have taken advantage of opportunities to shadow sleep medicine doctors, as well as technicians in the sleep lab. There is also the opportunity to supervise other trainees as they lead the sleep group, or in conducting sleep assessments and individual cognitive behavioral treatment. **Supervisor:** Arielle Horenstein, Ph.D.
- **Cardiac and Pulmonary Rehabilitation Programs:** The Cardiac and Pulmonary Rehabilitation Programs are both interdisciplinary programs that provide services to patients who need physical, psychological, social, and nutritional rehabilitation due to disabilities resulting from cardiac disease (e.g., MI, angina, coronary artery bypass graft, or congestive heart failure) or pulmonary disease (e.g., COPD, emphysema, cystic fibrosis). The goal of both programs is to improve the patients' daily functioning through exercise, education, and cognitive-behavioral interventions. Fellows have an opportunity to co-lead groups that are part of a larger interdisciplinary rehabilitation program, including cardiologists / pulmonologists, nutritionists, physician assistants, respiratory therapists, occupational therapists, and exercise physiologists. In addition to honing group co-leadership skills and delivering CBT interventions, Fellows will learn skills in navigating delivery of services within a non-traditional setting (in an exercise room), "selling" mental health services to treatment naïve patients and interacting effectively with a host of busy disciplines. There are ample opportunities for interprofessional collaboration and interactions, including shadowing the other disciplines who provide care to the patients. Depending on interest and experience in this area, some past Fellows have supervised interns who co-lead these groups. **Supervisor:** Patricia Bamonti, Ph.D., ABPP
- **Pre-Treatment Evaluations:** Fellows will conduct biopsychosocial pre-treatment assessments. Most of the assessments conducted are for the transplant, transgender and gender diverse, and bariatric surgery programs, but requests for other types of pre-surgical or pre-treatment evaluations are also received. A team-based approach is used in this clinic, with a staff member conducting the first evaluation and designated trainees taking the lead thereafter, typically with a supervisor and other team members present. We believe that this training model maximizes opportunities to gain experience and build competence in conducting these evaluations. These evaluations are designed to assess appropriateness or readiness for a treatment or surgery and recommendations are made to enhance outcomes. Please see descriptions below for more information specific to each evaluation.
 - **Transplant Program:** The Fellows will have the opportunity to evaluate patients who are being considered for all solid-organ (kidney, liver, heart, lung) and stem-cell/bone marrow transplantation to determine their readiness for transplantation. There are also opportunities to evaluate living donors and family members who have been identified as transplant caregivers. Fellows gain knowledge about the medical aspects and process of organ transplantation and become familiar with the National VA Guidelines for Transplantation. Fellows learn how to write a comprehensive yet

focused report with very clear behavioral recommendations that is used by medical providers to make treatment decisions. The ethical implications of writing a report and making recommendations that have significant life or death implications for patients is a theme that is discussed regularly. There are many rich opportunities for interprofessional communication and collaboration when conducting these evaluations. VA Boston has recently become a Lung Transplant center, in collaboration with Brigham and Women's Hospital, and Fellows have the unique opportunity to attend weekly interprofessional listing meetings in conjunction with this program. In addition, neuropsychological testing is a component of these evaluations, and Fellows have opportunities to collaborate with the Neuropsychology team. As Fellows build confidence in their advanced skills in conducting evaluations and writing comprehensive reports, they have the opportunity to supervise evaluations led by Interns. **Supervisors:** Michelle Kovacs, Ph.D. and Arielle Horenstein, Ph.D.

- ***Gender Affirming Evaluations:*** Fellows have the opportunity to conduct pre-treatment evaluations for transgender and gender-diverse Veterans who are seeking gender affirming hormone treatment or surgery. The care provided is consistent with the standard of care recommended by the World Professional Association for Transgender Health (WPATH). Considerable attention is given to the importance of providing culturally competent care to this population of individuals who have well documented health and healthcare disparities. Fellows will learn to conduct standardized interviews to ensure that the candidates are well informed and adequately prepared for treatment. A detailed report is prepared with behavioral recommendations focused on enhancing readiness, removing barriers to care, and increasing the likelihood of positive outcomes. These reports are typically prepared for the medical providers who deliver transgender and gender-diverse care (e.g., endocrinology, surgery), so Fellows learn how to write a mental health report that is helpful for other providers. There is also the opportunity to participate in interprofessional transgender team (ITTT) meetings with providers from mental health, endocrinology, primary care, social work and speech therapy. By participating with this very active team, Fellows have many opportunities to provide LGBT education to other staff members and participate in outreach events. **Supervisors:** Michelle Kovacs, Ph.D. and Sarah Leone, Ph.D., ABPP
- ***Bariatric Surgery Program:*** Working closely with the interdisciplinary bariatric surgery team (i.e., surgeons, physician assistant, dietitian), the Fellows will have the opportunity to conduct comprehensive evaluations of patients being considered for bariatric surgery to determine their psychological readiness for the procedure. Based on these evaluations, Fellows will formulate tailored recommendations for patients and the treatment team about patients' preparedness for surgery and provide specific behavior changes that will be necessary pre-and post-surgery to maximize success and reduce risk. The Fellows will also have opportunities to provide short-term treatment to assist patients in making the necessary lifestyle changes both pre-and post-surgery, conduct brief post-surgical assessments to evaluate mental status and adjustment following surgery, co-lead Bariatric Support Groups for both pre- and post-operative patients, and participate in interdisciplinary treatment team meetings at the local and VISN levels. **Supervisor:** Sarah Leone, Ph.D., ABPP

- **Psychology Pain Management Clinic (Brockton Campus):** Fellows will be involved in all aspects of the Psychology Pain Management Clinic, including assisting with consult management, comprehensive assessment, and intervention (group and individual). Interventions center around short-term Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), based on the Evidence Based Practice (EBP) for Chronic Pain, with additional opportunities to infuse acceptance-based techniques. Fellows will learn advanced skills in delivering interventions that address the impact of pain on quality of life across various domains (e.g., emotional, physical, social), and enhance coping skills for managing chronic pain (e.g., taking an active approach to pain, engaging in healthy lifestyle behaviors, adapting to limitations while remaining engaged in valued activities). Opportunities for interdisciplinary collaboration are abundant, as this clinic receives consults from disciplines including Primary Care, Physical Therapy, Social Work and Mental Health (among others). Fellows may also have the unique opportunity to assist with organizing Interdisciplinary Pain Panel sessions (e.g., Pharmacy, Nutrition, Physical Therapy, Neuropsychology), which are offered to Veterans who attend the CBT-CP Group. Finally, there may be opportunities for program development and supervision of Interns in this clinic. **Supervisor:** Michelle Kovacs, Ph.D.

Fellows may elect to participate in the following clinics/groups/programs:

- **End Stage Renal Disease Program:** Fellows have the opportunity to serve as a liaison from Behavioral Medicine to the Renal Service and Hemodialysis Unit. Issues addressed with the renal population include adherence to treatment and dietary restrictions, needle phobias and other anxiety reactions, death and dying, coping with a chronic illness, quality of life, family issues, and affective disorders. The model of care in this program is consistent with a consultation liaison approach where care is typically delivered at bedside, while patients are receiving dialysis. This unique experience of working in the context of a critical care unit allows Fellows to learn how to deliver care alongside medical care providers. As the primary liaison from Behavioral Medicine on an interprofessional treatment team with members from social work, nutrition, nursing and medicine, Fellows attend the monthly team meetings where they directly contribute to the individualized treatment plans of all dialysis patients. **Supervisor:** Arielle Horenstein, Ph.D.
- **Healthy Coping and Wellness Groups:** The Behavioral Medicine Program runs different groups that are designed to promote adaptive coping and effective management in the context of chronic illness and/or stress. Fellows may co-lead these groups with more junior trainees, and/or staff (in the case of the Medical Issues Group). In each of these groups, co-leaders learn group management skills and best practices as it pertains to co-leadership. Importantly, Fellows typically provide supervision to more junior trainees in the Coping with Health Conditions Group (under the supervision of licensed psychologist, Amy Silberbogen, Ph.D., ABPP). This is a rich opportunity to gain experience providing group supervision. See below for additional information regarding Supervision of Supervision training.

The following groups are conducted regularly:

- **Coping with Health Conditions Group:** The Coping with Health Conditions Group is a five-week manualized group for medical patients who could benefit from learning how to cope more effectively with their chronic disease. Patients learn cognitive-behavioral strategies to

address their negative thoughts and learn ways to cope more effectively with their medical illness. Co-leaders learn skills in providing cognitive-behavioral treatment in the context of medical illness to patients with a variety of chronic illnesses. **Supervisor:** Behavioral Medicine Staff

- **Medical Issues Group:** This is an educational/support group for individuals with major medical issues who have typically gone through other Behavioral Medicine programming and are interested in longer term treatment. The focus of this ongoing group is to learn to live a high-quality life, despite having medical issues. Although less structured than the other groups, a topic is covered each week that focuses on helping individuals find adaptive ways to cope with their medical conditions and treatments with the goal of enhancing their quality of life. Fellows can develop and deliver curriculum that is tailored to the group's interests and needs, and also have opportunities to interact with and learn from a broad range of professionals from other services who come as guest speakers to the group. **Supervisor:** Arielle Horenstein, Ph.D.
- **Diabetes Shared Medical Appointment (SMA):** There may be opportunities for Fellows to participate in a Diabetes SMA during the course of the training year. SMAs are medical visits in which Veterans meet in a group format with multiple providers from different disciplines, including a prescribing provider. This innovative approach to healthcare brings Veterans with similar needs together, while receiving intervention from all disciplines involved. The Diabetes SMA is currently a six-session group run by psychology, nutrition, and pharmacy, focused on improving patients' diabetes self-management. Fellows training in this setting would have the opportunity to intervene directly with behavioral health skills, develop evidence-based diabetes group content, as well as learn how to co-facilitate these interprofessional interventions. **Supervisor(s):** Rebecca Ametrano, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D.
- **MOVE! Weight Management Program:** MOVE! is a national weight management program developed by VA to facilitate the development of self-management skills for Veterans diagnosed with obesity or Veterans who are overweight with high-risk comorbidities. The VA Boston MOVE! Program is an interdisciplinary program that offers ongoing psychoeducation and self-management groups co-led by Behavioral Medicine staff, primary care dietitians, and physical therapists. Fellows can participate in the structured, evidence-based, 16-week weight management group and/or the less structured, ongoing weight maintenance group (MOVE! Alumni Group) for Veterans who have completed the 16-week program. In both settings, Fellows will develop skills in offering psychoeducation specific to healthy eating and lifestyle change, self-management skills to support weight loss and healthy living more generally, as well as health coaching and motivational interviewing within a group context. Fellows involved in this program will gain experience conducting cognitive-behavioral interventions to facilitate weight loss and health promotion within an interdisciplinary environment, and there are many opportunities for clinician coaching, interdisciplinary consultation, program development and evaluation, and supervision of junior colleagues in this clinic. **Supervisor(s):** Rebecca Ametrano, Ph.D., Sarah Leone, Ph.D., ABPP, Morgan McGillicuddy, Ph.D.
- **Sexual Health Clinic:** Fellows who elect to participate in the Sexual Health Clinic will have the opportunity to receive unique and specialized training within sexual health, an important area of functioning that is often neglected within mental health and medical settings. Fellows

will receive education and training regarding sexual difficulties that impact male and female Veterans, as well as important considerations in talking with patients about such a personal topic. Fellows will learn to conduct a biopsychosocial intake with Veterans referred for difficulties with sexual functioning (through observing the supervisor and, subsequently, being observed), and develop skills in case conceptualization, and formulation of treatment recommendations. Interdisciplinary interactions may include consultation with endocrinology, urology, physical therapy, and/or primary care. Fellows may also pick up sex therapy cases (individual and/or couples) to provide cognitive-behavioral treatment to address the presenting difficulty. Past Fellows have participated in didactic training for medical residents about sexual functioning. **Supervisor:** Amy Silberbogen, Ph.D., ABPP

- **Tobacco Cessation Program:** The Fellows have the opportunity to provide tobacco cessation services in a group format, working in collaboration with other psychology staff and at times, with pharmacy staff. The Tobacco Cessation Program utilizes an evidence-based (e.g. cognitive behavioral, motivational enhancement), interdisciplinary approach to helping Veterans develop personalized SMART goals and quit plans, manage triggers and corresponding urges to use tobacco products, and develop strategies for relapse prevention. The format of the group is unique, blending a drop-in group format (to facilitate immediate access to Tobacco Cessation services) with a core curriculum of evidence-based topics. Fellows may have opportunities to collaborate and interface with providers from Pharmacy and therefore trainees become well-versed in pharmacological interventions for tobacco cessation. There are opportunities for program development and supervision of trainees (Psychology Interns and/or Practicum students) in this program. **Supervisor:** Michelle Kovacs, Ph.D.
- **Integrated Primary Care Behavioral Health (PCBH):** The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. The Fellow will receive training in a full range of duties and responsibilities typical of primary care behavioral health providers. These include brief psychosocial assessment, consultation and liaison with primary care providers, triage and/or brief treatment of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, chronic pain, insomnia, adjustment to chronic illness, poor control of chronic disease, poor adherence to treatment regime or suggested lifestyle modifications, substance use disorders). Evaluation and treatment in PCBH are necessarily brief, with a focus on identifying key issues of concern to the primary care patient and on improving functioning, rather than on symptom remission. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement) for brief mental health and behavioral medicine treatment. Therapies offered in PCBH include brief versions of CBT-I, CBT-CP, CBT for sexual dysfunction, PE for Primary Care, as well as CBT, ACT, and DBT-informed interventions for other MH conditions. Communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and management of risk. Fellows may also have the opportunity to conduct joint visits or shared medical appointments with medical staff or residents. The Fellow will work in the clinic for a half day at the Brockton or Jamaica Plain site. **Supervisors:** Kristin Gregor, Ph.D., Stephanie Grossman, Ph.D., Nora Keenan, Ph.D., and Sarah Weintraub, Ph.D.

- **Whole Health and Motivational Interviewing Education and Consultation:** The Veterans Health Administration (VHA) is currently undergoing a national system-wide redesign effort shifting Veteran healthcare to an approach called Whole Health (WH). A critical component of this effort is to train and support staff in developing skills in Whole Health Clinical Care and patient-centered communication. Fellows have the option to gain experience in developing and facilitating trainings and workshops in related domains such as Motivational Interviewing, Whole Health (WH) interdisciplinary practice, and employee well-being for facility-wide audiences. There may also be opportunities to offer individual and group-based clinician coaching and consultation to interdisciplinary staff following these offerings to support skill application and utilization of these approaches with professional practice across clinical services. This elective does not focus on the provision of clinical care. Instead, it offers Fellows the unique opportunity to apply their specialized skillset in assisting and supporting interprofessional staff with applying patient-centered principles within their own professional practice and lives. **Supervisor(s):** Rebecca Ametrano, Ph.D. and Morgan McGillicuddy, Ph.D.

LEADERSHIP AND PROGRAM ADMINISTRATION

The Fellows will develop competency in leadership within the field of health psychology, through their involvement in clinical program administration and in coordination of team meetings. The Fellows will have the opportunity to be the “face” of Behavioral Medicine by managing the Behavioral Medicine consult service during their training year. The aim of this opportunity is to provide Fellows with experience in administering the Behavioral Medicine clinical program so they have a greater understanding of how such a program fits within a larger healthcare system. With training and supervision (often “on the fly” as consults come in, in addition to regularly scheduled meetings), Fellows gain administrative skills and competencies in managing clinic patient flow, providing assessment and triage, consulting with referring parties from all disciplines, and assigning patients to staff and other trainees. They also learn about compliance with local and national performance measures and documentation requirements. These skills are essential for anyone interested in developing and/or leading behavioral medicine programming in the future. Additionally, the Fellows will take on the leadership role of coordinating and facilitating the weekly Behavioral Medicine team meeting (see below for description). In this role, the Fellows will collaboratively plan the agenda for meetings and arrange for didactic presentations by outreaching to potential speakers and coordinating scheduling. They will also facilitate these meetings using the planned agenda or by introducing invited speakers and facilitating discussion or question and answer segments. In both of these clinical and administrative leadership roles, the Fellows will develop leadership skills necessary to enhance our program’s clinical practice and educational programming in clinical health psychology. **Supervisors:** Michelle Kovacs, Ph.D., Arielle Horenstein, Ph.D., Sarah Leone, Ph.D., ABPP, and Amy Silberbogen, Ph.D., ABPP.

DEVELOPMENT OF SUPERVISORY SKILLS

The Fellows will develop competency in providing supervision to more junior trainees (under the supervision of licensed psychologists) during the course of their Fellowship year. Fellows will have the opportunity to learn how to be a supervisor across many different contexts (group treatment, individual treatment, and assessment/intakes) with different levels of trainees (practicum students and clinical psychology interns), and is inclusive of medical documentation (e.g., note and report writing, administrative follow through). Supervision of supervision consists of active review of the

APA Guidelines for Clinical Supervision in Health Service Psychology, and application of these guidelines within their supervisory relationships with more junior trainees. Fellows actively participate in supervision of supervision, reviewing topics such as managing the imposter syndrome, maintaining boundaries, managing trainees with competence or behavioral difficulties, incorporating diversity, and providing feedback, among others. A licensed psychologist will observe Fellows as they provide supervision to more junior trainees throughout the course of the year. This rich supervisory experience will leave Fellows prepared to take on supervisory roles upon program completion. **Supervisors:** Amy Silberbogen, Ph.D., ABPP

STAFF TRAINING

Fellows can engage in various training and teaching activities, including teaching psychology trainees and interprofessional medical center staff. For example, Fellows regularly facilitate Behavioral Medicine didactics through the educational series offered to our predoctoral interns and practicum students. In the past, Fellows have presented on a range of topics that include: Cognitive Behavioral Therapy for Insomnia, Weight Management, Stress Management and Mindfulness Training. Fellows will have the opportunity to present on behavioral health topics during various staff meetings across medical clinics. Please see the elective Health Behavior Coordinator Experience section for additional information about staff training opportunities. **Supervisors:** All Behavioral Medicine Staff

TEACHING METHODS

There are several methods that are used to train the Behavioral Medicine Fellows, and they include the following:

- **Behavioral Medicine Team Meeting (30 minutes weekly):** The Behavioral Medicine Team Meeting is facilitated by the Fellows and attended by all Behavioral Medicine trainees and staff psychologists. The Fellows also take an active role in organizing and planning the agenda for the meeting during the week by soliciting announcements, questions, and topics for discussion from team members. The meeting is a venue for discussing clinical cases, ethical issues, research progress, and current/cutting-edge issues in behavioral medicine. As an example, the rapid shift towards providing Veterans with greater options of receiving care using telehealth modalities has been addressed regularly in this meeting, and training is provided on how to use these approaches safely and effectively.
- **Behavioral Medicine Didactics (60 minutes weekly):** In addition to our weekly team meeting, the Fellows also plan and facilitate Behavioral Medicine Didactics, by inviting speakers to present on topics of interest and relevant for the team. Speakers may be Behavioral Medicine staff or trainees, or VA Boston staff from other departments. Fellows are also invited themselves to present on topics based on their interests and expertise. Occasionally, visiting experts may be invited to present their research and/or clinical expertise as a part of this didactic series. Diversity issues are routinely integrated into our didactics series, and we reserve at least one didactic each month to focus on a diversity-related topic. Recent discussions and article reviews within our diversity series have included: a cultural show and tell, addressing racism and intolerance in the context of treatment, sexism within the VA, and providing culturally responsive care for transgender and gender-diverse Veterans.

- **Specialty Clinic Team Meetings:** As indicated in many of the clinical program descriptions above, Fellows have the opportunity to participate in several treatment team meetings with staff from various disciplines. During these meetings, Fellows will learn about chronic conditions from professionals across disciplines (e.g., nurses, physicians, dietitians, pharmacists, social workers), develop interprofessional treatment plans, learn about practice issues relevant to staff in these clinics, conduct presentations, and learn to work effectively on teams with multiple disciplines.
- **Didactic Instruction:** Didactic instruction is interwoven into the Fellowship year in multiple ways. The Behavioral Medicine weekly team meeting and didactic series (described above) incorporates didactics on various topics germane to functioning as a clinical health psychologist, particularly at the start of the year as trainees are learning more about programming and interventions with our patient population. We invite internal guest speakers throughout the year to provide education to the team about their areas of expertise (e.g., suicide prevention, tinnitus management, behavioral sleep treatment). Because the Fellows provide clinical services and consultation in various specialty clinics, they also participate in relevant didactic trainings at the beginning of their experience within each of those clinics.
- **Supervision:** Dr. Sarah Leone is the Director of the Behavioral Medicine Program and provides leadership for the postdoctoral training program in Behavioral Medicine as the Track Coordinator. Each Fellow will be assigned a primary supervisor who will oversee their training experience, while also being supervised by other staff psychologists for each clinical activity. In addition, the Fellows will have opportunities to work closely with professionals from other disciplines with different areas of expertise, which facilitates mutual learning and mentorship. The Fellows will receive both individual and group supervision throughout the year, and clinical, career development, and research issues are key components of the supervision experience in Behavioral Medicine. Fellows have opportunities to directly observe licensed staff psychologists in practice. For example, Fellows will watch licensed psychologists conduct various evaluations (e.g., pre-treatment, pre-surgical, pain, sexual health) or engage in other clinical or professional activities, and senior staff may co-lead a group with the Fellows. **Supervisors:** All Behavioral Medicine Staff

DIVERSITY FOCUS

Within the Behavioral Medicine Program, we work with a wide range of clinical populations who present for treatment with complex medical comorbidities and/or disabilities. We are uniquely poised to consider health factors and the ways in which illness impacts functioning, psychological health, access to medical care, ability to work, relationships, quality of life, and many other factors. We consider Veteran status and era to be a diversity variable and ensure that early training opportunities include education about these factors. The majority of our patient population is also economically disadvantaged, and we regularly discuss how this impacts everyday functioning and health behaviors. Race, race-based discrimination and equity in healthcare (access, health outcomes, etc.) are important themes that are addressed during our team meetings, as well as during supervision. We also offer specific training opportunities with marginalized communities, including developing cultural competence in delivering care to transgender Veterans. Within the realm of training and educational opportunities, we hold monthly discussions during our team meetings in which we focus on cases or topics that highlight issues of diversity. Within supervision,

we foster an open and accepting supervisory experience to encourage trainees to explore and discuss case conceptualizations that are inclusive of diversity issues. We also routinely address and encourage sensitivity to differences between ourselves and our patients, and encourage trainees to use the Veterans' lens, taking a patient-centered approach to assessment and treatment. Finally, our staff and trainees routinely facilitate trainings and clinician coaching throughout the medical center that incorporates diversity variables and evidence-based guidelines with the goal of helping clinicians to develop cultural competence and ameliorate health disparities among various groups.

RESEARCH

Involvement in clinical health psychology research is an integral part of the Fellows' training. There are many opportunities to participate in research and program evaluation projects related to behavioral medicine, both within and outside of the Behavioral Medicine Program. When Fellows arrive at VA Boston, they will receive a comprehensive list of existing projects and research opportunities available across the healthcare system. The Fellows will be encouraged to identify research activities that will expand their current skill set and are expected to devote four hours per week to this endeavor. Of note, this four-hour block is protected in their schedules, and is considered when planning the Fellows' clinical activities throughout the year. Fellows may choose to participate in projects led by Behavioral Medicine core supervisors but are welcome to work with investigators outside of the Behavioral Medicine Program, as well.

Recent graduated Fellows have been involved in the following research projects:

1. Involvement in an RCT evaluating the effectiveness of novel interventions (i.e., Tai Chi and Wellness groups) for Gulf War Illness. Fellows have participated by running groups, conducting smaller pilot studies, running analyses and presenting data at National conferences and in publications. (Mori)
2. Program evaluation of the Pulmonary Rehabilitation Program, including analyzing pre- and post- rehabilitation data. The Fellow submitted findings to a conference and/or journal. (Silberbogen)
3. Development of a national survey to assess current practices in internship didactics; data has been presented at three conferences and has been published. (Silberbogen)
4. Development of a manuscript focused on talking with patients about sexual functioning and health. (Silberbogen)
5. Program evaluation of the Medical Issues Group using qualitative methods. The results of this evaluation were written up for publication by a Fellow. (Mori & Kovacs)
6. Program evaluation of the Brief Behavioral Sleep group using both quantitative and qualitative methods. The results of this evaluation were presented locally and are being used to enhance current programming. (Mori & Kovacs)
7. Development and submission of several small VA grants. An example is a VA Innovation Grant that was obtained by Fellows to purchase iPads for dialysis patients to improve their overall satisfaction and adherence to dialysis treatments and enhance their quality of life. (Mori)
8. With support from Research Administration, Fellows developed a training program for research assistants to address participant perpetrated harassment. Fellows have also been

involved in presenting program evaluation data from this training program in manuscripts and at National conferences. (Mori)

9. Development of manuscripts using data from a completed clinical trial of an internet-based CBT for chronic pain program for veterans. (Higgins)

Selected recent publications from our **staff** (highlighted). Former trainees are marked with an *:

- Ametrano, R. M., & McGillicuddy, M. L.**, Sanyal, S., & Topor, D. (2022). Training interprofessional staff in whole health clinical care at the Veterans health administration. *Global Advances in Health and Medicine*, 11, 1-5.
- Bamonti, P. M.**, Wiener, C. H.,* Weiskittle, R. E.,* Goodwin, C. L.,* **Silberbogen, A. K.**, Finer, E. B., & Moy, M. L. (2023). The impact of depression and exercise self-efficacy on benefits of pulmonary rehabilitation in veterans with COPD. *Behavioral Medicine*, 49(1), 72-82.
- Bamonti, P. M.**, Boyle, J. T.,* Goodwin, C. L.,* Wan, E. S., **Silberbogen, A. K.**, Finer, E. B., & Moy, M. L. (2022). Predictors of outpatient pulmonary rehabilitation uptake, adherence, completion, and treatment response among male US veterans with chronic obstructive pulmonary disease. *Archives of physical medicine and rehabilitation*, 103(6), 1113-1121.
- Bamonti, P. M.**, Robinson, S. A., Wan, E. S., & Moy, M. L. (2022). Improving physiological, physical, and psychological health outcomes: a narrative review in US Veterans with COPD. *International Journal of Chronic Obstructive Pulmonary Disease*, 1269-1283.
- Bamonti, P. M.**, Perndorfer, C.*, Robinson, S. A., Mongiardo, M. A., Wan, E. S., & Moy, M. L. (2023). Depression Symptoms and Physical Activity in Veterans With COPD: Insights From a Web-Based, Pedometer-Mediated Physical Activity Intervention. *Annals of Behavioral Medicine*, kaad026.
- Goldblatt, A. E. A., **Bankoff, S. M.**, Katz-Wise, S. L., & Pantalone, D.W. (2022). A heavy burden: Associations between sexual minority status, mental health, and BMI in women. *Journal of Clinical Psychology*, 78(11), 2180-2196.
- Goodwin, C.L.,* Driver, J.A., Shipherd, J.C., Yeterian, J.D.*, & **Mori, D.L.** (2021). *Fallen between the cracks: Protecting research-staff from participant-perpetrated harassment*. Journal of Empirical Research on Human Research Ethics. Advanced online publication. <https://doi.org/10.1177/15562646211028010>
- Joyner, K. J., Anderson, L. M., Bekele, B. M., Callahan, J. L., Egbert, A. H., Grus, C., Hill, K., Keilin, G., Lopez, G., Mehta, T., Sequeira, S. Siegel, W., **Silberbogen, A. K.**, Strauman, T. J., Vas, S. N., Wall, J., Washburn, J. J., Yee, C. M., & Teachman, B. A. (*accepted*). Exploring different visions for the future of Health Service Psychology Internships: Reports from an Initial Stakeholder Meeting. *The Behavior Therapist*.
- Kovacs, M. A.**, Palmer, A.M, Correa, J.B. & Brandon, T.H. (2018). Smoking by young women with restrained eating following a food prime in the context of an alternative distractor. *Experimental and Clinical Psychopharmacology*, 26, 2, 186-194.
- Mori, D. L.**, Smidt, K.,* Brown, L. G.*, Pless Kaiser, A., Weinstein, E. S., & Niles, B. L. (2019). Acceptability of a wellness group program for Veterans with symptoms of PTSD. *Global Advances in Health and Medicine*, 8, 1-5. doi:10.1177/2164956119867048

- Niles, B.L., Williston, S. K.*, & **Mori, D. L.** (2020). Mindfulness Approaches to Treating Complex PTSD. In C. Courtois & J. D. Ford (Eds.), *Treating Complex Traumatic Stress Disorders 2nd Edition*. New York, NY: Guilford
- Parrilla, D., **McGillicuddy, M. L.**, Bihday, C., Brault, M. E., Czepiel, T., Gonzales-Harsha, A., Hunt, C., Johnson, A.G., Laudermitth, A., Ngo, T.A., Schneider, M., Smart-Perille, H. R. (2021). Clinician wellness – self-care for staying healthy: Implementation of a wellness calendar and programming for healthcare workers in response to COVID-19. *Alternative and Complementary Therapies*, 168-170.
- Reese Akcakaya, R. L* and **Mori, D. L.** (2020). The Assessment of Readiness and Consent for Hormone Therapy: A Semi-Structured Interview for use with Transgender and Gender Nonconforming Individuals. *Psychosomatics*. Advanced online publication. <https://doi.org/10.1016/j.psym.2020.02.008>
- Shah, J.*, **Kovacs, M.**, & **Mori, D.** (2023). An open group for patients with various chronic illnesses: A qualitative case evaluation. *International Journal of Group Psychotherapy*, 73, 1, 44-68, DOI: [10.1080/00207284.2022.2154674](https://doi.org/10.1080/00207284.2022.2154674)
- Silberbogen, A. K.**, Aosved, A. C., Cross, W. F., Cox, D. R., & Felleman, B. I. (2018). Postdoctoral training in health service psychology: Current perspectives in an evolving profession. *Training and Education in Professional Psychology*, 12, 66-73. <http://dx.doi.org/10.1037/tep0000182>
- Silberbogen, A. K.**, Self, M., and Aosved, A. (2022). Advanced Competency Development in Health Service Psychology Postdoctoral Training: Principles and Defining Characteristics for Program Design. *Training and Education in Professional Psychology*, 16 (2), 158-165. <https://doi.org/10.1037/tep0000391>
- Self, M.M., Aosved, A., **Silberbogen, A.K.** (2022) 2.08. Postdoctoral Training: Preparation for Professional Practice. In: Asmundson, G.J.G. (Ed.), *Comprehensive Clinical Psychology*, 2nd edition, vol. 2. Elsevier, pp. 75–84.
- Schmitt, A. J., Hayburn, A., Pardej, S. K., Davantes-Heckman, B., Hughes, T. L., Jahn, A., Selby, E. A., **Silberbogen, A. K.**, Vas, S., & Ponce, A. N. (*in press*). Fostering Socially Responsive Staff Supervision and Evaluation in Health Service Psychology. *Professional Psychology Research and Practice*.
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Geropsychology

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Location: VA Boston Healthcare System
Brockton and Jamaica Plain Campuses

Number of Fellows: *Two full-time Fellows* are accepted each year.

OVERVIEW

The program aims to train Fellows for specialized practice in Geropsychology by becoming independently practicing psychologists with expertise in assessment, intervention, consultation, and research with older adults, their families, and related care systems. Our program is designed to be consistent with the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA, 2013), the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009), and the Fellowship requirements for Board Certification in Professional Geropsychology via the American Board of Professional Psychology (ABPP). Our Geropsychology training program won the Excellence in Geropsychology Training Award given by the Council of Professional Geropsychology Training Programs in both 2017 and 2018.

GOALS

The goal of the Geropsychology Postdoctoral Fellowship track is to produce independently functioning professional psychologists who achieve a proficient level of competence in the majority of attitude, knowledge, and skill competency areas deemed important for geropsychology practice by experts in the field. Many prior Fellows have had extensive geropsychology training in graduate school and internship, while others have come from backgrounds in behavioral medicine, integrated care, or neuropsychology and solidify their professional aging-focused identities while on Fellowship. The Geropsychology program embraces the four core components of the Fellowship's postdoctoral training model: nurturing unique personal attributes of each Fellow; modeling a scientist-practitioner model of training; providing a range of training settings to allow both breadth and depth of training; and encouraging Fellows to develop confidence in collaborating and consulting with other disciplines in multidisciplinary and interprofessional care environments. Further, geropsychology training emphasizes the diversity of experience of older adults, the complex ethical dilemmas that can arise in geriatric care, the importance of advocacy for clients' needs, and the consolidation of the Fellow's professional identity as a geropsychologist.

Training objectives include development of clinical competencies in the following areas:

- Clinical care across several settings that serve a diverse population of older adults;
- Psychodiagnostic interviews and differential diagnosis with older adults with complex medical, psychiatric, cognitive, and social comorbidities;
- Psychotherapy with older adults in individual and group modalities;
- Collaboration with interprofessional health care teams;
- Collaboration with psychiatric prescribers;
- Consultation and staff education on psychological/behavioral issues;
- Cognitive evaluations and recommendations to teams;
- Evaluations of decision making capacities;
- Comprehension, application, and dissemination of clinical geropsychology research base;
- Geropsychology program development and evaluation, research, and/or quality improvement;
- Supervision of junior trainees working with older adults;
- Administration/leadership in clinical, didactic, and/or research team settings.

CLINICAL SETTINGS

Geropsychology training is offered across seven possible rotations. The amount of time spent weekly in each setting is determined by an initial assessment of the trainee's learning needs, professional interests, and supervisor availability. Fellows work with the track coordinator to design a program that includes training in three major competency areas (i.e., intervention, assessment, and consultation), with the possibility of a continuity experience (i.e., a geropsychology rotation/experience that spans across the entire year of training). Trainees complete no less than three rotations during the year, and it is recommended that they work in no more than three settings at a time. **All Fellows are required to complete a major rotation in Outpatient Geriatric Mental Health for a minimum of 6 months or a minor rotation for 12 months.**

Note: ** indicates primary Geropsychology rotations than can be chosen as a continuity experience.

**** Geriatric Mental Health Outpatient Clinic:** Based at the Brockton and Jamaica Plain campuses, this outpatient clinic provides psychodiagnostic assessment, psychotherapy (individual and group) and psychopharmacology services to older Veterans with a wide range of medical, neurological, and psychological/psychiatric comorbidities. Collaborative, interprofessional care is emphasized. Fellows attend a weekly interprofessional team meeting and often collaborate with primary care, social work, dementia care coordination, psychiatry, and specialty providers. Fellows complete at least one psychodiagnostic intake assessment each month. Fellows lead or co-lead at least one time-limited psychotherapy group. Examples of time-limited groups that have been offered in the clinic are acceptance and commitment therapy, bereavement, aging and memory, cognitive behavioral therapy for insomnia, trauma and aging, mindfulness, and guided autobiography. Fellows are also encouraged to develop and/or implement new groups. Additionally, Fellows will supervise predoctoral interns and occasionally have the opportunity to supervise a psychology practicum student. **Supervisors:** Patricia Bamonti, Ph.D., ABPP, Jacqueline Gurevitch, PsyD, Tessa Lundquist, PhD, and Jennifer Moye, Ph.D., ABPP

****Community Living Center (CLC):** Based at the Brockton campus, the Community Living Center is a four-unit, ~100 bed inpatient facility that includes an active 60 bed sub-acute rehabilitation service,

long-term care, hospice and palliative care, and a caregiver respite program. The facility serves a broad mix of mostly older, medically frail, and psychiatrically and/or cognitively impaired residents. In this setting, the mental health team (psychology and psychiatry) operates as a consult-liaison service, responding to consults in the CLC. The Fellow has the opportunity to work with interprofessional teams in both long-term care and rehabilitation settings providing assessment (cognitive and capacity), intervention, consultation, behavior management, and staff education. Those with an interest in hospice and palliative care may elect to participate in a focused rotation in the inpatient hospice and palliative care unit. In this role, there is the opportunity to serve as the primary Mental Health consultant to the unit, attend weekly team meetings and provide a range of services to Veterans and their families, including support, psychoeducation, therapy, assessment, and behavior management. In the CLC, Fellows may gain experience providing clinical supervision to predoctoral interns and engage in administrative opportunities managing the CLC consult point. **Supervisor: Kelly O'Malley, Ph.D.**

As part of the CLC rotation or as a stand-alone training experience, fellows can participate in the **Behavioral Management** rotation. The Behavioral Management rotation offers an opportunity to learn an evidenced-based intervention for the management of challenging behaviors in individuals with neurocognitive disorders or other mental health conditions that can interfere with medical care and discharge. The Fellow will work closely with the Behavior Recovery Outreach (BRO) Program and the Psychiatry Consultation-Liaison team in an acute care medical setting at the West Roxbury campus. Fellows will complete STAR-VA certification training and work with the Veteran, family, and an interdisciplinary team to develop behavior plans designed to reduce Veteran distress and disruptive behaviors. **Supervisor: Julie Boyle, PsyD., DBSM**

****Home Based Primary Care (HBPC):** Based out of the Brockton and Jamaica Plain campuses and at the Lowell and Plymouth Community-Based Clinics, these four interprofessional teams provide patient-centered assessment and treatment to home-bound Veterans and their caregivers. The goal of the program is to improve access to care and reduce health disparities for Veterans with chronic and end-stage medical conditions such as heart failure, COPD, ALS, and neurocognitive disorders. The HBPC Psychologist plays a key role on the integrated health care team. This population has complex care needs, allowing Fellows to consolidate skills learned in other settings. The HBPC rotation is tailored to the Fellow's preferences and training goals, with an emphasis on advanced geropsychology skills: in-home interventions, interprofessional consultation, and capacity assessment. Interventions provided may include brief individual psychotherapy (e.g., Problem Solving Therapy), caregiver education and skills training, and telephone/virtual groups for patients and caregivers. All face-to-face visits are done jointly with supervisors. Fellows participate in weekly interprofessional team meetings, present cases, collaborate on patient-centered care plans, and supervise geropsychology interns. **Supervisors: Tara McBride Afonso, Psy.D, Katie Mendoza, PsyD, and Michelle Mlinac, Psy.D., ABPP**

PTSD and Aging: Based within the Outpatient Geriatric Mental Health (Brockton campus) and the PTSD Clinic (Jamaica Plain campus), this minor rotation provides specialty training in the treatment of PTSD in older adults and related processes (Late Adulthood Trauma Re-engagement). Fellows receive training in the delivery of Cognitive Processing Therapy (CPT) with older adults and group psychotherapy for Veterans with PTSD symptoms. As part of this experience, Fellows must commit to attending the two-day CPT workshop held in the fall and attend weekly CPT case consultation. Two completed CPT cases are required to receive official certification in CPT. However, successful graduation is not dependent on completing certification. Fellows who select to rotate in this setting will carry a caseload of two individual cases and co-lead at least one group focused on PTSD and late

life (e.g., Trauma and Aging group). **Supervisors:** Anica Pless Kaiser, Ph.D. and Jennifer Moye, Ph.D., ABPP.

Palliative Care: This rotation provides specialty training in Palliative Psychology via clinical work in one or more of the Outpatient Palliative Care Clinics and the Brockton Palliative Care Consult Team (PCCT). In this role, Fellows operate from a team perspective and serve as the primary Mental Health consultant to the PCCT, attend Palliative Care clinic visits jointly with the MD/Nurse Practitioner, and provide a range of outpatient psychotherapy services to Veterans followed by the Palliative Medicine service. Fellows will assist with goals of care conversations, provide consultation on mental health conditions that affect one's ability to manage their life-limiting illnesses, provide consultation to teams related to the management of serious illnesses, and will provide outpatient psychotherapy to Veteran's with life-limiting illnesses. **Supervisor:** Kate Hinrichs, Ph.D., ABPP.

Geriatrics Clinic: The Geriatrics Clinic is an outpatient specialty clinic focused on providing care to Veterans as they age, working with Primary Care and other subspecialists to maximize Veteran independence and managing medical conditions associated with aging. The interprofessional team in the Geriatrics Clinic includes geriatric-trained physicians, nurse practitioner, social work, Neuropsychology/Geropsychology, and pharmacy. Geropsychology Fellows function as members of the interprofessional team within the Geriatrics Clinic located at the Brockton campus. They attend team huddle at the beginning of the clinic day and are available throughout the one half-day clinic for consultation, brief cognitive and/or psychological assessments (e.g., MoCA, mood assessment), provision of recommendations focused on maximizing cognition, health, and mood for the Veteran, and providing caregiver support as appropriate. Geropsychology Fellows also complete, as clinically indicated, longer targeted cognitive assessments with associated documentation. **Supervisor:** David Marra, PhD.

Geriatric Outpatient Neuropsychology: Based at the Brockton campus with optional didactics at the Jamaica Plain campus, the Fellow completes outpatient neuropsychological assessments of mostly older adults and provides feedback to Veterans and their families. Typical referral questions include differential diagnosis of dementia, assessment of severity of impairment for neurodegenerative disorders of aging and their precursors (e.g., MCI, dementia), differentiation of dementia versus psychiatric illness, substance related factors, or other modifiable factors affecting cognition, and assessment of cognition in the context of multiple medical comorbidities. Emphasis is placed upon understanding and interpreting relevant medical history, symptoms in relation to neurologic disease, assessing cognitive symptoms and their relationship to neuropsychological DSM-5 disorders in the elderly, development of clear decision-making strategies for diagnosis in older adults, delivery of patient-centered feedback, and application of relevant strategies to optimize cognition among older adults. **Supervisors:** Deepa Acharya, Ph.D., ABPP/cn

Disruptive Behavior Committee (mini-rotation, 2hrs/wk): The Disruptive Behavior Committee, is tasked with threat assessment and risk mitigation/behavior planning for Veterans who engage in disruptive behaviors. In this mini rotation, the Geropsychology fellow will learn and apply threat assessment skills, will work collaboratively with an interdisciplinary group of clinicians specializing in the management of disruptive behaviors, and will provide clinical consultation to teams on violence prevention strategies. This is a largely consultative role, so opportunities for direct clinical hours are limited. **Supervisor:** Kate Hinrichs, Ph.D., ABPP.

TEACHING METHODS

Fellows develop advanced skills in professional Geropsychology through closely supervised and increasingly autonomous clinical practice across a continuum of geriatric care in assessment, intervention, consultation, and research/program evaluation.

REQUIRED DIDACTICS:

- Geriatric Mental Health Seminar (one hour weekly);
- Individual Supervision (required 2 hours per week across rotations);
- Group supervision for one hour bi-weekly in the Geriatric Mental Health Clinic;
- Team Meetings (varies by rotation).

AVAILABLE/OPTIONAL DIDACTICS:

- Decision Making Capacity and Ethical Issues in Aging archived webinar (one hour monthly);
- VA Multi-Site Geropsychology Seminar (one hour weekly);
- Care for Patients with Complex Problems (CP)2: Promising Practices (one hour monthly)
- Psychiatry Grand Rounds (one hour monthly);
- ACT (Acceptance and Commitment Therapy) Lecture Series Webinar (one hour monthly);
- ACT Group Consultation (two hours monthly);
- Neurobehavioral Rounds (two hours monthly);
- Neurology Memory Disorders Case Conference (one hour weekly);
- Epilepsy Seminar (one hour weekly);
- Neuroimaging Journal Club (one hour per month);
- Neuropsychology and Neuroimaging Lecture Series (two hours weekly);
- Multiple educational offerings at affiliated institutions.

SUPERVISION

Fellows receive both individual and group supervision throughout the year. The length of individual supervision meetings in each setting is congruent with the number of clinical hours each week. For example, if a Fellow is in a setting for 8 hours per week, he or she would receive approximately 30 minutes of weekly individual supervision; whereas a Fellow who is in a setting for more than 8 hours per week would receive at least 60 minutes of weekly individual supervision. Fellows participate in an additional hour of group supervision per setting when rotating in the Geriatric Mental Health Clinic.

Training in the provision of supervision is an important part of professional development. Fellows supervise at least one psychology intern during the training year. Occasionally, there are opportunities to supervise a practicum student, social work student, or nurse practitioner resident. Fellows receive supervision of supervision throughout the training year as they learn about supervisory issues and refine their supervision skills.

LEADERSHIP AND PROFESSIONAL SERVICE

Service to the field of Geropsychology is an important part of professional development. Our Geropsychology supervisors have held and currently hold leadership positions across a number of organizations, including but not limited to APA's Committee on Aging, Council of Professional

Geropsychology Training Programs (CoPGTP), Society for Clinical Geropsychology (APA Division 12, Section 2), Psychologists in Long Term Care (PLTC), The American Board of Geropsychology, the Aging Committee of the Society for the Psychology of Sexual Orientation and Gender Diversity (APA Division 44), and the Gerontological Society of America, as well as editor of *Clinical Gerontologist*. Fellowship is an important period of transition in one's professional identity, and our faculty is uniquely positioned to offer mentorship on professional development in leadership and service to the field of Geropsychology. Our Fellows have served as student representatives for CoPGTP and PLTC during their Fellowship year.

DIVERSITY FOCUS

Across Geropsychology rotations, clinicians and trainees operate from a lifespan perspective in which the Veteran's range of life experiences are taken into consideration when conceptualizing presenting problems. Older adults are the most heterogeneous population due to a wide range of factors related to life experiences and other factors of diversity (e.g., disability, SES, race/ethnicity, religion). Thus, we attend to the intersection of diversity variables (i.e., age and other diversity factors) in our clinical work and research endeavors. Within the Geropsychology track, diversity variables are formally addressed in initial intake sessions for psychotherapy, as well as in other formal assessments (e.g. cognitive testing or capacity evaluations). Our trainees are presented with many opportunities to learn to adapt interventions and assessments to match their patient's unique needs and are provided supervision on such. There are several special diversity topics (in addition to age) that are covered in the weekly Geriatric Mental Health Seminar Series (e.g. LGBT Aging, adjusting testing norms for diversity-related factors, assessing functional abilities, disability in aging). Further, there are frequently opportunities in Geropsychology for trainees to address specific diversity factors in teaching (via presentations in weekly seminar) and research (via research or writing collaborations with supervisors, or on mentored individual projects). Addressing and deepening our understanding of intersectionality, ageism, and issues of social justice, is an essential component to comprehensive Geropsychology training and is a highly valued aspect of the VA Boston Geropsychology training program.

RESEARCH AND/OR PROGRAM DEVELOPMENT

Fellows typically spend up to one day per week devoted to research, writing, and/or program development or program evaluation activities. As part of the initial training discussion, Fellows define research/program evaluation goals for the year and choose a faculty advisor for these activities. Our goal is to provide a research training experience that supports the trainee's goals. We recognize and celebrate the diverse forms that scholarly activity may take. Broadly speaking, we want you to "be a part of the scholarly world" – learn to think critically, ask questions, and develop data-based answers. Within our Geropsychology program, we engage in clinically applied research, program evaluation and quality improvement focused on improving the quality of care for older patients with complex comorbidities, and research in geriatric education. Our projects range from large-scale grant-funded research to small-scale evaluation of clinical interventions. We also engage in research to improve the quality of our training program.

Current Quality Improvement and Program Evaluation Projects:

- Implementing SMART Goals within HBPC interdisciplinary team treatment planning (IDT) (quality improvement ongoing)
- Motivational Interviewing addressing patient behavior change in HBPC (quality improvement ongoing).
- Geropsychology training in different contexts and settings

- Working on Ageism quality improvement projects which includes the ageism subcommittee within the diversity committee, conducting the ageism group in outpatient geriatric mental health and collecting process data, and presenting on ageism across the VA and nationally
- DEI-related - Intersection of Race, Ethnicity, Culture and Sexual and Gender Minority Older Adults (QI within HBPC IDT and Veteran care)
- Implementing behavioral interventions for Veterans with dementia in acute care (i.e., hospital settings)
- Evaluating the impact of medical settings on symptoms of PTSD in older Veterans (CLC)
- Evaluating the effect of experiential dementia sensitivity training in direct care staff (CLC)
- Evaluating the implementation of Patient Priorities Care at VA Boston to assess What Matters for older Veterans with multiple comorbid medical conditions

POSSIBLE RESEARCH ACTIVITIES:

- Co-write book chapters or review articles when available;
- Write a case study;
- Analyze existing data and write up results for a presentation or paper;
- Collect and analyze pre- post-data from our time-limited group therapy program in the Geriatric Mental Health Clinic and write up the results for a presentation or a paper;
- Develop and evaluate a group therapy protocol;
- Develop and evaluate new educational programs for staff
- Develop and evaluate initiatives/programs in care settings with older adults;
- Co-coordinate annual GRECC conference and evaluate outcomes;
- Participate in monthly editorial team calls for a journal and assist with evaluating the process;
- Participate in Office of Rural Health funded research, interviews, and educational resource development focused on late life and end of life PTSD

SELECTED PUBLICATIONS:

Selected publications from the past four years (asterisks denote current or past trainees and bolding denotes geropsychology faculty):

* = trainee

PTSD, Trauma-Informed Care & Aging:

Meyerson, J, O'Malley, KA, Hinrich, KLM, & Obas, C (2022). Lived Experience: A Case-Based Review of trauma-Informed Hospice and Palliative Care at a Veterans Affairs Medical Center. *Journal of Hospice and Palliative Medicine*

Moye, J., O'Malley, K., Auguste, E., Driver, J., Owsiany, M., Paik, J. (2023). Trauma Re-Engagement and PTSD in Older Medically Ill Veterans: Implications for Trauma-Informed Care. *Aging & Mental Health*. 27(5), 957–964. <https://doi.org/10.1080/13607863.2022.2068135>

Moye, J., Kaiser, A. P., Cook, J. M., Fischer, I. C., Levy, B. R., & Pietrzak, R. H. (2023). Characteristics and Correlates of Ten-Year Trajectories of Posttraumatic Stress Symptoms in Older U.S. Military Veterans. *The American journal of geriatric psychiatry*, S1064-7481(23)00315-9. <https://doi.org/10.1016/j.jagp.2023.05.011>

O'Malley, K. A., Etchin, A. G., Auguste, E. J., **Kaiser, A. P.,** Korsun, L., Weiskittle, R. E.*, **Bashian, H. M.*,** Sager, Z. S., & **Moye, J.** (2023). Advancing Trauma-Informed Care Education for Hospice and Palliative Staff: Development and Evaluation of Educational Videos. *Journal of hospice and palliative nursing*, 25(4), 224–233. <https://doi.org/10.1097/NJH.0000000000000804>

O'Malley, K.A., Sullivan, J. L., Mills, W., Driver, J., **Moye, J.** (2022). Trauma-informed care in long-term care settings: from policy to practice. *The Gerontologist*, 63(5), 803–811. <https://doi.org/10.1093/geront/gnac072>

Bashian, H*, Kemp, K, & Sager, ZS. (2021) Hospice and palliative care clinicians' perceptions of posttraumatic stress disorder at end-of-life in military veterans, *Progress in Palliative Care*, DOI: 10.1080/09699260.2021.1980649

Capacity and Functional Assessments:

Catlin, C. C.*, Connors, H. L., Teaster, P. B., Wood, E., Sager, Z. S., & **Moye, J. (2022).** Unrepresented Adults Face Adverse Healthcare Consequences: The Role of Guardians, Public Guardianship Reform, and Alternative Policy Solutions. *Journal of aging & social policy*, 34(3), 418–437. <https://doi.org/10.1080/08959420.2020.1851433>.

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Hinrichs KLM & Smith RW*. Working with Surrogates who may Lack Capacity or be Unfit. In J. Moye (Ed.), *Assessing Capacities of Older Adults: A Casebook to Guide Difficult Decisions*. Washington, DC: American Psychological Association. 2020.

Mlinac, M. &, Steadman-Wood P. Assessment of independent living capacity in the context of elder self-neglect. In: Moye J, (editor). *Assessment of Older Adults with Diminished Capacity: A Casebook for Resolving Pragmatic and Ethical Challenges*. Washington DC: APA Books; 2020

Education and Training:

Moye, J., Ma, F., Heintz, H.L., Schmidt, N.E.*, Carpenter, B.C., Allen, R.S., Dzierzewski, J.M., **Mlinac, M.E.,** Montapare, J. (In Press) Building the geropsychology workforce: a national survey and virtual conference define critical obstacles and steps forward. *Professional Psychology: Research & Practice*.

Jacobs, M. L., & **Bamonti, P. M.** (2022). Clinical practice: A foundational geropsychology knowledge competency. *Clinical Psychology: Science and Practice*, 29(1), 28.)

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McDarby, M., Heintz, H., Carpenter, B. D., & **Moye, J.** (2023). Development and evaluation of a national careers in aging webinar series for psychology trainees. *Gerontology & geriatrics education*, 1–13. <https://doi.org/10.1080/02701960.2023.2218819>

LGBT and Aging:

Anderson E, Eleazer J, Kristensen Z, St. Amand, CM, Baker A, **Correro II AN, Cottingham M, **Hinrichs, KLM**, Parmenter B, Stelmokas J, Trittschuh E. Affirmative Neuropsychological Practice with Transgender and Gender Diverse Individuals and Communities. *The Clinical Neuropsychologist*. 2022. [Epub ahead of print]. doi: 10.1080/13854046.2022.2073915

Correro II A.N., **Hinrichs, K.L.M., & Nathan S. (2021) My Life, My Story and Identity Disclosure among Transgender and Gender Diverse Veterans: A Program Evaluation. *Transgender Health*. [Epub ahead of print].

Hawley, C. E., Doherty, K., **Moye, J.**, Phillips, S. C., Ngoc Phung, E. T., Dawson, C. M. P., & Schwartz, A. W. (2021). Implementing an interprofessional workshop based on the 4Ms for an age-friendly health system. *Journal of the American Geriatrics Society*, 69(12), E27–E30. <https://doi.org/10.1111/jgs.17502>

Candrian C., & **Hinrichs K.L.M.**. (2021). The impact of intersectional stigma on health outcomes: The case of an older lesbian veteran. *Journal of Gay & Lesbian Social Services*. 33(3):291-299. doi: 10.1080/10538720.2021.1875348

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Hinrichs, K.L.M., **Woolverton, C.B., & Meyerson, J.L.. (2021) Help me understand: Providing Palliative Care to Individuals with Serious Mental Illness. *American Journal of Hospice and Palliative Medicine*. [Epub ahead of print]. doi: [10.1177/10499091211010722](https://doi.org/10.1177/10499091211010722)

Molinari, V., Edelstein, B., Gibson, R., Lind, L., Norris, M., Carney, K., Bush, S., Heck, A., **Moye, J.**, & Hiroto, K. Psychologists in Long Term Care Guidelines for Psychological and Behavioral Health Services in Long-Term Care Settings. *Professional Psychology: Prof Psychol Res Pr*. 2021 Feb;52(1):34-45. doi: 10.1037/pro0000298. Epub 2020 Apr 2. PMID: 33867651

O'Malley KA*, Blakley LA, Ramos K, Torrence N, & Sager ZS. Mental health care and palliative care: Barriers. *BMJ Journal of Palliative and Supportive Care*. 2020 Jan 13.

Strong J.V., **Plys E., **Hinrichs, K.L.M., Hartmann C., & McCullough M. (2021). Music for your Mental Health? The Development and Evaluation of a Group Mental Health Intervention for Short-Stay Nursing Home Residents. *Aging & Mental Health*. [Epub ahead of print]. doi: 10.1080/13607863.2021.1935463

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Advanced Illness:

Pless Kaiser, A., Moye, J., Baird, L., Sager, Z., & Wachterman, M. (2023). Factors Associated With Distress Related to Posttraumatic Stress Disorder at the End of Life Among U.S. Veterans. *Journal of pain and symptom management*, S0885-3924(23)00457-8. <https://doi.org/10.1016/j.jpainsymman.2023.04.011>

Bamonti PM, Perndorfer C, Robinson SA, Mongiardo M, Wan ES, Moy ML. Depression Symptoms and Physical Activity in Veterans with COPD: Insights from a Web-Based, Pedometer-Mediated Physical Activity Intervention. *Ann Behav Med*. Epub ahead of print. <https://doi.org/10.1093/abm/kaad026>

Bamonti PM, Robinson SA, Wan ES, Moy ML. Improving Physiological, Physical, and Psychological Health Outcomes: A Narrative Review in US Veterans with COPD. *Int J Chron Obstruct Pulmon Dis*. 2022 June; 17: 1269–1283

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Integrated geriatric mental healthcare models:

Terry, D. L., **Mlinac, M. E.,** & Steadman-Wood, P. L. (eds). (2021). *Providing Home Care for Older Adults: A Professional Guide for Mental Health Providers*. Abingdon: Routledge.

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Mlinac, M. E., Smith R. W.*,, Siffert, K. J., Richter, L. C., Steadman-Wood, P. L., & Wetherell J. L. (2020). Development of a suicide prevention toolkit for VA home-based primary care teams. *Home Healthcare Now*, 39(1):13-19,

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Evidence-based psychotherapy:

Kaiser, A. P., Boyle, J. T.,* Bamonti, P. M., O'Malley, K.,* & Moye, J. (2023). Development, adaptation, and clinical implementation of the Later-Adulthood Trauma Reengagement (LATR) group intervention for older veterans. *Psychological Services*. Published Online Ahead of Print.

Weiskittle, R.*, Tsang, W, Schwabenbauer, A, Andrew, N, & **Mlinac, M.** (2021) Feasibility of a COVID-19 Rapid Response Telehealth Group Addressing Older Adult Worry and Social Isolation, *Clinical Gerontologist*.

Interprofessional General Mental Health

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Location: VA Boston Healthcare System
Jamaica Plain Campus

Number of Fellows: Two full-time Fellows are admitted each year.

Length of Training: One year.

OVERVIEW

The Interprofessional General Mental Health track is offering two Fellowship positions for the 2024–2025 training year through the Boston VA Healthcare System (VABHS). **Fellow 1** will spend four days per week at the Jamaica Plain campus and one day per week at the Brockton campus. **Fellow 2** will spend three days per week at the Brockton campus and two days per week at the Jamaica Plain campus. As described in more detail below, the responsibilities and learning experiences of both Fellows significantly overlap. Please refer to Table 1 at the end of this track description for a summary of the similarities and differences between the two positions. Please indicate on your cover letter whether you would like to be considered for the **Fellow 1** position, **Fellow 2** position, or **both Fellow** positions. Applicants commonly express interest in both positions and are encouraged to apply for both.

The Postdoctoral Fellows will deliver services and receive training through the General Mental Health clinics (GMHCs) at the Brockton (BR) and Jamaica Plain (JP) campuses. The BR and JP GMHCs are key entry points into mental health (MH) services for many patients in VABHS (e.g., GMHCs receive over 800 referrals per year), and provide evidence-based evaluation, psychotherapy, case management, and psychopharmacology for a range of mental health difficulties, as well as treatment referrals to mental health specialty clinics. Both Fellows will also train in Primary Care Behavioral Health (PCBH) clinics. **Fellow 1** will spend two half-days per week in PCBH at the JP campus, while **Fellow 2** will spend one half-day each week in PCBH at the BR campus. Through the various clinics, Fellows will gain substantial experience functioning as part of interprofessional teams comprised of psychologists, psychiatrists, nurses, social workers, physicians, and health technicians.

GOALS

Training will foster the development of assessment, treatment, and consultation skills. The Fellowship positions are structured to enhance communication across specialty mental health services and primary care. The Fellows will develop skills as liaisons between these services to coordinate care, identify and manage patients at high risk for suicide or other violence, and reduce stigma associated with mental

health treatment. In order to provide well-rounded training that prepares Fellows for diverse career paths encompassing a range of interests and skill sets, Fellows will also obtain advanced training in clinical supervision, and will pursue scholarly inquiry through clinical research and/or program development and evaluation. In addition, further options are available for Fellows to acquire knowledge and start to develop leadership skills through involvement with administrative projects and learning associated with the management of a mental health clinic. Relatedly, Fellows may choose to participate on a Program Development and Evaluation Team with clinic directors and other staff focused on clinic improvement.

- **GENERAL MENTAL HEALTH CLINICS (MOOD AND ANXIETY DISORDERS SUBSPECIALTY):** Through the GMHCs, Fellows will gain experience in evaluating and treating a broad array of mental health disorders. A primary focus of the GMHCs is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health and medical comorbidities that are not best treated in a specialty clinic).

The GMHCs also subspecialize in differential diagnosis of mood and anxiety disorders and are the primary recipients of referrals for veterans struggling with significant depressive, manic, anxiety, or obsessive-compulsive-related symptoms. Fellows will complete diagnostic and suicide risk assessments, including structured clinical interviews (e.g. SCID) and standardized self-report measures. Treatments are primarily evidence-based (e.g., cognitive-behavioral, acceptance-based approaches) and involve both individual and group modalities. Historically, Fellows have learned and implemented various evidence-based psychotherapies such as Acceptance and Commitment Therapy (ACT) for depression, Cognitive-behavioral Therapy (CBT) for depression, CBT for insomnia, exposure and response prevention for obsessive-compulsive disorder, cognitive-behavioral and exposure approaches to treating panic disorder, generalized anxiety disorder, and social anxiety disorder, and habit reversal for tic disorders, trichotillomania, and excoriation disorders. Given the complex and multifaceted presentations in the clinics, the track heavily emphasizes using cognitive-behavioral and acceptance-based approaches flexibly, with attention to targeting transdiagnostic processes maintaining psychopathology.

Fellows will also develop expertise co-leading several evidence-based group psychotherapies and providing clinical supervision in the GMHCs. Both Fellows will have the opportunity to choose at least one group to co-lead during each of the three group cycles over the training year. Options may include a transdiagnostic Anger Management Group, a transdiagnostic ACT Group, a transdiagnostic Unified Protocol group, or a CBT for Depression Group. Specific experiences will be determined through consideration of the Fellows' training interests, goals, and demand for these clinical services. As an additional training experience, Fellows will supervise individual therapy cases of each of the interns and will receive weekly supervision of their supervision.

The Fellowship emphasizes an interprofessional and collaborative approach to education and clinical practice. Fellows will co-treat veterans with other providers and will develop skills in interprofessional communication, shared decision-making, assessment, and treatment coordination. These experiences are intended to enhance understanding of the process and skills necessary for successful interprofessional collaborative practice. Fellows will attend regular interprofessional team meetings in the BR and JP clinics. These meetings will model interprofessional teamwork, and demonstrate distinct perspectives and the language needed for effective interprofessional communication, case conceptualization, and clinical practice.

Fellow 1 will spend three days per week in the GMHC at the JP campus, and one day per week in the GMHC at the BR campus. **Fellow 2** will spend two days per week in the GMHC at the JP campus, and two-and-one-half days per week in the GMHC at the BR campus.

Supervisors: Caroline Abbott, Ph.D.; William Bowe, Ph.D.; Claire Burgess, Ph.D.; Diana Fitek, Ph.D.; Hannah King, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Meg Martinez, Ph.D.; Kayleigh McCarty, Ph.D.; Melanie Vielhauer, Ph.D.

- **INTEGRATED PRIMARY CARE BEHAVIORAL HEALTH:** The PCBH clinic offers co-located, collaborative behavioral healthcare within primary care. The Fellow will receive training in a full range of duties and responsibilities typical of primary care behavioral health providers. These include brief psychosocial assessment, consultation and liaison with primary care providers, triage and/or brief treatment of veterans with a broad range of clinical conditions who present to primary care (e.g., depression, anxiety, trauma, chronic pain, insomnia, adjustment to chronic illness, poor control of chronic disease, poor adherence to treatment regime or suggested lifestyle modifications, substance use disorders). Evaluation and treatment in PCBH are necessarily brief, with a focus on identifying key issues of concern to the primary care patient and on improving functioning, rather than on symptom remission. Standardized self-report measures inform the clinical assessment. The Fellow will learn to develop and carry out brief, evidence-based behavioral treatment plans (e.g., cognitive behavioral treatment, motivational enhancement). Communication and liaison with the Primary Care team is essential. Fellows will develop proficiency in providing individual consultation to primary care staff on behavioral health issues and management of risk. Fellows may also have the opportunity to conduct joint visits with medical staff or residents.

Fellow 1 will spend two half-days per week in the PCBH clinic at the Jamaica Plain campus.

Fellow 2 will spend one half-day per week in the PCBH clinic at the Brockton campus.

Supervisors: Kristin Gregor, Ph.D.; Stephanie Grossman, Ph.D.; Nora Keenan, Ph.D.

- **ADDITIONAL INTERPROFESSIONAL TREATMENT AND EDUCATION (PSYCHIATRY RESIDENTS, SOCIAL WORK INTERNS, AND GENERAL MENTAL HEALTH TREATMENT TEAMS):** Fellows may participate in several interprofessional and educational activities in conjunction with the Harvard South Shore (HSS) psychiatry residency training program, graduate social work training programs in the Boston area, and GMHCs at JP and BR. Depending on their training interests and feasibility, Fellows may have the opportunity to co-lead an evidence-based, group psychotherapy with social work interns. In these roles, Fellows will provide direct supervision to the interns and receive supervision of their supervision from a staff psychologist. Administratively, Fellows will also gain experience interacting with professionals from diverse disciplines and departments (e.g., primary care) as Fellows actively manage all consult referrals placed for the groups they facilitate.

Fellows will also participate in recurring, interprofessional case conceptualization meetings. GMHC trainees of all disciplines attend these meetings, which serve as forums to discuss complex, interprofessional case conceptualization, collaborative practice, and team-based care. Meetings will also promote understanding of the common competencies required for interprofessional practice as well as discipline-specific training. Other topics commonly discussed include systems issues within the VA, ethical issues/dilemmas, termination issues, diversity issues, culturally sensitive treatment/assessment, psychotherapy process, and effective communication across VA clinics, departments, and campuses.

Fellows will have the opportunity to develop and facilitate case conceptualization meetings at the JP campus. They additionally will have the opportunity to create and facilitate CBT, DBT, or ACT skill labs and other didactic topics relevant to the practice of psychology within the context of

weekly GMHC team meetings. Alternatively, Fellows might elect to create and co-lead a training didactic for interns with a GMHC staff psychologist. The degree of involvement in facilitating these kinds activities can be negotiated based on Fellows' training goals and interests.

Supervisors: Amy Lawrence, Ph.D.; William Bowe; Ph.D.

TEACHING METHODS

Fellows will receive training through multiple modalities, including individual and group supervision, didactic trainings (clinic-specific and Fellowship-wide), case conferences, and rounds. Fellows will participate in multidisciplinary GMHC and PCBH team meetings that include psychologists, psychiatrists, social workers, clinical nurse specialists, primary care providers, and other trainees (i.e., psychology interns, practicum students, social work interns, and psychiatry residents). Fellows will be trained in supervision concurrently as they provide individual supervision to two psychology interns.

SUPERVISION

Fellows will work closely with staff psychologists in the various clinics and meet weekly for individual supervision. Clinic teams meet regularly (e.g., weekly or biweekly) to discuss clinical cases, administrative issues, and current issues in mental health care. Fellows receive both individual and group supervision, during which clinical, career development and research issues are addressed.

Dr. William Bowe, Ph.D., is a staff psychologist and clinical supervisor in the JP GMHC and serves as the Track Coordinator for the Interprofessional General Mental Health Track. Additional track supervisors include Drs. Caroline Abbott, Ph.D.; Claire Burgess, Ph.D.; Diana Fitek, Ph.D.; Kristin Gregor, Ph.D.; Stephanie Grossman, Ph.D.; Nora Keenan, Ph.D.; Hannah King, Ph.D.; Stephen Lancey, Ph.D.; Amy Lawrence, Ph.D.; Meg Martinez, Ph.D.; Kayleigh McCarty, Ph.D.; Melanie Vielhauer, Ph.D.

Dr. Caroline Abbott is a part-time staff psychologist in the Brockton GMHC and spends one day a week providing BMED services. She provides individual and group supervision to interns in GMH at Brockton. **Dr. Claire Burgess** is a staff psychologist at the National Center for TeleMental Health and clinical supervisor in the Brockton GMHC. She additionally serves on the Interdisciplinary Transgender Treatment Team and as the LGBTQ+ Veteran Care Coordinator at Brockton campus. **Dr. Diana Fitek** is a staff psychologist and splits her time between the GMHC and Geropsychology clinic in Jamaica Plain. She currently provides supervision for trainees co-leading the Anger Management group. **Dr. Kristin Gregor** is a staff psychologist and Director of Primary Care Behavioral Health. **Dr. Stephanie Grossman** is a staff psychologist in PCBH, located in Brockton and West Roxbury. She provides supervision to interns and fellows within the PCBH program. **Dr. Nora Keenan** is a staff psychologist with the PCBH team in Jamaica Plain and Women's Health. She is the track coordinator for the PCBH training program and provides supervision to psychology trainees in PCBH. **Dr. Hannah King** is a full-time staff psychologist in the Brockton GMHC and GMH Track Co-Coordinator for the Internship Training Program. She provides individual and group supervision to interns and Fellows and is currently a primary supervisor for the BR-based Fellow. Dr. King co-facilitates the biweekly Acceptance and Commitment Therapy (ACT) Case Conceptualization meeting and is currently supervising an adjunctive training experience in ACT. **Dr. Stephen Lancey** has over three decades of supervisory experience and serves as the VA Boston Psychology Training Program Director of Admissions for its APA-accredited Clinical Fellowship, Clinical Neuropsychology Fellowship, and Internship Training Programs. **Dr. Amy Lawrence** is a staff psychologist in the Jamaica Plain GMHC, and is the GMH Track Co-Coordinator for the Internship Training Program. She completed her internship in the GMHC and served as a clinical research Fellow at VA Boston. **Dr. Meg**

Martinez is a staff psychologist and clinical supervisor in the JP GMHC. She also serves as part of the Women’s Trauma Recovery Team. In addition to her clinical responsibilities, Dr. Martinez also serves as one of two DEI co-coordinators for the psychology training programs. Prior to joining the team at VA Boston, Dr. Martinez was on staff at the Atlanta VA. Dr. **Kayleigh McCarty, Ph.D.** is a staff psychologist and clinical supervisor in the Brockton GMHC. She serves as the substance use disorder specialist in Brockton GMHC and also spends time the Brockton Alcohol and Drug Treatment Program. **Dr. Melanie Vielhauer** is the Acting Director of Outpatient Mental Health Programs at VABHS, with key supervisory and administrative roles in VABHS’s psychology internship and Fellowship programs.

TRAINING IN SUPERVISION

Fellows will have the opportunity to develop and refine their supervisory style as they supervise several individual therapy cases of GMH interns under the supervision a staff psychologist. Each Fellow will meet separately with each of the interns for weekly, individual supervision. To enhance training, Fellows will receive a mix of live supervision of their supervision with a staff psychologist (i.e., staff psychologist observes live supervision between fellow and intern) and group supervision with both fellows and a staff psychologist. As part of this experience, various supervisory models and orientations will be explored and incorporated.

DIVERSITY FOCUS

The Interprofessional General Mental Health track serves a diverse population of veterans. GMH patients include veterans of varying ages, service eras, life experiences, and types of military service. Moreover, they present with a range of psychological concerns and individual strengths, and vary in terms of race, ethnicity, gender identity, class, culture, sexuality, ability, and medical comorbidity. While working in GMH, trainees are challenged to provide patient-centered, evidence-based assessment and treatment that address intrapsychic and macro-level contributions to emotional distress and wellbeing, including issues of inclusion/exclusion and identity. The clinic has worked to standardize intake interviews across clinicians to ensure that potentially important and relevant cultural and identity issues are uniformly broached in an open-ended manner with every patient and sensitively discussed as relevant. The semi-structured approach affords flexibility to assess and discuss potential idiographic differences in symptom presentations and patient strengths as they relate to culture. The language in which assessments and therapy are conducted may be adapted to the needs of the veteran.

An important aspect of training is ongoing discussion of these aforementioned issues during all forms of clinical supervision in the service of striving to provide culturally sensitive assessment and treatment planning. This process starts early with the Track orientation when trainees attend an assessment training during which issues of diversity are explored. Within GMH clinics, diversity and cultural sensitivity are further addressed in case conceptualization and Team meetings at Jamaica Plain and BR campuses. Outside of the GMH clinics, interested trainees are encouraged to pursue further educational and participatory opportunities. Examples might include, and are not limited to, attending/viewing current and past didactics on diversity issues (e.g., culturally competent supervision; culturally sensitive treatment), and/or joining the Psychology Diversity and Inclusion Committee.

RESEARCH

At the beginning of the training year, Fellows will have an opportunity to learn about current research projects taking place across the VA to inform their selection of a research mentor. Fellows may

collaborate with staff throughout VABHS on any number of funded clinical research projects, which may, if of interest, provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Fellows are encouraged to identify research activities that would complement and expand their current skill sets. Past Fellows have also pursued the option within the GMHCs of analyzing treatment outcome data from GMHC groups collected over several years. There may be opportunities to assist with preparation of a manuscript based on these analyses. As described in more detail in the next section, the GMHCs are also pursuing a number of program development and evaluation projects within the clinics, and opportunities exist for the Fellows to become involved with these processes in order to satisfy the research requirement.

DEVELOPMENT OF LEADERSHIP AND ADMINISTRATIVE SKILLS

For those considering career paths leading to eventual leadership roles, several opportunities exist to start developing leadership skills and exposure to administrative functions. Fellows may choose to work with GMH-JP Clinic Director Laila Swydan, LICSW, on learning various aspects of managing a mental health clinic and/or contributing to various administrative projects. An additional and related training experience historically popular with several of our Fellows has been participating on the GMHC Program Development and Evaluation Team, which meets monthly and has been represented by the section chief, clinic directors, psychologists, social workers, psychiatrists, and trainees from the GMHCs. The Program Evaluation Team focuses on assessing, developing and implementing clinic methods and processes to render clinic operations more efficient and effective. Additional opportunities for exposure to administrative and leadership roles exist in both the possibility of representing the Fellowship cohort at the monthly Fellowship Coordinators Meeting, and from managing consult points for therapy groups facilitated.

Table 1

Breakdown of Major Training Components by Fellow

Training Experience	Fellow 1	Fellow 2
GMH Clinic-Jamaica Plain (JP) Campus	3 days per week	2 days per week
GMH Clinic-Brockton (BR) Campus	1 day per week	2.5 days per week
Primary Care Behavioral Health	2 half-days per week at JP	.5 days per week at BR
Groups	Yes – Varies	Yes – Varies
Supervision of two GMH interns	Yes – Full Year	Yes – Full Year
JP Case Conceptualization Meeting	Yes	Yes

*Please indicate on your cover letter whether you would like to be considered for the **Fellow 1** position, **Fellow 2** position, or **both Fellow** positions. Applicants commonly express interest in both positions and are encouraged to apply for both.

LGBTQ+ Health Care

Track Coordinator: COLLEEN SLOAN, PH.D.
Psychology Service (116B)
150 South Huntington Avenue
Boston, MA 02130
Telephone: (857) 364-5983

Email: colleen.sloan2@va.gov

Location: VA Boston Healthcare System
Brockton (primary) and Jamaica Plain Campuses

Number of Fellows: *One full-time Fellow* will be admitted each year.

OVERVIEW

VA Boston Healthcare System is pleased to announce an opportunity in our APA-accredited clinical psychology fellowship program for a Postdoctoral Fellowship in LGBTQ+ Health. This is a clinical position, located across the Brockton and Jamaica Plain campuses of VA Boston, within multiple mental health clinics, and building a caseload and program with a focus on Veteran sexual and gender minority health. At least one day per week will be spent at the Jamaica Plain campus. This time could include involvement in national policy development and implementation, local educational and training initiatives, program development, and adjunct clinical experiences, as well as administrative and research activities. Given the evolving nature of LGBTQ+ health in VA, the Fellow will be encouraged to contribute to the ongoing development of the fellowship track locally and will learn about national policy and procedure changes for Veterans with LGBTQ+ identities.

The Fellow will work at the Brockton campus at least two days per week, in a large outpatient building which includes a PTSD Clinical Team (PCT), a Center for Returning Veterans (CRV) clinic, a General Mental Health (GMH) clinic, and an Alcohol and Drug Treatment Program (ADTP). These clinics have very high referral rates, as well as a large number of returning Veterans, and there is a strong effort to focus the Fellow's clinical caseload working with Veterans who have LGBTQ+ identities. Although the Fellow may spend a great deal of time in the PTSD Clinic, cases and experiences will be drawn from all clinics to ensure an adequate focus on sexual and gender minority health. The Fellow will be expected to deliver services to transgender and gender-diverse Veterans as well as cisgender sexual minority Veterans, with opportunities to deliver individual and group interventions (e.g., Seeking Safety, Acceptance and Commitment Therapy, and DBT Skills Training), and to gain training as appropriate in such areas as readiness evaluations for gender affirming interventions, Cognitive Processing Therapy and/or Prolonged Exposure for PTSD, treatment for substance use disorders, and cognitive behavioral therapy for identity concerns and/or minority stress. There may also be opportunities to develop and/or co-lead group therapy interventions targeting minority stress for sexual and gender minority Veterans or DBT Skills Training for transgender and gender-diverse Veterans. Program evaluation opportunities may also be part of these experiences. The Fellow will be involved in supervision training for a psychology doctoral intern. Depending on prior experience and training needs, there may also be an opportunity to participate

in an externship at Fenway Health, which is a national leader in community-based LGBTQ+ healthcare. The rotation at Fenway has been part of the fellowship track experience since its first year in 2013. Previous Fellows have been involved in various clinical research trials, in which they have received comprehensive training in the provision of evidence-based approaches working with highly marginalized populations.

On at least one day per week, the Fellow will be located at the Jamaica Plain campus of VA Boston. The Fellow will have an opportunity to work with Nick Livingston, Ph.D., an investigator in the National Center for PTSD and staff psychologist at VA Boston Healthcare System, to learn about LGBTQ+ health and patient-centered outcome research. Additionally, the Fellow will work with Dr. Colleen Sloan to learn more about the provision of clinical services specific to LGBTQ+ healthcare in the VA. Dr. Sloan and Dr. Livingston also may guide educational initiatives, program development and research activities of the Fellow. In addition, the Fellow will work closely with Dr. Claire Burgess, who is one of VA Boston's LGBTQ+ Veteran Care Coordinators and Chair of VA Boston's Interdisciplinary Transgender Treatment Team (ITTT), a local clinical, administrative, and consultative team that coordinates care for transgender and gender-diverse Veterans. The Fellow will be responsible for managing ITTT referrals and will participate in monthly team meetings. The Fellow will also work closely with the Behavioral Medicine program regarding assessments of readiness and consent for gender-affirming hormone therapy and other gender-affirming interventions.

Overall, 75% of time will be spent in clinical care and associated activities (individual, group, and possibly, assessments, as well as documentation and supervision), with roughly 25% time reserved for consult management, policy and program development and evaluation, and opportunities for involvement in research.

GOALS

Training will facilitate the development of assessment, treatment, and consultation skills, particularly within the area of sexual and gender minority health. Fellows gain training and experience in the development of these skillsets within a variety of mental health and interdisciplinary clinics. The Fellow will gain experience in learning effective ways of adapting evidence-based approaches and treatments to meet the needs of sexual and gender minority Veterans in both group and individual modalities. The Fellow will gain administrative skills, particularly serving in a critical role managing referrals to VA Boston's Interdisciplinary Transgender Treatment Team, in which they will develop skills as a liaison between various services that provide medically necessary treatments for gender dysphoria and related distress (e.g., behavioral medicine, endocrinology, mental health, speech therapy). Relatedly, Fellows develop skills in the dissemination of education of training related to sexual and gender minority health, for which opportunities exist both locally and nationally. Additionally, the Fellow will develop skills that promote their own visibility and reputation as a critical local resource. The Fellow will also gain experience in supervision, program development, research, and importantly advocacy and outreach.

FACULTY AND STAFF

Colleen Sloan, Ph.D (she/her) serves as the Track Coordinator and primary supervisor for this fellowship track. Dr. Sloan is the Training Director for VA Boston's Clinical Psychology Internship Program and is clinically-based within the Women's Trauma Recovery Team. She holds key supervisory roles in VABHS's psychology internship and fellowship programs. She is also the former chair of the Interdisciplinary Transgender Treatment Team (ITTT) and current co-chair of the Psychology Service Diversity and Inclusion Committee. Additionally, Dr. Sloan has ongoing involvement in both local and national educational and

training initiatives in sexual and gender minority health. Clinical supervision through the Brockton PTSD Clinic will be provided by **Sebastian Bliss, Ph.D. (he/him)**. Dr. Bliss is a Staff Psychologist in the PCT and a member of the ITTT. He has specialized training in LGBTQ+ psychology and a strong interest in the intersection between LGBTQ+ identity and military culture and experience. Clinically related education and training experiences will be provided by **Claire Burgess, Ph.D. (she/her)**. Dr. Burgess works at the National Center for TeleMental Health, is current Chair of ITTT, and serves as the Veteran Care Coordinator for LGBTQ+ Veterans of the Brockton campus. She facilitates nursing, psychiatry, and interdisciplinary trainings on LGBTQ+ policy and health, which the Fellow will have the opportunity to take part in.

Adjunctive Supervisors on the JP campus: As mentioned, **Nick Livingston, Ph.D. (he/him)** is a clinical research psychologist in the National Center for PTSD, Behavioral Science Division. Dr. Livingston can provide research and career mentorship and maintains active lines of research spanning LGBTQ+ health and minority stress, PTSD and substance use disorder, and technology-based intervention development and implementation. **Michelle Kovacs, Ph.D.**, is a staff psychologist within the Behavioral Medicine program and a member of the ITTT. Dr. Kovacs oversees readiness evaluations for gender affirming medical interventions. Drs. Sloan and Livingston are members of VA Boston's Psychology Diversity and Inclusion Committee.

The Fellow will meet weekly for individual supervision with staff psychologists in the PTSD and other clinics. Fellows receive both individual and group supervision during which clinical, career development and research issues are addressed.

DIVERSITY FOCUS

The LGBTQ+ health track emphasizes training in diversity, particularly related to sexual and gender minority Veteran health. Fellows receive training in the administration of initial assessments of gender dysphoria and collaboratively with providers who conduct readiness evaluations for gender affirming treatments. During initial assessments with Veterans seeking gender affirming services, Fellows obtain information regarding various aspects of identity such as race, ethnicity, SES, housing status, and ability status and discuss how these intersect with sexual and gender identities, as well as gender dysphoria, if indicated. Fellows also provide evidence-based interventions to sexual and gender minority Veterans treating a variety of mental health problems, including those related to minority stress and other identity-related concerns. In particular, Fellows utilize CBT interventions to treat mental health problems stemming from gender and other minority stress. The ways in which these interventions are adapted is collaborative in nature. Fellows participate in national calls with nine other LGBTQ+ health Fellows that focus on education and training specific to sexual health, gender diversity, and health disparities, and they also have opportunities to conduct related trainings locally to junior trainees and VA staff. The Fellow also gains experience in supporting the LGBTQ+ Veteran Care Coordinators at VA Boston. These roles are administrative and are appointed by VA Boston's Medical Director. In this way, the Fellow is viewed as a local leader in sexual and gender minority health.

RESEARCH AND PROGRAM DEVELOPMENT

The Fellow will receive a minimum of four and a maximum of eight hours of protected research time, based on Fellow interests and experience, although additional time may be spent in program development. To the extent that data is available, the Fellow may have an opportunity to get involved with grant writing, research projects, and/or conduct secondary data analyses for presentation and publication. Opportunities may also exist to develop and disseminate clinical services for sexual and gender minority stress.

OUTREACH

The Fellow will lead and participate in LGBTQ+ outreach events, both within the VA Boston facilities and within the broader Boston community throughout the year. VA recognizes several LGBTQ+ observances, such as Transgender Awareness Month, Transgender Day of Remembrance, and LGBTQ+ Pride month. These serve as opportunities to raise awareness and provide education, and the Fellow is actively involved in these endeavors. There may also be additional and unique opportunities that arise each year, including involvement with VA Boston's Public Affairs office.

RELEVANT PUBLICATIONS

Names in **bold** are current staff/faculty associated with fellowship; names in *italics* are current/past VA Boston trainees; names in *italics* that are also underlined are past LGBTQ+ fellows

- Bryant, W.T., **Livingston, N.A.**, McNulty, J.L., Choate, K.T., Santa Ana, E.J., & Ben-Porath, Y.S. (in press). Exploring the MMPI-3 in a transgender and gender diverse sample. *Psychological Assessment*.
- Harper, K.L. *Herbitter, C* **Livingston, N.A.**, Vogt, D., Iverson, K., Nillni, Y.I., & Galovski, T. (in press). Experiences of discrimination and mental health treatment seeking among LGBTQ+ veterans. *Psychology of Sexual Orientation and Gender Diversity*.
- Valentine, S., Gell-Levey, I., Godfrey, L., & **Livingston, N.A.** (in press). The associations between gender minority stressors and PTSD symptom severity among trauma-exposed transgender and gender diverse adults. *Journal of Trauma & Dissociation*
- Chang, C. J., Fischer, I. C., Depp, C. A., Norman, S. B., **Livingston, N. A.**, & Pietrzak, R. H. (2023). A disproportionate burden: Prevalence of trauma and mental health difficulties among sexual minority versus heterosexual US military veterans. *Journal of Psychiatric Research*, 161, 477–482. <https://doi-org.ezproxy.bu.edu/10.1016/j.jpsychires.2023.03.042>
- Livingston, N.A.**, Gatsby, E., Shipherd, J.C., & Lynch, K.E. (2023). Causes of alcohol-attributable death and associated years of potential life lost among LGB and non-LGB veteran men and women in Veterans Health Administration. *Addictive Behaviors*, 139, 107587. <https://doi.org/10.1016/j.addbeh.2022.107587>
- Salomaa, A. C., **Livingston, N. A.**, Bryant, W. T., *Herbitter, C.*, Harper, K., **Sloan, C. A.**, Hinds, Z., Gyuro, L., Valentine, S. E., & Shipherd, J. C. (2023). A bottom-up approach to developing a unified trauma-minority stress model for transgender and gender diverse people. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(4), 618–627. <https://doi-org.ezproxy.bu.edu/10.1037/tra0001373.supp>
- Sloan, C. A.**, **Serpe, C. R.**, & Salomaa, A. C. (2023). Development and implementation of a gender-affirming dialectical behavior therapy skills training group for transgender and gender-diverse veterans. *The Behavior Therapist*, 46(1), 39–43.
- Livingston, N. A.**, Lynch, K. E., Hinds, Z., Gatsby, E., DuVall, S. L., & Shipherd, J. C. (2022). Identifying posttraumatic stress disorder and disparity among transgender veterans using nationwide veterans health administration electronic health record data. *LGBT Health*, 9(2), 94–102. <https://doi-org.ezproxy.bu.edu/10.1089/lgbt.2021.0246>
- Newberger, N. G., Hinds, Z., Mahoney, C. T., Bryant, W. T., *Herbitter, C.*, & **Livingston, N. A.** (2022). Real-time associations between discrimination, cannabis use, and mood among sexual and gender minority individuals. *Psychology of Addictive Behaviors*, 36(5), 491–498. <https://doi-org.ezproxy.bu.edu/10.1037/adb0000836>

- Wolfe, H.L., Vimalananda, V.G., Wong, D., Reisman, J.I., Rao, S.R., Shipherd, J.C., Blosnich, J.R., **Livingston, N.A.**, Jasuja, G.K. (2022). Patient characteristics associated with receiving gender-affirming hormone therapy in the Veterans Health Administration. *Transgender Health*. Advanced online publication. <https://doi.org/10.1089/trgh.2022.0040>
- Cogan, C. M., Scholl, J. A., Lee, J. Y., Cole, H. E., & Davis, J. L. (2021). Sexual violence and suicide risk in the transgender population: The mediating role of proximal stressors. *Psychology & Sexuality*, 12(1–2), 129–140.
- Shipherd, J. C., Lynch, K., Gatsby, E., Hinds, Z., DuVall, S. L., & **Livingston, N. A.** (2021). Estimating prevalence of PTSD among veterans with minoritized sexual orientations using electronic health record data. *Journal of Consulting and Clinical Psychology*, 89(10), 856–868. <https://doi-org.ezproxy.bu.edu/10.1037/ccp0000691>
- Sloan, C. A.**, & Shipherd, J. C. (2021). Transgender and gender-diverse health: A work in progress. *Clinical Psychology: Science and Practice*, 28(2), 206–209. <https://doi-org.ezproxy.bu.edu/10.1037/cps0000021>
- Livingston, N. A.**, Flentje, A., Brennan, J., Mereish, E. H., Reed, O., & Cochran, B. N. (2020). Real-time associations between discrimination and anxious and depressed mood among sexual and gender minorities: The moderating effects of lifetime victimization and identity concealment. *Psychology of Sexual Orientation and Gender Diversity*, 7(2), 132–141. <https://doi-org.ezproxy.bu.edu/10.1037/sgd0000371>
- Livingston, N. A.**, Berke, D. S., Ruben, M. A., Matza, A. R., & Shipherd, J. C. (2019). Experiences of trauma, discrimination, microaggressions, and minority stress among trauma-exposed LGBT veterans: Unexpected findings and unresolved service gaps. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(7), 695–703. <https://doi-org.ezproxy.bu.edu/10.1037/tra0000464>
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Trauma Recovery Fellowship Tracks

The VA Boston Psychology Postdoctoral Fellowship Program offers two tracks that provide advanced training in evidence-based assessment and treatment of PTSD and other trauma-related disorders: the *Post-Deployment Readjustment and Trauma-Related Disorders track (one Fellow)* and the *Posttraumatic Stress Disorder track (two Fellows)*. Fellows in both tracks gain specialized knowledge and experience in clinical care focused on recovery from traumatic experiences; however, each track has slightly different emphases with regard to population, trauma type, and most commonly used evidence-based psychotherapies.

Post-Deployment Readjustment and Trauma-Related Disorders

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Location: VA Boston Healthcare System
Jamaica Plain Campus

Number of Fellows: *One full-time Fellow* per year.

OVERVIEW

The Post-Deployment Readjustment and Trauma-Related Disorders Fellow trains within the Center for Returning Veterans (CRV), a mental health clinic in the Trauma Recovery section at VA Boston. The CRV was established in 2005 to respond to the unique mental health needs of the growing population of post-9/11 combat veterans adjusting to life after combat deployment. Veterans seen in CRV vary with regard to age, race, ethnicity, gender identity, religion, economic background, sexual orientation, military branch, military rank, and current military status. The majority have served as part of the post-9/11 combat operations (Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn, etc.); however, CRV also serves a smaller group of post-9/11 era veterans who did not deploy but are primarily struggling with post-military readjustment. Veterans seen in CRV often present with concerns that are significantly different from other era veterans, particularly with regard to developmental, identity, and readjustment issues, in addition to combat-related psychopathology. Critical considerations distinctive to this population include building motivation for change when veterans present with ambivalence about engaging in mental health care, balancing complex life transitions/stages with therapeutic interventions, addressing both combat and other military stressors (e.g., discrimination, military sexual trauma,

interpersonal challenges with leadership and peers), and balancing potential ongoing military commitments or recent separation from military service.

Another central aspect of clinical work in the CRV is to engage in early intervention with the goal of preventing disorders from shifting into a chronic course. Whenever possible, clinical interventions are provided when symptoms are at a lower intensity level, without many of the psychosocial sequelae that may occur as symptoms become more chronic (e.g., loss of relationships, long-term substance use problems). The aim of treatment is to help veterans move forward on a positive trajectory for readjustment. A large portion of patients seen within CRV are younger adults who have transitioned into adulthood in the context of military service; thus, they are facing complex life changes as they make sense of their military experiences and work to establish their post-military life. Clinical work within CRV, regardless of diagnosis, therefore, often includes facilitating the development of a sense of identity, purpose, and meaning as the veteran transitions to life after deployment.

This one-year clinical postdoctoral Fellowship is designed to train psychologists to provide specialized clinical services for post-9/11 combat veterans with a range of post-deployment readjustment concerns, particularly trauma-related disorders. Training will also prepare psychologists for future work in both general mental health and PTSD settings more broadly. Training and supervision will focus on developing expertise in responding to the full range of veterans' post-deployment concerns, including the treatment of PTSD and sub-diagnostic PTSD symptomatology, as well as mood, anxiety, substance use, and adjustment disorders. Fellows also develop competency in understanding military culture and addressing the unique developmental/identity considerations as experienced by post-9/11 veterans, including the influence of life stages, values, and personal characteristics (e.g., race, ethnicity, country of origin, sexual orientation, gender identity) on veterans' military experiences. Therefore, the Fellow will develop expertise in working with post-9/11 veterans, while strengthening assessment and treatment skills to address the wide range of presenting clinical concerns in this population. Direct clinical training activities within the track include: 1) one weekly intake assessment focused on psychosocial/diagnostic assessment and treatment planning; 2) individual therapy, involving cases with a variety of presenting problems (estimated caseload of 8-11 veterans in total); and 3) group therapy (estimated 1 group). Fellows in this track also receive experience/training in the supervision of psychology trainees and have the opportunity to work closely with junior trainees. Participation in clinical research, program evaluation, and/or teaching are an essential part of the Fellowship experience as well.

GOALS

Training in the Post-Deployment Readjustment and Trauma-Related Disorders track focuses on developing skills to flexibly apply empirically supported treatments while taking into account patient preferences, individual- and contextual-level considerations, and clinician expertise. Clinical work also emphasizes the development and maintenance of the therapeutic relationship, as well as non-specific therapeutic factors that are critical to treatment engagement with post-9/11 veterans. Finally, assessment training activities will incorporate diagnostic evaluation and history-taking, administration and interpretation of empirically tested psychometric instruments, as well as opportunities for more extensive semi-structured clinical interviewing as clinically indicated. These assessment procedures are conducted in the context of identifying and facilitating the most appropriate interventions and treatment plan.

The CRV patient population is diverse; therefore, the specific therapeutic methods taught and utilized within CRV are equally varied, focusing on a wide range of presenting complaints and incorporating multiple therapeutic approaches and theoretical orientations (e.g. cognitive behavioral, acceptance-based, humanistic, multi-cultural), where indicated, as well as interdisciplinary collaboration/consultation

with other hospital-based teams (e.g., Polytrauma, Military to VA case management program). The Fellow will gain proficiency in the assessment of the full range of readjustment and trauma- and stressor-related concerns present in post-9/11 combat veterans. In addition, the Fellow will receive specialized training in the flexible use of empirically supported treatments taking into account individual- and contextual-based characteristics, as well as identified barriers to care (e.g., stigma, marginalization). Interventions utilized are largely cognitive-behavioral (e.g., CBT for depression and anxiety disorders, mindfulness-based relapse prevention for substance use, individual DBT skills training, acceptance-based behavioral therapies, many others as indicated), including evidence-based trauma-focused therapies (e.g., Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy).

At the completion of their Fellowship, Fellows will be able to:

- Conduct comprehensive assessments of the range of post-deployment mental health concerns, including PTSD, as well as mood, anxiety, adjustment, and substance use disorders.
- Develop comprehensive case conceptualizations that take into account veterans' developmental, identity, and readjustment concerns, as well as psychopathology.
- Provide evidence-based treatment for a range of post-deployment mental health concerns, including PTSD, as well as mood, anxiety, adjustment, and substance use disorders.
- Confidently collaborate with other healthcare providers as part of interdisciplinary teams and one-one-one consultations.
- Demonstrate competence with the provision of clinical supervision to junior trainees.
- Describe and feel confident in their identity as a scientist-practitioner specializing in post-deployment readjustment and trauma recovery.

CLINICAL SETTING

The Post-Deployment Readjustment and Trauma-Related Disorders Fellow's clinical training is primarily housed within the Center for Returning Veterans (CRV) and is supplemented with training experiences in other VA Boston clinics, customized to meet each Fellow's unique training interests and goals. In recent years, Fellows have had adjunctive involvements (i.e., additional individual therapy cases or group therapy experiences) with the PTSD Clinical Team, the General Mental Health Clinic, Behavioral Medicine, the Substance Abuse Treatment Program, and/or Primary Care Behavioral Health. For research experiences, Fellows frequently partner with clinical researchers throughout the medical center, most often in the National Center for PTSD; however, a range of other research/program evaluation opportunities are available.

DIDACTICS

In addition to Fellowship-wide didactics, Fellows in this track also participate in structured didactic training through the following:

- The CRV seminar series, which allows for in-depth discussion of clinical issues and specific cases. This one-hour meeting is held three times a month and involves staff presentations (e.g., taking a military history, therapy termination), trainee clinical/research presentations (on topics of the trainee's choosing), and case conferences designed to elicit feedback on challenging clinical cases.
- In addition, we hold a monthly discussion group focused on diversity and allyship within the field of psychology (e.g., responding to microaggressions) as part of our commitment to growing as culturally informed practitioners and professionals.

- The Trauma Recovery Section/National Center for PTSD didactic series, which include trainings on Cognitive Processing Therapy (2-day workshop), Prolonged Exposure, Written Exposure Therapy, PTSD assessment (CAPS5), Military Sexual Trauma, and Intimate Partner Violence.
- A weekly CPT consultation group with a national CPT trainer (for Fellows who participate in the 2-day CPT workshop).

Training will also involve active engagement in the CRV's weekly interdisciplinary team meeting attended by psychologists, psychiatrists, social workers, and a broad range of trainees (e.g., clinical and clinical research psychology postdoctoral Fellows, psychology and social work interns, psychology practicum students, psychiatry residents/Fellows). These team meetings address clinical administration issues, as well as clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination and delivery. The Fellow is a vital member of this team and will have the opportunity to both receive consultation from and provide feedback to other team members. In addition to these formal opportunities, Fellows are encouraged to interact frequently with other clinical staff providing services to shared veterans throughout the medical center. These interdisciplinary interactions most frequently occur with primary care physicians and nurse practitioners, social work and nurse case managers in a variety of settings, and other mental health providers on different clinical teams.

SUPERVISION

Fellows have the opportunity to interact closely with all of the licensed clinical psychologists within the Center for Returning Veterans: **Dr. Kevin Brailey, Dr. Erin Scott Daly, Dr. Jill Panuzio Scott, and Dr. Sarah Krill Williston**. Specifically, the Fellow will have two individual psychotherapy supervisors (a minimum of one hour/week of formal supervision with each), with one supervisor designated as primary (i.e., overseeing the Fellow's overall experience). In addition, the Fellow will participate in weekly small group supervision (two trainees; one licensed clinical psychologist) focused on intake/diagnostic assessment. Finally, Fellows will receive weekly supervision for each of their group therapy experiences, the nature of which depends on the specific group. Specialized readings or other supporting activities are provided to supplement a Fellow's training depending on his or her interests and needs. All supervisors on this track employ a developmental approach to clinical supervision, tailored to the Fellow's individual strengths and growth areas. We view supervision as a collaborative process and aim to foster confidence and appropriate levels of independence in our work with the Fellow.

As noted above, the Post-Deployment Readjustment and Trauma-Related Disorders track also offers training in the delivery of clinical supervision. Specifically, the Fellow has the opportunity to supervise a predoctoral clinical psychology intern on 1-2 clinical cases. Fellows will receive supervision of these supervisory experiences from one of the CRV staff psychologists.

DIVERSITY FOCUS

The CRV is often veterans' first interaction with mental health; as such, saliency of military-related diversity factors, in addition to other diversity factors and the intersectionality of these (e.g. 28-year-old, cisgender male, heterosexual, Haitian-American, Marine Corp veteran with two deployments to Afghanistan), is central to working with and building rapport within this population. Military-related diversity factors include branch of military, active vs guard/reserve, level of combat exposure, rank and status, length of time in service, number and location of deployments, etc. Other diversity factors attended to include racial and ethnic identity, religion, gender, sexual orientation, age, disability status, immigration status, etc. Also highly relevant to this population is level of stable housing, level of social support, mental health literacy, substance use, cognitive functioning, and education and employment

status. Mental health stigma, both in terms of identifying a mental health problem, and/or seeking treatment for a mental health problem, is likely present. These factors are all assessed at intake via both self-report as well as semi-structured psychosocial interview and are important to case conceptualization and collaborative development of interventions. The Fellow is provided with training and supervision regarding formulating conceptualizations and interventions based on the intersection of identity and diversity factors of each patient. Additionally, the impact of clinicians' identity on the process of case conceptualization, assessment, and therapy are regularly discussed in supervision. Factors such as perceived age and race/ethnicity, gender, and military status, and many other aspects of identity, all can impact the interaction between therapists and veterans, and trainees are encouraged to discuss this potential impact, as well as decisions about if, when, and how to address them directly with patients. Importantly, many veterans treated in CRV have had (and continue to have) experiences with identity-based marginalization, oppression, and discrimination. Clinicians directly address these, as well as the way they may influence mental health symptom experience and expression in treatment, or the care-seeking process within the VA, and discuss in supervision. As noted above, we actively address topics related to diversity and allyship in psychology on our monthly discussion group, and we aim to incorporate the impact of diversity factors into all CRV case conference, didactic presentations, and informal case discussions.

RESEARCH AND PROGRAM DEVELOPMENT

The Fellow will have opportunities to engage in clinical research, program evaluation, and/or performance improvement activities tailored to their interests and goals. The Fellow's primary supervisors will assist the Fellow in connecting with projects and opportunities most closely aligned with their professional interests. The level of fellow involvement in research and program development activities will vary based on interest and training needs. These activities will be mentored by a staff member either within CRV or by an outside staff member (e.g., within the NCPTSD) with complementary interests to the Fellow. Recent Fellow research/program development projects have covered a wide range of topics including military sexual trauma, web-based interventions for substance use among post-9/11 veterans, role of stressful life events during deployment and later readjustment outcomes, trauma memories, self-injurious behavior, and mindfulness groups for residential substance abuse programming.

For Fellows interested in program evaluation and development, there are opportunities to collaborate on ongoing projects within CRV. Some of the potential areas we are working to address in 2023-2024 include understanding more about the demographic and cultural factors that characterize the population we serve, as well as questions related to the implementation and integration of the VA's Whole Health program into CRV services. Fellows would have to the opportunity to contribute to the development of program evaluation systems/best practices, participate in data collection, entry, and analysis, write an empirical research or review paper, or present a poster at a team meeting and/or conference.

Selected recent publications from our **staff** and *Fellows* (highlighted):

- Brailey, K.**, Mills, M. A., Marx, B. P., Proctor, S. P., Seal, K. H., Spiro, A., III, Ulloa, E. W., & Vasterling, J. J. (2018). Prospective examination of early associations of Iraq war zone deployment, combat severity, and posttraumatic stress disorder with new incident medical diagnoses. *Journal of Traumatic Stress, 31*, 102-113.
- Williston, S. K.**, Bramande, E., Iverson, K. M., Vogt, D. S., & Fox, A. (2019). Mental health literacy, stigma and perceived need for care among women veterans. *Psychiatric Services, 1*;71(2):144-150.

- Williston, S. K.**, Kruepke, M., Grossman, D., Litwack, S., & Niles, B. (2021). Exploring modifications to individual trauma-focused PTSD treatments in a routine care setting: An examination of medical records at a Veterans Health Administration PTSD clinic. *Cognitive and Behavioral Practice, 29*.
- Williston, S. K.**, Martinez, J., Graham, J. R., & Abdullah, T. (2019). Barriers to care among students who identify as people of color: Examining the roles of mental health beliefs and racial and ethnic discrimination. *International Journal of Social Psychiatry, 65*, 458–467.
- Williston, S. K.**, Roemer, L., & Vogt, D. S. (2019). Cultural and service correlates of mental health beliefs among post-9/11 veterans. *International Journal of Social Psychiatry, 65*, 313-320.
- Williston S. K.** & Vogt D. S. (2021) Mental health literacy in veterans: What do U.S. military veterans know about PTSD and its treatment? *Psychological Services;10*, 1037.
- Williston, S. K.**, Zakarian, R., **Scott, J. P.**, Shea, A., & **Brailey, K.** (2023, March). *Implementing “Whole Health” with post-9/11 veterans seeking mental health care*. Poster presented at Harvard Psychiatry Research Day, Boston, MA.

Posttraumatic Stress Disorder

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Location: VA Boston Healthcare System
Jamaica Plain Campus

Number of Fellows: *Two full-time Fellows* are admitted each year.

OVERVIEW

The PTSD Fellowship track trains clinicians in all aspects of the treatment and assessment of trauma-related problems. This one-year, multifaceted training experience is designed to integrate various approaches to PTSD treatment and to the treatment of other trauma-related and comorbid disorders. Clinical training is conducted within two VA Boston clinical programs affiliated with the VA National Center for PTSD on the Jamaica Plain campus: the PTSD Clinical Team (PCT), which is affiliated with the Behavioral Science Division (BSD), and the Women's Trauma Recovery Team (WTRT), which is affiliated with the Women's Health Sciences Division (WHSD).

In a typical week, PTSD fellows spend 50% of their clinical time working with Veterans served in the PCT and 50% working with Veterans served in the WTRT. The Veterans seen in these two programs are diverse on all sociodemographic characteristics and have served in the military during both peacetime and wartime, with increasing numbers having served in the recent conflicts (approximately 40% of new PCT referrals and 25% of new WTRT referrals served in Iraq and Afghanistan). Traumas range from military combat to military sexual trauma, childhood traumas, accidents and interpersonal violence. Veterans present with PTSD and other trauma-related issues as well as with comorbid diagnoses including

substance use disorders, depression, borderline personality disorder/core emotion dysregulation, and many others.

Both the PCT and the WTRT provide trauma recovery services, including evaluation and assessment, stabilization, foundational skills training, exposure, and processing. PTSD fellows are exposed to a variety of evidence-based therapies and modalities, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Written Exposure Therapy (WET), Dialectical Behavior Therapy (DBT), the Dialectical Behavior Therapy Prolonged Exposure Integrated Protocol (DBT PE), Narrative Exposure Therapy (NET), Adaptive Disclosure, Skills Training in Affective and Interpersonal Regulation (STAIR), Seeking Safety, motivational interviewing, acceptance- and mindfulness-based approaches, and several psychoeducational, skills-based, and process groups. Fellows also conduct both in-depth diagnostic assessments and briefer intake interviews and learn how to incorporate assessment information into treatment planning. Fellows are further supported in patient-centered treatment planning and are encouraged to implement evidence-based psychotherapies in ways that are adherent yet flexible and culturally responsive.

In addition to the direct provision of clinical services, fellows serve as members of interdisciplinary treatment teams that collaborate with, and provide consultation to, other mental health and medical care providers in order to address the high rates of psychiatric and medical comorbidities among trauma survivors. As part of their training in DBT, fellows also join VA Boston's DBT consultation team.

Fellows have the opportunity to provide clinical supervision to less advanced trainees in the PCT and/or the WTRT during their fellowship year, and to receive supervision of that supervision. As well, fellows are afforded the opportunity to collaborate on innovative research in the field and are allotted four hours per week of protected research time. Fellows typically conduct this work within one of the National Center for PTSD divisions.

Fellows who have graduated from the program have gone on to varied successful careers such as: VA staff positions across the country; positions working with Veterans in other settings; university faculty positions; administration, policy and training positions; private practice; and research positions.

GOALS

The goal of the PTSD Fellowship is to provide an intensive clinical training year treating a diverse population of multiply-traumatized Veterans with a broad range of traumatic stressors, sociodemographic characteristics, service eras, and clinical presentations who present with a range of comorbid mental health and medical conditions in addition to PTSD. Both PTSD fellows divide their time evenly between the PCT and the WTRT. The primary responsibility of clinical fellows in the PCT is the provision of PTSD-related clinical services to male-identified Veterans. The primary responsibility of fellows in the WTRT is the provision of trauma-related clinical services (e.g., trauma-focused therapies, full model DBT) to female-identified Veterans with PTSD and other trauma-related disorders, and consultation to other treatment providers. Trans Veterans, as well as Veterans who identify as non-binary, gender fluid, or other gender identities, are provided the choice of receiving care within the program in which they feel most comfortable. In addition to learning specific techniques and protocols for evidence-based treatments, fellows are provided supervision on the ideographic conceptualization of cases and prioritization of treatment targets.

The clinical services fellows provide to Veterans include:

- Brief, problem-focused intake assessments and consultations;
- Comprehensive psychological assessments;
- Psychoeducation
- Stabilization (e.g., crisis intervention, risk modification)
- Individual and group-based skills training (e.g., DBT skills, STAIR, CBT for PTSD-SUD, stress management, anger management, sleep hygiene)
- Individual evidence-based trauma-focused therapies for PTSD (e.g., PE, CPT, WET)
- Full model DBT

By the end of the training year, fellows will have gained expertise in multi-method psychological evaluation and treatment of the sequelae of trauma throughout the lifespan.

SUPERVISION AND TEACHING METHODS

PTSD fellows are each assigned a primary supervisor within both the PCT and the WTRT, with one supervisor being charged with the responsibility for overall coordination of the fellow's training experience. Fellows typically work with at least one additional clinical supervisor within each program and have the opportunity to interact closely with all primary clinical supervisors within PCT (Drs. Eve Davison, Alexandra Leong Mattern, Scott Litwack, Gina Poole LaPosta, and Christine Serpe) and WTRT (Drs. Jack Brooks, Eve Davison, Colleen Sloan, and Martha Zajac).

Supervision is also provided on methods of effective consultation within a medical center. In addition to weekly supervision and team meetings in the PCT and the WTRT, fellows attend DBT consultation team and interdisciplinary consultation meetings with medical staff in Women's Health and may also attend CPT or PE group consultation. Fellows also have protected time to attend VA Boston's Psychology Multicultural Consultation Team and Psychology Diversity and Inclusion Committee meetings.

DIDACTICS

PTSD fellows participate in the following Trauma Recovery Section and National Center for PTSD trainings and didactics at the of the training year:

- Two-day workshop in Cognitive Processing Therapy (CPT) for PTSD
- Prolonged Exposure (PE) for PTSD
- Dialectical Behavior Therapy (DBT) didactic series
- Written Exposure Therapy (WET)
- Intakes and assessments in PCT and WTRT
- Use of the Clinician-Administered PTSD Scale (CAPS-5)
- Clinical issues in PTSD assessment
- ADDRESSING Framework
- Personality and personality disorder assessment
- PTSD and substance abuse treatment
- Diverse identities and stigma in PTSD treatment
- Military Sexual Trauma (MST)
- Intimate Partner Violence (IPV)

DIVERSITY FOCUS

PCT and WTRT clients represent diversity across all dimensions, including age, era of service, race, ethnicity, country of origin, first language, disability, religion, sexual orientation, gender identity, and gender expression. As such, we believe it is integral to match the needs of our population by embracing a multiculturally-informed clinical practice and training experience. We strive to incorporate issues related to diversity at all levels of training and seek to foster an environment of humility and growth for staff and trainees alike.

Beginning with the Trauma Recovery Section/National Center for PTSD didactic series, fellows will begin to learn more about the PCT and WTRT clientele and issues central to Veteran care – for example, integrating cognitive behavioral and culturally responsive practice; ethnoracial diversity in posttraumatic stress; working with sexual and gender minority Veterans; impact of serving under Don't Ask Don't Tell. Trainees can anticipate supervision to be a supportive space to explore identities as they relate to assessment, treatment planning, case conceptualization, and intervention, as well as professional development and identity as a burgeoning psychologist. Fellows are supported and encouraged to explore and capture aspects of diversity salient to their clients and to incorporate these into intake, assessment, and therapeutic processes. Similarly, we believe that the therapist's experience in the therapeutic relationship is also inherent to the therapeutic process, and we invite and encourage exploration of the interplay of therapist-client identities throughout training.

We strive to be responsive to cultural and contextual factors that impact reporting of symptoms, descriptions of subjective distress, and manifestation of symptoms, and we often incorporate more flexible assessment approaches such as the Structured Interview for DSM-IV Personality (SIDP). At intake, Veterans will complete a comprehensive demographic form to inform client-centered care and formulate case conceptualization. Fellows also receive support to explore and incorporate culturally-responsive assessments, e.g., DSM-V Cultural Formulation Interview (CFI), when indicated. In treatment planning, we explore and discuss barriers to care (e.g., childcare, housing needs) and potential internalized stigma around help-seeking and mental health treatment. When able, we also provide therapist matching based on client preference, e.g., race, gender. Throughout the course of treatment, Veterans' experiences with discrimination, oppression, minority stress, and resilience – and the ways these experiences may interact with trauma-related symptoms – are explored and addressed. For example, we may consider internalized negative beliefs secondary to racism, the intersection of these beliefs with PTSD, and ways our trauma-focused protocols can acknowledge and sensitively address these beliefs.

Ultimately, supervisors and clinicians endeavor to foster an environment of transparency and mutual respect, acknowledging Veterans as the foremost experts on themselves and welcoming ongoing conversation about their perceptions of the impact and relevance various aspects their identities have on their care and recovery.

RESEARCH AND PROGRAM DEVELOPMENT / EVALUATION

Fellows typically spend four hours each week devoted to research and/or program development or program evaluation activities. Early in the training year fellows begin to define research goals in collaboration with their supervisors and establish a connection with a research mentor to help guide these efforts throughout the year. Fellows have a wealth of opportunities from which to choose, given that there are more than twenty-five active researchers across two divisions of the National Center for PTSD located at VA Boston. With this diversity of available mentorship, fellows are able to find support for their specific training goals. There are also opportunities for collaboration on clinic-based program evaluation and development. Program evaluation and program development projects have in the recent past

included analyzing variables related to completion or dropout from trauma-focused individual psychotherapy; the development and evaluation of a minority stress and empowerment group for Veterans; the development and evaluation of a nightmare rescripting group; a needs assessment related to parenting issues; symptomatic changes in skills group interventions; redesign of the intake process; and design of orientation materials for trainees.

Current research in the two National Center for PTSD divisions is supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including risk and resilience, diversity factors in trauma exposure and recovery, randomized controlled trials for PTSD, emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization.

Selected recent publications from our staff and trainees (**recent psychology trainees marked with asterisk**) include:

- *Alpert, E., *Carpenter, J. K., Smith, B. N., Wooley, M. G., Raterman, C., Farmer C., Kehle-Forbes, S. M., & Galovski, T. E. (2023). Leveraging observational data to identify in-session patient and therapist predictors of cognitive processing therapy response and completion. *Journal of Traumatic Stress, 36*, 397-408.
- *Arditte Hall, K. A., DeLane, S. E., Anderson, G. M., Lago, T. R., *Shor, R., Wang, W., Rasmusson, A. M., & Pineles, S. L. (2021). Plasma gamma-aminobutyric acid (GABA) levels and posttraumatic stress disorder symptoms in trauma-exposed women: A preliminary report. *Psychopharmacology, 238*, 1541-1552.
- *Arditte Hall, K. A., Werner, K. B., Griffin, M. G., & Galovski, T. E. (2020). The effects of cognitive processing therapy + hypnosis on objective sleep quality in women with posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. [doi: 10.1037/tra0000970](https://doi.org/10.1037/tra0000970).
- Bell, M. E., *Dardis, C. M., Vento, S. A., & Street, A. E. (2018). Victims of sexual harassment and assault in the military: Understanding risks and promoting recovery. *Military Psychology, 30*(3), 219-228.
- *Brennan, L. A., Brady, J. E., Drummond, K. L., Stirman, S. W., *Gutner, C. A., & Iverson, K. M. (2022). Mental health clinician perspectives regarding factors impacting implementation of evidence-based psychotherapies in Veterans Health Administration community-based outpatient clinics. *General Hospital Psychiatry, 75*, 54-60.
- *Carpenter, J. K., *Bragdon, L., & Pineles, S. L. (2022). Conditioned physiological reactivity and PTSD symptoms across the menstrual cycle: Anxiety sensitivity as a moderator. *Psychological Trauma: Theory, Research, Practice, and Policy, 14*, 453-461.
- *Cuthbert, K., Hardin, S., *Zelkowitz, R., & Mitchell, K. (2020). Eating disorders and overweight/obesity in veterans: Prevalence, risk factors, and treatment considerations. *Current Obesity Reports, 9*, 98-108.
- *Danitz, S. B., Wiltsey-Stirman, S., Grillo, A. R., Dichter, M. E., Driscoll, M., Gerber, M. R., Gregor, K., Hamilton, A. B., & Iverson, K. M. (2019). When user-centered design meets implementation science: Integrating provider perspectives in the development of an intimate partner violence intervention for women treated in the United States' largest integrated healthcare system. *BMC Women's Health, 19*(145). doi.org/10.1186/s12905-019-0837-8.

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Fellowship Graduation Ceremony – July 27, 2023



Top Row – Emma Katz, Ph.D.; Mary Kate Franchetti, Ph.D., Richard Koch, Psy.D., Rebecca Zakarian, Ph.D.

Second Row – Shaadee Samimy, Ph.D., McCarey Bast, Psy.D., Lauren Radigan, Ph.D., Brian Bulla, Ph.D.

Third Row – Natasha Robinson-Link, Ph.D., and Katie Connor, Psy.D., Jack Brooks, Ph.D., Darin Witkovic, Ph.D., Martina Azar, Ph.D.

Bottom Row – Laura Grande, Ph.D., ABPP/cn (Neuropsychology Program Director), Amy Silberbogen, Ph.D., ABPP (Fellowship Director), Cara Crook, Ph.D., Douglas Gazarian, Ph.D.



PROGRAM WIDE REVIEW AND REMEDIATION PROCEDURES

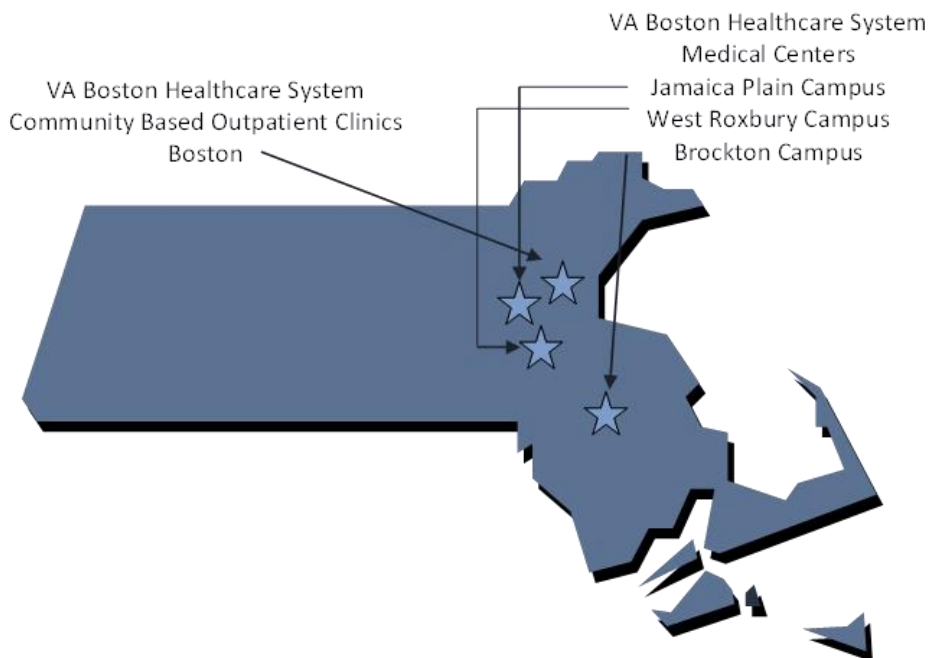
EVALUATION METHODS

Postdoctoral Fellows receive a formal written evaluation of their progress by their primary supervisor a minimum of three times per year (at 2 months, 6 months, and 12 months). Fellows provide written evaluations of their supervisors on a semi-annual basis. Additionally, each Fellow meets with the Training Director a minimum of three times per year to provide feedback on their experience. Evaluation methods are explained in detail in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival. These processes are available, in advance, upon request.

DUE PROCESS POLICY

In the event of a grievance, the Fellowship Program has a due process policy that outlines both remediation procedures and procedures for Fellows to follow if they have a concern about the review process or their experience at VA Boston. The Due Process Policy is incorporated within “Remediation Procedures” that are detailed in the Postdoctoral Training Orientation Manual that Fellows receive upon arrival. VA Boston’s Due Process/Grievance Policy is available, in advance, by request.

TRAINING ENVIRONMENT



The VA Boston Healthcare System encompasses eight campuses within a 40-mile radius of the greater Boston area. The consolidated facility consists of the Jamaica Plain campus, located in Boston's Longwood Medical Community; the West Roxbury campus, located on the Dedham line; and the Brockton campus, located 20 miles south of Boston in the City of Brockton. In addition to the three main medical centers, five Community Based Outpatient Clinics (CBOCs) located in Framingham, Lowell, Quincy, Dorchester, and Causeway Street (Boston) make up the VA Boston Healthcare System (VA BHCS).

JAMAICA PLAIN CAMPUS

The Jamaica Plain Campus offers state-of-the-art ambulatory care and primary care services. The Ambulatory Care Center serves as a hub for tertiary ambulatory services. This center's specialized services include state-of-the-art audiology services, ambulatory day surgery, CAT scanning, MRI, specialized aphasia treatment, an eye center providing argon laser therapy of retino-vascular diseases, CO2 and YAG laser treatment of cancer and Argon and YAG laser treatment of eye diseases, and vitrectomy. A model Veterans Industries/Transitional Living program for patients with Substance Abuse problems has recently been accredited by the Committee for Accreditation of Rehabilitation Facilities (CARF). Medical services located at this campus also include substance abuse, nuclear medicine, and a Center for Excellence for oncology/ hematology, which includes high voltage radiation therapy/ linear accelerator. Two National Centers for Posttraumatic Stress Disorder (also named Centers for Excellence) include the Behavioral Science Division and the Women's Health Sciences Division. Additional programs available at Jamaica Plain are a Comprehensive Women's Health Center and mammography, an Operation Enduring Freedom/Operation Iraqi Freedom/ Operation New Dawn program, a Polytrauma Center, and many other special programs to meet gender specific needs as well as other special needs of veterans due to environmental causes such as radiation, Persian Gulf, or Agent Orange exposure. Finally, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/ OIF Veterans.

WEST ROXBURY CAMPUS

The West Roxbury Campus serves as the tertiary inpatient medical center for the VA Boston Healthcare System and the other VA medical centers in the region. Recently named a Center for Excellence in Cardiac Surgery this facility offers cardiac catheterization, CCU, and a renowned Open Heart Surgery Program. The West Roxbury campus also has a nationally recognized acute Spinal Cord Injury program and is one of few VA facilities that have a CARF-accredited acute medical rehabilitation program and spinal cord injury program, supported by a swimming pool that is located in the hospital proper. This campus supports an interventional cardiology program with electrophysiology. In addition, West Roxbury serves as the referral center for intensive inpatient surgery and provides such unique and high-risk surgeries as, vascular surgery, specialized general and cancer related surgery, orthopedics, hand and joint replacement surgery, neurosurgery, plastic surgery, and urology. The spinal cord injury program operates within a “hub and spokes” model for the Northeast VA region to provide consistent care excellence. West Roxbury maintains a 24-hour emergency department.

BROCKTON CAMPUS

The Brockton Campus offers veterans a wide range of health care options including comprehensive primary care, outpatient mental health services (including specialized geriatric mental health, PTSD, substance abuse, and psychosocial rehabilitation services), inpatient psychiatry (including acute, transitional, and intensive substance abuse care), and long-term care. Long term care services include the Community Living Center (nursing home and rehabilitation care) and a chronic Spinal Cord Injury (SCI) unit. A Center for Excellence in Health Care for Homeless Veterans, this campus houses a 60 bed Domiciliary for Homeless Veterans. Also available in Brockton is an inpatient psychiatric unit for women, one of only four such units available in the entire VA system. This unit, in conjunction with an outpatient Women’s Health Center, offers women veterans a complete spectrum of health care services. Both the Homeless Veterans program and the Women’s Program are regional referral centers for veterans throughout New England. The Chronic Spinal Cord Injury Unit offers specialized programs and respite care for veterans with spinal cord injuries and disabilities. The Community Living Center similarly offers respite care programs to veterans throughout New England.

DIVERSITY AND INCLUSION

- **VA BOSTON PSYCHOLOGY SERVICE COMMITTEE ON DIVERSITY AND INCLUSION**

The VA Boston Psychology Service Committee on Diversity and Inclusion was developed in 2006 by staff and trainees devoted to increased focus on diversity and inclusion. The mission of this committee is to promote sensitivity toward, and respect for, all individuals from diverse backgrounds in the VA Boston Psychology Service by pursuing the following activities: provide a voice for all departmental trainees, staff, and faculty; promote professional growth opportunities for research and clinical practice; promote the expansion of the psychology service to include more diverse members; provide a forum to discuss diversity and inclusion; advocate for expanding the focus on diversity and inclusion; and provide educational resources and opportunities related to diversity and inclusion. The committee is involved with multiple projects related to this mission, and the involvement of trainees is valued highly since they provide a unique perspective on training. In 2023, the PDIC contributed to the development of two affinity groups: BIPOC Affinity Group and LGBTQ+ Affinity Group (for trainees). Fellows will be provided with information about these groups at the start of the training year. The PDIC meets monthly via teleconference so that staff and trainees from all campuses can attend. For more information, please contact the current committee co-Chairs, Colleen Sloan, Ph.D. and Jack Brooks, Ph.D. at colleen.sloan2@va.gov and taylor.brooks1@va.gov.

- **MENTAL HEALTH MULTICULTURAL CONSULTATION TEAM**

The Psychology Service Committee on Diversity and Inclusion began developing the Multicultural Consultation Team in Fall 2019 in an effort to provide a dedicated space for peer-led education and consultation on best practices for honoring and responding to diverse identities of Veterans in clinical care. We consulted with similar teams at peer institutions and conducted a needs assessment among the broader Mental Health Service at VA Boston in Spring 2020. This initial assessment revealed tremendous interest and support for such and nearly 100 providers attended the team's first formal meeting in August 2020, where we presented a didactic on responding to racist and intolerant statements in clinical settings. Monthly meetings will include both smaller gatherings for case consultation and large meetings for additional didactic presentations. The team's mission and values statements are below. Trainees have played an important role in the development of this team. We welcome all trainees in our collective efforts to grow as clinicians and provide responsive, affirming mental health care.

- **Mission**

To support providers' efforts to give mental health care that meaningfully acknowledges and responds to the diverse backgrounds and identities of all VA Boston patients.

- **Values**

- We are all lifelong learners in this domain – we must both support and challenge each other in order to enhance our multicultural competence.
- Diversity is a multifaceted construct, and intersectionality of diverse identities must always be considered.
- As mental health providers, we are in a unique position to combat inequality and oppression by providing culturally competent services to those with diverse identities, as well as addressing discriminatory beliefs expressed by our patients.
- In order to most effectively serve the needs of diverse patients, we must attend to our own identities, assumptions and biases, as well as their interaction with those we are working with.

- **ALANA**

VA Boston training programs have a formal relationship with the Harvard Medical School Department of Psychiatry's ALANA Mentoring Program for African-American, Latinx, Asian, Native American students. The ALANA program involves psychology trainees from all Harvard training sites in the Boston area. Participation in the program is voluntary and provides a unique opportunity for persons of color to meet for personal and professional growth. This program is currently lead by Dr. Martin La Roche and serves as a mentoring program to support completion of the internship and postdoc, discuss early career concerns, learn about licensure preparation and requirements, network with other psychologists, learn the benefits of creating a professional brand and more. Meetings typically take place in Boston. Interested trainees will be connected with Dr. La Roche at the start of the training year.

SUPPORT SERVICES

There are a wide variety of support services available to the Fellow. The Medical Center's excellent Medical Library has branches in two of the campuses. In addition to extensive journal and reference collections, the library provides the capacity for computer generated literature searches and is able to obtain materials from regional university libraries, the Harvard Medical School Library and other VA Medical Centers. The Medical Library is also able to locate and borrow video training materials.

The Fellow has access to personal computers at all three Divisions.

If needed, childcare is available at the Tyke Site at the Brockton Division and Small World at the Jamaica Plain Division. These are nondiscriminatory, nonprofit, on-site childcare facilities licensed to serve children between the ages of 3 months to 6 years of age.

RESEARCH ACTIVITIES

Research is an integral part of the overall VA Boston Healthcare System's mission and plays a key role in enhancing the healthcare services provided to our veteran population. The total Research and Development Program for the three campuses, Brockton, West Roxbury and Jamaica Plain, is one of the largest and most active in the VA system. In recent years, total VA funding has been in the range of \$97 million. Extramural research funding from other federal agencies, such as NIH and DOD, private proprietary companies, voluntary agencies and foundations have added another \$30 million per year. As a referral center for neuro-psychiatric disorders, the Brockton campus has major research efforts in the neurophysiology of mental illnesses, problems in alcoholism and sleep problems associated with many mental disorders. The research interests at the West Roxbury campus, as the acute tertiary care division, spans several fields, with a strong focus on gastrointestinal disorders, cardiology and cardiovascular diseases, hematology, pulmonary medicine, urology, neurology, and spinal cord injury. At the Jamaica Plain campus in conjunction with the Boston Outpatient Clinic, there are significant research projects on substance abuse, hemostasis, aphasia, language and memory disorders, PTSD, and infectious diseases, among others. Investigators at both the Brockton campus and the Jamaica Plain campus have been participating in a major VA cooperative studies trial on the National Health Survey of Persian Gulf War Veterans and their families. There are several special emphasis programs and research centers at the VA Boston Healthcare System, including the Massachusetts Epidemiology Research and Information Center, the Normative Aging Study, the Dental Longitudinal Study, NIDA per VA Medication Development Center, and two National Centers for PTSD. As mentioned above, The Translational Research Center for TBI and Stress Disorders (TRACTS) is a VA Research and Development Center of Excellence mandated to advance the diagnosis and treatment of the commonly co-occurring conditions of PTSD and Mild Traumatic Brain Injury in OEF/OIF Veterans. There are also several programs in the area of Rehabilitation Research and Development and Health Services Research and Development, with the VA's HSR&D Management Decision and Research Center, located at the Jamaica Plain Campus.

LIVING ENVIRONMENT / COST OF LIVING

The nature of the Greater Boston area and the location of the different Medical Centers provide the Fellow the opportunity to choose from a variety of settings. The West Roxbury and Jamaica Plain divisions, several miles apart from one another, are within the city of Boston. The Brockton division is south of Boston along Route 24. The City of Providence, located less than an hour's drive, is accessible via major highways from either division. There is a shuttle service between the three Divisions that operates throughout the working day. It is possible for the Fellow to live in or close to Boston and be part of an urban lifestyle.

No matter which setting the Fellow chooses, the cultural, educational, and recreational activities of Boston and New England are easily accessible. Boston, known for its arts, history, and educational institutions, is little more than a half-hour from Brockton by car at non-peak hours. There are also many forms of public transportation available into the city. The commuter rail makes it is easy to get in and out of Boston to see a play, visit a museum, or experience the flavor of the city's diverse ethnic groups. The New England region is attractive, varied, and readily accessible by car. The Berkshires, Cape Cod, Rhode Island, southern Maine, New Hampshire, and Vermont are all easily visited as day trips. A trip to the beach, the mountains, Gillette Stadium (New England Revolution and New England Patriots), Fenway Park (Boston Red Sox), the TD Garden (Boston Celtics and Boston Bruins), or Boston's many museums offers the Fellow an opportunity for a change of pace while staying close to home.

The Fellowship year often means relocation not only for the Fellow but also for a partner. A wide range of educational opportunities are available at the many colleges and universities in the Greater Boston area, including Harvard University, Boston University, M.I.T., College of the Holy Cross, Boston College, Northeastern University, Clark University, Brown University, University of Rhode Island, and University of Massachusetts Boston. In addition to full-time study at the main campuses, there are many satellite, evening or part-time programs available. The job market is relatively good for significant others who may be looking for employment during the Fellowship year.

We do understand that housing costs in or near Boston are quite high and that this is a significant consideration when applying to or considering a training year in the Boston area, particularly given the trainee salary. However, we do have trainees who make it work every year through various means. This includes choosing to live in neighborhoods that are relatively less costly (e.g., Allston or Brighton, Medford, Quincy) or finding a roommate(s). Trainees who have moved here on their own frequently live with roommates. It may also be possible to share an apartment with other incoming trainee(s) moving to the area from another location. It is also very easy to navigate Boston without a car given the extensive MBTA system (particularly for JP based trainees), which allows you to save on insurance and gas. All of our trainees who use public transportation to commute to and from work are eligible for the federal transit benefit program, which subsidizes the cost of purchasing an MBTA pass often up to the full cost of commuting. Finally, our facility offers on-site parking at all our locations at no extra charge. We understand that cost of living is a significant factor in determining where to complete a training year, and we are happy to answer questions or discuss this further with you during the interview day. Additionally, our current trainees are more than happy to discuss their experiences living in Boston on a trainee salary.

HOURS, STIPEND, AND BENEFITS

- The Postdoctoral Fellowship requires that Clinical Psychology Fellows must complete 2080 training hours annually.
- All Fellows receive a full stipend – no Fellow is accepted on a Without Compensation (WOC) status. The current stipend for a first-year postdoctoral Fellow is **\$58,222** before taxes.
- Fellows are eligible for health insurance at a reduced cost, including supplemental vision and dental insurance. VA-paid fellows are eligible for health insurance (for self, spouse, and legal dependents) just as are regular employees. (As a result of a Supreme Court's decision, legally married same-sex spouses are now eligible family members under a Self and Family enrollment. **Coverage is available to a legally married same-sex spouse of a Federal employee or annuitant, regardless of his or her state of residency.** This decision does not extend coverage to registered domestic partners or individuals in civil unions.)

- It is anticipated that Fellows will receive courtesy training appointments at Boston University Chobanian & Avedisian School of Medicine and at Harvard Medical School during the training year.
- Benefits include 11 paid holidays, 13 days of annual leave (vacation) and, as needed, 13 days of sick leave. Finally, Fellows are given up to 64 hours of paid educational leave to attend conferences, major professional meetings, and symposia. Upon completion of the year of training, Fellows are eligible to enter Federal Service at the grade of GS-12.
- The Federal Tort Claims Act applies to Fellows regarding the practice of psychological services and their own personal injuries that occur while on the job at the VA.
- Transit Benefit - The VA provides a non-taxable subsidy designed to encourage employees to use mass transportation or non-motorized bicycles for their daily commute to and/or from their duty station by methods other than single occupancy vehicles in order to reduce their contribution to traffic congestion and air pollution and to expand their commuting alternatives.
- Compliance with the Americans with Disabilities Act (ADA): The Fellowship Training Program is required by federal law and health care system policies to make sure that the work setting provides reasonable accommodation for employees and trainees with disabilities to participate fully in the application process and perform essential job functions. Applicants are encouraged to contact the Director of Training with any questions they may have.



APA ACCREDITATION

Both training programs of the VA Boston Psychology Postdoctoral Fellowship Training Program are accredited by APA. Our next Site Visit will be in 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

E-mail: apaaccred@apa.org

Web: <http://www.apa.org/ed/accreditation>

ELIGIBILITY

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

Eligibility requirements for VA internships are determined nationally and we have no authority to override these requirements locally. All information about VA eligibility requirements is available at: www.psychologytraining.va.gov/eligibility.asp

- 1. U.S. citizenship.** VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All Fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
- 2.** 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.
- 3.** Have completed an internship program accredited by the APA or CPA. The only exception regarding accreditation is for those who complete a new VA internship that is not yet accredited.
- 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. **Transgender and gender-diverse applicants please note:** US citizens or immigrants who were assigned male sex at birth and who updated their documents to a different gender marker are still required to register. Individuals who were assigned female sex at birth and who updated their documents to male are not required to register. However, if you did not register with Selective Service, are 26 years or older, and now have a male gender marker, some agencies may ask you to provide an official response, or Status Information Letter, from the Selective Service indicating if you were or were not required to register. More information can be found at the Selective Service website: (<https://www.sss.gov/register/who-needs-to-register/#p7>) or by calling 888-655-1825.
- 5.** Fellows are subject to fingerprinting and background checks. Appointment decisions are contingent on passing these screens.
- 6.** VA conducts drug screening exams on randomly selected personnel as well as new employees. Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees. Please be advised: Although the recreational and medical use of marijuana is legal in Massachusetts and some other states, it is not legal at federal facilities. Thus, we cannot employ anyone who tests positive for marijuana.

For additional information regarding the “VA Drug-Free Workplace Program,” please see https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

7. *The Department of Veterans Affairs, like all federal government agencies, has mandated that all employees and trainees be fully vaccinated for COVID-19 as a condition of employment. Trainees may request a medical or religious exemption from the COVID-19 vaccine.*

APPLICATION PROCESS

The VA Boston Healthcare System, in which our training program resides, is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences.

We have a strong commitment to providing high-quality training in culturally-responsive clinical care, to attracting Fellows with diverse lived experiences and identities, and to creating an inclusive and welcoming training culture. Our patient population is diverse, and Fellows will have opportunities to work with Veterans with diverse identities, including Veterans of Color and LGBTQ+ Veterans. Applications are encouraged from candidates committed to culturally-responsive care and from candidates who hold diverse identities, including those traditionally underrepresented in psychology. If you would like to let us know more about your lived and/or professional experience related to diversity and culturally-responsive care, we encourage you to include a brief sentence or two about this in *your personal statement*.

The VA Boston Psychology Postdoctoral Fellowship Program evaluates the following criteria when selecting applicants to the **Clinical Psychology Program**:

- Breadth and quality of prior general clinical or counseling training;
- Quality of experience in the specific focus area to which the applicant applies;
- Quality of experience with a diverse patient population and provision of care from a culturally competent framework;
- Quality and scope of research productivity;
- Evidence of personal maturity and accomplishments;
- A clear, thoughtful, and meaningful writing style in application materials;
- Goodness of fit between the applicant’s professional goals and program training objectives;
- Strength of letters of recommendation.

In keeping with our program orientation, we strongly prefer applicants from graduate programs that have a scientist-practitioner or clinical scientist orientation.

Applications are reviewed for eligibility after all materials are received. Applications are distributed to coordinators of each Track (e.g., PTSD) where they are reviewed and evaluated by supervising faculty. Virtual interviews are offered to select candidates (see additional information below).

Applicants are extended offers based on their written application materials and interview presentation.

APPLICATION MATERIALS

Application materials are due by midnight EST on Friday, December 15th, 2023. All applications must be submitted via APPA CAS, except under unusual circumstances and with consultation from Dr. Silberbogen. VA Boston has two portals through APPA CAS: one in Clinical Psychology and one in Clinical Neuropsychology. Please be sure to apply to the Clinical Psychology Program if you are applying for: Behavioral Medicine, Addiction Recovery, LGBTQ+ Healthcare, Interprofessional General Mental Health, Geropsychology, Post Deployment Readjustment and Trauma-Related Disorders, and PTSD. If you are applying for a position within Neuropsychology, please access the Clinical Neuropsychology portal. If you are applying to both programs, you will apply through both portals .

Please read and follow instructions carefully and prepare the following:

1. A personal statement, containing the following information:
 - The history of your interest;
 - Any relevant educational, clinical, and per or research experiences;
 - A description of how you integrate diversity and culture in your clinical practice, scholarly efforts, or other professional domains.
 - A self-assessment of your training needs and goals for the Fellowship;
 - A statement of your career goals.

Please note that if you are applying to multiple Tracks within the Clinical Program, your personal statement should address the above elements for each track reflecting the content areas to which you are applying. If you are applying to either the Addiction Recovery or Interprofessional General Mental Health Track, please indicate your interest in applying to the Fellow 1 position, Fellow 2 position, or both positions.

2. A detailed Curriculum Vita.
3. An official transcript of graduate work. We do not require transcripts from your undergraduate school. Please work to ensure that your official transcripts are mailed directly from your graduate program to APPA CAS **with enough time** that your application is complete by the deadline.
4. Three letters of recommendation - one from a faculty member familiar with your graduate school performance and at least one from a primary clinical supervisor during the doctoral internship.

We encourage applicants to be selective and thoughtful when considering submitting applications to multiple Tracks.

Please contact Track Coordinators with specific questions about training in a particular content area.

VIRTUAL INTERVIEW DAYS

Given the economic burden of traveling, we have always offered virtual interviews at VA Boston and have routinely extended offers to postdoctoral applicants who have chosen to do remote interviews. However, as a result of the COVID pandemic, we switched to fully virtual interviews for the 2021-2022 recruitment season and plan on **only** offering virtual interviews in the future. In addition to the health and safety concerns related to COVID-19, we believe that it is an issue of social justice and that in person interviews result in a significant and unnecessary financial burden to applicants. Therefore, no on-site interviews will

be offered or permitted, to ensure a level playing field and to reduce pressure that applicants might experience. Our virtual interview days (which will be held over Zoom) will include an overview of our training model and program, a presentation by our Psychology Diversity and Inclusion Committee, individual interviews with supervisors, and a meeting with current postdoctoral Fellows. We also have some video content to help you get to know us better.

We are planning on the following dates (see below) to offer as remote interviews. Applicants who are invited for interviews will be given as much notice as possible (usually 1-2 weeks) prior to committing to a virtual interview day. Additionally, we will be attending to time zones and offering interview times that accommodate our West Coast and Hawaii applicants. Additional information will be provided regarding scheduling directly to applicants invited for interviews, including requests for accommodations related to medical concerns, nursing, etc.

Planned virtual interview dates (subject to change with notice to applicants selected for interviews):

- Thursday, January 18, 2024
- Monday, January 22, 2024
- Wednesday, January 24, 2024
- Friday, January 26, 2024

PROCESS

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period.

VA Boston is following all aspects of the APPIC Postdoctoral Selection Standards and Common Hold Date ([Postdoctoral Selection Standards \(appic.org\)](https://www.appic.org/postdoctoral-selection-standards)). We anticipate making offers upon completion of interviews. Applicants are strongly encouraged to utilize the resources developed by APPIC Postdoctoral Committee to prepare themselves for the postdoctoral application and selection process, including the Communications Templates: [Postdoc Communication Templates \(appic.org\)](https://www.appic.org/postdoc-communication-templates)

Please be in contact with Dr. Silberbogen at any point during the review process if you have questions about your status or have an offer from another program and are interested in checking-in. We understand that accepting a Fellowship is a significant decision in one's professional development and will make every effort to support applicants in making decisions about their candidacy at VA Boston. We will notify applicants when they are no longer under consideration or when all positions they have applied to have been filled.

STATEMENT OF NONDISCRIMINATION

The VA Boston Psychology Postdoctoral Fellowship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and Veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

IF AN OFFER IS EXTENDED:

- **Doctoral Degree Requirement:** All offers of acceptance for a postdoctoral position within the VA Boston Psychology Postdoctoral Fellowship Program are strictly contingent upon applicants having completed all requirements (clinical, academic, and administrative) for the doctoral degree. In other words, you cannot start a Postdoctoral Fellowship if you are not “postdoctoral”, including graduate school approval of your dissertation.
 - If an offer is extended, you will be informed that you must provide evidence that you have completed all academic requirements no later than July 1, 2024. This can take the form of a copy of the diploma or a written attestation of such from your University Department Chair. If you have not defended your dissertation by July 1, 2024, we will also accept documentation from your Department Chair or Dissertation Advisor confirming your defense date prior to the Fellowship program start date.
 - If you have not completed all your requirements by July 1, you may request an extension. If, at the end of the extension you have not received the doctoral degree, or if the Fellowship does not initially agree to the extension, the offer of acceptance is withdrawn and considered null and void. At such time, the search process may be re-opened and you may re-apply without prejudice. The search will continue until such time as the position is filled or is cancelled.
 - One exception to this policy is in the case of an applicant who has completed all the requirements (academic and administrative, including dissertation) for the doctoral degree with the exception of an internship ending between July 1 and the Fellowship start date. In such case, an extension will be granted.
 - Fellows have raised the issue of a graduation date that occurs after the start of the Fellowship year. OAA policy is that the completion of all academic (including university acceptance of dissertation), clinical (including internship), and administrative (departmental chair approval) qualifies the candidate to begin the Fellowship. In other words, it is fine if your graduation date occurs after August 2024 as long as you can provide documentation that you have completed all academic, clinical, and administrative responsibilities. The Fellow is responsible for looking into how this intersects with state specific licensing board regulations.
- **Acceptance of a position is BINDING:** Acceptance of a postdoctoral position is considered a binding professional commitment. It is expected that if you accept a postdoctoral position, you will no longer pursue other employment or training opportunities. There are very few circumstances which would release you from this binding agreement, given the significant consequences for programs, other applicants, and yourself.

Please contact Amy Silberbogen, Ph.D., ABPP, (Amy.Silberbogen@va.gov) if you have any questions about postdoctoral training at VA Boston. We would be happy to hear from you!

CURRENT POSTDOCTORAL FELLOWS CLINICAL FELLOWSHIP PROGRAM

SOME PICTURES FROM OUR SEPTEMBER 2023 BBQ (FELLOWS, INTERNS, PRACTICUM STUDENTS AND STAFF!)



Angel Boeve, Ph.D.
Geropsychology Track

Melissa Copeland, Ph.D.
Postdeployment Readjustment and
Trauma-Related Disorders Track

Melissa Duncan, Psy.D.
PTSD Track

Sheetal Gandhi, Psy.D.
Behavioral Medicine Track

Kara Manning, Ph.D.
Addictions Recovery Track

Laura Polacek, Ph.D.
Behavioral Medicine Track

Maggie Talbot, Ph.D.
PTSD Track

Tina Thach, Ph.D.
Interprofessional GMH Track

Michael Verile, Ph.D.
Behavioral Medicine Track

RECENT FELLOWS' FIRST POST- FELLOWSHIP POSITION

CLASS OF 2022 – 2023

Jack Brooks, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

McCarey Bast, Psy.D.
Clinical Psychologist
Geisinger Medical Center
Danville, Pennsylvania

Brian Bulla, Ph.D.
Clinical Psychologist
Denver VA Medical Center
Denver, Colorado

Katie Connor, Psy.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Jenn Daks, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Doug Gazarian, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Emma Katz, Ph.D.
Clinical Psychologist
VA Boston Healthcare System Boston,
Massachusetts

Richard Koch, Psy.D.
Clinical Psychologist
Group Private Practice
Boston, Massachusetts

Natasha Robinson-Link Ph.D.
Clinical Psychologist
Group Private Practice
Boston, Massachusetts

Shaadee Samimy Ph.D.
Clinical Psychologist
Group Private Practice
Boston, Massachusetts

Darin Witkovic, Ph.D.
Clinical Psychologist
Mount Sinai Hospital
New York, New York

Rebecca Zakarian, Ph.D.
Clinical Psychologist
Massachusetts General Home Base
Boston, Massachusetts

CLASS OF 2021 - 2022

Caroline Abbott, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Hannah Bashian, Ph.D.
Advanced Fellow in Geriatrics
VA Boston Healthcare System
Boston, Massachusetts

Bryna Cooper, Psy.D.
Clinical Psychologist
Portland VA Medical Center
Portland, Oregon

Martha Fahlgren, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Arielle Horenstein, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Alexandra Leong-Mattern, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Sara O'Donnell, Ph.D.
Clinical Psychologist
Private Practice
Boston, Massachusetts

Anna Salomaa, Ph.D.
Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Nicholas Schmidt, Ph.D.
Clinical Psychologist
VA Maine Healthcare System
Portland, Maine

Lara Spiekermann Ph.D.
Clinical Psychologist
Private Practice
Charlottesville, Virginia

Kirk Vandergrift, Psy.D.
Clinical Psychologist
Portland VA Medical Center
Portland, Oregon

CLASS OF 2020 - 2021

Belel Ait Oumeziane, Ph.D.

Clinical Psychologist
VA Medical Center
West Palm Beach, Florida

Koriann Cox, Ph.D.

Clinical Psychologist
University of Washington Medical Center
Seattle, Washington

Paige Hildreth, Psy.D.

Clinical Psychologist
Massachusetts General Hospital
Boston, Massachusetts

Amanda Weber, Ph.D.

Clinical Psychologist
Brookline Community Health Center
Brookline, Massachusetts

Natalie Wilver, Ph.D.

Clinical Psychologist
Massachusetts General Hospital
Boston, Massachusetts

Jana Wozniak, Ph.D.

Clinical Psychologist
Cambridge Health Alliance
Cambridge, Massachusetts

Julia Boyle, Psy.D.

Advanced Fellow in Geriatrics
VA Boston Healthcare System
Boston, Massachusetts

Mary Ellis, Psy.D.

Rehabilitation Counselor
Boston Vet Center
Boston, Massachusetts

Christine Serpe, Ph.D.

Clinical Psychologist
VA Boston Healthcare System
Boston, Massachusetts

Katlyn Welch, Ph.D.

Clinical Psychologist
South Texas Veterans Health Care System
San Antonio, Texas

Cindy Woolverton, Psy.D.

Clinical Psychologist
Michael E. DeBakey VA Medical Center
Houston, Texas

CLASS OF 2019 - 2020

Stephanie Grossman, Ph.D.

Project Coordinator
VA Boston Healthcare System
Boston, Massachusetts

Jung Jang, Ph.D.

Clinical Psychologist
University of California
Irvine, California

Michael Kruepke, Ph.D.

Clinical Psychologist
VA Greater Los Angeles Healthcare System
West Los Angeles, California

Southey Saul, Ph.D.

Clinical Psychologist
Cambridge Health Alliance
Cambridge, Massachusetts

Chelsea Shotwell Tabke, Ph.D.

Project Coordinator
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